

**A BEHAVIORAL PORTRAIT  
OF THE  
ATTEMPTED ADOLESCENT PARRICIDE OFFENDER**

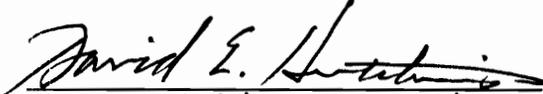
by  
Marjie Miller Flanigan

Dissertation submitted to the Faculty of the  
Virginia Polytechnic Institute and State University  
in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION  
in  
Counselor Education

APPROVED:

  
D. E. Vogler, Co-Chairman

  
D. E. Hutchins, Co-Chairman

  
T. Z. Keith

  
M. Sporakowski

  
C. G. Cole

**A BEHAVIORAL PORTRAIT OF ATTEMPTED ADOLESCENT  
PARRICIDE OFFENDERS**

**by**

**Marjie Miller Flanigan**

**(ABSTRACT)**

Few studies exist which systematically address the topic of attempted adolescent parricide, particularly within a family violence context. This study, through qualitative research techniques: (a) determined the incidence of attempted adolescent parricide; (b) examined variables associated with the phenomenon; (c) derived a behavioral portrait of adolescents who attempt parricide through TFA Systems (tm); and (d) compared actual and attempted parricide. Select case studies from the research literature served as the actual parricide group for comparative purposes.

This descriptive study identified counselors in Virginia and West Virginia who had worked with parricidal clients within the preceding 2 years. Through questionnaire completion and personal interviews with respondents, counselors provided substantive information on youth who attempted parricide, including: (a) detailed demographic data; (b) youth and family social history variables; (c) circumstances surrounding the act; (d) counseling involvement; and (e) a TFA behavioral portrait.

Although precise figures are lacking, it was found that

adolescent parricide comprises approximately 2% of all yearly murders, and that for each successful parricide, there is at least one additional attempt where the parent does not die. Youths who attempt and those who commit parricide are close cousins who share many commonalities, including: an abusive home environment; youth and parental alcohol or drug use or abuse; a runaway history; problem behaviors; and school difficulties. The fact that the victim survives in attempted parricide is explained more by fortuity and weapons choice than by differing motive.

A TFA profile analysis revealed that, at the time of the killing, youths who committed parricide fell into the Acting-Feeling or Acting-Thinking behavioral patterns. Youths who attempted the act shared the Acting-Feeling and Acting-Thinking patterns, but also evidenced a Feeling-Acting pattern. A stronger affective component appeared to be evidenced by attempters, when compared with actuals.

Actual and attempted parricide offenders were found to share many variables with other high-risk or at-risk youths. Future research may wish to focus on some of these common variables. Recommendations for further study of attempted adolescent parricide were presented.

## ACKNOWLEDGEMENTS

As a movie fan, I look forward to the Academy Awards celebration and watch anxiously to see if, this year, I am able to predict with any more accuracy the winners of the shiny, golden Oscars. Invariably, some unknown person from a minor category rushes breathlessly to the stage when her name is called. Obviously surprised and delighted at her selection, she stands awkwardly behind the podium, for a brief second, speechless. She quickly recovers her voice and, fearful that she will forget a key person, blurts out a rush of hurried thank you's for her success to seemingly hundreds of people. She is reluctantly dragged off the stage, still spouting names, by a statuesque blonde amidst a fanfare of music, thunderous applause, and the relieved sighs of the assembled masses and home viewing audience. From this moment on, I vow never to judge harshly the long-winded address or addressee.

Fortunately for me, there is no would-be starlet waiting in the wings, and fortunately for the reader, you can opt to cut short the thank you's with a turn of the page. I can only hope that you will not, for the words which follow would never have been written without the input, support, and participation of many deserving individuals. While I may stand behind the podium, invisibly

beside me are the many, many people who are truly credited with this study.

First and foremost, I would like to thank my husband, Bill, mentor, editor, model parent, and friend. He helped give birth to this project and was always there with fresh ideas and insights when I got stuck, and support at just the right moments. Thanks and love are extended to my children, Patrick and Jenny, for the time I borrowed from them to work on the study. Other family members and friends were integral in seeing me through. To my parents, sisters, sisters- and brothers-in-law, and friends--Thanks!

My co-advisors, Dan Vogler and Dave Hutchins, helped shape this project, molded credibility into my often methodologically flawed thinking, and pushed me forward when my progress seemed steeped in concrete. For your ideas, enthusiasm, encouragement, and uncompromising scholarship, Dave and Dan, I thank you both.

So, too, do I thank the committee members who, at various times, lent their expertise in fashioning this endeavor. Despite the long lapses between contacts, they never forgot me, nor failed to offer assistance when needed. To Tim Keith, Mike Sporakowski, Claire Cole, Sharon Ferguson, and Hildy Getz--thanks!!

Many professionals, all of whom I, unfortunately, cannot name here, borrowed time from their cramped schedules

to discuss adolescent parricide, provide insight into the phenomenon, and offer the names of others with knowledge of the topic. As a timid telephone caller, I was always amazed at the willingness of these strangers to share their time and thoughts. How much easier to pick up the phone and ask questions of counselors, county prosecutors, and juvenile court judges knowing that a warm response was more likely than a hasty rebuff! My grateful appreciation is extended to Dewey Cornell of the University of Virginia for that first friendly and encouraging conversation; Pat Kiernan, psychologist and educator for the jump-start; Steve Ferris, psychologist, for his generous time and his expertise on adolescent parricide, and for pilot testing the questionnaire; Bob Eggleton, at the West Virginia Juvenile Justice Committee; Dr. Irvin Sopher of the West Virginia Medical Examiner's Office; Becky Ball, always a few steps ahead, for sharing her insights, encouragement, and knowledge of research processes, as well as the long car rides to campus, made shorter and brighter by her company; Pete Brown for aiding in the search for respondents; Abbott Packard for his computer expertise; and to the 246 counselors who took the time to complete the identification instrument, and those who took even more time to extend a few words of encouragement, my heartfelt thanks!

As promised, I will not name the administrators or counselors who donated their time and shared the lives of their adolescent clients with me. I will only say that without these caring, compassionate people, folks who work every day with troubled children and families in their quest for a healthier way of living, the pages that follow would be blank. It is my hope that after reading this report the respondents will be pleased with their choice to have participated and believe that the time squeezed out of too full work days completing questionnaire items and answering the numerous interview questions was time well spent.

A final acknowledgement involves the youths and families whose lives are depicted on these pages. While their participation is anonymous, it is hoped that by bringing their plights out of darkness and into the harsh spotlight of formal research scrutiny, knowledge has been gained that will ultimately benefit other troubled families. It is hoped that a clearer understanding of the adolescent parricide offender has been gained as a result of this illumination, and the number of future attempts eventually lessened. To the youths and parents who unknowingly participated, Thank you!

Dedicated to my parents,  
Al and Annette Miller,  
with love and appreciation  
for getting it right three  
times in a row.

Lizzie Borden took an ax  
And gave her mother forty whacks;  
When she saw what she had done,  
She gave her father forty-one.

(From The Encyclopedia of American Crime)

**LIST OF FIGURES**

<b><u>FIGURE</u></b>	<b><u>PAGE</u></b>
1. A TFA Triangle used to describe the Thinking (T), Feeling (F), and Acting (A) components of a person's behavior.....	78
2. TFA adolescent parricide triads derived from case descriptions in the literature.....	80-83
3. The Acting-Feeling triad places an emphasis on doing, with moderate feelings, and limited cognitions.....	84
4. The Acting and mid-point Thinking-Feeling triad places an emphasis on doing, with moderate thoughts and feelings.....	88
5. The Acting-Thinking triad is strong on Action, moderate in Thinking, and absent of Feeling.....	90
6. The equal Thinking-Acting triad has a balance of Thinking and Action, and an absence of Feeling.....	93
7. The Acting-Feeling triads place emphasis on doing and emotions, with few mediating cognitions.....	97

<b><u>FIGURE</u></b>	<b><u>PAGE</u></b>
8. The Acting-Thinking triads place emphasis on doing, with moderate cognitions and limited emotions.....	98
9. Byron's TFA triad when interacting with parents (Feeling-Acting).....	121
10. Byron's even Thinking-Acting TFA triad just prior to the parricide episode.....	123
11. Questionnaire items generating numeric data.....	126
12. Questionnaire items requiring a forced-choice response.....	127
13. Questionnaire items generating verbal data.....	128
14. Demographic variables compared for actual and attempted adolescent parricide offenders.....	133
15. Social history variables compared for actual and attempted adolescent parricide offenders.....	134
16. Victim variables compared for actual and attempted adolescent parricide offenders.....	135

<b><u>FIGURE</u></b>	<b><u>PAGE</u></b>
17. Circumstances variables compared for actual and attempted adolescent parricide offenders.....	136
18. TFA triads for adolescents who attempt to kill a parent, just prior to the parricide attempt.....	193-196
19. The Feeling-Acting triad is strong on emotions, moderate on actions, with few thoughts present.....	198

**LIST OF TABLES**

<b><u>TABLE</u></b>	<b><u>PAGE</u></b>
1. Major Adolescent Parricide Research.....	19
2. West Virginia Juvenile Homicide and Juvenile Parricide Figures for 1980 to 1989.....	28
3. Selected Murder Statistics for the State of Virginia.....	29
4. 1990 United States Murder Rates for Family Victims.....	32
5. Cross-reference of Research Questions with Attempted Adolescent Parricide Questionnaire Items.....	111
6. Majority Response, Exception to Majority Response, and Unknown Response for AAPO Demographic Variables, by Case Number.....	142
7. Majority Response, Exception to Majority Response, and Unknown Response for Youth Social History Variables, by Case Number...	143-144
8. Majority Response, Exception to Majority Response, and Unknown Response for Family Social History Variables, by Case Number...	145-146
9. Majority Response, Exception to Majority Response, and Unknown Response for Circumstances Variables, by Case Number....	147

<u>TABLE</u>	<u>PAGE</u>
10. Analysis of Majority Response, Exception to Majority Response, and Unknown Response, by Case Number.....	149
11. AAPO Family's Yearly Income by Counselor Agency and Parental Employment Type.....	154
12. Victim Relationship to Adolescent, by Case..	178
13. Comparison of Literature and Interview TFA Profiles.....	201
14. Comparison of Youth Demographic Variables for Actual and Attempted Adolescent Parricide Offenders.....	210
15. Comparison of Youth Social History Variables for Actual and Attempted Adolescent Parricide Offenders.....	212-213
16. Comparison of Victim Data for Actual and Attempted Adolescent Parricide Offenders.....	216
17. Comparison of Circumstances for Actual and Attempted Adolescent Parricide Offenders.....	219

## TABLE OF CONTENTS

	<u>PAGE</u>
Abstract.....	ii
Acknowledgements.....	iv
List of Figures.....	x
List of Tables.....	xiii
I. CHAPTER 1--INTRODUCTION.....	1
Purpose.....	5
Research Questions.....	6
Need for the Study.....	9
Definitions.....	13
II. CHAPTER 2--LITERATURE REVIEW.....	18
AN OVERVIEW OF PARRICIDE RESEARCH.....	18
INCIDENCE OF ADOLESCENT PARRICIDE.....	23
Scope of the Problem.....	23
THE EXTERNAL AND INTERNAL CHARACTERISTICS OF YOUTH PARRICIDE.....	34
Family Constellation.....	34
Socioeconomic Status and the Parricide Offender.....	35
Abuse History of Adolescent Parricide Offenders.....	37

	<u>PAGE</u>
<b>SOCIAL HISTORY OF ADOLESCENT PARRICIDE</b>	
<b>OFFENDERS.....</b>	<b>49</b>
Juvenile Delinquency.....	50
Suicide Attempts and the APO.....	51
Runaway Behavior.....	54
Mental Health History.....	55
Educational Experiences.....	61
Chemical Dependency History.....	63
The APO's Support System.....	67
<b>CIRCUMSTANCES SURROUNDING ADOLESCENT</b>	
<b>PARRICIDE.....</b>	<b>70</b>
Threats.....	70
Weapons.....	72
Victim Helplessness and Overkill.....	74
<b>TFA AND ADOLESCENT PARRICIDE.....</b>	<b>75</b>
TFA Profiles from the Literature.....	79
Synthesis of TFA Literature Patterns...	95
<b>LITERATURE REVIEW SUMMARY.....</b>	<b>100</b>
<b>III. CHAPTER 3--METHODOLOGY FOR DATA GATHERING AND</b>	
<b>DATA ANALYSIS.....</b>	<b>104</b>
<b>RESPONDENT IDENTIFICATION.....</b>	<b>105</b>
<b>IDENTIFICATION INSTRUMENTATION.....</b>	<b>106</b>
<b>DATA GATHERING.....</b>	<b>108</b>

	<u>PAGE</u>
Questionnaire Phase.....	109
Pilot Study.....	110
Interview Phase.....	112
The TFA Triad.....	114
The TFA Questions.....	115
Literature Derived TFA Triads.....	117
DATA ANALYSIS.....	124
Questionnaire Data Analysis.....	124
Interview Data Analysis.....	130
Comparison Analysis.....	132
IV. CHAPTER 4--DATA ANALYSIS AND DISCUSSION.....	137
RESPONDENT IDENTIFICATION.....	137
RESPONDENT CHARACTERISTICS.....	139
ATTEMPTED ADOLESCENT PARRICIDE OFFENDER	
QUESTIONNAIRE RESULTS.....	140
Exceptions Analysis for Selected	
Variables.....	140
Demographics.....	148
Youth's Social History.....	156
Family History.....	167
Victim Data.....	177
Parricide Incident.....	181

	<u>PAGE</u>
Counseling Involvement.....	187
Sources Utilized for Questionnaire Completion.....	191
INTERVIEW RESULTS.....	191
Interview Derived TFA Profiles.....	192
Comparison of TFA Profiles from Literature and Interview.....	200
ATTEMPTED ADOLESCENT PARRICIDE OFFENDER COMPOSITE.....	206
COMPARISON OF ACTUAL AND ATTEMPTED ADOLESCENT PARRICIDE.....	209
V. CHAPTER 5--CONCLUSIONS AND RECOMMENDATIONS..	225
SUMMARY OF RESEARCH QUESTIONS AND FINDINGS..	225
SUBJECTIVE IMPRESSIONS AND RECOMMENDATIONS..	230
SUMMARY.....	239
Coming Full Circle: Back to Beginnings..	243
ENDNOTES.....	249
REFERENCES.....	250
APPENDICES.....	261
Appendix A: Cover Letter and Respondent Identification Questionnaire.....	261

	<b><u>PAGE</u></b>
Appendix B: Attempted Adolescent Parricide Questionnaire.....	264
Appendix C: Respondent Consent Agreement.....	271
VITA.....	272

## **Chapter 1**

### **INTRODUCTION**

The American family is traditionally portrayed as a loving and nurturing enclave for rearing well-adjusted children; yet, for many, the family is a place of tragedy and dysfunction. Rather than a safe haven from societal pressures, the violent family is a training ground for domestic warfare, resulting in children struggling to maintain a delicate balance of normalcy in a hostile world.

Over the past three decades researchers have scrutinized violent families to gain an understanding of the phenomenon. The 1960's have been termed the decade of child abuse, while the 1970's focused on spouse abuse and the 1980's on elder abuse (Kosberg, 1988). Countless studies have been conducted to determine the incidence, correlates, and causative factors of abusive families.

Parricide, the act of killing one's father or mother, and an extension of family violence, has remained largely unexplored, a parenthetical aside in the literature on family violence. With few exceptions (Heide, 1992; Mones, 1985; Post, 1982) research on parricide has originated from the psychiatric community, viewing parent killing as a result of individual psychopathology unrelated to the larger

context of family violence. Stemming from clinical case notes by individual therapists (Bender, 1959; Duncan & Duncan, 1971; McCully, 1978; Russell, 1974; Sadoff, 1971; Sargent, 1962; Scherl & Mack; 1966; Tanay, 1976; Wertham, 1941) most parricide research has failed to investigate systematically the occurrence or posit tenable hypotheses regarding the phenomenon. The absence of studies employing multitherapist caseload examination has resulted in fragmented, inconsistent, and non-transferable findings.

This descriptive study, utilizing qualitative research methods, analyzed the external and internal variables associated with attempted parricide. Through in-depth interviews with professionals having contact with attempted adolescent parricide offenders (AAPO's)<sup>1</sup>, the study created an intertherapist perspective on young people who attempt to kill a parent. A dynamic database was amassed on youth who have attempted parricide. Concrete information on the socioeconomic status, family histories relevant to physical and psychological abuse or neglect, alcohol and drug histories, delinquency involvements, and support networks was generated. Using TFA Systems (tm), behavioral profiles of the youth perpetrators were plotted relative to the parricidal episode. Thoughts, feelings, and actions of parricidal youth were documented and critically analyzed for

commonalities and unique factors, and compared with a composite of youth who succeeded in killing a parent.

Attempted parricide is a relatively rare occurrence, but the severity and nature of the offense demands investigation of the phenomenon. By examining in detail the thoughts, feelings, and actions of the parricide offender as well as scrutinizing family dynamics, particularly as they relate to family violence theory, a portrait emerged useful to those who work with troubled families. The emergent variables can serve as a barometer for clinicians and youth workers for targeting children at risk for attempting parricide.

### **Background**

The conceptual framework of this study was grounded in TFA Systems (tm) developed by Hutchins (1979) and later expanded by Hutchins and Vogler (1988). Defining behavior as the interaction of thoughts, feelings, and actions in a specific situation, the TFA model allows clinicians to isolate the thinking, feeling, and acting components of a person's behavior at a particular point in time. Application of the model assists the clinician with establishing a positive therapeutic relationship, conducting behavioral assessments, and evaluating counseling outcomes. TFA Systems (tm) has been applied successfully to several

client populations including male spouse abusers (Clow, 1989), incest survivors (Tieman, 1990), and pregnant adolescents (Bundy, 1990).

The Hutchins Behavior Inventory (Hutchins, 1984), or HBI, was developed to provide an objective measure of an individual's behavior in a specified situation. The result of the HBI is a triangular behavior profile that portrays the thinking, feeling, and acting orientation of the respondent. A similar product results from the clinical TFA assessment. By asking three critical questions relevant to the thinking, feeling, and acting components of the specified situation, a TFA triangle can be drawn that depicts a behavioral profile (Hutchins & Cole, 1992). Due to the speed and ease of administration, the clinical TFA assessment was selected for use in this study.

A second grounding for the study is family violence theory as enumerated by Gelles (1974), Gelles and Straus (1979), and Steinmetz (1987). The family has been cited as second only to law enforcement as the most violent American institution (Gelles, Straus, & Steinmetz, 1980). Battering among family members often follows a cyclical process (Steinmetz, 1977) with abused children maturing to become abusing adults. Family violence has been linked to high stress levels, limited education, drug and alcohol problems, individual psychopathology, exposure to media violence, and

a history of family violence. Parricide, or the act of killing a parent, can be viewed as an extreme form of family violence.

Applying TFA Systems (tm) to parricidal youth provides a unique perspective for analyzing the behavior of violent adolescents. In addition to addressing general aspects of attempted parricide, this study examined specific behavioral components -- thoughts, feelings, and actions -- experienced by parricidal youth relative to the violent episode.

#### **Assumptions**

Four assumptions underlie this study: First, an individual's thoughts, feelings, and actions may be assessed using the clinical TFA triangle. Second, clinicians can provide an accurate behavioral profile of a parricidal client. Third, accurate behavioral profiles may be constructed from case studies described in the literature. Finally, descriptions of adolescent parricide offenders in the literature are representative of children who kill their parents.

#### **Statement of the Problem**

Less than a dozen major articles are available that systematically address the problem of youth parricide, still less about children who attempt the act. Limited research

coupled with the general unwillingness to explore taboo topics, particularly one as distasteful as children killing parents, has left a knowledge gap in this forgotten area of family violence.

The studies that exist have been limited primarily to the psychiatric community and entail little more than anecdotal recitations derived from client file case notes. Often failing to distinguish parricide from other murders, or separating attempts from actual killings, these studies, while interesting, lack a common knowledge base relevant to youth who attempt to murder parents. Little is known about the youth perpetrator, still less about the youth's family.

This study addressed the need for additional knowledge on the topic of attempted youth parricide. Information on the parricidal youth's thought, feelings, and actions relative to the parricide episode proved a logical starting point. For this study, the procedural problem was to analyze the external and internal variables associated with attempted youth parricide.

### **Purpose**

The general purpose of the study was to postulate operant attempted youth parricide variables. Specifically, the researcher:

1. Synthesized the extant literature.

2. Isolated external attempted youth parricide variables.
3. Identified internal attempted youth parricide variables.
4. Classified parricidal TFA characteristics.
5. Compared attempted youth parricide characteristics with actual youth parricide.

### **Research Questions**

Four general questions were addressed in this research study. Through a review of the literature and active data gathering, answers to the following questions were sought.

1. What is the incidence of youth parricide?
  - a. How many young people attempt or commit parricide each year?
  - b. Is youth parricide incidence on the rise?
  - c. Who is the most likely perpetrator?
  - d. Which parent is the most likely victim?
2. What external and internal variables are associated with attempted youth parricide?
  - a. What is the offender's family constellation?
  - b. What relationship does socioeconomic status have with attempted parricide?

- c. What is the family and youth's abuse history?
  - d. What is the family and youth's support system?
  - e. What are the circumstances surrounding attempted parricide?
  - f. What are the parricidal profile characteristics?
3. What are the thoughts, feelings, and actions surrounding the attempted parricide act?
- a. What is the dominant TFA parricidal youth profile?
  - b. What specific thoughts, feelings, and actions are associated with the parricide incident?
4. What are the operative factors surrounding the parricide act?
- a. What are the similarities between youth who attempt versus those who commit parricide?
  - b. What are the differences between youth who attempt versus those who commit parricide.

#### **Delimitations**

1. This study involved as respondents counselors and therapists from Virginia and

West Virginia who, within the past 2 years, had an adolescent client who attempted to kill a parent.

2. This study utilized the case studies from Heide (1992) and Mones (1992) in developing the portrait of actual youth parricide offenders for comparison with adolescents who attempt to kill a parent.
3. This study included only those youths volunteered by their counselors and who received psychological services.

#### **Limitations**

1. Because of the nonrandom and limited number of study participants, results must be cautiously generalized to the larger population.
2. Legal ramifications created difficulties in directly interviewing attempted adolescent parricide offenders. In relying on counselors' interpretations of the youths' behavior to form the TFA triangle, instrumentation issues must be considered.

3. Because counselors provided information based on client caseloads within the past two years, history issues may have arisen.

### **Need for the Study**

The study of adolescent parricide is a difficult one to undertake. The small numbers of youths, the problems associated with accessing the population and the overall obscurity of the issue combine to shield the topic behind a curtain only a few have attempted to part.

Because of the nature of the barriers and the tenor of the questions to be asked, attempted adolescent parricide is well suited to a qualitative investigative approach.

Qualitative research in the social sciences is useful for deriving definitions, meanings, concepts, characteristics, metaphors, and symbols (Berg, 1989). Such an approach to attempted adolescent parricide enables the formation of a knowledge base of the phenomenon, a foundation on which to build meaningful hypotheses for future exploration and for fashioning appropriate intervention strategies for the families and young people involved.

Initial research regarding parricide was provided by psychiatrists who employed a case study approach to the problem. Reviewing cases they had dealt with from their patient load, these therapists offered various theories

regarding the behavior of the murderous young people. Some failed to differentiate between children who murdered a parent from those whose victims were a stranger, others from adolescents who killed a parent from adult offspring who committed the same deed. Variables were inconsistently explored, not only across studies, but often within an author's own study. Some inquiries utilized psychiatric hospital patients, skewing a portrait of the larger population of parricide offenders by overrepresenting those who manifested overt psychopathology.

Beginning in the 1980's, the publication of parricide research extended beyond the therapist's couch and into the courtroom. Post (1982) was a court appointed social worker who noted the abuse histories of children charged with parricide. Mones (1985, 1992), an attorney, has become an expert in the defense of adolescent parricide offenders. A criminologist, Heide (1992) has conducted seven court ordered in-depth assessment interviews with youths charged with parental murder. Despite the more thorough portrayal of the parricide offender by Mones and Heide, Cornell (1989) cautions that research based on court referred samples needs to be examined for representativeness with findings replicated on a broader sample, wherever possible.

What is clear from a review of adolescent parricide research is the lack of a much needed multidisciplinary

approach to the problem, and a broadening to include the study of those who attempt the deed, in addition to those who succeed with their deadly mission. As Cornell (1989) comments, how we approach the "cause" of a problem, such as juvenile homicide, is colored by the perspective we bring to the problem from our various orientations. A police officer, psychologist, sociologist and auto safety engineer would describe the causes of an automobile accident much differently, according to Cornell. Applying the analogy to adolescent parricide, the dimensions of parent murder must be explored from various perspectives in order to gain a broader understanding of the phenomenon and to gain a common ground for further research.

### **Methodology**

The following is a brief overview of the study's methodology:

1. Select Licensed Professional Counselors (LPC's) in Virginia and West Virginia, and counselors in youth serving agencies, served as primary study participants.
2. Counselors were asked if, within the past 2 years, they had a client who met the attempted adolescent parricide criteria.

3. Participants were asked to review formal and informal records of attempted adolescent parricide offenders (AAPO's) from their caseloads. Counselors completed questionnaires on each youth who met the AAPO criteria and participated in semistructured interviews with the researcher to ascertain the internal and external variables associated with attempted adolescent parricide.
  
4. Participants were asked to construct a TFA triangle for their AAPO relative to the attempted parricide episode. Results from the clinical triangle were used to construct profiles of the thoughts, feelings, and actions of AAPO's. These profiles were compared to the extrapolated TFA profiles of actual youth parricide offenders derived from the literature.

### **Definitions**

The following terms are used throughout the study. Definitions are provided to facilitate readability and comprehension of the text.

**Abuse** -- to hurt or injure by maltreatment (The American Heritage Dictionary, 1985).

**Adolescent** -- a child between the ages of 10 and 18 who is physically, emotionally, or economically linked with his or her parents.

**Adolescent Parricide Offender (APO)** -- an adolescent who kills a parent (Heide, 1992).

**Affective** -- pertaining to or resulting from emotions or feelings rather than from thought or action (The American Heritage Dictionary, 1985).

**Attempted parricide** -- a direct action to end the life of a parent that does not result in the death of that parent.

**Behavior** -- the interaction of thoughts, feelings, and actions for a specified situation (Hutchins, 1984).

**Clinical TFA triangle** -- the resulting behavioral blueprint from asking the following questions for a specified situation: Relative to this situation, (1) are you more thinking, more feeling, or about in the middle?; (2) are you more feeling, more acting, or about in the middle?; and (3) are you more acting, more thinking, or about in the middle? (Hutchins & Vogler, 1988).

**Clinician (or counselor)** -- a counselor, psychologist, social worker, or psychiatrist who works with individuals,

groups, or families for the purpose of delivering psychological services.

**External variable** -- a factor which relates to things or circumstances outside of the individual, such as socioeconomic status, family constellation, events, family history, etc.

**Family** -- a group of persons united by lineage or marriage (The American Heritage Dictionary, 1985).

**Homicide** -- the killing of one person by another (The American Heritage Dictionary, 1985).

**Hutchins Behavior Inventory (or HBI)** -- a pencil and paper instrument used to determine an individual's behavior profile, or TFA triad (Hutchins, 1984).

**Internal variable** -- a factor relating specifically to the individual in question, such as I.Q., school history, abuse history, personality traits, etc.

**Matricide** -- the act of killing one's mother (The American Heritage Dictionary, 1985).

**Murder** -- the unlawful killing of one person by another (The American Heritage Dictionary, 1985). A synonym for homicide.

**Parricide** -- the act of murdering a father, mother, or other near relative (The American Heritage Dictionary, 1985), such as a step-parent.

**Patricide** -- the act of killing one's father (The American Heritage Dictionary, 1985).

**TFA Systems (tm)** -- a comprehensive approach to assessment, intervention and resolution using the TFA model (Hutchins & Vogler, 1988).

**TFA Triad** -- operationally, a graphic representation of a person's behavior (interaction of thoughts, feelings, and actions) in a specific situation (Hutchins & Cole, 1992).

**TFA triangle** -- an open-ended triangular shaped figure with T (thinking), F (feeling), or A (acting) at each of the vertices (Hutchins & Cole, 1992).

#### **Organization of the Study**

The manuscript is organized in the following manner.

A review of the literature related to youth parricide, TFA Systems (tm), and relevant portions of family violence research and theory is contained in Chapter 2 of this study. Theoretical and clinical issues pertaining to these topics are discussed.

Instrumentation and research design are presented in Chapter 3. Data collection instruments, other assessment tools, and data analysis procedures are introduced and explained.

Chapter 4 contains the study's results and analysis of the data. The study's findings are described in relation to the literature review presented in Chapter 2.

Interpretation of the findings is offered in Chapter 5. Subjective analysis, conclusions, and implications for the clinician are discussed. Recommendations for future research efforts on attempted youth parricide are presented.

**CHAPTER II**  
**LITERATURE REVIEW**

**An Overview of Parricide Research**

Despite over 50 years of published reports of adolescent parricide, fewer than a dozen major articles have appeared on the topic (Heide, 1992). The majority of these articles have originated from the psychiatric community, with the remainder from the criminal/legal sector. Table 1 lists the researchers, their discipline, article title and the year of publication for the main articles on adolescent parricide. Within the past year, two sensitive portrayals of abused adolescent parricide offenders have been published in book format (Heide, 1992; Mones, 1992), hailing from the criminology and legal communities. These latter accounts will figure prominently in the Literature Review section of this study. Counseling researchers, sadly, have remained mute on the topic, despite practicing counselors' involvement with youths who kill, or attempt to kill, a parent.

Clearly evident from a perusal of the early parricide studies is the influence of Sigmund Freud, the father of psychoanalytic theory. Freud's early 20th century writings lie at the heart of the psychodynamic explanations which

Table 1. Major Adolscent Parricide Discipline Research

<b>Year of Publication</b>	<b>Researcher</b>	<b>Discipline</b>	<b>Publication: Article Title</b>
1962	D. Sargent	Psychiatry	<u>Social Work:</u> Children Who Kill -- A Family Conspiracy?
1971	J.W. Duncan & G.M. Duncan	Psychiatry  Psychiatry	<u>American Jml. of Psychiatry:</u> Murder in the Family . . .
1971	R.L. Sadoff	Psychiatry	<u>Psychiatric Quarterly:</u> Clinical Observations on Parricide
1973	J. Mack, D. Scherl, & L. Macht	Psychiatry	Article in Book; Children Who Kill Their Mothers
1976	E. Tanay	Psychiatry	<u>Journal of Forensic Sciences:</u> Reactive Parricide
1976	Corder, Ball, Haizlip, Rollins, & Beaumont	Assorted Degrees	<u>American Jml. of Psychiatry:</u> Adolescent Parricide . . .
1978	Cornier, Angliker, Gagne, & Marcus	Psychiatry	Article in Book; Adol. Who Kill A Member of The Family
1982	S. Post	Social Worker in Forensic Psychiatric Clinic	<u>Child Welfare:</u> Adolescent Parricide in Abusive Families

comprise much of the research originating from the psychiatric community.

Claiming that parricidal thoughts are present in all males, Freud linked parricide to the Oedipus story in Greek mythology, where Oedipus kills his father and marries his mother (Freud, 1950). Freud (1959a) termed parricide, specifically patricide, the principal and primal crime of humanity as well as the individual. According to Freud, males have an ambivalent relationship with their fathers. As a boy, the father is hated as a rival for the mother's affection, yet the father is still held with a measure of affection. Identification with the father eventually occurs, partly because the son admires him and wants to be like him, and partly because the boy wants the father removed as an obstacle. Freud (1959a) notes that it can scarcely be owing to chance that the three "greatest literary masterpieces of all time"--Sophocles' Oedipus Rex, Shakespeare's Hamlet and Dostoevsky's The Brothers Karamazov--all deal with the subject of parricide. Freud, as in much of his other work, fails to explain fully parricide as it relates to females, leaving later researchers to explain parent killing by daughters as an inverse Oedipal complex (Freud, 1959b).

Evidence of Freud's influence can be seen in parricide researcher's writings, where explanations of the phenomenon

are riddled with such psychiatric jargon as "episodic dyscontrol" (Smith, 1965); "acute paranoid schizophrenic reaction with spontaneous remission" (Sadoff, 1971); "an intrapsychic struggle over an identity search against strong, regressive forces" (Russell, 1974); "Oedipal and pre-Oedipal factors" (Anthony & Rizzo, 1973); and "borderline schizophrenia with a sociopathic understructure" (McCully, 1978), descriptions that do little to advance understanding or assist in fashioning effective therapeutic interventions.

Parricide and juvenile homicide research have suffered, too, from a lack of relevant variables. One group of researchers concluded an article on two adult parricide offenders by remarking that paranoid schizophrenia, unemployment, male sex, prelude to known bizarre behavior, predilection for and expertise with lethal objects, hobbies such as hunting and fishing, previous history of psychiatric treatment and inordinately religious behavior may be associated with homicidal behavior or the potential for it (Maas, Prakash, Hollender & Regan, 1984). Another prominent researcher categorized his young murderers by Zodiac sign at the urging of his secretary and noted that there tended to be more "Water" signs, specifically Scorpios, in the population of adolescent homicide perpetrators (Sorrells, 1977).

In his decade review of family violence research, Gelles (1980) iterated that research had focused on three main issues: (a) establishing a reliable estimate of the incidence of family violence; (b) identifying factors associated with various types of violence in the home; and (c) developing theoretical models of the causes of family violence. Parricide research, 2 decades later, has only begun to address these same issues. In terms of incidence, tenable estimates regarding the numbers of youths who unsuccessfully attempt parricide are nonexistent. Factors associated with parricide have only recently entered the realm of applicability. Heide (1992) was the first researcher to posit a causal typology useful for understanding adolescent parricide dynamics. Clearly, adolescent parricide research has a long way to go before it reaches the sophistication of general family violence inquiry. In developmental terms, adolescent parricide research has only recently begun to toddle.

The remainder of the Literature Review section will address issues related to the research questions posed in Chapter 1 and will be organized in a manner that systematically corresponds to the questions. Because of the limited research and the interconnectedness in the literature of attempted and actual parricide, the remainder

of this section borrows heavily from reports where a parent dies as a result of a child's actions.

### **Incidence of Adolescent Parricide**

This section explores the magnitude of the adolescent parricide phenomenon. How many young people commit and attempt the act; the scope of the problem in the states from which the study's sample was drawn; incidence trends; and the likely victim in the parricide incident are addressed.

#### **The Scope of the Problem**

Determining the number of young people who kill a parent each year is not as straightforward as one might first imagine. Calculating the numbers of young people who **attempt** parent murder is all but impossible from currently available sources. Let us first look at actual parricides.

While exact figures are unavailable (Ewing, 1990), it is estimated that between 1% and 2% of all yearly United States murders entail a minor child taking a parent's life (Heide, 1989; Mones, 1992; Palmer & Humphrey, 1982). Applying this percentage to the 18,298 reported U.S. murders in 1990 (Uniform Crime Reports, 1991), the last year for which statistics are available, somewhere between 183 and 366 parents lost their lives via their underage offsprings' lethal actions. A more conservative estimate is offered by

Heide (1992), who claims that approximately 65 natural parents may die annually at the hands of their children under 18 years of age.

The difficulty in determining exact figures for parricide results from the way crime statistics are reported. The FBI's Uniform Crime Reports (UCR) were established in 1933 to provide a consistent tabulation and reporting of illegal offenses (Historical Statistics of the United States, 1975) and remain today the most complete and consistent detailing of national crime. Unfortunately, while the UCR provides numbers of young people committing homicides each year as well as numbers on the relationship of the perpetrator to the victim, a cross-tabulation of the two statistics is lacking. For example, according to the UCR, 2,192 young people were arrested in the U.S. in 1990 on charges of murder or non-negligent homicide, comprising 15% of all arrests on those charges. The UCR for 1990 also reported that mothers accounted for 0.6 percent of all murder victims, while fathers accounted for 0.8 percent. How many of the 1.4 percent of parental murders were committed by minor children, however, remains unknown. Certainly adult children accounted for a percentage of the parental murders. Determining what percentage of murders were multiple killings by a single perpetrator during the same incident is simply guesswork. As Godwin (1978)

summarized, while there are fairly accurate figures on the prevalence of spouse murder and infanticide, the remaining varieties of intrafamily homicide are shrouded in statistical darkness.

Also unanswered by the UCR statistics is what percentage of the 1.9 percent of "other family " members murdered in 1990, a category listed in the UCR, entailed a custodial relationship to the perpetrator. Grandparents, for example, are not listed as a distinct category in the UCR, nor are aunts and uncles. Relatives other than mothers and fathers often serve as custodial parents to abandoned or orphaned children. While the numbers are undoubtedly small, the oversight adds to the confusion in determining precise parricide figures.

Most experts agree, however, that parricide is a relatively rare occurrence. In relation to general family homicide, it is twice as likely that a child will be killed by a parent than a parent killed by a child (Mones, 1985). Because the victims of family violence are likely to be the most vulnerable family members, typically women and children (Kratcoski, 1988), it is not surprising that children are more often killed by parents than vice versa.

Attempted parricide. While the yearly number of adolescent parricides remains unknown, the presence of a

corpse allows for an outer limit on parent murder figures. Such is not the case with attempted parricide. A thorough review of the literature failed to uncover a single estimate on the number of young people attempting to end a parent's life. As with general violence directed toward parents by their children, embarrassment, fear, denial and a desire to keep matters private (Pagelow, 1989) combine to shield the act from public scrutiny.

A recent survey of Licensed Professional Counselors (LPC's) in Virginia revealed that over 2% of the counselors had an adolescent client within the preceding 2 years who had attempted parricide (Flanigan, Vogler & Hutchins, 1993). In actual numbers, it was estimated that approximately 20 young people meeting the attempted adolescent parricide criteria were seen by Virginia Counselors during the 2 years. Since the LPC's reported that the attempts did not result in the death of the parent, and given the 19 parent deaths reported by the Virginia State Police during the same time period, a possible conclusion is that for each successful attempt on a parent's life there is a corresponding unsuccessful attempt. A reasonable assumption is that not all nonlethal attempts will arrive at private therapists' doorsteps; the estimate of twice as many attempts as actual murders may therefore prove to be a conservative one.

### Adolescent parricide in Virginia and West Virginia.

Unlike the national picture, juvenile homicide figures and the relationship of perpetrator to victim is available for the state of West Virginia. Table 2 presents the numbers of juvenile committing homicide and parricide in West Virginia for the years from 1980 to 1989, the last year for which data are available.<sup>2</sup> On average 6.6, murders were committed by juveniles each year, with 1.1 entailing a parricide. Overall, one-sixth of all West Virginia's juvenile murders from 1980 to 1989 involved a parricide.

Because the numbers are small, caution must be used in interpreting the statistics. In 4 of the 10 years, for example, no parricides were reported in West Virginia. Similarly, the small numbers make it difficult to identify homicide trends. Few West Virginia youth murder, and, like their broader national counterparts, few are likely to choose a parent as a victim. This is in contrast to Freeman's (1979) assertion that when children kill they usually choose their parents as victims.

Comparable statistics are unavailable for the neighboring state of Virginia. Table 3 provides selected murder statistics for the years 1989 to 1991.<sup>3</sup> Because Virginia statisticians do not cross-tabulate the

**Table 2. West Virginia Juvenile Homicide and Juvenile Parricide Figures from 1980 to 1989**

<b>Year</b>	<b>Number of Murders</b>	<b>Number of Parricides</b>	<b>Parricide Percentage of Total Murders</b>
<b>1989</b>	10	3	30.0
<b>1988</b>	5	0	0.0
<b>1987</b>	5	2	40.0
<b>1986</b>	5	0	0.0
<b>1985</b>	2	0	0.0
<b>1984</b>	8	1	12.5
<b>1983</b>	8	2	25.0
<b>1982</b>	5	2	40.0
<b>1981</b>	10	0	0.0
<b>1980</b>	8	1	12.5
<b>TOTALS</b>	<b>66</b>	<b>11</b>	<b>16.67</b>

Note. Data provided by the West Virginia Department of Public Safety, Charleston, West Virginia

**Table 3. Selected Murder Statistics for the  
State of Virginia**

<b>Year</b>	<b>Number of Parent Victims</b>	<b>Juveniles Arrested for Murder</b>
<b>1991</b>	<b>10</b>	<b>67</b>
<b>1990</b>	<b>9</b>	<b>65</b>
<b>1989</b>	<b>9</b>	<b>38</b>

Note. Data provided by the Virginia State Police, Richmond,  
Virginia

victim-perpetrator relationship by age, it is impossible to know how many of the reported 28 parent murders were committed by juveniles.

### **Trends in Adolescent Parricide**

An increase in general youth violence has been well documented (Nordland, 1992). One needs only to peruse local newspapers for affirmation that guns, a weapon found in over one-half of American households (Kleck, 1992), are now being carried by schoolchildren into classrooms and onto playgrounds.<sup>4</sup> Between 1989 and 1990, the juvenile murder arrest rate rose by twenty-six percent (UCR, 1991). Exactly how many of the increased arrests involved parental murder is unavailable because the same difficulty in securing figures for youthful parricide also plays havoc in determining trends.

For the years 1977 to 1986, the proportion of arrests for murders committed by juveniles ranged from a low of 7.3 in 1984 to a high of 9.7 in 1977 (Cornell, 1989). In 1990, juveniles accounted for 15.5 percent of all arrests for murder and non-negligent homicide, more than double the 1984 figure. The percentage of family murders, meanwhile, has remained fairly constant. It appears that while

juvenile homicide has increased, the proportion of parent killings has remained fairly stable.

### **The Likely Target in Family Murder**

In 1990, over half of all murder victims were related by blood or marriage or acquainted with their assailants, while only 14.4 percent of victims were murdered by strangers (UCR, 1991). The relationship between victim and perpetrator remained unknown in over one-third of the cases.

When intrafamily murders are considered, wives, by far, are the most frequent victims of lethal family violence, followed by husbands, and the generic category of "other family members" (see Table 4). Fathers and mothers kill each other and their children at a far higher rate than they become victims of their children.

When the murderer is a child rather than parent, the father is the preferred target with the mother falling close behind. It is extremely rare for a sister to be a victim of a sibling's deadly violence. This suggests that the child-murderer may view the killing as an act of liberation for both himself and his siblings. Even though fathers are the more likely victim of a child's lethal act, the available data does not disclose whether there is a correlation between murderer and victim based on gender; for instance, a son kills a father at a higher frequency than a

daughter kills a father. Nor does the data reveal whether these killings are occurring in traditional two parent households or single parent households. With the growing

**Table 4. 1990 United States Family Murder Victims**

<b>Victim</b>	<b>Percentage of Total Murders</b>
Husband	2.1
Wife	4.3
Mother	0.6
Father	0.8
Daughter	1.1
Son	1.6
Brother	1.0
Sister	0.2
Other family	1.9
<b>TOTAL</b>	<b>13.6</b>

Note. From Uniform Crime Reports, 1991

number of single parent households headed by females, such a breakdown would prove noteworthy, allowing researchers to investigate the role of the victim's "position of authority" held in the child's murderous act.

To summarize, spousal murders are the most frequent type of intrafamily homicide, with wives being killed at twice the rate of husbands. Parents kill their children far more often the reverse. Among siblings, brothers are the likely victim, with sisters rarely being killed. For approximately 14% of family murders the relationship between the victim and perpetrator is unknown.

Interestingly, the 1990 figures correspond to the findings of Marvin Wolfgang's pioneering 1958 study of criminal homicide in Philadelphia (Gelles, 1972; Wolfgang, 1967). Wolfgang found that with intrafamily murders, wives or husbands were the most likely victims, followed by sons or daughters, brothers, mothers, fathers and, lastly, sisters. One difference, however, is that Wolfgang's intrafamily murders comprised almost 25% of homicides compared with the approximately 14% figure 32 years later.

## **The External and Internal Characteristics of Youth Parricide**

To arrive at an understanding of attempted adolescent parricide, it is helpful to explore the factors associated with the youth and his or her family. In this section, the literature will be reviewed relative to the characteristics of the youth's environment, including family constellation and socioeconomic status, and those factors that are of a more individual nature, such as abuse history, social history, and the youth's support system. Because of the paucity of information on attempted parricide, research on children who successfully kill a parent will be used interchangeably with attempted parricide for purposes of discussion.

### **Family Constellation**

Much of the research on youth parricide has been brief case reports which detail little of the offender's family constellation. Consequently, it is very difficult to draw reliable conclusions from the early parricide literature regarding family structure. The lack of attention to family constellation can be likened to the history of parricide research, in general. It represents the notion of the

individual psychopathology of the child at the core of the murderous episode, a psychopathic child acting in a void of familial interaction. While it is simplistic to assume that a particular family structure will result in parricide, so too is it misleading to discount family patterns in arriving at a portrait of the parricide offender.

Parental marital status is mentioned in eleven of the case histories described by Mones (1992) and Heide (1992). Of these eleven, only three sets of mothers and fathers were married to the original spouse at the time of the murder. The remaining eight cases entailed separations, divorces and remarriages, and quite often, multiple remarriages by the parental victim.

### **Socioeconomic Status and the Parricide Offender**

While abuse and neglect is now known to exist across all social classes (Stewart, Senger, Kallen & Scheurer, 1987), as well as all ethnic and racial groups (Flanzer, 1982), the lower strata of American society seem to be more vulnerable to family violence than those who are better off (Cazenave & Straus, 1979). One possible explanation is that membership in the middle and upper classes provides its members with resources useful for mediating many stress-producing, potentially violent situations (Steinmetz, 1978), or that the existence of family violence among

wealthier and dominant groups tends to be less visible to public scrutiny (Flanzer, 1982).

It is interesting, therefore, that Mones (1992) claims that the majority of children who kill a parent are middle or upper-middle class white males. Heide (1992) describes the majority of adolescent parricide offenders as white, non-Hispanic males, but fails to characterize the social class membership of these children, ostensibly because the information is absent from the FBI Supplementary Homicide Reports, the source of her data.

A look at 11 of the children mentioned by Heide and Mones reveals that 2 are described as belonging to the lower-middle class, 7 as middle class, 1 as upper-middle and one as upper class. The parents of the two lower-middle class children, described in Mones' account, were on public assistance, economically typing them to the lower class. That the fathers had once held jobs but suffered from physical disabilities apparently led to their classification as lower-middle class rather than lower class. Yearly incomes are not mentioned by either Mones or Heide, nor are parent education levels, an important aspect of social class (Steinmetz, 1987). Similar to the general United States' population, the majority of Mones' and Heide's offenders are middle class and lend credence to Mones' hypothesis that the majority of APO's belong to the middle and upper classes.

Because socioeconomic status of parricide offenders has not been addressed in a systematic manner, this remains an area for further scrutiny.

### **Abuse History of Adolescent Parricide Offenders**

The most clear-cut finding in parricide research is that the youthful perpetrators hail from violent homes and are themselves victims of physical, sexual and psychological abuse. As early as 1971 Duncan and Duncan evaluated children who killed or had attempted to kill a parent and concluded that a history of parental violence is a significant consideration for evaluating homicidal risk. In what has been recognized as one of the few empirical studies of adolescent parricide (Cornell, 1989), Corder and his associates compared adolescents who killed a parent to those who killed other family members or acquaintances and strangers, and found that the parricidal group reported more instances of chronic physical abuse directed against them (Corder, Ball, Haizlip, Rollins & Beaumont, 1976). Post (1982) concluded from her review of four offenders that parricide by adolescents is the culmination of parental abuse that can no longer be tolerated. Writing in 1985, Mones presented seven adolescent parricide cases and noted that varying degrees of serious physical and psychological abuse were present in all of the cases.

Heide (1992) contends that understanding the phenomenon of child maltreatment is critical in analyzing the dynamics leading to the killing of a parent. According to Heide, the severely abused child is the most frequently encountered type of adolescent parricide offender. Mones (1985) projects that as many as ninety percent of parricide offenders were abused by their parents.

Types of abuse. Heide describes the differences between physical, sexual, verbal and psychological abuse and physical, medical and emotional neglect, with a subcategory of the latter being emotional incest.<sup>5</sup> Often, children are the recipients of more than one type of abuse. Psychological and verbal abuse may go hand in hand with physical abuse and emotional neglect, for example. Indeed, some researchers suggest that physical abuse is almost invariably accompanied by emotional abuse (Gutierrez & Reich, 1981). To say that one type of abuse is more damaging than another would be misleading. Abuse and neglect in all its forms can have devastating effects on a young child or older adolescent.

Like parricide, the mention of incest and child sexual abuse raises the specter associated with taboo topics. Despite the taboo, it is estimated that perhaps as many as

one in three women will be sexually assaulted by the age of thirteen by someone they know, while one in ten males will suffer the same fate (Wood & Hatton, 1988).

The parricide literature mirrors or exceeds the national sex abuse portrait. Two of the three female patricide offenders discussed by Mones were victims of incest by the father, while the third young girl, who committed matricide, had been repeatedly sexually abused by the mother's boyfriend, as well as physically abused by the mother. Mones (1992) holds that while the majority, almost seventy percent, of parricides involve patricides by boys who have been severely physically and psychologically abused, research will demonstrate that male incest will prove a more salient factor in these cases than previously thought. One of the three patricides by boys presented by Mones involved male incest by the father. Some researchers believe that an unresolved incestuous conflict is almost always present in parricide cases, with matricides by sons involving a strong erotic component (Corder et al., 1976; Cormier, Angliker, Gagne & Markus, 1978) with passive or overt sexual abuse present. Freud's influence on parricide is once again in evidence.

Maltreatment directed toward the child is not the only form of abuse that occurs in parricidal families, however. Spouse abuse is mentioned in a number of accounts of

parricidal adolescents (Corder et al., 1976; Cormier et al., 1978; Duncan & Duncan, 1971; Heide, 1992; Mones, 1985, 1992; Post, 1982; Sadoff, 1971; Sargent, 1962; Tanay, 1976). This is not surprising when one considers that violent families suffer from multiple problems, with multiple forms of violence often occurring in the same home (Pagelow, 1989; Stewart, Senger, Kallen & Scheurer, 1987). Some adolescent parricide accounts mention that the child killed a violent parent, most often a father, in response to an attack on the surviving parent (Duncan & Duncan; Sargent, 1962; Sorrels, 1977) or other family member under attack (Anthony & Rizzo, 1973; Post, 1982). In these cases, the perpetrator acts as the "justice maker" or "protector" and, following the murder, believes himself justified in the killing (Cormier et al., 1978).

**The effects of abuse.** The effects of being abused and witnessing abuse have received widespread attention by researchers. The literature is replete with reports of child abuse and neglect in the family background of violent offenders (Howing, Wodarski, Kurtz, Gaudin & Herbst, 1990; Len, 1988; Rivera & Widom, 1990), as well as the notion that physical or sexual abuse may precipitate delinquency (Bowers, 1990). Consequences of physical abuse may also manifest in some youths as internalizing behaviors, such as

running away, suicidal thoughts and gestures and other self-destructive behavior such as substance abuse (Carlson, 1991).

In terms of witnessing abuse, some researchers have found that symptoms of high distress or maladjustment are present more frequently in children who have been exposed to violence between their fathers and mothers (Jaffe, Wolfe, Wilson & Zak, 1986). Rosenbaum and O'Leary (1981) offer that the children of couples where the wife is being abused may be predisposed to behavioral and emotional problems for a number of reasons, including, (a) the child's exposure to violent or violence-tolerant models, (b) exposure to marital discord concurrent to spouse abuse, (c) because they must cope with the stress of both fear of injury to the mother and fear of being similarly victimized, and (d) because they may themselves be victims of abuse by either or both parents. A child who witnesses parental attempts to solve family problems or release frustrations through aggressive behavior is thus likely to incorporate this into his or her behavior patterns (Kratcoski, 1982). Violence as a learned and acceptable behavior within the family of adolescent parricide offenders, then, may predispose some children to use force against parents to resolve conflict, in a biblical sense, an ironic form of "you shall reap what you sow."

Characteristics of abused children. In describing the characteristics of abuse victims, Star (1982) delineates five traits common to the recipient of prolonged abuse. First, victims tend to be passive; the emotionally restrictive home environment in which they are raised teaches them not to take action on their own behalf or to demonstrate strong emotion. Second, the victims tend to be socially isolated, with little opportunity for outside feedback that could modify the violent situation. Often, the abused child may be so cut off from others that they do not perceive what they endure as abuse, assuming instead that the maltreatment is normal (Mones, 1992). An almost universal third trait, according to Star is that victims internalize the blame for the abuse that they receive, assuming responsibility for the violent situation. A fourth trait is compliance as a survival mechanism. A final trait is loyalty to the abuser, either as a sense of hope that the situation will change, out of ambivalence because the abuser is sometimes loving and kind as well as abusive, or because the victim desires the approval of the assailant.

While Star's description is generic for all victims of abuse, her characteristics take on added meaning when one applies them to the parricidal adolescent. Because the adolescent is legally bound to a parent, with running away from home a status offense punishable through the legal

system (Hier, Korboot & Schweitzer, 1990), escape from the abusive situation is all but impossible. An added difficulty facing an abused adolescent, particularly a male teenager who may nearly equal an adult in size, is that they will not be believed. Mones (1992) sums up the dilemma of the abused adolescent:

"Beyond the almost universal urge to remain attached to the abusive parent and by assuming the blame for the abuse, many victims must also struggle with overt threats from the abuser. Abusers often warn children that if they ever tell anyone, they will be beaten, maimed or killed, or worse, that the abuser will harm another member of the family beloved by the child, a sibling or the other parent....Even assuming the child has the Herculean emotional strength to overcome these barriers, there is the very real possibility that no one will believe his story. All children learn very early on that the words of adults carry much more weight than their own. And when confronted, adults who abuse their children will commonly deny their behavior." (p. 37)

Heide (1992) further describes characteristics of the adolescent parricide offender. The APO has typically endured a lifetime of dysfunctional parenting and as a result possesses poor self-esteem, distorted thinking, an inability to express emotion in a healthy way and engages in self-defeating, destructive and impulsive behavior. Other researchers, however, have noted a lack of impulsive behavior in children who kill their parents (Corder et al., 1976; Post, 1982). Heide comments that children who have been abused and neglected may adopt an antisocial way of responding to life as a means of psychic, if not physical, survival. Antisocial behavior can focus their attention away from problems at home that are too difficult to handle. Further descriptions of abused parricide offenders will be outlined in the sections which follow.

**Characteristics of the abuser in parricide cases.**

Overwhelmingly, the parricide literature references the parent victim as a strict disciplinarian who metes out harsh physical discipline, accompanied by rigid demands for other family members. These parents, often described as hypercritical of the future assailant, heap verbal abuse upon the open wounds created by their often sadistic physical punishments. Tanay (1976) describes one victim as a "highly critical" individual who "would punish for minor

transgressions" (p. 77), and another as "punishing severely for the slightest infractions" (p. 78). Duncan and Duncan (1971) discuss the case of Mary and her "rigid school teacher father" (p. 1498). The "rigid rules of his restrictive father" (p. 66) is the description Russell (1974) provides of John, the son of a well-respected middle-class couple. Norman, another of Russell's cases, had a mother who "tended to be rejecting and overly critical of Norman" (p. 67). A different John is described by Sadoff (1971) as having been "restricted almost consistently to his room for three or four years prior to shooting his mother" (p. 65). Roesch (1979) describes a father victim who was overly strict and authoritarian and who harshly punished for minor transgressions. Pat Dresbach, in Mewshaw's (1980) account Life for Death, would lay down punishments to his sons far out of proportion to their supposed offenses. "Frequently they were confined to the house 'like prisoners,' sometimes for so long they forgot what they were being punished for" (p. 4). These authors' accounts, and numerous others not included here, lend support to the critical disciplinarian hypothesis.

The weapons of abuse used by parricide victims are indisputably more physically destructive than the belittling verbal criticisms leveled at the murderer. Fists, feet, two-by-fours, cattle prods, poles, belts, clotheslines and

even guns, basically whatever happens to be at the disposal of the abuser, are all documented weapons of choice of parricide victims. Mones (1992) recounts one instance where a child was forced by his brutal father to crawl around like a dog on all fours attached to a rope leash in front of the boy's friends. While humiliating, this incident was nothing compared to the beatings and "general purpose punishments" the father administered to the boy on a regular basis. Post (1982) describes the plight of Aaron, a 15-year-old boy who killed his father and mother. While it was acknowledged that Aaron was subject to the most brutal abuse heaped upon the five offspring in the family, both parents frequently hit the children with a variety of objects, including wooden boards, fire poker, hoses, and other objects. The patricidal case of Patty is presented by Heide (1992) who relates that the girl had been physically, psychologically and sexually abused by her father who was known to be "a very violent man, a very physical man, verbally very abusive" (p. 120). This father's arsenal of weapons included vaginal and anal intercourse as punishment for such misdeeds as Patty not having dinner on the table by the time he, unpredictably, came home from work.

While the parent's behavior is so cruel and bizarre that it is tempting to paint him as a monster very different from ourselves, Mones (1992) contends that except for the

manner in which they treat their children, abusers are indistinguishable from the rest of us. One way of upholding the image of the nurturant and safe family is to, mistakenly, assume that only "sick" people abuse family members (Gelles & Cornell, 1985). To claim that child abuse, even in its most severe forms is a manifestation of the individual psychopathology of the perpetrator is akin to leveling the same charge against the adolescent parricide offender. Such simplistic explanations ignore the complex, albeit dysfunctional, family interactions that create the murderous episode. Often the abuser is recreating the pattern of childrearing upon which they were reared (Gelles, 1974).

In interviews with families on the subject of family violence, Gelles (1974) found that victims and offenders in acts of intrafamily violence were able to justify even serious and often dangerous physical attacks. Mones (1992) purports that most of the parent victims recognize no boundary between themselves and their children; for them, the child is like an extra limb or just another object that belongs to them. According to Mones, the victim believes that parenthood grants them absolute, unfettered control over the life they have created, with the child perceived as existing solely to satisfy the parent's needs and desires. Not only do these parents want to be obeyed and "honored,"

they want their children to worship them as gods.

Ironically, Mones notes, the children do.

In characterizing one of her parent victims, Heide (1992) described "Mr. Smith" as fitting the description of a narcissist, a person so absorbed with his image that he invests himself in maintaining an image, rather than in being what he is. Mr. Smith also considered himself superior to others, often expressing contempt for others. He was able to easily manipulate people and had a minimal ability to tolerate frustration. Levine (1986) contends that the typical abuser is one who possesses feelings of insecurity and low self-esteem, a contrast to Heide's narcissist. Levine's abuser is hindered in forming mutually gratifying relationships with others, particularly with a member of the opposite sex, later in life. They tend to have weak self-controls and are easily angered.

While generalizations may be drawn regarding a portrait of the abuser, there is no one violent parent profile. Like the murderous child, the abusive parent comes in all shapes, sizes and colors. He or she may be married, divorced, cohabitating, or living alone with his or her child. What rings clear, however, is the destructive and brutal manner in which he or she interacts with his or her offspring.

**Cycle of violence.** Much has been written about the "cycle of violence" theory, where abused children grow up to become abusing adults (Gelles, 1974; Steinmetz, 1977, 1987; Widom, 1989). Acknowledging that being maltreated as a child places one "at risk" for becoming abusive, Kaufman and Zigler (1987) challenge researchers to ask, "Under what conditions is the transmission of abuse most likely to occur?," rather than, "Do abused children become abusive parents?" (p. 191)

With parricide, the term "cycle of violence" has added meaning. Rather than the child growing up to be abusive to his or her children, modeling the brutal parenting behaviors taught so well at home, the parricidal youth acts out his pent up rage on the tutor. As Flanzer (1982) notes, extreme violence perpetrated by children is the exception rather than the rule, and when it does occur, parents are usually the victims of a child murderer in a relationship of reciprocal brutality. The cycle is thus complete. It is rare that the parricide offender will continue on to commit more violent acts (Cormier et al., 1978; Duncan & Duncan, 1971; Heide, 1992; Mones, 1985; Post 1982; Tanay, 1976).

### **Social History of Adolescent Parricide Offenders**

The social history variables of the adolescent who commits parricide are explored in this section. Included as

social history variables are: juvenile delinquency; suicide attempts; runaway behavior; mental health problems; educational experiences; chemical dependency history; and the youth's and family's support system.

### **Juvenile Delinquency**

Some studies have shown that aggressive and delinquent behaviors are shaped by both home influence and the peer group (DiLalla, Mitchell, Arthur & Pagliocca, 1988), while others have found that children who are maltreated have a significantly greater likelihood of becoming delinquent or ungovernable (Bowers, 1990). Because APO's are raised in dysfunctional families where covert and overt violence is commonplace, one might expect to find a high rate of delinquency among children who kill their parents. According to Mones (1992), however, the majority of APO's do not have a history of violent lawlessness. Rather, if they have been arrested, it is usually for a victimless, property-related crime such as vandalism, shoplifting or theft. According to Mones, for the most part APO's evidence submissive, not aggressive, behaviors. Some researchers contend that repeated child abuse may result in docile withdrawal (Martin & Beezley, 1976), as well as aggressive behaviors.

Heide (1991) concurs with Mones' opinion. She notes in a review of eight parricide studies that APO's appear to be criminally unsophisticated, with little or no criminal history prior to the parricide episode.

A possible explanation for the contradiction is gleaned from Haizlip, Corder and Ball (1984) who propose that adolescent parricide may present a separate and special area of violence by children, for which generalizations about other aspects of aggressive and violent behavior may not be applicable. Cornell (1990) found that parricide may represent a specific form of homicide in which the juvenile experiences severe family dysfunction, but is comparatively well adjusted in the community and in school.

### **Suicide Attempts and the APO**

Suicide is the third leading cause of death among adolescents; only accidents and homicide cause more deaths in this age group (Walker, Moreau & Weissman, 1990). Over the past several decades there has been a two to three fold increase in the suicide rate among young Americans (Eisenberg, 1984; Rich, Sherman & Fowler, 1990). Studies in which the extent of attempted to completed suicides were examined indicate that for every completed suicide there are an estimated 50 to 150 attempts (Wodarski & Harris, 1987). Suicidal adolescents are noted to have experienced more life

stress in the form of family disruption through separation, parental divorce or death, parental emotional disorder, severe family discord; and social isolation (Hirshfeld & Blumenthal, 1986), factors that have been mentioned in conjunction with adolescents who commit parricide. Also like adolescent parricide, suicide usually constitutes the final phase of a process of accumulating problems that start in early childhood (de Boer, 1978). Other factors that may place a child at risk for suicide attempts are learning disabilities, preoccupation with school failure, fear of parental punishment, severe anxiety, an abusive home environment, parental suicide behavior, parental depression, and above average parental alcohol consumption (Pfeffer, 1984).

While a high incidence of suicide-murder in cases of family homicide committed by adult perpetrators has been noted (Boudouris, 1971), researchers have found suicide to be rare among adolescents who kill family members (Corder, Ball, Haizlip, Rollins & Beaumont, 1976; Cormier, Angliker, Gagne & Markus, 1978). Rather than feelings of remorse, the adolescent parricide offender may initially experience a sense of relief or liberation following the murder (Cormier et al., 1978; Duncan & Duncan, 1971; Heide, 1992; Mack, Scherl & Macht, 1973; McCully, 1978; Mones, 1992; Post, 1982; Russell, 1984; Sadoff, 1971; Sargent, 1962; Tanay,

1973), lowering the risk of suicidal behavior. Some research accounts mention the youth contemplating suicide, either before or subsequent to the murder (Duncan & Duncan, 1971; Heide, 1992; Mack, Scherl & Macht, 1973; McCully, 1978; Mones, 1992; Post, 1982), but these thoughts are rarely acted out.

A common theme in the suicide and parricide literature is the hopelessness and helplessness experienced by the youngsters. Duncan & Duncan (1971) describe the hopelessness felt by fourteen year-old David who attempted, unsuccessfully, to kill both of his parents. Post (1982) notes that adolescents who commit parricide grow up feeling a pervasive sense of helplessness. Mones (1985) comments upon the "overwhelming powerlessness," hence helplessness, experienced by parricidal youth, while Heide (1992) comments upon the APO's increased feelings of helplessness in dealing with the home situation. Numerous researchers have noted that the suicidal adolescent envisions an environment of helplessness and hopelessness (Wodarski & Harris, 1987). When placed in highly intensive emotional situations, the suicidal adolescent suffers from a helpless feeling of "tunnel vision" in which he or she fails to see options (Davis, 1983). In the literature, hopelessness and depression have been found to be equivalent risk factors for adolescent suicide behavior and each is significantly

related to suicidality when the other factor is controlled (Rubinstein, Heeren, Housman, Rubin & Stechler, 1989).

Lester (1986) reviewed the professional literature regarding possible links between suicide and homicide and concluded that his review did not add clarification to the picture. He noted that with a judicious selection of results it would be possible to argue for any kind of relationship desired. Why some children target themselves for elimination while others choose a parent is beyond the scope of this study, but is certainly worthy of further scrutiny.

### **Runaway Behavior**

Running away from home is part of American folk tradition, glamorized in tales such as Mark Twain's *The Adventures of Huckleberry Finn* (Lipschutz, 1977). The reality of life for runaway youth, however, is far from glamorous. For some adolescents, running away is an avenue for dealing with the maltreatment inflicted on them in their current living situation (Kurtz, Kurtz & Jarvis, 1991) and represents a well-developed coping mechanism (Gutierrez & Reich, 1981). Many times a youth leaves because of physical or sexual abuse at home or because he or she is "pushed out" by parents (Faber, McCord, Kinast & Baum-Faulkner, 1984). Research has demonstrated that physically abused runaways

are more likely than their non-abused counterparts to report emotional conflict in the home, family mental health problems, parental alcohol/drug use, a parent figure who is too strict or protective, parental unemployment, and parental favoritism (Kutz et al., 1991) and that verbal, physical, emotional, and sexual abuse by one or both parents is present in the lives of these children (Shane, 1989).

A number of parricide case reports note that the APO had run away from home prior to taking lethal action (Duncan & Duncan, 1971; Mones, 1992 Russell, 1965; Sadoff, 1971; Tanay, 1976), while other reports fail to mention the presence or absence of runaway behavior. Heide (1992) verifies through her case studies that a parricidal youth may attempt to run away from an abusive home situation, but she combines runaway attempts with thoughts of suicide or suicide attempts as an indication of efforts to escape the family situation. Because of the finality of suicide and the methods required to fulfill the act, it is the contention here that suicide and runaway behaviors should be discussed separately.

### **Mental Health History**

The association between juvenile homicide and major psychopathology has been explored by numerous authors (Cornell, 1989). Ewing (1990) comments that homicide

committed by children and adolescents is so rare and often so apparently inexplicable that people tend to assume that any youngster who kills must be emotionally disturbed, if not mentally ill. That is why, according to Ewing, most juvenile killers are examined by a host of psychologists, psychiatrists or other mental health experts, and usually end up with one diagnostic label or another applied to them, even though most are diagnosed as suffering only mild disorders. Ewing concludes that, although some juvenile killers are psychotic, most are not.

Other researchers, particularly those from the psychiatric community, disagree with the mild disorder hypothesis. Smith (1965) contends that, with the intentional adolescent murderer, some form of emotional disturbance is almost always present. In Smith's words, the youthful murderer is most likely to be suffering from a character structure referable to early oral deprivation, and he terms the clinical syndrome "episodic dyscontrol," a phrase parroted by later researchers. Schizophrenia, brain disease, or epilepsy was present, Bender (1959) believed, in all but a small minority of her intentional homicide cases.

In examining ten adult men charged with parricide, Cravens and his associates (1985) found that all of the men had records or descriptions of past psychoses, two episodic and eight chronic. Maas, Prakash, Hollender and Regan

(1984) presented the adult cases of two chronic paranoid schizophrenics charged with double parricide. Acknowledging that not all juvenile murders may have psychotic features, McCully (1978) labeled his APO as borderline schizophrenic with a sociopathic understructure.

Sadoff (1971) described his two parent murderers as having acute paranoid schizophrenic reactions which remitted spontaneously without medication following the act. Lewis and her associates (1985) claimed that murderers may suffer from "limbic psychotic aggressive syndrome," a result of severe head trauma, either accidentally received or administered by abusive parents. In her study, more than eighty percent of the murderers had suffered some form of head trauma, recognized by scars, neurological symptoms, CAT scans or hospital records, and almost half showed abnormal EEG's, and experienced blackouts and lapses of consciousness or periods of amnesia.

In her typology of adolescent parricide offenders, Heide (1992) delineated three types of individuals: (a) the abused child who is pushed beyond his or her limits; (b) the severely mentally ill, or psychotic, child; and (c) the dangerously antisocial child, or sociopath, or antisocial personality. The psychotic child has lost contact with reality, possesses a severely disorganized personality with distorted perceptions and disjointed communication, and

quite often suffers from hallucinations and bizarre delusions. According to Heide, the possibility of serious psychological disturbance is particularly likely to be considered when multiple family members are killed, extreme violence is used, and when the corpses are dismembered. The third type of APO, the dangerously antisocial child, is capable of only the shallowest of emotions, and demonstrates an inadequate set of moral or ethical standards. He often appears poised, even charming, most likely because of his freedom from guilt and anxiety about his violation of norms or the rights of others.

It is Mones' contention that the vast majority of APO's fall into Heide's first category, the severely abused child. Heide (1992) cautions that her categories need not be mutually exclusive, that there is a danger in categorizing the complex issue of parental murder in "black-and-white terms." She notes that some children raised in abusive homes do have conduct disorders, the term for persons under eighteen who exhibit symptoms termed antisocial personality disorder in adults. While some abused children emerge mentally intact, others may develop a wide range of disorders, including post-traumatic stress disorder (PTSD), multiple personality disorder or borderline personality disorder (Mones, 1992). Abused children may adopt antisocial ways of behaving, cutting off their own feelings,

and ultimately, becoming unable to identify with the emotional hurt and pain of others.

Post-traumatic stress disorder is one psychiatric label that Heide believes may be applicable to the abused child, and ultimately the adolescent who kills a parent. She notes that the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (or DSM-III-R) lists three factors that must be present for at least one month before a PTSD diagnosis is appropriate. The factors are: (a) a reexperiencing of the traumatic event; (b) avoidance and numbing of general responsiveness; and (c) increased arousal. In the case of the abused APO, intrusive recollections of past abusive trauma can provide the impetus to pull the trigger, even at a time when the youth is not physically threatened. Post-traumatic stress disorder's hypervigilance and reexperience of trauma may be relevant in explaining, for example, why a son might kill a father three months after the last abusive episode (Mones, 1992). Summing up the research on murder and mental illness, Lester (1986) concludes that there have been few good studies on the incidence of psychiatric illness in murderers, or of particular psychiatric disorders. In terms of youthful murders, and APO's in particular, the conclusion has added validity. Cornell (1989) notes the variability in

diagnostic terminology and criteria in studies which make comparisons across studies difficult, and also cautions that many of the samples on murderers are derived from psychiatric hospital populations, skewing the data by overrepresenting those with some form of psychosis.

A review of the case studies supplied by Heide (1992) and Mones (1992) provides mixed evidence of preexisting mental health problems among the perpetrators and victims. In several instances parental mental health problems were evident, but not formally diagnosed. For example, Patty's father, by Heide's diagnosis, was a narcissist and Mones' Craig, the father of Michael, was in a deteriorating mental state that included depression, evidenced by suicidal and homicidal thoughts.

The mother and father of Peter, one of Heide's subjects, were both diagnosed by psychiatrists as having severe psychiatric illness, the father labeled schizophrenic and allowed Social Security Disability payments as a result. Matricidal Steven had seen a psychologist for a duration of two years preceding the episode, who offered the impression that Steven was blocked in his feelings, although unduly resentful, and concluded that Steven's problems stemmed from too much television viewing. As an aside, the psychologist, according to Mones, failed to uncover the emotional abuse in the family, despite the fact that Steven's divorced father

wrote the psychologist to warn her of the early physical abuse Steven suffered at the hands of his mother. Mones' APO Cindy had been an in-patient at a private psychiatric hospital for a suicide attempt and unspecified depression several months prior to killing her father. Once again, Mones claims that mental health professionals failed to uncover the sexual abuse to which Cindy was subjected by her father. Other accounts fail to mention a history of psychiatric illness, or indicate that no extensive mental health problems were in evidence.

### **Educational Experiences**

Despite the fact that most children have formal schooling as a common denominator, and despite the fact that accessible school records exist, little mention is made of parricide offenders' educational histories. It is difficult to imagine, however, that children from troubled families are able to leave their home problems on the school's doorsteps and enter the classroom eager or able to learn.

Heide (1992) is the exception to consistent reporting of school history, although it appears that her information source is self-report from the APO's. A review of Heide's three case studies indicate that one APO, Peter, dropped out of school in tenth grade, having repeated the fifth and tenth grades, and was attending night school at the time of

the murder in hopes of earning a General Equivalency Diploma (GED). Scott, the second of Heide's cases, was in ninth grade at the time of the murder and had spent time in a school for the "emotionally handicapped" because of a problem with English and because of fights. Scott apparently skipped school frequently, but had an improved performance in eighth and ninth grades. APO Patty reportedly liked school and her teachers and received mostly B's and A's in her subjects. Patty was involved in a number of extracurricular school activities, but had been suspended once in tenth grade for skipping and then forging a note from her father.

Mones (1992) offers sporadic school information, gleaned from reviewing school records. Steven tested at an I.Q. of over 120, but demonstrated mediocre school performance and a mild, unspecified, learning disability. After paternal sexual abuse started when Tim was in sixth grade, his school performance fell from average grades to D's and F's. School records indicated that Tim remained well-behaved and compliant in the classroom, and several teachers recommended that Tim receive medical care because he had a habit of falling asleep in class. APO George tested above average in ability, but posted a below average school performance history. George repeated seventh grade

twice, was frequently truant, and was noted to have a poor attention span.

Clearly, it is difficult to draw conclusions regarding parricidal youths' educational experiences from such limited information. Whether adolescent parricide offenders differ significantly from their non-parricidal peers is impossible to tell. What is interesting, however, is that school is, for many of these children, the one constant in their lives and the place where they spend a majority of their waking hours. However, despite mention of several instances of involvement with school counselors, educational professionals were either unaware of the abusive home environment or they failed to make appropriate referrals to protective service agencies on behalf of the children. These findings are consistent with the results of one study of high risk/high need children which found that school counselors and support personnel were often unaware of the non-school related problems of the youngsters (Flanigan, 1988).

### **Chemical Dependency History**

Mentioned in a number of adolescent parricide reports is the victim's use of alcohol and other drugs for recreational purposes. According to Heide (1992), heavy drinking or alcoholism was found in six out of seven of the

APO's homes in her investigation. Heide also calls attention to the heavy drinking in the homes of parricidal adolescents mentioned by Corder and his associates where over sixty percent of the APO's had alcoholic fathers, as well as the families studied by Scherl and Mack, Duncan and Duncan, Sargent, and Russell. Mones (1992), too, describes alcohol and drug abuse by several of his parricide victims.

Regarding the perpetrators' drug and alcohol histories, Post (1982) maintains that factors external to the family, such as drug or alcohol use by the adolescent, were not contributing factors in the parricides she studied. Cornell, Benedek and Benedek (1987), however, found that one-third of juveniles arrested for the homicide of a family member or familiar person were intoxicated at the time of the offense. Cornell et al.'s results correspond with assertions made by Regan (1982) that up to sixty-five percent of homicides, including adult killings, involve an intoxicated victim or murderer, and that more than two-thirds of assault cases are alcohol related.

Alcohol and drug use by adolescents is common. In one study of drug and alcohol use by adolescents, ninety-two percent of high school seniors surveyed reported some experience with alcohol, with nearly forty percent having had five or more drinks in a row (Wodarski, 1990). In the same study, more than half, or some 57%, of the high school

seniors confessed to using an illicit drug, with 36% having tried an illicit drug other than marijuana, including cocaine and its derivative, crack. While experimentation with drugs and alcohol is obviously not exclusive to parricidal adolescents, misuse and overuse of the substances can lead to ancillary difficulties.

Alcohol abuse in particular has been cited as a factor associated with maladaptive behavior, including suicide, delinquency, and family violence. Spouse and child abuse, two phenomena that have been found in the backgrounds of parricidal adolescents, are often linked with alcohol abuse. Leonard and Jacob (1988), in a review of alcohol and family violence research, suggested that a high percentage of those who engage in marital violence are alcoholics, or minimally, very heavy drinkers, and that the marital violence is often associated with alcohol consumption. The authors contend, however, that the evidence with respect to child abuse is much weaker. Other researchers, in a controlled study of the association between parental alcoholism and severe child maltreatment (i.e. physical abuse, sexual abuse, or neglect) found a significant overrepresentation of parental alcoholism in situations requiring court-ordered removal of the child from the home (Famularo, Stone, Barnum & Wharton, 1986). One group of researchers tested the interaction between the factors of having an alcoholic parent and being

abused as a child with the development of antisocial behavior (Pollock, Briere, Schneider, Knop, Mednick, Med & Goodwin, 1990). They concluded that there was no evidence that paternal alcoholism and childhood victimization interacted to increase the risk of antisocial behavior, but did find that being beaten as a child was predictive of antisocial variables.

It is important to note that while alcohol and drug abuse may be associated with a multiplicity of maladaptive behaviors, including the physical, sexual and emotional abuse heaped upon young children and adolescents, a causative relationship has not been firmly established. Fathers do not rape daughters because of drugs or alcohol; nor is it likely that a son would shoot his father because the victim had six beers. Gelles and Cornell (1985), in discussing the myths that hinder our understanding of family violence, contend that violent spouses and parents learn that if they do not want to be held responsible for their violence, they should either drink before they hit, or at least say they were drunk. Elsewhere, Gelles (1974) terms the process "deviance disavowal;" the drunkenness offers an excuse for the violent behavior. While more than deviance disavowal may be operating in situations of adolescent parricide, further scrutiny of the relationship between

drugs, alcohol and parricide is needed before reliable conclusions can be offered.

### **The APO's Support System**

Researchers frequently contend that abusive families are socially isolated, raising the risk that there will be severe violence directed at children or between spouses (Cazenave & Straus, 1979; Gelles, 1980; Steinmetz, 1978; Stith & Rosen, 1990; Van Hasselt, Morrison, Bellack & Hersen, 1988). This view holds that families without close personal friendships are poorly integrated into the community and lack a support network in times of stress to mitigate tension. The families, therefore, are not influenced by the social expectations of peers, friends or communities (Steinmetz, 1978), with intrafamily violence as an outcome.

In the parricide literature, researchers echo the isolation theme (Benedek, 1989; Corder et al., 1976; Heide, 1992; Post, 1982; Russell, 1984; Sadoff, 1971; Scherl & Mack, 1966), noting that parricidal families tend to be relatively isolated because of problems in the home. The youth assumes responsibilities typically performed by the parents, which results in fewer outlets for the children (Heide, 1992); social isolation thus becomes both a cause and an outcome of abuse.

Interestingly, while Heide (1992) contends that parricidal families are isolated, her descriptions indicate otherwise. Heide's in-depth case studies reveal that all three of the youths who killed a parent had friends and socialized with peers. Two of the three were involved in school sports and one had a job at a fast food restaurant. Mones' youths were also involved in social activities, although both Heide's and Mones' young murderers were noted to have adult home responsibilities.

The social isolation hypothesis holds that abuse is able to occur because of an absence of intervening outside influences. Perhaps most striking among these families is that in several cases help was sought by the young people, but did not materialize. Heide (1992) notes that Scott had friends and relatives who knew about the brutal beatings he suffered, but failed to intercede. On one occasion Scott told school authorities about the abuse he received at home, but the school officials failed to report the abuse to Child Protective Services, opting instead to confront the parents, who denied any mistreatment. In one of Mones' accounts, Patty had a case worker from Child Protective Services, but the worker and agency representatives failed to effectively intervene, despite continued reports of physical and sexual abuse made by Patty.

The cases of Scott and Patty are not unique, but are mirrored throughout the stories of parricidal youths. Rather than the family being "cut off" from family and the community, a laissez-faire attitude is adopted, or in the case of social service agencies designed to intervene, fail in their charge. Mones (1992) comments that every day relatives, friends, neighbors and strangers look on as a parent abuses his child, and almost no one intervenes. Mones blames the lack of intervention on intimidation by the abusive parent, as well as ingrained social restraint that compels individuals not to interfere in the family circumstances of others. American values have long held that the home is a family's castle, and what happens there among family members is the sole and exclusive province of those involved, most notably the husband with consent from the wife (Blumstein & Schwartz, 1988). Society has tolerated violence within the family by both laws and informal mores (Kratcoski, 1988). Contrasts and paradoxes surround family violence, and lead to the conclusion that norms exist in American society which simultaneously encourage and approve of the use of physical violence, while at the same time condemn violence in the home (Gelles, 1978). How spouses or parents are treated, abusively or lovingly, has traditionally been left to the discretion of adult family members (Blumstein & Schwartz, 1983). Because

of the continued assertion that social isolation is a factor in dysfunctional families, the support system of youth who attempt parricide will be examined in this study.

### **Circumstances Surrounding Adolescent Parricide**

To fully understand adolescent parricide it is important to examine the climate in which the parricide incident occurs. The Circumstances section describes the family's threat history, weapons access, and victim helplessness and overkill.

### **Threats**

Repeatedly, parricide accounts foreshadow the lethal event with tales of death threats by the victim, directed either towards the youth, another family member, or the entire family, as well as threats made by the youth towards the victim. Mones (1992) relates the stories of young George, who went to his National Guard recruiter and told the recruiter of his wanting to kill his father, and of Michael, whose father Craig repeatedly threatened to kill his son. Father Stanley, who used a special board called "The Enforcer" to mete out almost daily physical punishment to APO Byron and sister Anne, used death threats to punctuate his control over his offspring. Mones notes that Stanley would tell his son that if he didn't straighten up,

the next time he would take Byron out into the backyard and kill him, providing specifics and backing the details up with grisly props such as Stanley's loaded .357 magnum or a baseball bat. Heide's (1992) Peter killed his father after repeated death threats by the father directed towards Peter. Retelling part of a conversation with Peter, Heide relates seventeen-year-old Peter as saying "'Either he was going to kill me or I was going to kill him. That's what it came down to, I guess'" (pp. 82-83). Another of Heide's APO's, Drew, shot his father three times in the back of the head on the same evening that the father had threatened to kill Drew.

Other parricide researchers comment upon threats made by the victim and perpetrator. One father, killed by his fifteen-year-old daughter, had threatened to kill the whole family and after the murder the mother, hardly a paragon of parenthood herself, confessed that she had not reported her husband's sexual abuse of her daughters for fear of being killed by the husband (Anthony & Rizzo, 1973). Duncan and Duncan (1971) report case studies that illustrate threats made by the youth and threats made by the victim. Sadoff also related threats made by the victim to the future murderer. "Mr J.", one of Post's (1982) victims, actually shot at his spouse and, on the day of the murder, punched

his daughter and later assassin, Margaret, on the throat three times while saying, "I should kill you." (p. 449)

Clearly, the parricide act transpires in an atmosphere of fear, hostility, and anger. Often the environment is electrified with anticipation of the deadly event. While it may be somewhat common for parents or children to casually remark, "I could kill you for that," in the parricidal family the words are spoken as a threat that harbors believability, looming as an imminent possibility, rather than an offhand comment.

### Weapons

Immediately evident from a quick perusal of adolescent parricide accounts is the youths' easy accessibility to firearms, most often from the victims' own weapons arsenals. Heide (1992) reports from her literature review that in the nine parricide studies which employed a clinical case approach, all of the authors reported the easy availability of a gun as a critical factor in the occurrence of the homicide. Sargent (1962) noted in one of his case studies that two brothers, aged eight and seven, shot and killed their father with a gun that the father stored in the glove compartment of his car. The father had taught the young boys to be expert marksmen. Another of Sargent's youths, sixteen-year-old Bob, killed his father with the family

shotgun on the same day that Bob's father, "...took out his collection of guns and 'played with them' on the living room floor." (p. 37) Four of Duncan and Duncan's (1971) cases involved the family gun in the murder. In three of Mones' (1985) case studies the parent victim was noted to be a gun enthusiast and, in all seven cases presented, the weapon was a handgun or rifle. Not all attempts made with a gun, however, result in the victim's death.

Although the majority of parental murders are committed with firearms (Heide, 1992), other weapons are included in the APO's arsenal, including knives, axes, blunt objects and, on occasion, fire. One young man killed his entire family by beating them to death with a baseball bat (Ewing, 1990).

In general, the use of guns in adolescent parricide cases is greater than in the larger homicide picture. According to Lester (1986), approximately sixty-two percent of homicides involve gun usage. Heide (1992) found that eighty-two percent of fathers, seventy-five percent of stepfathers, sixty-five percent of mothers, and fifty-six percent of step-mothers murdered by juveniles were killed by a firearm.

## Victim Helplessness and Overkill

Perhaps because of the disproportionate size and strength of the victim to the assailant, APO's often select a time when the victim is helpless to deliver their lethal blow. In a number of reported cases the victims were in bed or asleep at the time of the parricide episode (Duncan & Duncan, 1971; Ewing, 1990; Heide, 1992; Mack, Scherl & Macht, 1973; Mones, 1985, 1992; Post, 1982; Tanay, 1976; Wertham, 1941). Although descriptions are provided which indicate victim helplessness, Duncan and Duncan (1971) are the only ones who discuss the phenomenon as significant. They note that in their cases the victim was in a position of relative temporary helplessness, either with his back turned, in bed, or drunk, and conclude that the adolescent planned it thus, even when, as in the case of John, the drunken father was killed while attacking the mother and younger children. Duncan and Duncan surmise that the very helplessness, albeit temporary, of the ordinarily menacing adult invites revenge and undermines the youth's control of his aggression.

Another theme that emerges from a review of the literature is overkill. The concept of overkill is illustrated by McCully's (1978) subject who shot and killed his stepfather, killed his young half-brother with two shots, and then shot his stepfather once again after he was

sure he was dead. McCully's APO went on to shoot and kill his mother and, after she was dead, shot her five more times in the head.

One group of researchers explain the overkill phenomenon as a reassurance that the omnipotent father (or mother) will not get up and retaliate (Cormier et al., 1978). Others refer to the after-death violence as panic and fear of not having completed the task, rather than as a result of explosive rage (Mohr & McKnight, 1971). Mones (1992) concurs that overkill in parricide cases is common and involves the child's fear of the parent, rather than an intent to inflict injury. The overkill phenomenon is often misunderstood by prosecutors, according to Mones, and exacerbates difficulties in the legal defense of the offenders. It is problematic to convince district attorneys and jurors, for example, that a child was acting in self-defense when he fired an entire round of bullets into his sleeping father's head.

#### **TFA and Adolescent Parricide**

Behavior has been defined as the interaction among thoughts (T), feelings (F), and actions (A) (Hutchins, 1984). Thoughts refer to the intellectual or cognitive domain, feelings to the emotional or affective, and acting to doing something or engaging in activities (Hutchins,

1982). The TFA System (tm), developed by Hutchins (1979) and refined by Hutchins and Vogler (1988), allows for the description, understanding, prediction, and change of human behavior (Hutchins & Vogler, 1988). The goal of TFA is to categorize and synthesize major behavior patterns (Hutchins, 1984) that eventually will lead to change.

By examining attempted adolescent parricide through the TFA lens, insight can be gained into the phenomenon. By specifying the thoughts, feelings, and actions of the adolescent perpetrator relative to the attempted parricide episode, a behavioral description will emerge that may lead to a new understanding of the problem.

In this study, TFA triads were determined for select adolescent parricide offenders described in the research literature and for the youths who attempt parricide. TFA triads for the latter group were determined through interviewing counselors who worked with the youths. The methodology for configuring the literature and interview derived TFA triads will be detailed in Chapter 3, although the literature patterns themselves will be discussed on the following pages. Briefly, through examining the written case descriptions of Heide (1992) and Mones (1992), the answers to the following three questions were determined:

At the time of the parricide incident,

(1) was the youth more Thinking, more Feeling, or about in the middle?

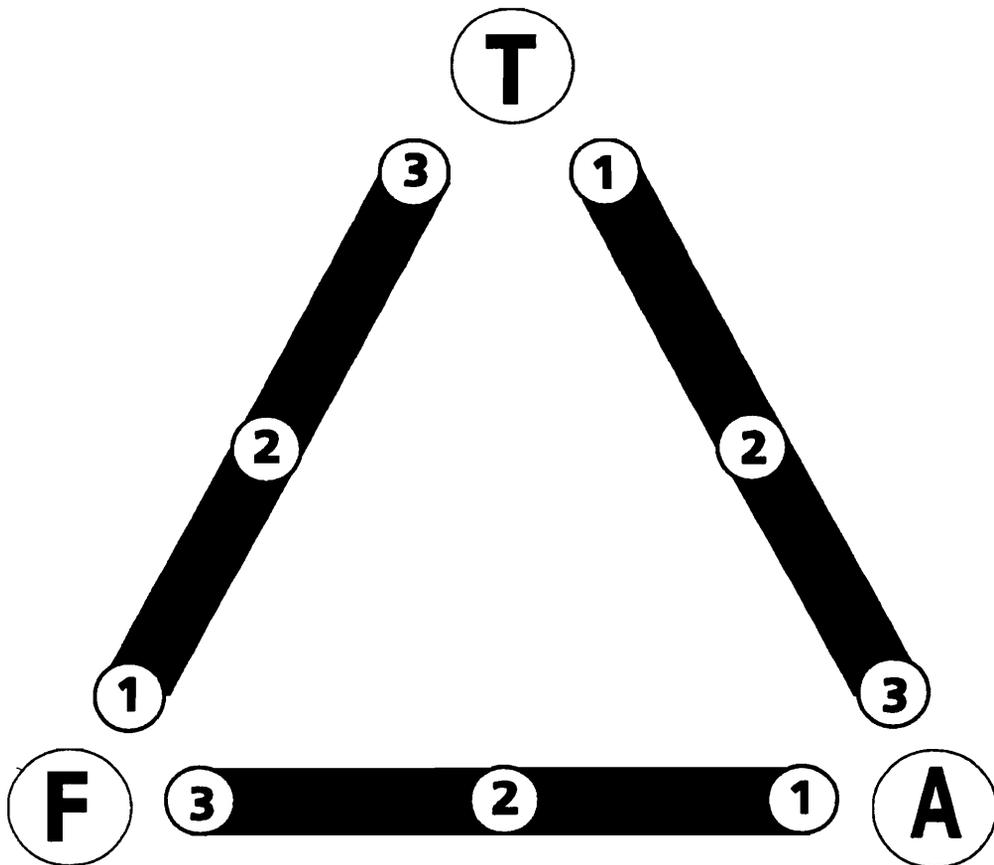
(2) was the youth more Feeling, more Acting, or about in the middle?

(3) was the youth more Acting, more Thinking, or about in the middle?

Answers to the above questions were plotted on the appropriate points of the TFA triangle, an open-ended triangular shaped figure with **T** (Thinking), **F** (Feeling), and **A** (Acting) at each of the vertices. Figure 1 depicts a blank TFA triangle.

After the triad was plotted, specific thoughts, feelings, and actions described by the researchers were noted at appropriate points of the triangle. Thoughts were written at the triangle's top, feelings at the bottom left, and actions at the lower right. The resulting triangle was a pictorial representation of the youth's behavior at the time of the parricide incident.

The literature triads served as comparisons for the TFA triads that resulted from the active data gathering phase of this study. The interview triads are presented in Chapter 4, the data analysis section of the report. Heide's and Mones' case studies were selected for configuring triads



**FIGURE 1. A TFA triangle used to describe the Thinking ( T ), Feeling ( F ), and Acting ( A ) components of a person's behavior.**

because they were sufficiently detailed to allow the formation of TFA behavioral profiles.

### **TFA Profiles from the Literature**

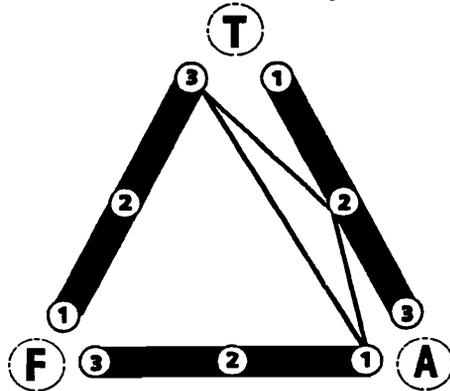
Eight TFA profiles can be extracted from the in-depth case studies presented by Heide and Mones. Graphically depicted in Figure 2, the literature triads encompass 4 of the 27 possible TFA configurations detailed by Hutchins and Vogler (1988). A description of the four triad behaviors will be presented, along with an application of the behavior to the parricide episode. One case study will be described for each TFA pattern for illustrative purposes.

**The Acting-Feeling triad.** The Acting-Feeling behavioral pattern is one of great **doing**, with a latent cognitive component. Exhibited by one of Mones' APO's and shown in Figure 3, the Acting-Feeling triad is reflective of the juvenile listed as #'s 7 and 8 in Figure 2.

According to Hutchins and Vogler (1988), a person exhibiting the Acting-Feeling behavior pattern spends little time planning; might move quickly, or reflexively; will not dwell on feelings; and has scant concern for **how** things get done. Minimal effort is spent thinking about alternatives or the consequences of actions.

- (Devised plan to kill parents)
- I'll never be free.
- I've got to kill him, before Dad kills me.
- I can't let Mom suffer.
- I've got to do it!

#1 Byron

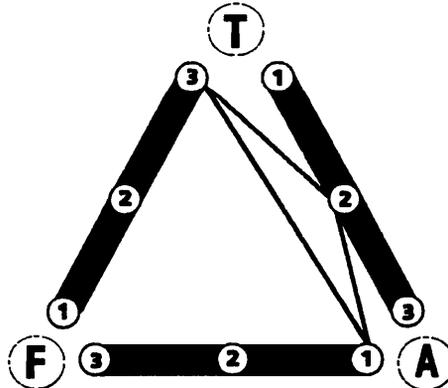


(No feelings described or indicated; absence of affect)

- Hid ax under bed
- Called Mom to kitchen
- Hit Mom with ax
- Took sister ear phones
- Struck Dad seven times

#2 Patty

- (Flashbacks of abusive episodes)
- He's caused so much trouble
- This is the only way out
- I want my friends to approve of me.



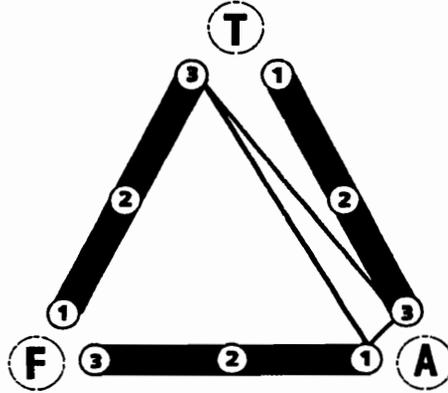
- (
- Anger
  - Sadness
  - Helplessness
  - Fear of father
- )

- Walked to father's bedroom
- Pulled trigger
- Found different gun
- Shot father

FIGURE 2. TFA Adolescent Parricide Triads derived from case descriptions in the literature. (Inferred thought, feelings and actions are in parentheses).

#3 Peter

- He's hurt us all
- He's abused us all
- He's going to kill me, or I'll kill him.

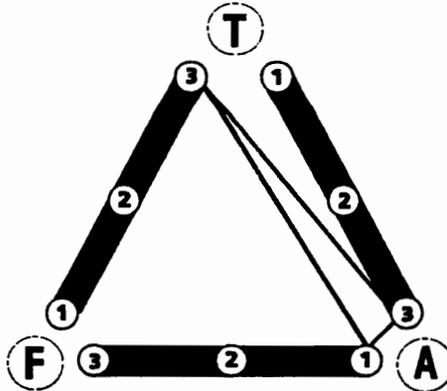


- (
- Fear (He'll catch me)
  - Panic
  - Hurt - over pain father caused family
- )

- Picked up rifle
- Picked up bullets
- Loaded gun
- Snuck out window
- Aimed and fired through window at father's head

#4 Steven

- This will relieve the pressure in my head
- I won't have to put up with Mom anymore or be afraid of her.



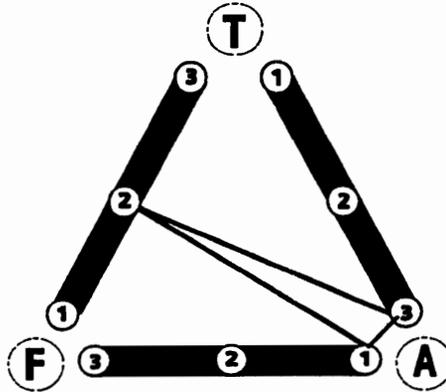
- (
- Lack of anger at time of attempt
  - Built up fear of Mom's verbal abuse
- )

- Awoke at 5:00 a.m.
- Picked up gun
- Walked to Mother's bedroom
- Pulled trigger twice

FIGURE 2. Continued

#5 Scott

- He' (Dad) is going to beat me or kill me
- I shouldn't have run away
- I've got to put him out of his misery.

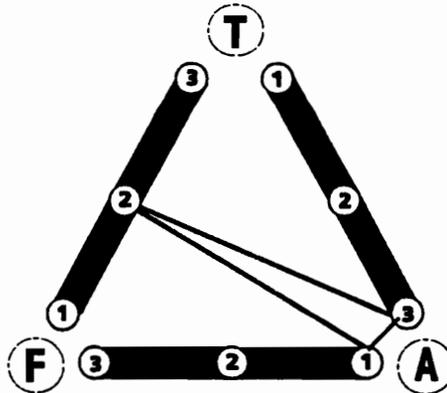


- Fear (of father)
- Upset (over argument with father)

- (Initially ran from house)
- Came in door
- Grabbed gun from father
- Jumped away from father
- Fired twice

#6 Cindy

- I can't do this anymore (have sex with father)
- I want him to listen to me
- He's got to stop this



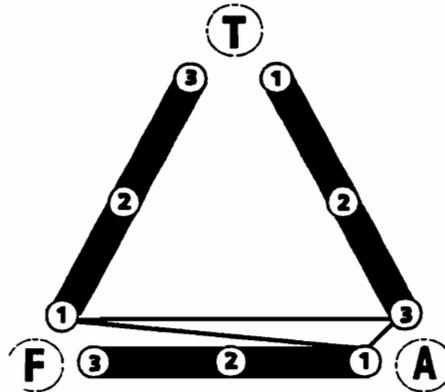
- Anger (at father's sexual advances)
- Fear (of father hurting Cindy)

- Walked upstairs to get away from father
- Picked up gun for protection
- Fired gun twice as father entered bedroom

FIGURE 2. Continued

#7 Mike

- [Father: "Either you kill me or I kill you."]
- Blacked out
- I'm trapped; there's no way out

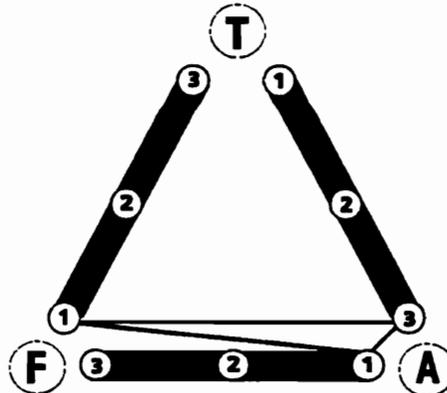


- Numb
- Hopelessness (that nothing will change)
- Fear (of father)
- Anger (over prospect of dying)

- Took gun from father
- Pointed gun at father
- Pulled trigger six times

#8 George

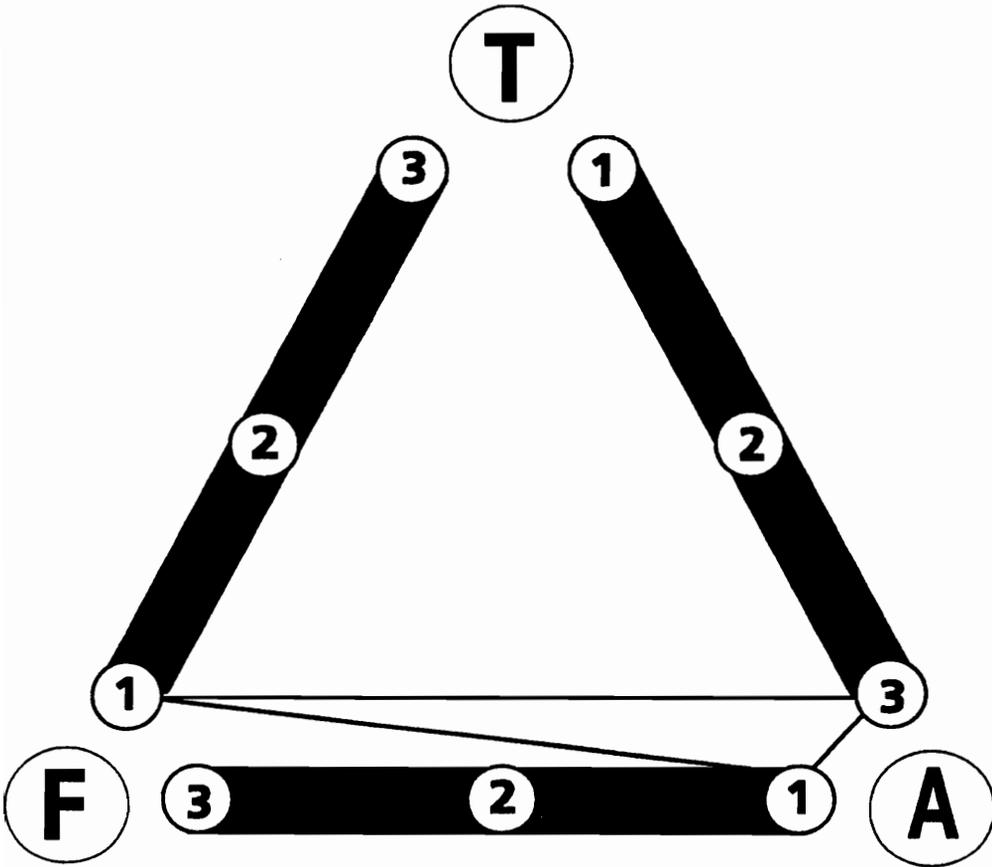
- I'm going to scare the hell out of him



- Anger (at father over argument)
- Hatred of father (for constant criticism)

- Stashed gun in bushes
- Retrieved gun
- Unplugged phones
- Walked into parent's bedroom
- Pulled trigger

FIGURE 2. Continued



**FIGURE 3.** The Acting - Feeling triad places an emphasis on doing with moderate emotions and limited cognitions.

When applied to the adolescent parricide offender, the Acting-Feeling pattern appears eerily descriptive of the murder incident. For youths with the Acting-Feeling behavior pattern, planning is virtually absent, with the young people unable to articulate what they were thinking just prior to the episode. As one author related, the youth felt as if he "just blacked out," indicative of the lack of thinking regarding the murder. Alternatives to their plight are not considered by these adolescents and little, if any, attention is focused on the consequences of their actions. The affective component for these youths is wholly comprised of negative emotions, such as hate and fear, and is strongly tied to the murderous actions. The emphasis for the Acting-Feeling oriented APO is on **doing**.

George, presented by Mones, typifies the Acting-Feeling orientation. The son of a drug-dependent, PTSD Vietnam veteran, George was raised in a home filled with the spouse abuse of his mother and severe verbal abuse directed towards him. Repeatedly told that he was worthless, stupid, and a "wimp who would never amount to anything," George eventually became consumed with anger that spilled over into all aspects of his life. Although his natural parents divorced while he was in grade school, George returned after a nine year hiatus to live with his father when the mother was unable to control George's misbehavior. One evening, eight

months after returning to his father's home, George and his father had an argument over homework. After his father left the home for the evening, George took a rifle that had been lent him by a friend and stashed the gun outside in some bushes. At three the next morning, George awakened and went outside to smoke a cigarette. He then quietly reentered the house after first retrieving the rifle, unplugged the two house phones, crept into his father's and stepmother's bedroom, stood at the foot of the bed, and aimed the rifle at his sleeping father's head. After firing the gun George aimed for his stepmother, but was unable to pull the trigger, overcome with panic at what he had done.

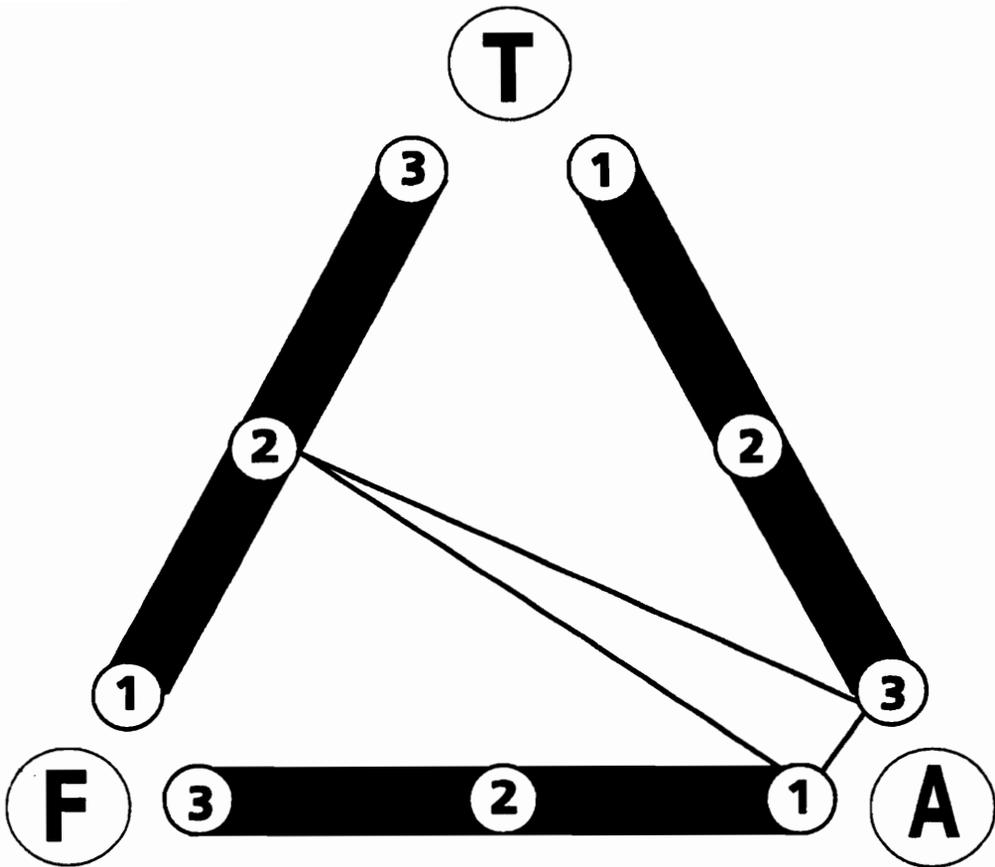
Based on Mones' description, George was more Acting than Thinking, evidenced by the fact that George acted on impulse rather than planning; more Acting than Feeling, based on the numerous activities in which he engaged; and more Feeling than Thinking, as noted by George's admission of the extreme anger he had felt over the earlier argument with his dad. George later commented, "I really don't know what got into me."

**The Acting mid-point Thinking-Feeling triad.** Similar to the Acting-Feeling triad, the Acting and mid-point Thinking-Feeling profile places a somewhat greater emphasis

on cognition. The Acting and mid-point Thinking-Feeling triad is depicted in Figure 4.

Once again, the emphasis of the person with this behavior pattern is on **doing**, but with some moderating cognitive and affective influence. A person evidencing this behavior pattern, according to Hutchins and Vogler (1988), is adventurous, takes risks, gets involved with people and events, does lots of things, and finds doing **something** preferable to doing nothing. When misdirected, a person with the Acting and mid-point Thinking-Feeling triad rarely plans, is extremely impatient, will proceed with actions before considering alternatives or long-range consequences, and behaves in the classic "jump then look" manner. Feelings of self and others may or may not be considered.

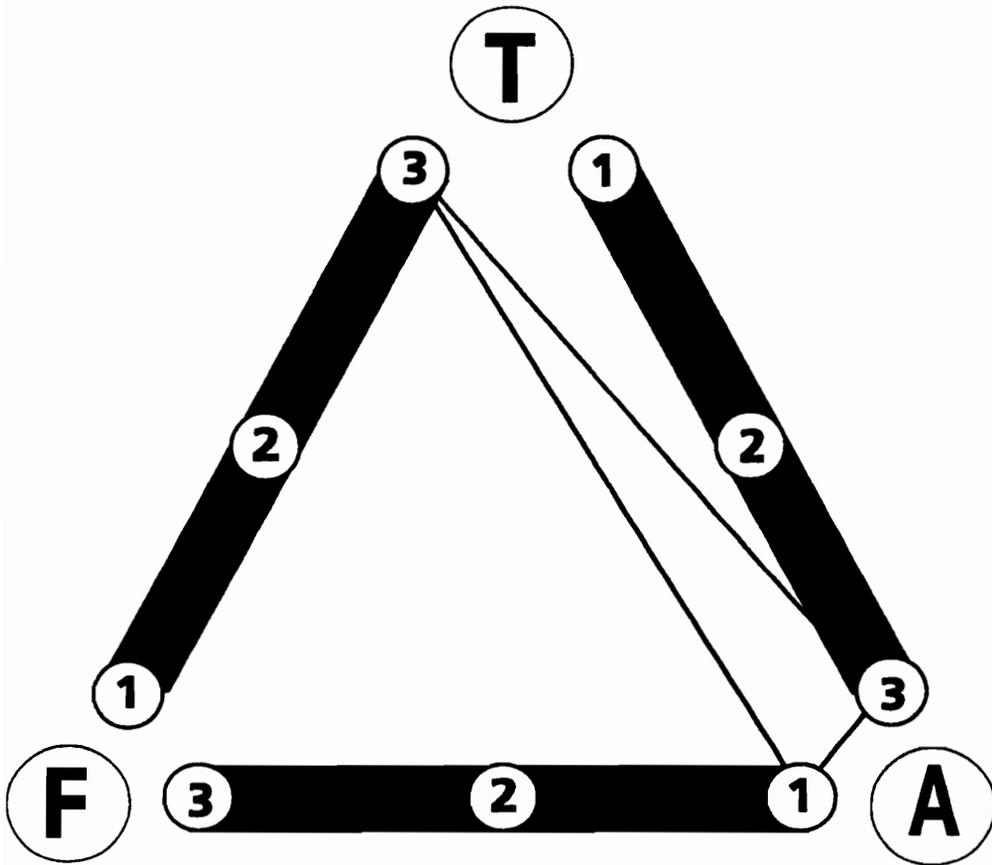
Heide's Scott, #5 in Figure 2, fits the Action and mid-point Thinking-Feeling triad. According to Heide, Scott was able to empathize with others and was capable of making plans, but he focused his attention on reducing and overcoming anxiety through direct action. Scott ran away on four occasions but "'never got anywhere'" (p. 94). On the night of the homicide, Scott argued with his abusive and drug-dependent father about school grades. Becoming upset by their discussion, and fearing for his safety, Scott ran from the home, something he had never done when in the midst of an argument with his father. Returning to the house a



**FIGURE 4.** The Acting and mid-point Thinking-Feeling triad places an emphasis on doing with moderate thoughts and feelings.

little later, Scott immediately noticed that a shotgun was sitting next to his father, who was smoking a joint. When the father commented to Scott that "'You shouldn't of done that. I'm going to have to beat your ass'" (p. 104), Scott instantaneously grabbed the gun and shot his father with it. After firing once, Scott believed his father was suffering. Remembering the hunting lessons his father had given him regarding wounded animals and how they should not be allowed to suffer, Scott reloaded the shotgun and fired again. When asked what he was thinking when he pulled the trigger the first time, Scott replied that he did not know then what he was thinking and does not care to know. Scott acted without much regard to consequences. The second bullet was fired with a mixture of cognition and feeling over not wanting his father to suffer. According to police, however, the first bullet fired by Scott was fatal.

**The Acting-Thinking triad.** Shown in Figure 5, the Acting-Thinking triad is descriptive of two of the APO's from the literature. The Acting-Thinking pattern is strong on action, moderate in thinking, and bereft of feelings. For the Acting-Thinking triad, indeed for any behavioral pattern where cognitions are present, thoughts may range from the logical and rational to the illogical and



**FIGURE 5. The Acting - Thinking triad is strong on Action, moderate in Thinking and absent of Feeling.**

irrational. Thus, the presence of a thinking component does not necessarily imply clear thinking or a comprehensive processing of alternatives and consequences.

Hutchins and Vogler (1988) describe the Acting-Thinking individual as one who is rarely idle, who approaches tasks in a rational and methodical manner, and who exhibits a rapid flow from ideas to actions with startling speed. A person in this behavioral mode may appear to "shoot from the hip" or "go off half-cocked" before developing a complete plan, often rationalizing the behavior after the fact as being too impulsive. Feelings, for this individual, appear largely absent.

For the adolescent who commits parricide, the Action-Thinking orientation means that actions are paramount, with thoughts driving the actions. There is little regard for either his own or others' feelings. The murder episode may be either impulsive or planned, with the emphasis on doing.

The case of Peter, as described by Heide, serves as an example. In her narrative, Heide notes that Peter remembered only "bits and pieces" of what happened on the night of the homicide. Nevertheless, Peter reported thinking about the hurt his father had caused the family, particularly Peter's mother, as well as himself and his younger brother. Peter also remembered thinking that his

father was going to kill Peter or that Peter would kill his father. At the moment he pulled the trigger, Peter notes that he "blacked out," signifying a cutting off of both affect and cognition. Peter's feelings at the time were fear, panic, and hurt, but these were primarily inferred by Heide based on Peter's thoughts and actions. At the time of the parricide, Peter appeared divorced from his emotions. The actions taken by Peter included retrieving a gun from under his bed that he had earlier taken from his father and loaded, then hid; crawling out his bedroom window; walking to the living room window; aiming the gun at his father's head as his father sat watching television and pulling the trigger. Based on the description, Peter could be considered more Thinking than Feeling, more Acting than Feeling, and more Acting than Thinking.

**The Equal Thinking-Acting triad.** With this triad, shown in Figure 6, thinking dominates feeling, actions outweigh emotions, and cognitions and actions are equally balanced. Feelings, however, are noticeably absent. Two of Heide's and Mones' APO's, #'s 1 and 2 in Figure 2, fit the equal Thinking-Acting triad.

Persons with an equally strong thinking and acting orientation may exhibit behavior that is impulsive, disorderly, and hasty. As Hutchins and Vogler (1988)

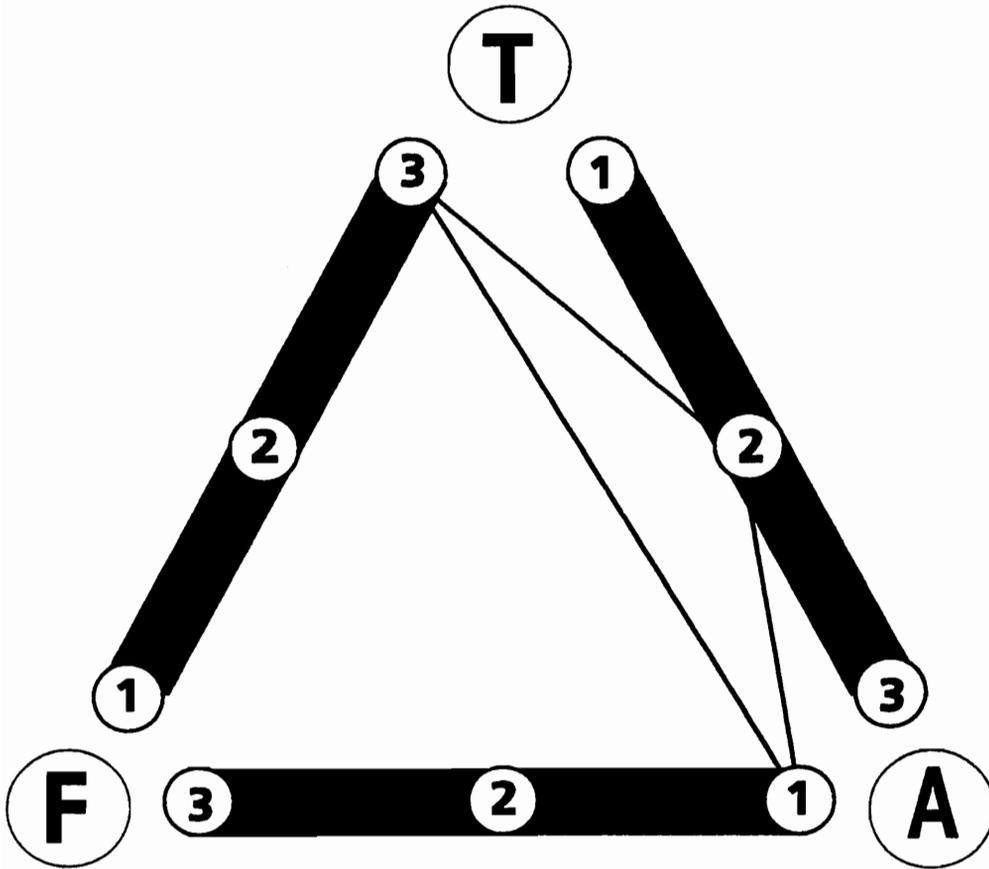


FIGURE 6. The Equal Thinking-Acting triad has a balance of Thinking and Action and an absence of Feeling.

comment, feelings are latent with this behavior pattern because there is very little interaction of the affective with the thinking and acting dimensions. Feelings are commonly kept in check by thoughts and actions. Details may be overlooked by the person exhibiting this behavior pattern, and they may demonstrate impatience, plunging ahead with plans. Cognitions may result in deliberate, purposeful actions, with little interference from emotions.

In applying this behavior pattern to the APO and parricide incident, we see a balance of thoughts and actions with cursory regard to feelings. The murder would have been planned, albeit hastily in some cases, and carried out in a deliberate fashion. Scant attention would be accorded to feelings, with the adolescent appearing to have little remorse for his actions.

The case study of Heide's seventeen-year-old Patty is representative of the equal Thinking-Acting behavior pattern. After five or six unsuccessful runaway attempts, and one "half-hearted" (Heide's words) suicide attempt, Patty hatched the idea to eliminate permanently her sexually abusive father, and enlisted the aid of several friends to carry out her plans. Originally, a girlfriend of Patty's agreed to perform the actual killing, but after standing in the father's bedroom as he slept, the girlfriend found herself unable to pull the trigger of the gun Patty had

provided. Patty then went to her father's bedroom with the gun, but the weapon would not fire. She retrieved a different pistol from her father's vast arsenal and shot him in the head. While she stood over the bed and observed her sleeping father, Patty remembered flashbacks of abusive episodes her father had inflicted on both Patty and her now divorced mother. While she mentioned the pain her father had caused them, the emotions were tangential to the plans Patty made and the actions taken by her. Patty reported feeling "cut off" from her emotions, but anger, sadness, hurt, fear, and helplessness can be inferred from Heide's description of Patty's ordeal.

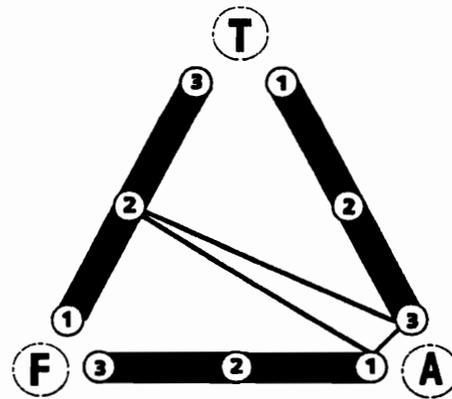
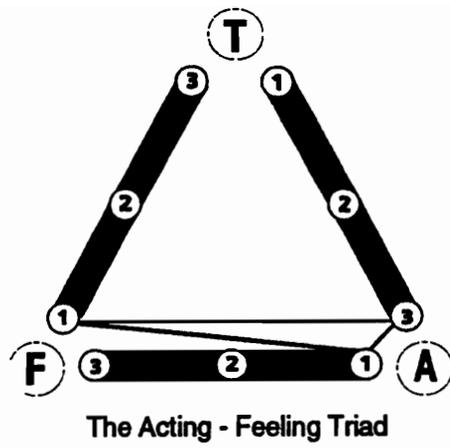
The Thinking-Acting orientation matches Heide's description of Patty's level of personality development. Heide notes that Patty was relatively unaware of the role that such internal dimensions as needs, feelings, and motives played in her life and in the lives of others, and that she was unable to empathize with others. According to Heide, Patty was incapable of long-term planning due to her low level of personality development.

**Synthesis of TFA literature patterns.** To summarize, four different TFA behavioral triads were derived from the literature. While variations were found, two basic patterns emerged. The first is the Acting-Feeling triad, where

actions are dominant and are the result of the person's affect. Cognitions are limited or absent. Behavior patterns described by Heide and Mones that fit the Acting-Feeling orientation are featured in Figure 7, and are the strong Acting, secondary Feeling triad, and the Acting and mid-point Thinking-Feeling triad. Half of the TFA triads derived from the literature fit into the broad Acting-Feeling category. Actions prevail for these youngsters and are based on emotions, with little accompanying thought or attention to consequences or alternatives.

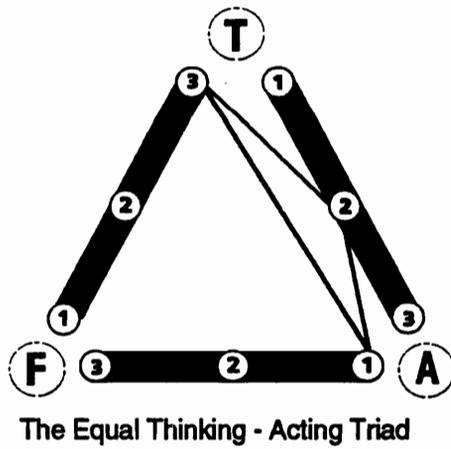
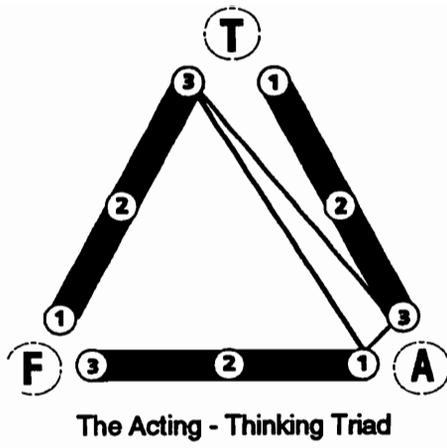
The second APO behavioral profile type is the Acting-Thinking triangles, shown in Figure 8. The two TFA triads in this category are the strictly Acting-Thinking triad and the even Thinking-Acting configuration. The emphasis of both of these patterns is on actions derived from cognitions, with an absence of moderating feelings.

Found in half of the literature cases, the Thinking-Acting pattern is in contrast to the Feeling-Acting orientation found to predominate in spouse abusing men (Clow, Hutchins & Vogler, 1990). Such spouse abusers are the victims in adolescent parricide cases. According to Clow et al. the actions of abusive men just prior to the abusive episode appear to be taken without the moderating influence of thoughts, occurring swiftly with minimal, if any, cognitive awareness or consideration of consequences.



**The Acting and mid-point Thinking - Feeling Triad**

**FIGURE 7. The Acting - Feeling triads place emphasis on doing and emotions, with few meditating cognitions.**



**FIGURE 8.** The Acting - Thinking triads place emphasis on doing with moderate cognitions and limited emotions.

While APO's also fail to consider consequences other than the short-term elimination of the source of their troubles, their actions are predicated on cognitions, rather than the emotions that they have learned to stifle as a result of prolonged abuse. Post (1982) notes that adolescents who commit parricide suppress their emotions at home where the environment is essentially dangerous, and tend to withdraw rather than express their feelings when outside of the home. Adolescent parricide offenders often report feeling "numb," signifying a cutting off of emotions, or they fail to mention feeling anything at all at the time just prior to the murder.

Heide's and Mones' Acting-Thinking descriptions also contrast with the "murderous rage" theme that appears throughout early parricide research. This rage would signify the Feeling-Acting orientation revealed by Clow. Smith (1965) discusses the "underlying rage" and "uncontrollable rage" experienced by his youthful murderers, while Duncan and Duncan (1971) comment on the "buildup of murderous aggression" of their family assailants. Russell (1974) describes one young killer as having a "murderous rage that could not be contained" and Tanay (1976b) discusses the "murderous rage" felt by the assailant. Even Mones (1985) mentions the "intense rage" experienced by a

child in an earlier parricide account. The murderous rage is missing, however, from Heide's and Mones' case studies.

Of the three profiles derived from Heide, two fit the Acting-Thinking portrait, while the other belonged to the Acting-Feeling group. Of Mones' case studies, two demonstrated an Acting-Thinking behavioral mode, while three fell into an Acting-Feeling orientation. That both authors had youth representatives of the various TFA patterns suggests that the authors were able to describe accurately the youths' behaviors at the time of the attempts, rather than overlaying a personal interpretation of what transpired on the youths' thoughts, feelings, and actions.

#### **Literature Review Summary**

The majority of formal adolescent parricide research has been generated from the psychiatric and criminology communities over the past 50 years, and has suffered from many of the same ills that plagued the broader arena of family violence research. Sigmund Freud's influence is evidenced from the many psychoanalytic descriptions offered to explain the phenomenon.

A rare event, parricide accounts for about 2% of all yearly homicides. While adolescent murder rates have experienced an upward spiral during the past decades, parricide figures have remained fairly stable. Due to the

manner in which crime statistics are reported, it is impossible to determine an accurate count on the number of young people who attempt parricide, or to obtain specifics regarding the victim-perpetrator relationship.

By far, spousal murders, specifically of the wife, account for the majority of intrafamily homicides. When the victim is a parent, the father is the more likely victim. Sisters are the least likely family member to meet a violent demise.

The parricidal family is likely to be white and middle class, with parents who have experienced multiple marriages. Overwhelmingly, the perpetrator is a male, who chooses a firearm to enact the deadly deed. He may have been involved in delinquent activities, but if so, only for minor property offenses, or for status offenses such as truancy or runaway episodes, acts that would be considered legal if committed by an adult. The APO may have experimented with drugs and alcohol, but chemical dependency is peripheral to the parricide act. Little is known about the educational experiences of the APO, but what has been written indicates that his school history is as individualized as most youths; that is, some APO's have above average school performance, while others experience classroom difficulties. While researchers repeatedly maintain that the parricidal family is socially isolated, in-depth case studies indicate that

the parricidal youth has close friends with whom he socializes.

A physically, emotionally, and sometimes sexually, abusive environment surrounds the parricidal youth. He is likely to be the recipient of violence at the hands of the victim, as well as an observer of spousal abuse. The home is thus a volatile one, where the child is unpredictably the target of a sometimes sadistic, often hypercritical, parent. The parricidal adolescent is expected to assume adult responsibilities at an early age, and feelings of helplessness and hopelessness develop in the youth, believing that he will never be able to escape his predicament. Ironically, the youth learns his violence from the future victim, playing out a cycle of violence script written generations ago.

Often, the parricide act occurs at a moment when the victim is in a state of temporary helplessness, either asleep, intoxicated, or immobile. The event occurs in an atmosphere dominated by victim death threats, directed towards the youth and sometimes other family members. Overkill is repeatedly evidenced, with the youth shooting or stabbing the victim well past death.

TFA profiles of adolescents who kill a parent belong either to the Acting-Thinking or Acting-Feeling categories, indicating either an absence of feelings in the former

instance, or of cognitions, in the latter. The APO triads are in contrast to the Feeling-Acting triads descriptive of spouse abusing men.

Having thoroughly reviewed the major research applicable to adolescent parricide, let us now focus on attempted adolescent parricide, the study's data gathering methodologies, and the resultant findings.

### **CHAPTER 3**

#### **METHODOLOGY FOR DATA GATHERING AND DATA ANALYSIS**

This study employed qualitative research techniques to amass a substantive database on adolescents who attempt to kill a parent. Through a combination of document analysis and survey techniques, a host of variables were examined to determine a behavioral profile of the attempted adolescent parricide offender (AAPO) and the relationship between actual and attempted parent killing in relation to those variables.

Study procedures are detailed throughout this chapter. Respondent selection is explained first, followed by a discussion of identification instrumentation and the two data gathering phases--the questionnaire and personal interview with respondents. Procedures employed to configure the literature-derived and respondent-derived TFA triads are described. Data analysis procedures for questionnaire and interview data are offered, as well as those for the comparison between actual and attempted adolescent parricide offenders.

### **Respondent Identification**

Locating children who attempt to kill a parent proved difficult. In retrospect, the search was hindered by several factors. First, agencies responsible for reporting crime statistics do not organize the data by victim-perpetrator relationship. Second, the attempts, by definition, are made by juveniles and confidentiality statutes shield the children's identities from disclosure. Third, the attempts, unless serious injury to the victims is involved, do not result in criminal prosecutions and, consequently, no formal record is developed. Finally--and perhaps most encouragingly--attempted parricide is still a relatively rare occurrence.

Counselors, rather than parricidal adolescents, were designated as primary participants for the study to overcome the barriers to population access. Two scenarios appeared likely:

- (1) The adolescent demonstrated behavioral problems prior to the parricide attempt. Intervention from a counseling professional was sought, either through a parent or agency referral, such as the child's school, juvenile court, or child welfare organization.

(2) After the attempt, the parents, court, or social service agency referred the child and family for therapy. The counselor became involved with the adolescent subsequent to the parricide attempt.

While not all adolescents who attempt parricide seek professional counseling, it was hypothesized that some parricide attempters would land at a therapist's doorstep. Whichever of the two scenarios described above proved true, counselors would be in an excellent posture to provide reliable, detailed information on youth who attempt parricide. It seemed likely, however, that in the second situation, where the counselor had a direct opportunity to explore the parricide episode with the youth, a more reliable TFA profile would emerge.

#### **Identification Instrumentation**

To isolate those counselors who had contact with parricidal youth, a survey was conducted in Virginia and West Virginia asking Licensed Professional Counselors (LPC's) if they had a client within the past 2 years who met the attempted adolescent parricide criteria. Attempted adolescent parricide was defined as a child between the ages of 10 and 18 who had taken some direct action to end the life of a mother, father, stepmother, stepfather, or

grandparent granted legal custody of the juvenile.

Counselors were also asked if the parent died as a result of the attempt; if they were aware of any other professionals who had worked with parricidal youths; and whether, if complete confidentiality were assured, they would be willing to provide more detailed information about the youth. A copy of the cover letter and brief questionnaire utilized for identifying the counselors who had worked with AAPO's can be found in Appendix A.

For the identification phase, a mailing list of Virginia LPC's was obtained from the State of Virginia Department of Health Professions, while in West Virginia a similar list was supplied by the West Virginia Counseling Association. Four separate mailings were conducted during the Counselor Identification phase to ensure an adequate sample size. For the first two mailings random sampling procedures were employed to select counselors from the LPC lists. The first two mailings involved 126 Virginia and 116 West Virginia counselors, respectively, out of a total population of more than 2,000.

The third mailing was conducted by cross-referencing the West Virginia Licensed Professional Counselor listing with an updated membership directory of the West Virginia Counseling Association. If a counselor's name appeared on the list and in the directory, an identification instrument

was mailed to that person at the address listed in the directory. A review was made to be certain that the counselor had not previously been selected through the random sampling procedure. An additional 115 West Virginia counselors were mailed identification instruments utilizing the cross-reference procedure.

A final mailing was made to child-serving agencies in West Virginia. Thirty-nine programs listed in the West Virginia Child Care Association Directory received identification instruments addressed either to the Executive Director, Clinical Director, or Supervising Counselor. Names for persons in those positions were supplied by the Child Care Directory.

Counselors who responded to the identification instrument by indicating that they had worked with an adolescent who had attempted parricide within the past 2 years, and that the parent had not died from the attack, were contacted to solicit their participation in the study. It was anticipated that between 3 and 6 positive responses would result from the identification phase.

### **Data Gathering**

A two-phase data gathering strategy was designed and implemented for the study. The first phase involved counselor completion of a detailed questionnaire on the

attempted adolescent parricide offender and his family. Appendix B contains a copy of the questionnaire. Counselors were also asked to complete a consent agreement, a copy of which is found in Appendix C. The consent agreement acknowledged the voluntary nature of the counselor's participation in the project and explained that participation withdrawal, without penalty, was an option at all times. The second phase involved a personal interview between the counselor and researcher. The two data gathering steps will be described below in more detail.

### **Questionnaire Phase**

To partially answer the research questions posed in Chapter 1, a questionnaire was designed and constructed to obtain basic demographic information on the AAPO, his or her family, and the victim.

A logical flow of questionnaire items was deemed essential for facilitating completion and for insuring data integrity. With some inquiries repeated for the youth and victim, it would be easy for the respondent to become confused, and inadvertently offer incorrect responses to an item. Therefore, the research questions posed in Chapter 1 were reordered on the questionnaire. These changes allowed the instrument to be managed more quickly and directly by

the participating professional counselor. Table 5 provides a cross-reference of questionnaire items with the research questions delineated in Chapter 1.

**Pilot study.** A pilot study of the questionnaire was conducted with a private practice psychologist experienced in the forensic evaluation of adolescent parricide offenders. Based on results of the pilot test, numerous revisions to the original instrument were made. Certain items were eliminated, others added, and question order was restructured as a result. The revised questionnaire was estimated to take between 15 and 20 minutes of a counselor's time to complete.

**Questionnaire completion.** For questionnaire completion, counselors were asked to answer the items fully using whatever means they had available to provide accurate and complete responses. Information was requested on various aspects of the youth's and family's living situation and background, including: (a) youth and victim demographics; (b) youth and victim family constellation; (c) socioeconomic status; (d) youth and victim's social history, composed of questions on school performance, criminal and delinquency proceedings, runaway and suicide attempts, out of home placements, mental health histories,

**Table 5. Cross-reference of Research Questions with Attempted Adolescent Parricide Questionnaire Items**

<b>Research Question</b>	<b>Questionnaire Item #</b>
1c. Likely Perpetrator	1 to 5
2f. Profile Characteristics	14 to 17; 19 to 21; 23 to 28
2a. Family Constellation	6 to 10
2b. Socioeconomic Status	11 to 13
2c. Abuse History	18; 33
2d. Support System	22
1c. Victim Data	29 to 32
2e. Circumstances	34 to 36

alcohol and drug usage, home environment information, and abuse history; (e) the parricide episode; and (f) the respondent's involvement with the youth and his or her family.

The questionnaire was designed to provide a broad data base on the youth and family that could be used to compare adolescents who actually kill a parent with those who attempt the act. Information obtained from questionnaire responses provided the first comprehensive, multiclinician examination of attempted youth parricide offenders.

Responses to the questionnaire items were analyzed for content data, consistency, completeness, and for determining areas for further exploration during the study's second phase. Upon return receipt of the completed instrument, counselors were recontacted to arrange the personal interview.

### **Interview Phase**

The second data gathering phase involved a personal interview conducted either by telephone or face-to-face between the counselor and researcher. Interviews lasted between 1/2 hour and 2 1/2 hours, depending upon the time required to obtain relevant information. The open-ended nature of the questioning and semistandardized format, consistent with qualitative research methodology, resulted

in varied interview time lengths. On average, interviews lasted 45 minutes. Time length was found to vary as a function of the number of information sources available to the counselor, the time interval since the last counselor-youth contact, and total length of counselor-youth involvement. In general, the more information sources to which the counselor had access, the longer the interview. The 2 1/2 hour interview included time for researcher perusal of court and counseling records.

Designed to clarify and expand on data reported during the questionnaire phase, the interview was deemed essential for breathing life into the one-dimensional portrait that emerged from the questionnaire responses. While the questionnaire phase ascertained who resided in the youth's home at the time of the parricide incident, the personal interview described the families' interactions. As an example, from the questionnaire data it was determined that an AAPO had a younger brother; from the direct counselor contact it was revealed that deep animosities between the two siblings existed.

The interview phase was also necessary to configure the TFA triad, or behavioral portrait, of the adolescent who attempted parricide. Few counselors, it was assumed, would be familiar with TFA Systems (tm) or the TFA triangle. To acquaint counselors with TFA Systems, the researcher

explained essential facets of the basic TFA principles and the purpose and use of the TFA triangle. The personal interview was deemed important for explaining basic TFA concepts and constructing the TFA triad.

A final purpose of the interview phase was to obtain data on the counselor respondents. To shorten the time necessary for questionnaire completion, information on the respondents was purposefully excluded from the study's initial phase. Respondent data included educational background; number of years of counseling experience; and types of counseling experiences.

By compiling respondent demographics it was possible to ascertain a portrait of the counselor participant. The portrait was useful for documenting the professional qualifications of the respondents and for ensuring the validity of the participants' responses.

**The TFA triad.** As described in the Literature Review section, the TFA triad is a triangular configuration that represents the orientation of a person's thought, feelings, and actions relative to a particular situation (Hutchins & Cole, 1992). For the purpose of this study, a TFA triad was desired based on the adolescent's thoughts, feelings, and actions just prior to the parricide event. By asking the three TFA questions that will be detailed below, it was

possible to construct a behavioral portrait of the AAPO immediately preceding the murder attempt. By comparing this portrait with the one derived from Heide's and Mones' case studies, it was possible to determine what similarities and differences existed between the thoughts, feelings, and actions of young people who unsuccessfully attempted to kill a parent and those who succeeded in their destructive mission.

While the TFA triangle would ideally be determined through direct interview with the youthful perpetrator or by administering the Hutchins Behavior Inventory, the nature of the study and confidentiality issues precluded such a derivation. Through counselor report, however, accurate, descriptive TFA triangles were configured for the attempted parricide adolescents. TFA triads for youths who actually kill a parent were extracted from the literature case studies, based on Mones' and Heide's detailing of the youths' thoughts, feelings, and actions just prior to the fatal incident.

**The TFA questions.** To construct the TFA triangle, respondents were asked to recall conversations with their youthful clients concerning the parricide episode. Counselors were then asked three critical questions, the

answers to which formed the vertices, or endpoints, for the TFA triad:

- (1) Just prior to the [shooting, stabbing, firesetting], was the youth more Thinking, more Feeling, or about in the middle?
  
- (2) Just prior to the [shooting, stabbing, firesetting], was the youth more Feeling, more Acting, or about in the middle?
  
- (3) Just prior to the [shooting, stabbing, firesetting], was the youth more Thinking, more Acting, or about in the middle?

Based on the counselor's responses to the above three questions, the researcher blackened the appropriate circle on each side of the TFA triangle. The circles were then connected with straight lines to form an inner triangular configuration, termed the TFA triad.

After the triad was constructed, respondents were asked to recall specific thoughts, feelings, and actions expressed by their parricidal adolescents relative to the critical moment. "What thoughts do you recall your client expressing about what happened just prior to his shooting his father?" was an appropriate question for one respondent whose client

used a family gun in his parricide attempt. The specific thoughts generated were recorded by the interviewer at the top "T" in the TFA triangle.

"What feelings did your client express having at the time just before he shot his father?" was the question asked of the same counselor to complete the feeling portion of the triangle. Specific feelings related by the respondent were recorded at the bottom left-hand portion of the triangle.

What actions did your client take just prior to shooting his father?" The responses from this inquiry were recorded at the bottom right-hand corner of the TFA triangle, or the acting portion of the triangle.

After the TFA triad was sketched, and the specific thoughts, feelings, and actions of the young person recorded at the appropriate points of the triangle, the researcher shared the result with the respondent. Comments on the triad were solicited from the counselor and, where necessary, the TFA triad was adjusted to more accurately reflect the counselor's interpretation of the client's behavior.

**Literature derived TFA triads.** Drawn by examining the thoughts, feelings, and actions of the adolescent parricide offender as described by Heide and Mones, the literature derived TFA triads revealed behavioral portraits for youth

who succeeded in killing a parent. To determine the youth's specific thoughts, feelings, and actions, the in-depth case studies were carefully examined and the individual behavioral components at the time of the parricide incident extracted.

It is important to note that emphasis was placed on the authors' behavioral descriptions at the time of the parricide incident. TFA triads are situation specific; that is, they can be used to describe behavior at a particular point in time. TFA triads are less useful as a generic personality description. As Hutchins and Cole (1992) comment, behavior is dimensional or situational. While a person may have typical or characteristic ways of behaving, specific situations may result in radically different behavior patterns.

This distinction has implications for the parricidal youth. An author, for example, may have reported that an adolescent was depressed several weeks prior to shooting his father. Depression, often characterized by inactivity and withdrawal from others, would probably be evidenced by a heavy Feeling focus on the TFA triad. But unless the youth was described just prior to the parricide incident as being depressed, the earlier description was disregarded. Again, TFA triads were drawn by determining the youth's predominant thoughts, feelings, and actions immediately prior to pulling

the trigger, stabbing the parent, or striking the fatal blow. As with the interview derived triads, specific thoughts, feelings, and actions were placed at the appropriate endpoint of the TFA triangle.

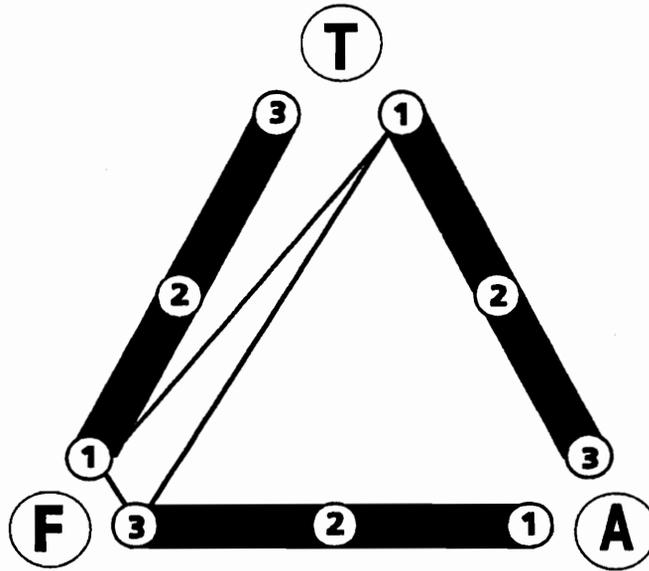
The case of Byron as described by Mones (1992) will serve as illustration for configuring a literature TFA triad. Described as submissive, silent, and withdrawn, Byron was the son of a Vietnam veteran who ran his home like a military post and ordered its occupants around like a bunch of new recruits. Byron's father, Stanley, was described by a close relative as, "the most violent person I ever knew" (p. 249). Sadly, Byron and his younger sister, Anne, were often the targets of Stanley's physical attacks. An active confederate in the abuse, Byron's mother Juliette, not only failed to protect her children from Stanley's malicious outbursts, she sexually abused her son on a regular basis. Mones notes that Byron was confused and angered by his mother's sexual assaults, and also "deathly afraid that his father would discover what his mother was doing" (p. 254).

Based on Mones' description of Byron at this point in the narrative, Byron would have a heavy Feeling, moderate Thinking TFA triad. The specific feelings would be anger at his mother; fear, and assumed hatred of Stanley; confusion, over his mother's sexual advances; and feelings of

hopelessness over his situation. The less prevalent thinking component might include such internal statements as, "Why is Mom doing these things to me?"; "Dad will kill me if he finds out about what Mom and I have been doing;" and, "There's no way out of this situation." Very little Acting is present in Byron's behavior. Rather, he is withdrawn, silent, passive with his mother, and submissive with his father. Byron's Feeling-Acting triad is shown in Figure 9.

When describing the circumstances around the parricide incident, however, Byron's behavioral portrait changes. Mones relates that Byron began to seriously consider killing his parents as his eighteenth birthday approached and Stanley "tightened his iron grip" (p. 261). Fearing more and more for his safety, Byron carefully planned his parents' demise, even seeking permission from his twelve year-old sister before committing the act. The day of the murder, Byron chose an ax for a weapon and hid it under his bed, later moving the instrument to bushes outside the kitchen door. Although numerous guns were available in the house, Byron opted for an ax, believing that the noise from a gun firing would attract a neighbor's attention. After his father went to bed that night Byron went to the kitchen in his underwear, so that his mother would believe he planned on going right to sleep. He called his mother to

- Why is Mom doing these things to me?
- Dad will kill me if he finds out.
- There's no way out.



- Anger (at mother for sexual advances)
- Fear ( of father's violence)
- Hatred ( of father)
- Hopelessness (over family situation)

(No Actions - Submissive)

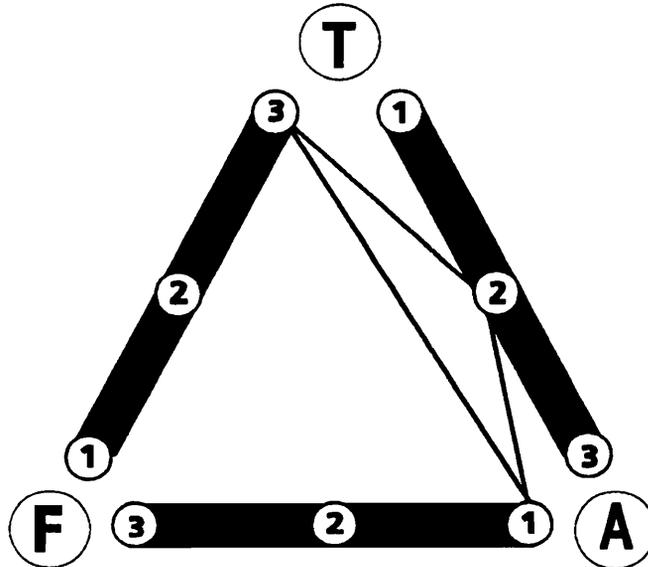
FIGURE 9. Byron's TFA Triad when interacting with parents (Feeling - Acting)

the kitchen, saying he saw something outside, and when she came to look he struck her with the ax. Not wanting her to suffer, Byron struck his mother several more times, making certain she was dead, before he took some headphones to his little sister to block out any noise she might hear if Stanley fought back. Leaving his sister's bedroom, Byron crept into his father's bedroom and hit Stanley in the head with the ax seven times. Byron commented, "'When I was hitting him, not much was going through my mind except that I had to do it'" (p. 263).

Based on the latter description, Byron's TFA profile switches to an even Thinking-Acting triad. Byron's thoughts involve specific planning for the killing and thoughts about the actions he should take. Specific cognitions Byron may have had include, "I'll never be free; I've got to kill them before Dad kills me; I can't let Mom suffer; I don't want Anne to hear Dad's screams;" and, the stated "I've got to do it." Byron's actions were predicated on these cognitions and included the numerous steps earlier described. Little feeling is evident, except concern for his sister, and misdirected concern for his mother's prolonged suffering. Figure 10 depicts Byron's Thinking-Acting triad just prior to the parricide act.

Byron's behavior at the time of the parricide incident was different from his previous behavior patterns. The

- I'll never be free.
- I've got to kill Dad before Dad kills me.
- I can't let Mom suffer.
- I've got to do it!



- Concern (for sister)

- Hid ax under bed and in bushes
- Called Mom to kitchen
- Hit mother with ax.
- Took sister earphones.
- Struck Dad seven times.

FIGURE 10. Byron's Even Thinking - Acting TFA Triad just prior to the parricide episode.

Acting-Thinking triad represents Byron's TFA pattern relative to the parricide episode, while his usual behavior pattern when interacting with his parents was Feeling-Thinking.

### **Data Analysis**

One of the major shortfalls of parricide research has been a lack of consistency in exploring variables across studies, and often within studies. The data analysis portion of the project was viewed as especially crucial, given adolescent parricide's research history. The qualitative nature of the data and the small sample size made the selection of computer software packages for data analysis inappropriate.

Like the data gathering portions, the study's data analysis was broken into segments: analysis of questionnaire data, interview data analysis, and comparative analysis between the actual parricide group from the literature and the study's attempted adolescent parricide sample. The segments will be described below.

#### **Questionnaire Data Analysis**

Three types of data emerged from the questionnaire responses, including: (a) numerical; (b) simple forced-choice responses, such as "Yes" or "No"; and (c) verbal data

that elaborated on the forced-choice answers. Numerical data were analyzed by calculating the arithmetic mean. Figure 11 provides a list of questionnaire items that generated numeric data.

For the forced-choice questions, data analysis consisted of calculating response frequencies. For example, Questionnaire Item 1 asked for the youth's gender. A tally was made of the total number of counselors who marked male and the total number who marked female. Response frequencies were reported in one of three ways: (a) as the total number of respondents answering in a particular way, such as two out of eight counselors; (b) as a percentage, such as twenty-five percent of the sample; and (c) as a fraction, such as one-quarter of the youths. Questionnaire items falling into the forced-choice category are specified in Figure 12.

Elaboration by counselors was provided, at times, through the inclusion of written material. Items requiring written comments are listed in Figure 13. Written responses were also generated from forced-choice items where "Other" was listed as an option. "Other" responses were applicable to questions relating to: youth race, religion, family constellation, special education placement; counseling referral source; counseling services received; and data sources.

**Figure 11. QUESTIONNAIRE ITEMS GENERATING NUMERIC DATA**

- \*\* YOUTH AGE
- \*\* NUMBER OF SIBLINGS
- \*\* LENGTH OF TIME IN LIVING SITUATION
- \*\* YOUTH'S AGE AT ONSET OF ABUSE
- \*\* GRADE IN SCHOOL
- \*\* I.Q. SCORE
- \*\* NUMBER OF RUNAWAY ATTEMPTS
- \*\* NUMBER OF OUT OF HOME PLACEMENTS
- \*\* NUMBER OF SUICIDE ATTEMPTS
- \*\* VICTIM'S AGE
- \*\* NUMBER OF VICTIM MARRIAGES
- \*\* LENGTH OF VICTIM MARRIAGES
- \*\* VICTIM AGE AT FIRST MARRIAGE
- \*\* LENGTH OF COUNSELING INVOLVEMENT

**Figure 12. QUESTIONNAIRE DATA REQUIRING A  
FORCED-CHOICE RESPONSE**

- \*\* YOUTH RACE
- \*\* RELIGION
- \*\* LIVING SITUATION
- \*\* PARENTAL MARITAL STATUS
- \*\* FAMILY EMPLOYMENT STATUS
- \*\* ANNUAL FAMILY INCOME
- \*\* YOUTH IN-HOME RESPONSIBILITIES
- \*\* EDUCATIONAL HISTORY
- \*\* ABUSE HISTORY
- \*\* PROBLEM BEHAVIORS
- \*\* RUNAWAY ATTEMPTS
- \*\* OUT-OF-HOME PLACEMENTS
- \*\* YOUTH SUPPORT SYSTEM
- \*\* SUBSTANCE ABUSE HISTORY
- \*\* MENTAL HEALTH HISTORY
- \*\* DELINQUENCY HISTORY
- \*\* SUICIDE HISTORY
- \*\* THREAT HISTORY
- \*\* WEAPONS ACCESS
- \*\* VICTIM DATA
- \*\* CIRCUMSTANCES
- \*\* COUNSELING INVOLVEMENT
- \*\* QUESTIONNAIRE COMPLETION SOURCES

**Figure 13. QUESTIONNAIRE ITEMS GENERATING VERBAL DATA**

- \*\* EDUCATIONAL HONORS
- \*\* SCHOOL COUNSELING INVOLVEMENT
- \*\* EXTRA-CURRICULAR SCHOOL ACTIVITIES
- \*\* ABUSER RELATIONSHIP TO YOUTH
- \*\* TYPE OF OUT-OF-HOME PLACEMENT
- \*\* RUNAWAY ATTEMPT DESTINATIONS
- \*\* CRIMINAL CHARGES
- \*\* DISPOSITIONS OF CRIMINAL CHARGES
- \*\* TYPES OF DRUGS USED
- \*\* MENTAL HEALTH DIAGNOSES
- \*\* VICTIM RELATIONSHIP TO YOUTH
- \*\* PARRICIDE INCIDENT LOCATION
- \*\* WEAPONS USED
- \*\* REASON FOR ATTEMPT
- \*\* VICTIM INJURIES
- \*\* YOUTH'S ACTIONS FOLLOWING ATTEMPT
- \*\* PRESENTING PROBLEM AT REFERRAL
- \*\* EFFECTIVE & INEFFECTIVE TREATMENT STRATEGIES
- \*\* RESPONDENT COMMENTS

Used to augment or clarify the numerical and forced-choice responses, the written data usually required no specific analysis procedures. Rather, when reporting the results, the written comments explained discrepancies in the total number of responses, or provided explanations for available responses. For example, on Question 2 asking for the youth's race, all respondents indicated that their clients were Caucasian, but one counselor wrote that her youth was part Native American and another counselor added "Hispanic" in the space left for "Other." The written material required no data manipulation or analysis except the reporting of the counselors' comments.

**Questionnaire data analysis reporting.** The sensitive nature of the subject matter, along with client confidentiality concerns, dictated a generic reporting style of the study's findings. Counselors, in securing their participation, were assured of client and respondent anonymity and that it would be impossible to follow a particular adolescent in totality all the way through the report. While a case study approach may have proven more readable and in keeping with past research methodologies, the data was presented by variable description to suppress AAPO identity. A second reason for reporting data by variable, rather than by adolescent, is that many past

research efforts utilizing the case study format have largely failed to consistently address the variables examined herein. As mentioned in Chapter 1, the study's purpose was to present a multi-therapist examination of attempted adolescent parricide in order to determine what relationships existed between internal and external variables and the phenomenon. To focus attention on the variables, rather than the individual youths, results were reported by AAPO characteristics.

**Exceptions analysis.** Reporting results by variable while maintaining youth anonymity can be confusing for the reader. To protect the youth's identity, but allow for the determination of unique variables for a specific child, an analysis of exceptions was conducted. The exceptions analysis determined if a particular child, referred to by randomly assigned case numbers, matched the majority response to a questionnaire item, was an exception, or the counselor did not know the answer to a posed question.

### **Interview Data Analysis**

Like the information gleaned from the "Other" responses, data generated from the personal interview clarified questionnaire responses. Interview-derived data generally required the reporting of counselor comments

relative to youth demographics, family interactions, social history, counseling involvement, and the like. At times, however, response frequencies for interview data were appropriate. For example, counselors were asked in the interview to classify their attempted parricide clients according to Heide's typology. Counselor responses were analyzed using the same procedures as for other forced-choice questions.

Respondent profile data was analyzed by determining the arithmetic mean for number of years of counseling experience, and by reporting academic degrees obtained, licensures and certifications held, and type of employing agency.

TFA profile responses were analyzed by comparing the interview-derived triads with others in the study's sample. For example, Feeling-Acting triads were grouped together, as were Acting-Thinking patterns. Numbers of AAPO's fitting the different triad types were reported and specific thoughts, feelings, and actions noted on a TFA triangle.

Interview-derived triads were compared with those generated from Heide's and Mones' case studies. Comparisons entailed a verbal description of the similarities and differences between the actual and attempted parricide groups, as well as a numerical comparison of triads for each triad type.

### Comparison Analysis

A final aspect of the data analysis involved a comparison between youth who actually committed parricide, referred to as the **Actual** group, and youth who attempted parricide, termed the **Attempted** group. While active data gathering for this study involved only youth who attempted to kill their parents, information derived from past research and described in the Literature Review section provided sufficient data for comparison purposes.

Youth who murder and those who attempt to murder a parent were contrasted along four dimensions:

(a) demographic data; (b) social history data; (c) victim data; and (d) circumstances. Figure 14 lists the variables compared under Demographic data; Social History variables for comparison are presented in Figure 15; Victim variables are found in Figure 16; and Figure 17 presents the variables compared under Circumstances surrounding the parricide incident.

**Figure 14. DEMOGRAPHIC VARIABLES COMPARED FOR ACTUAL AND ATTEMPTED ADOLESCENT PARRICIDE OFFENDERS**

- \*\* AGE
- \*\* GENDER
- \*\* RACE
- \*\* RELIGION
- \*\* SOCIOECONOMIC STATUS
- \*\* PARENTAL MARITAL STATUS

**Figure 15. SOCIAL HISTORY VARIABLES COMPARED FOR ACTUAL  
AND ATTEMPTED ADOLESCENT PARRICIDE OFFENDERS**

- \*\* EMPLOYMENT
- \*\* IN-HOME RESPONSIBILITIES
- \*\* SCHOOL PERFORMANCE
- \*\* ALCOHOL/DRUG USAGE
- \*\* ABUSE HISTORY
- \*\* DELINQUENCY HISTORY
- \*\* RUNAWAY HISTORY
- \*\* SUICIDE HISTORY
- \*\* MENTAL HEALTH HISTORY
- \*\* SUPPORT SYSTEM

**Figure 16. VICTIM VARIABLES COMPARED FOR ACTUAL  
AND ATTEMPTED ADOLESCENT PARRICIDE OFFENDERS**

- \*\* ALCOHOL/DRUG HISTORY
- \*\* ABUSE HISTORY
- \*\* CRIMINAL HISTORY
- \*\* SUICIDE HISTORY
- \*\* MENTAL HEALTH HISTORY

**Figure 17. CIRCUMSTANCES VARIABLES COMPARED FOR ACTUAL  
AND ATTEMPTED ADOLESCENT PARRICIDE OFFENDERS**

- \*\* WEAPONS
- \*\* OVERKILL
- \*\* THREATS
- \*\* VICTIM HELPLESSNESS
- \*\* POLICE NOTIFICATION
- \*\* FORMAL LEGAL PROCEEDINGS
- \*\* CASE DISPOSITION

## CHAPTER 4

### DATA ANALYSIS AND DISCUSSION

The Data Analysis and Discussion portion of this report details the study's findings. First, results from the identification portion of the project are presented, followed by a brief portrait of the counselor respondents. As with the adolescents, counselor anonymity was deemed essential to prevent the inadvertent identification of the attempted adolescent parricide offender (AAPO). Next, questionnaire findings are delineated and discussed. Results from the personal interview and TFA analysis are offered, along with a comparison of the literature and interview-derived TFA profiles. A composite of the AAPO is also presented. Lastly, the comparison analysis between the Actual and Attempted groups is discussed. Each of the topics is explored in depth on the following pages.

#### Respondent Identification

Of the total 396 identification instruments mailed to Virginia and West Virginia counselors, 246 were returned, for a response rate of 62.12%. After correcting for 29 instruments returned by the postal service as undeliverable, a response rate of 67.02% was obtained.

Because the survey was intended for identification purposes only, no attempt was made to follow up with nonrespondents. The response rate was consistent with research findings that indicate for specialized populations, such as Virginia and West Virginia counselors, a response rate of between 60% and 80% can be anticipated when follow-up procedures are conducted (Dillman, 1977).

Of the respondents, 17 reported that within the past 2 years they had an adolescent client who had taken some direct action to end the life of a parent, comprising 6.91% of the respondents. Five of the 17 counselors revealed that the attempt resulted in the death of the parent, leaving 12 adolescents in the attempted category. Of the 12, 2 counselors chose not to participate in the study and 2 other counselors were unavailable or unreachable after repeated attempts to contact them. From the remaining 8, one counselor moved out of state between the identification and data gathering phases and no longer had access to case notes or his client's file. While this counselor completed and returned the questionnaire, and data from his responses were included in the demographic and social history portions of this report, the counselor believed his recall was insufficient to provide accurate information on the youth's thoughts, feelings, and actions regarding the attempt, essential information for

constructing the behavioral profile. The 7 remaining respondents served as the primary study participants for the behavioral profile section. Each of the respondents represented one youth who had attempted parricide.

### **Respondent Characteristics**

Of the 8 respondents, 2 counselors were private practice clinicians; 2 were employed in private, non-profit mental health centers; 1 counselor was employed as a juvenile probation officer; 2 counselors were employed as therapists in private, non-profit inpatient treatment centers for adolescent chemical dependence; and 1 was a counselor with a residential treatment facility for juvenile offenders. All of the counselors had a minimum of a masters degree in a counseling field, and two counselors had earned doctoral degrees in psychology. As a group, the counselors had a mean of 14.4 years of employed counseling experience, ranging from 4.5 to 28.0 years of counseling practice. All of the counselors had experience working with young people and families, and all but one indicated that the child on whom the questionnaire was completed was the only client they had ever worked with who attempted parricide.

## **Attempted Adolescent Parricide Offender**

### **Questionnaire Results**

The majority of the information in the Data Analysis section will be presented in composite form to protect the youths' identities. However, individual respondent data will be broken down, where appropriate, to present a more accurate demographic portrait of the AAPO. While it will be impossible to follow a particular youth all of the way through the findings, descriptions will be provided to clarify the data, or underscore particular points. Majority responses are provided to represent the "typical" adolescent who attempts parricide, but the exceptions to the majority response for each variable are noted.

To avoid confusion yet retain the youth's anonymity, an analysis of the exceptions to the majority response for key variables is presented. By referring to the exception analysis throughout the Data Analysis chapter, it will be possible for the reader to determine the variables that apply to a particular adolescent without revealing the specifics of the youth's situation. Case numbers for the exception analysis were randomly assigned to the youths.

#### **Exceptions Analysis for Selected Variables**

Tables 6, 7, 8, and 9 indicate whether a variable was an exception, a majority response, or data for that variable

was unknown, for the eight adolescents on whom a questionnaire was completed. A case was considered an exception if the data provided by the counselor differed from the most frequently occurring response. In situations where half of the counselors responded one way and the remainder another, the "majority response" was selected by the researcher, based on information derived from the literature review as to what constitutes "typical" adolescent parricide behavior. Table 6 presents the exceptions for the demographic variables; Table 7 for youth social history variables; Table 8 for victim data; and Table 9 for circumstances variables.

Not all of the variables examined in the study are included in the exceptions analysis. For brevity's sake, some data from the same category were lumped together, such as physical, sexual, and psychological abuse and neglect. Only if a youth was not cited as being abused or neglected would he be considered an exception to the variable. In other instances variables were excluded from the exceptions analysis, either because all of the AAPO's fit into the majority response, because the exceptions were explained in the narrative, or because the data were numeric and presented as an arithmetic mean.

**Table 6. Majority Response, Exception to Majority Response, and Unknown Response for AAPO Demographic Questionnaire Variables, by Case Number**

<b>VARIABLE</b>	<b>MAJORITY</b>	<b>EXCEPTION</b>	<b>UNKNOWN</b>
<b>RACE</b>	1, 2, 4, 6, 7, 8	3, 5	
<b>RELIGION</b>	6, 7, 8	1, 2	3, 4, 5
<b>MIDDLE INCOME</b>	1, 3, 6, 7, 8	2, 5 (under \$25,000)	4
<b>STEADY WAGE EARNER</b>	1, 2, 3, 6, 7, 8	4, 5	
<b>BIOLOGICAL MOTHER IN HOME</b>	1, 3, 4, 5, 6, 7, 8	2 (Stepmother present)	

**Table 7. Majority Response, Exception to Majority Response, and Unknown Response for Youth Social History Variables, by Case Number**

<b>VARIABLE</b>	<b>MAJORITY</b>	<b>EXCEPTION</b>	<b>UNKNOWN</b>
<b>YOUTH NEVER EMPLOYED</b>	1, 2, 3, 4, 6	5, 7, 8	
<b>LESS/SAME IN-HOME RESPONSIB.</b>	1, 3, 4, 5, 6, 7	8	2
<b>SPECIAL ED.</b>	4, 5, 6, 8	1, 2, 3, 7	
<b>SUSPENSIONS/ EXPULSIONS</b>	1, 3, 4, 5, 8	2	6, 7
<b>TRUANCY</b>	2, 3, 4, 5, 8	1, 6	7
<b>SCHOOL COUNSELING</b>	3, 4, 5, 6	1, 2, 8	7
<b>ABUSE OR NEGLECT</b>	1, 2, 3, 4, 5, 6, 7	8	
<b>WITNESSED ABUSE</b>	1, 3, 4, 5	6, 7, 8	2
<b>ABUSE OTHERS</b>	3, 4, 5, 7, 8	1, 6	2

**Table 7 Continued**

<b>VARIABLE</b>	<b>MAJORITY</b>	<b>EXCEPTION</b>	<b>UNKNOWN</b>
<b>VIOLENT OUTBURSTS</b>	3, 4, 5, 6, 7, 8	1, 2	
<b>SEVERE DEPRESSION</b>	1, 2, 3, 4 5, 6	7, 8	
<b>ABNORMAL SEXUAL PRACTICES</b>	2, 4, 5, 6	1, 3, 7, 8	
<b>RUNAWAY</b>	2, 3, 4, 5, 7, 8	1	6
<b>OUT OF HOME PLACEMENTS</b>	2, 4, 5, 7, 8	1, 3, 6	
<b>HAD CLOSE FRIENDS</b>	1, 2, 5, 7, 8	3, 4	6
<b>SHARED PROBLEMS</b>	2, 4, 5, 6, 7	1, 3, 8	
<b>CHANGED RESIDENCES FREQUENTLY</b>	2, 4, 5, 7		1, 3, 6, 8

**Table 8. Majority Response, Exception to Majority Response, and Unknown Response for Family Social History Variables, by Case Number**

<b>VARIABLE</b>	<b>MAJORITY</b>	<b>EXCEPTION</b>	<b>UNKNOWN</b>
<b>YOUTH SUBSTANCE USE</b>	1, 2, 3, 4, 5, 7, 8	6	
<b>PARENTAL SUBSTANCE USE</b>	1, 2, 4, 5, 7, 8	3, 6, 8	
<b>YOUTH RCVD. PRIOR MENTAL HEALTH SERVICES</b>	4, 5, 7, 8	1, 2, 3, 6	
<b>FAMILY DID NOT RECEIVE PRIOR MENTAL HEALTH SERVICES</b>	1, 2, 4, 6, 7, 8	3, 5	

**Table 8 Continued**

<b>VARIABLE</b>	<b>MAJORITY</b>	<b>EXCEPTION</b>	<b>UNKNOWN</b>
<b>PRIOR DELINQUENCY</b>	3, 4, 5, 6 7, 8	1, 2	
<b>NO PRIOR OR SUBSEQUENT SUICIDE ATTEMPT</b>	2, 3, 6, 7, 8	1, 4, 5	
<b>GUNS IN HOME</b>	1, 2, 5, 8	3, 6	4, 7
<b>THREATS BY YOUTH TO HARM OR KILL</b>	2, 4, 5, 7, 8	1, 3	6
<b>VICTIM ABUSIVE TO OTHERS</b>	1, 2, 3, 4, 5, 7	6, 8	

**Table 9. Majority Response, Exception to Majority Response, and Unknown Response for Circumstances Variables, by Case Number**

<b>VARIABLE</b>	<b>MAJORITY</b>	<b>EXCEPTION</b>	<b>UNKNOWN</b>
<b>YOUTH ACTED ALONE</b>	1, 3, 4, 5, 6, 8	2, 7	
<b>FLED SCENE FOLLOWING ATTEMPT</b>	2, 4, 5, 7, 8	1	3, 6
<b>RESIDENCE CHANGE AFTER ATTEMPT</b>	1, 2, 4, 5, 7, 8	3, 6	
<b>ATTEMPT REASON FOR REFERRAL</b>	1, 2, 3, 4, 5, 8	6, 7	

**Results of exception analysis.** After eliminating three variables where a clear majority response was absent, thirty-two variables remained for comparative purposes. Table 10 summarizes the results of the exceptions analysis. Of the thirty-two variables analyzed, deviance from the majority response ranged from a minimum of 3 exceptions to a maximum 12 exceptions, with a mean of 7.75 exceptions per youth.

The low exceptions rate for Cases 4, 5, and 7, with three, six, and five exceptions respectively, indicates that these youths most often represented the "typical" adolescent who attempts parricide, relative to the research variables. Conversely, the youths listed as Case #1 and Case #6 with twelve and eleven exceptions, respectively, demonstrated the greatest divergence from the majority response. It should be added, however, that while most diverse from the "typical" AAPO, Cases #1 and #6 fit the majority response pattern at least fifty percent of the time. Having examined the exceptions, we will now look at the responses to the questionnaire items.

### **Demographics**

General demographic information was primarily obtained through answers to questionnaire items, with elaboration provided, at times, through the interview process.

**Table 10. Analysis of Majority Response, Exception to Majority Response and Unknown Response, by Case**  
 (Total number of responses listed for each category)

<b>CASE #</b>	<b>MAJORITY</b>	<b>EXCEPTION</b>	<b>UNKNOWN</b>
<b>1</b>	19	12	1
<b>2</b>	21	8	3
<b>3</b>	20	9	3
<b>4</b>	26	3	3
<b>5</b>	25	6	1
<b>6</b>	16	11	5
<b>7</b>	23	5	4
<b>8</b>	23	8	1

Demographic data included the youth's age, gender, race, religion, and socioeconomic status.

**Age.** At the time of the attempt, the mean age of the offenders was 15 years 5 months, with the youngest being 14 years 2 months, and the oldest being 16 years 7 months. At the time of questionnaire completion, the youths' mean age had risen to 16 years 9 months, indicating, on average, more than one year had passed from the time of the attempt to questionnaire completion. The shortest interval between the attempt and questionnaire completion was 2 months, while the longest elapsed time was 3 years. As required by the identification process, all counselors had contact with the youths during the preceding 2 years.

**Gender.** Adolescent males accounted for 6 of the 8 parricide attempters, or 75% of the sample. Adolescent females accounted for 1/4 of the sample.

Typically, close to 90% of persons arrested for murder or non-negligent manslaughter are male, regardless of perpetrator age (UCR, 1990). When females do kill, they are much more likely than their male counterparts to murder a family member or acquaintance (Ewing, 1990). The figures for aggravated assault by gender correspond to the breakdown for murder, with females comprising approximately fifteen

percent of those arrested in 1990 for this offense (UCR, 1990).

As with the national picture for murder, nonnegligent manslaughter, and aggravated assault, the overwhelming majority of young people from this sample who attempted to kill a parent were males.

**Race.** All of the youth in the study's sample were described as Caucasian. Additionally, one youth was noted to be part Native American, and another youth part Hispanic. This finding may be influenced by the fact that the majority of respondents, as well as their clients, hailed from West Virginia. According to the 1990 census, approximately 95% of West Virginia's population is Caucasian. Minorities, too, are underrepresented among counseling populations. Research has shown that Caucasians are more likely to utilize counseling services than are racial minorities (Atkinson, Jennings, & Lionson, 1990).

**Religion.** Of all the demographic information, the youth's religious affiliation was least likely to be known by counselors. Only three respondents noted that the youth was of the Protestant faith, but one of these commented that the youth did not attend church. The lack of a religious preference response appears to indicate that either

counselors do not normally broach the topic of religion with their adolescent clients, or that, to the youth and family, religion is not so significant as to warrant discussion in a counseling session.

**Socioeconomic status.** On average, the youth's family had an income of between \$25,000 and \$50,000 per year. Two of the eight families were reported to have yearly incomes under \$25,000, five fell into the \$25,000 to \$50,000 category, and income was unknown in one instance. None of the families was reported to have an annual income exceeding \$50,000.

In over half of the families there was at least one steady wage earner. In the remaining families, employment status was considered sporadic.

According to recent U.S. Census figures, the median income for West Virginia families is \$25,602, the third lowest in the nation, while Virginia's median family income was \$38,213, the thirteenth highest in the United States (Tate, 1993). The national median income, according to the Census Bureau, is \$35,225. Based on these figures, the study's families can be considered middle class to lower class, with none classified in the nation's upper income brackets.

The findings of middle income levels and predominantly steady employment have implications for the purchase of mental health services. First, steady employment may indicate the availability of health insurance which could pay for psychological services. Second, income levels may indicate where a family might go to receive counseling. It is unlikely, for example, that a family on public assistance would be able to afford the services of a private practice psychologist. A middle income family, on the other hand, would have the financial resources to obtain such services.

Table 11 provides a breakdown of family income by respondent category and indicates whether parental employment was steady or sporadic. Both of the families nominated for study inclusion by the private practice clinicians fell into the steady employment and middle income categories. Of the mental health clinic referrals, one family reported sporadic employment and the other steady, but both fell into the under \$25,000 per year income bracket. Although the families of the court-ordered residential treatment facilities fell into the steady employment and middle income category, it is assumed that the parent's income had little influence on determining the placement. If parents are unable to pay for such services,

**Table 11. AAPO Family's Yearly Income by Counselor Agency and Parental Employment Type**

**I N C O M E      L E V E L**

<b>COUNSELOR AGENCY</b>	<b>UNDER \$25,000</b>	<b>\$25,000- \$50,000</b>	<b>OVER \$50,000</b>	<b>INCOME UNKNOWN</b>
<b>Private Practice</b>		Steady Employ. (2 AAPOs)		
<b>Mental Health Clinic</b>	Sporadic (1 AAPO)  Steady (1 AAPO)			
<b>Court- Ordered Residential Treatment</b>		Steady Employ. (2 AAPOs)		(One AAPO)
<b>Juvenile Probation</b>	Steady Employ. (1 AAPO)			

state funds are allocated to pay for the placement through purchase of services arrangements.

While the sample size is limited, it suggests intuitively that middle income families opt for private practice counseling services, while lower income families obtain such services from state supported mental health centers.

Living situation. The youth's living situation at the time of the attempt varied as widely as families in the general population. Only two of the youths were living with both natural parents at the time of the attempt. In the other families, parents were either never married, had multiple marriages, or were separated or divorced at the time of the attempt.

Regardless of parental marital status, for this sample, the natural mother was present in all but one of the youths' homes. Nonbiological parental figures in the homes included two stepfathers, one stepmother, one adoptive father, and a mother's live-in boyfriend. In one instance, the mother was a single parent, with no other adult male in the home.

Siblings in the home included natural brothers, step/half brothers, natural sisters, and step/half sisters. One young man was an only child, and another had two older sisters who were living in another state. All of the other

youngsters had brothers or sisters living in the same home, ranging in number from one other sibling to three. For the most part, counselors had little information on the in-home siblings.

Parental age at first marriage was unknown in five cases. When parental age was known, the parents tended to have an early first marriage. The mean age at the time of the first marriage was 17.3 years.

### Youth's Social History

To draw a portrait of the adolescent parricide attempter, questions were posed concerning the youth's social history. Included under this broad label were such data as the youth's employment, educational background, abuse history, problem behaviors, runaway episodes, out-of-home placements, and the youth's support system.

Employment. As might be expected from the youths' mean age of just over 15 years, only a few of the adolescents who attempted parricide had ever been employed outside of the home. Three of the AAPO's had held part-time jobs at one time. Only one young man was working at the time of the attempt, but none was known to be employed at the time of questionnaire completion.

One-half of the youngsters were noted to have fewer in-home responsibilities than most children their age, while the other half were noted to have either the same in-home responsibilities than their peers (two youths), more than most (one youth), or the home responsibilities were unknown (on youth). This finding appears to be in contrast to Mones' (1992) assertion that children who kill their parents have more in-home responsibilities than their peers, often being forced to adopt an adult role in the family.

**Education.** All of the respondents were enrolled in school at the time of the parricide attempt. Two youths were in the eighth grade, five in ninth, and one in tenth. At the time of questionnaire completion, one youth was working on her GED, one had obtained his Equivalency Diploma, and the others were either still in some type of educational experience, or, in two instances, the current school status was unknown. Following the attempts, one youth was placed on homebound instruction, one adolescent continued in a special school, four attended classes while in a group inpatient setting, and two continued in their regular school.

Half of the young people were, or had been, enrolled in a special education program. Reasons provided for special education enrollment included a visual or hearing

impairment, learning disabilities, behavior disorders, and alternative placements.

Where intelligence test results were available, most of the young people scored as average, ranging from a low of 87 to a high of 120 on the performance scales. As a group, the mean performance score was 98.4. Generally, intelligence scores between 90 and 109 are considered average, with 50% of the population falling within this range (Bruno, 1991). Information was unavailable on the types of intelligence tests administered.

More than half of the youths had a history of suspensions and four had been expelled from school at one time. Only two young people were known to be involved in extra-curricular activities, sports in both instances.

Truancy was a problem for over half of the young people. Half had also been retained in a grade at least once, although it is unknown at what point in the educational process the retentions occurred.

Despite the finding of average intelligence, the majority of the youths had below average school performance, as indicated by grades of D's and F's, for at least part of their school careers. None of the youths had above average school performance in their junior or senior high school years. Three young people were noted to have received above

average grades while in elementary school, but these dropped to D's and F's once they reached junior high.

Although type and duration of services were unknown, half of the adolescents were noted to have had school counseling involvement. Whether students spoke with counselors because of disciplinary matters, or whether counselors were involved with the children because of personal or academic concerns is unclear. The flip side to the statistic may prove more interesting, however. While one-half of the AAPO's were noted to have school counseling involvement, three others did not receive school counseling services. School counseling involvement for one youth was unknown. A cross-reference of counseling services with truancy and suspensions indicates that two of the youths had either skipped school repeatedly or been suspended, yet received no counseling services.

**Abuse.** All but one of the young people were known to have been either physically, sexually, or psychologically abused, or physically or emotionally neglected. Of the abused adolescents, the victim in the parricide attempt was responsible for inflicting at least some of the abuse. An exception was one young lady who was sexually exploited on several occasions by a non-family member. Two of the AAPO's were noted to have been raised in non-abusive families, the

girl just mentioned, and one other adolescent. Three-fourths of the sample, then, came from families where abuse was present.

Physical abuse on a regular basis was the predominant type of abuse reported by respondents. All but three of the youths were noted to have been the recipient of physical abuse on a regular or occasional basis. Primarily involving hitting and slapping, the abuse in several instances was noted to be severe. Of the five youths with a physical abuse history, two never had the abuse reported to police or other authorities, two had the abuse officially reported and a caseworker assigned, and one had the abuse reported, but no caseworker was assigned. Two of the youths, or one-fourth of the sample, had a social service caseworker at the time of the parricide attempt.

Three of the youths, two girls and one boy, were known to be the recipients of sexual abuse. Authorities were notified of the abuse in only one instance, and this child also had been the victim of other forms of abuse. Sexual abuse was suspected in the background of another youth, a male, but could not be confirmed. The counselor believed, from the problem behaviors this young man exhibited, that the abuse had occurred at the hands of his natural father, from whom the mother was later divorced, and suppressed by the child.

Of the eight AAPO's, five were reported to have been psychologically abused on a regular basis by the parent victim, and sometimes the non-victim parent, as well. Psychological abuse was strongly associated with the presence of physical abuse; that is, when physical abuse was noted to be present, psychological abuse was indicated, as well.

Four of the adolescents were reported as physically or emotionally neglected for at least part of their lives. Two of the neglected youths were also reported as physically abused. The neglect was often accompanied by an alcoholic or drug dependent parent. One natural mother, for example, unable to properly care for her children, lost legal custody of her dependents as a result of her alcohol-related problems. In other neglect instances it was noted by counselors that the children were not properly supervised or cared for, and that the children were left alone for long periods of time.

Age at onset of abuse varied for the adolescents. One young man was abused on a regular basis "for as long as he could remember." Physical abuse started at age two for a different AAPO, at age seven for another. Sexual abuse began for one young lady when she reached puberty. Physical abuse by his stepfather began for one young man at age fifteen, when his mother remarried. For another teenager,

physical neglect began when her parents divorced, but her ordeal with sexual abuse did not occur until her mother's remarriage a couple of years later. Age at onset was not known for one youth noted to have been subject to mistreatment.

Half of the young people witnessed abuse between their parents, as well as abuse heaped upon the youths' siblings, while in one instance the counselor did not know if the youth had observed other in-home violence. In five cases the youths themselves abused other family members, including siblings and parents. Three of the five physically abusive AAPO's had attacked multiple victims, a mother and sister in one instance, a mother and stepfather in another, and a natural father and natural mother in yet another. Only one of the young people described as abusing other family members had not been the recipient of physical abuse. Such a finding indicates that reciprocal violence existed in these homes; the child was both the recipient and inflictor of abuse.

Three-fourths of the sample's youths were raised in a violent family. The findings are consistent with previous adolescent parricide accounts that highlight abuse as a variable in the backgrounds of these children. While we have long surmised that children who are abused as youngsters become abusive parents, we are somehow shocked to

discover that some fail to wait to act out their aggression on their offspring. Rather, these youngsters vent their violence on their role models, the persons from whom the lessons were learned.

**Problem behaviors.** The young people exhibited numerous problem behaviors, both prior and subsequent to the parricide attempt, although the nature of the problems tended to vary across individuals. For three-fourths of the youngsters, violent outbursts were a problem prior to the episode and remained a problem after the attempt. For only one of the adolescents was the re-experiencing of traumatic events a problem, either before or after the attempt. Two of the children had a history of firesetting and cruelty to others or animals, while only one of the youths experienced problems with bedwetting, the third component in the firesetting-animal cruelty-enuresis triad. Visual hallucinations were a problem for two of the youngsters prior to the attempt, but had not reoccurred since the assault.

Abnormal sexual practices were a problem both before and after the attempt for two of the children, and two others were reported as exhibiting "sexually inappropriate behavior." All four of these children were

reported as the victims or suspected victims of sexual abuse.

One young person developed eating and sleeping disturbances following the attempt. Stealing and compulsive lying was a problem for three of the AAPO's in the sample.

A consistent finding in the problem behaviors category was the severe depression experienced by the adolescents prior and subsequent to the parricide attempts. All but two of the young people were reported by their counselors to have been severely depressed both before and after the attempt to kill a parent. Three-fourths of the youngsters were reported as withdrawn from others, once again exhibiting this characteristic prior and subsequent to the attempt. Diminished activity, often affiliated with severe depression, was also reported as a problem for the majority of adolescents in the study. Unlike Heide's and Mones' APO's, the diagnosis of post-traumatic stress disorder was lacking for the youngsters in the present study.

**Runaway history.** Three-fourths of the young people had a history of running away from home, while the runaway history for one youth was unknown. When the AAPO's did leave home, multiple runaway incidents were common. Presumably because of the number of episodes, court proceedings for the majority of the youngsters were

initiated for the runaway behavior. Charges were dismissed in one instance, and in the others, either probation or an out-of-home placement was ordered by the court.

Initial runaway attempts occurred at an early age. One young person ran away from home for the first time at six years of age, and another when he was ten. Commonly, the young people ran "to the street."

Out of home placements. The same youngsters who had run away from home were likely to have experienced out of home placements. Options for placement included foster homes, juvenile detention facilities, with non-primary family members, emergency shelters, group homes, and inpatient treatment facilities. Typically, when youths were placed out of the home, multiple placements occurred, with a mean of four placements per youth. The out of home placements were most often a result of delinquency proceedings against the youth, rather than a result of court removal because of abuse or neglect proceedings.

Support system. Aside from their primary family members, the youths were unlikely to have close relationships with another relative. Only one youth was noted by his counselor to have such a relationship. Grandparents, aunts, uncles, and cousins were conspicuously

absent from the lives of these children, except on a peripheral basis. One-fourth of the young people were close to a non-family adult, in one case a Child Welfare caseworker, in another an older friend. Most of the youths were noted to have some same-sex friendships, and three were known to have close friendships with members of the opposite sex. Half of the AAPO's were described as outgoing and friendly, although only two were noted to make friends easily. Considering the depression and withdrawal from others that the youths were reported as experiencing, the finding of a few close, but not easily made, friendships should not be surprising.

Only two youths were reported to have hobbies. In the remainder of the cases, the youths either had no hobbies, or their interests and involvements were unknown. Over half of the young people had at least one person with whom they could discuss personal problems.

Several of the families were noted to have changed residences frequently. In his elementary school years, one AAPO was reported as having moved to five different houses, although always in the same school district. Laid off from work, one father moved his family out of state in search of employment opportunities, and then to two other states before ending up back, several years later, where he had begun. One mother moved from a western state to a town in

the Virginia-West Virginia area where she had relatives, because her son had been in extensive trouble. She had hoped the change of location would mean a fresh start and an end to their problems.

While relocation is a common experience for some modern American families, the transience experienced by the parents and youths disrupts friendships and neighbor-based support systems, cutting off potential assistance in crisis situations. For the violence-prone family, this disruption takes on added significance.

A description offered by one respondent of her parricidal family mirrored the classic isolation model expounded in early family violence literature. For this family, the father was the dominant personality, an extremely abusive man who beat his wife and son regularly, and was suspected of sexually abusing his daughter. Although living in a rural area and absent for long time periods, the father refused to have a phone installed in the home, virtually assuring the isolation of the mother and children, who had few contacts with relatives, friends, or neighbors.

### **Family History**

Knowledge of the family's social history was deemed important for shedding light on the youth's home

environment. Considered under the broad heading of family history were such background factors as substance abuse, mental health, criminal/delinquency, suicide, weapons, and threats. Information on the youth and family are presented for each of the subtopics.

**Substance abuse.** All but one of the youths were reported as having used alcohol, with one-half as having an alcohol problem. Correspondingly, the parent victims of the children who had used alcohol were likely to use alcohol, also, with two victims noted as having an alcohol problem. One counselor commented that physically abusive episodes by the victim directed towards his wife and son often accompanied a drinking episode.

Two of the youths were reported as having been drinking at the time of the attempt, and only one victim was noted to have consumed alcohol directly prior to the parricide incident. One parricide attempt was directly related to alcohol consumption and involved a drunken adolescent severely beating his non-drinking stepfather. According to the counselor, had the youth not been intoxicated, the attempt would not have occurred.

Use and abuse of other mood altering substances was not as common as alcohol consumption among the victims or other close family members, although one victim was noted to have

received inpatient treatment services for a chemical dependency. This parent was also on prescription-obtained antidepressants at the time of the incident. The youths were more likely than their parents to have used drugs other than alcohol, although incidence usage by the AAPO's, like their family members, was not as high as for alcohol consumption. Three-fourths of the youths were reported to have used chemical substances other than alcohol for recreational purposes, and three had received treatment services for abuse of alcohol or drugs. Two of the young people had been placed in residential drug dependency programs. One was described by his counselor as a "polysubstance abuser" who would use "whatever drug he could get his hands on." Despite the usage, drug consumption did not appear to play a pivotal role in the parricide act itself, but may have contributed to, or been a result of, the overall dysfunctional family interaction patterns.

**Mental health.** Half of the young people received mental health services prior to the parricide attempt, while all of the youths received services after the attempt, in addition to those provided by the respondent. One youth had a prior history of psychiatric hospitalizations, but after the attempt half of the sample were admitted for inpatient services at a psychiatric hospital. The length of

hospitalizations ranged from a minimum of fourteen days to a maximum of eight months of inpatient treatment. The hospitalized youths were all diagnosed with major depression; one youth was diagnosed as suffering "depression with psychotic features and schizophrenic affective disorder." One young person was voluntarily hospitalized following a suicide attempt.

Prior to the attempt, only one victim participated in mental health services. This victim was described as being an on-going consumer of mental health services and had a history of previous psychiatric hospitalizations. Following the attempt, two victims received mental health services in the form of family counseling, with involvement by both parents and the offender, and in one instance, the at-home siblings. The siblings in the latter family also participated in individual counseling. One sister was noted to be so traumatized by the attempted parricide that she required brief psychiatric hospitalization for depression. In the remainder of the cases, counseling services were sought for the adolescent perpetrators and one non-victim parent, but not the parent victim. A history of mental illness on the non-victim side of the family was reported as present by one counselor.

When asked to categorize their clients according to Heide's typology of, (a) the abused child; (b) the severely

mentally ill child; or (c) the dangerously antisocial child, the majority of counselors classified the parricide attempters as abused. Specifically, four of the counselors felt that their AAPO was the victim of child abuse that either directly or indirectly resulted in the parricide act. Several respondents, however, classified the adolescents as falling into more than one category. One youth, for example, had experienced severe abuse throughout his childhood, which, according to the counselor, the young man had blocked from memory. The teenager now exhibits behaviors that could be described as psychotic in nature. A different counselor described her young client as fitting into more than one category, as well. This teenager had been abused and neglected throughout his childhood and had developed a number of maladaptive coping mechanisms. Noted at times to experience auditory and visual hallucinations, this teenager also reacted with situationally inappropriate aggression and lied compulsively and stole. Such behaviors may classify the child in either the dangerously antisocial group or the psychotic category, as well as the abused child classification.

Two counselors dismissed the presence of abuse in their adolescents' backgrounds as predisposing factors of the parricide attempt. One young man was noted by the respondent to belong more to the antisocial category than

the maltreated group. This youth had abused drugs and alcohol for a considerable time period, had been physically and psychologically abusive to his girlfriend, exhibited situationally inappropriate aggression, and stole as a means to support his drug habit. The parricide episode took place while the youth was drunk and assaulting another teenager who had allegedly damaged the family's mobile home. When the stepfather intervened to stop the fight, the young man turned his aggression on the stepfather, severely beating him about the head, face, and body. The stepfather, smaller than his stepson, suffered broken ribs and numerous cuts and bruises as a result of the vicious attack. While the counselor admitted that the stepfather had physically abused the stepson on several occasions in earlier years, the respondent concluded that the attack was more a result of the antisocial behavior traits of the child than retaliation for earlier abuses.

A second counselor classified her youth as belonging to the severely mentally ill group. This youngster at times experienced visual hallucinations and was subject to violent outbursts. Following the attempt the client spent eight months in a psychiatric hospital. A history of abuse in the family of origin was absent from the youth's background of and drugs and alcohol were not present in the home. This

adolescent was also the one who had a history of mental illness on the maternal side.

**Criminal/Delinquency history.** Although none of the victims or close family members were reported to have been arrested for any criminal activity, seventy-five percent of the AAPO's had been involved with the criminal justice system for crimes unrelated to the attempted parricide incident. One youth was reported to have stolen the family car, but charges in that case were dropped. More serious criminal involvements were reported for the other youths, including charges for assault, robbery, drug possession, grand theft, battery, and carrying a pistol to school. Some of the youths admitted to participating in crimes for which they were never formally charged, including drug possession, arson, assault, robbery, and firearm infractions. Half of the youths had spent time in secure detention facilities and were eventually given probation.

It should be noted that the respondents from juvenile probation, residential treatment facilities, and in one instance, a mental health center treating a court-ordered youth, were likely to have the attempted adolescent parricide offenders with delinquent histories. Obviously a child would not be on probation unless a crime had been committed by him, therefore skewing the delinquency results.

The young people nominated for study inclusion by private practice clinicians or voluntary patients at mental health centers were not likely to have committed prior seriously delinquent acts.

**Suicide.** Two of the youths, but none of the victims or other close family members, were reported to have attempted suicide prior to the parricide incident. Both of the young people received inpatient psychiatric services related to the suicide attempts. Both youths were 15 years old when they tried to end their lives. One young man had multiple attempts and had received psychiatric inpatient services subsequent to at least one attempt.

Only one adolescent attempted suicide following the parricidal attack. In this instance, the young person, reported to be extremely depressed, had been drinking and decided to slash his wrist. The suicide attempt occurred approximately two weeks following the parricide incident. Voluntary psychiatric hospitalization followed the suicide attempt. This was the first suicide attempt, and the first psychiatric hospitalization, for this youngster. Another youth was described by the counselor as "suicidal," but had not taken any action to end her life.

**Weapons.** Guns were present in the homes of half of the youths before the parricide attempt and remained in the home following the incident. In these same homes, the victim was known to be a gun enthusiast and the youth knew how to handle guns. A gun was used by two of these young people in the parricide attempt, specifically, a hunting rifle and a shotgun. Only one youth in the sample was known to have a knife collection, although a knife was not used by this youth in the parricide attempt. The knife-collecting youth was also one who had access to guns and knew how to use them, although he employed only his bare hands in his parricide attempt.

The in-home presence of guns and knife collections were unknown by the counselors in two instances. This indicates that, when known, two-thirds of the parricidal youths had knowledge of, and access to, firearms.

**Threats to cause serious harm or kill.** Counselors were unlikely to know the threat history of the victim or other close family members, but were aware that five of the AAPO's had threatened victims, non-victim parents, or siblings. The threats occurred both prior and subsequent to the parricide incident.

Threats were reported to be very prevalent in the lives of one family. The youth in this situation, a victim of

parental abuse, was known to have threatened his mother, the future victim, with a gun, going so far as waving it in front of her face. One youth was reported as threatening a younger brother in addition to his parents, and when the AAPO eventually set fire to his home he made certain that his sister, the only family member with whom he got along, was out of the house. Another young arsonist had previously threatened her parents life, claiming that she would drop a bowling ball on their sleeping heads. When later confronted with this threat she remarked that she had been "only kidding."

Only one victim was known to have threatened family members, with the harmful intentions directed towards his spouse and his eventual assailant. In all other instances, the family threat history was unknown by respondents.

While the data suggests that threats by the victim against the youth are uncommon, such a conclusion would be hasty. Most respondents were unaware of threats made by the victim, but did not dismiss the possibility that they were made. Mones (1992) maintains that victims repeatedly threaten their attackers prior to the fatal incident. As an attorney, however, he has every incentive to explore the threat issue in depth while preparing his case for the youthful defendant. If it could be proven that the victim threatened the perpetrator's life, a claim of self-defense

could be entered, or at least justification offered for the parent's death. The legal defense for APO's, Mones asserts, usually involves justifying the killing, not in determining whether the youth killed the parent. Counselors in a treatment setting apparently did not deem threat issues to be important.

### **Victim Data**

Describing the victims in attempted parricide cases affords a multidimensional glimpse into the lives of these troubled families. This glimpse may assist us in understanding the motivation of the parricide attempt. Included under the victim data section was information such as age, relationship to the youth, living situation, marriage history, and abuse background.

**Victim age.** The victims' ages at the time of the attempt were largely unknown to respondents. In three cases, ages were reported as known, a father who was 38, another who was 40, and a 37 year old father and 35 year-old stepmother.

**Relationship to youth.** Table 16 provides a breakdown of victim-perpetrator relationship in the attempts. Case

**Table 12. Victim Relationship to Adolescent,  
by Case**

**(Case numbers randomly assigned by  
relationship of youth to victim)**

<b>CASE NUMBER</b>	<b>VICTIM RELATIONSHIP</b>
<b>1</b>	<b>Adoptive Father</b>
<b>2</b>	<b>Biological Father</b>
<b>3</b>	<b>Biological Father</b>
<b>4</b>	<b>Stepfather</b>
<b>5</b>	<b>Biological Mother</b>
<b>6</b>	<b>Biological Mother</b>
<b>7</b>	<b>Biological Father &amp; Stepmother</b>
<b>8</b>	<b>Biological Mother, Stepfather, &amp; Brother</b>

numbers were assigned randomly by victim relationship and do not necessarily correspond to the exceptions analysis case numbers.

The 8 attempts represented 11 victims. In three-fourths of the attempts one parent proved the target for the youth's attack, while in the remaining cases multiple victims were present.

Biological fathers accounted for three of the victims, while an adoptive father and two stepfathers totalled three more. Three biological mothers were attacked, one in tandem with her spouse, and one stepmother, also in connection with her husband. In only one case was a non-parental family member included in the adolescent's attack, a younger brother for whom the perpetrator expressed extreme dislike.

Living situation. In all cases the victims resided in the same home as the youth at the time of the attempt. Following the incident, however, living situations changed for the majority of the families. While three of the victims remained living with their attacker, only two families remained in the same place of residence. The other family, a mother and her son, moved out of state following the incident.

Changes of living situations resulted for most of the families, predominantly for the youth. In one family

mentioned above as "intact," the child was placed in various inpatient psychiatric facilities for a total of eight months following the attack, even though the family resided under the same roof at the time of questionnaire completion. One family reportedly "broke apart" following the attempt; the parents separated, with the perpetrator moving with the non-victim mother and an older sister opting to live with the victim. Both parents sought new residences, and the victim moved out of state. There has been no contact between the victim and the attacker since the parricide incident. Divorce proceedings had been initiated, but not finalized, by the mother at the time of questionnaire completion.

When there were multiple victims in a single attempt, the youths were removed from their primary residence and the victims remained in the same house. One youth was residing in an adolescent group home, and another in an inpatient treatment program at the time of data collection.

**Victim abuse history.** In three-fourths of the instances, the victim was reported as being physically and psychologically abusive to others. In all of these instances, the adolescent assailant was the recipient of this abuse, although not necessarily the sole target.

Spouses and siblings were also reported as on the receiving end of the victims' hurtful actions.

Counselors were unlikely to know whether or not the victim had been abused by others. In only one instance was it known that a victim, the biological mother, had been physically, sexually, and psychologically abused. The abuse perpetrators were reported to be a former husband, as well as the son, the parricidal assailant, who was noted to abuse the mother on occasion. In all other instances it was not known whether victims had been abused.

#### **Parricide Incident**

The specifics of the parricide incident included information such as the date and time of the attack; location; methods; police involvement; injuries; and circumstances surrounding the act, such as what led up to the attack, the youth's reason for the attempt, and recall for the event. A clearer understanding of the parricide attempt was gained by examining the details surrounding the incident.

**Date and time.** As specified in the selection criteria, involvement with the client was to have occurred within the past two years to be included in the study, but attempts may have occurred prior to that time limit. Four, or half of

the attempts, took place in 1992. Of these, the earliest took place in February of 1992 and the latest in December. One attempt occurred in December of 1989, two others in 1990, and one in early 1993.

Time of day reported for the event varied widely. Two attempts took place in the afternoon, two in the early morning hours, and yet two more were described as occurring "at night." The remaining two respondents were uncertain about when the attempt transpired. In the majority of cases the victims were awake at the time of attempt, but in the two early morning incidents the victims were asleep.

**Location.** All but one of the parricide attempts occurred in the victims' and youths' homes. The exception was described as happening "in the street," but the location was close to the family's residence. Two attacks took place in the victims' bedrooms, one in the kitchen, one in the living room, with the specific location of the remaining incidents unknown. Not surprisingly, the two nighttime attacks happened in the victims' bedrooms.

**Methods and injuries.** Various methods were employed by the youths for the attempted parricides. Knives, bare hands, fires, and shotguns were the weapons used to bring harm to the parent victim. One young man beat and strangled

his mother as she lay sleeping in her bed, although she awakened and successfully fought off her son's attack. Another youngster fired the family shotgun into his father's arm and stomach because the father was choking the mother. Hospitalized following the incident, the father was eventually able to recover from his wounds. Two young people in separate incidents, a male and a female, set fire to their family homes, one to her parents' bedroom as the mother and father lay sleeping, the other in the kitchen, but in both instances the parents escaped uninjured. Knives were used in attacks by two youngsters, and in both instances the victims were able to overpower their children and disarm them. No injuries resulted from one of the knife attacks, and in the other, only minor injuries were inflicted by the assailant. One other young man shot his mother, supposedly at the mother's direction, but the gun was not loaded and no injuries resulted. This young man had attacked his mother on previous occasions.

The youths acted alone in their parental assaults in all but two instances. In one of the latter situations two sisters conspired to set fire to their parents' bedroom. Data in this study is presented on only one of the girls, the older sister, who was the instigator for the attempted parricide, even though both were juveniles at the time and both were charged with an offense by authorities and removed

from the home. The younger sister spent time in a residential facility and eventually returned to her parents' home. The other accomplice incident involved a younger brother who helped to beat a stepfather, but the older brother was the primary assailant and the assault's initiator. Information was provided only on the older brother.

Despite the seriousness of the attacks, victim injuries were relatively slight. As could be expected, the father who received the shotgun blast had the most severe wounds. He was, by counselor admission, lucky to have survived. Property damage resulted from the fires, severe damage in one case and predominantly smoke damage in the other, but again, victim injury was minimal. The mother who fought off her sons's strangulation attempt experienced back problems as a result of the attack.

Law enforcement involvement. Police were notified of all eight attempts. Parents, either the victim or the non-victim parent, initiated calls to law enforcement authorities. Formal charges against the youths were brought for three of the attempts: the arson incident involving the two sisters; the serious assault by the two brothers of their stepfather; and the son who shot his mother with an unloaded gun. In the case in which the child

shot his father, police determined that the son had acted in self-defense and did not pursue criminal prosecution.

**Circumstances.** While specific triggering events varied greatly, the common thread among the attempts was a dispute with the victim. An obvious trigger for the paternal shotgun incident was the father's attack on the mother. The parents' conflict arose over a disagreement because the mother had allowed the son to stay home from school that day because the son complained of not feeling well. Even though the father was choking the mother "until she was turning blue," the father also directed his rage at the son.

In the beating/strangulation case, the mother had earlier told the son to leave the house after an ultimatum of, "It's either him or me," from her live-in boyfriend. One son's longstanding anger with his father "boiled over during an argument" and resulted in the son attempting to stab the father with a knife. Although she generally had a good relationship with her father, one young lady attacked her father with a kitchen knife during a heated exchange. This youth was noted to become "very physical when frustrated."

All but one of the youths were reported as having good recall for the event, although sequences and specifics may have been hazy for some. As one counselor remarked,

although the teenager was able to describe the event and what took place, he was unable to remember pulling the trigger or hearing the gun go off.

Reasons given to counselors by the youths for why the event happened included, anger with the parent victim; a desire to kill the family; to "stop my father from choking my mother"; and hatred for the father. Rather than a specific event, it appears that, in most instances, the young people struck out at their parents over accumulated hostilities that found their expression in a single, volatile incident. The triggering event was just that, a brief explosion, fueled by years of stockpiled animosities.

Immediately following the incident more than half of the young people fled the scene. The young man who attacked his sleeping mother took off for a friend's house and was gone for several days. The sisters who set fire to their parents' bedroom took the family car and drove to a friend's house. The younger sister ran back home upon reaching their destination, worried that her parents had not escaped the blaze. Fleeing the house for the street after setting fire to his kitchen, one young man remained elusive for several days before finally appearing. The young man who shot at his mother also escaped from the house. In two instances the youths' actions immediately following the parricide attempt were not known by respondents, and in the stepfather

beating case the youth could not recall what had taken place. Only the youth who shot his father in the stomach was reported to remain in the home until the police arrived.

### **Counseling Involvement**

The final section of the questionnaire was devoted to the respondent's contact with the adolescent parricide offender. Data under this category included referral source, presenting problem at intake, length of counseling involvement, time frame of contact, services rendered, and treatment strategies.

**Referral source.** Counselors became involved with the youths from a variety of sources. Two youths were referred by mothers who were the non-victim parents. A state child welfare agency was responsible for one youth referral. One youth and family were referred to the respondent by another therapist, and juvenile court accounted for the final four referrals.

No association was found between referral source and referral type. For example, a state welfare agency worker contacted a mental health center clinician on behalf of one youth, while another mental health center referral arose from a parental request for services. Juvenile Court referred AAPO's to various agencies and also contracted with

private clinicians to provide psychological evaluations. Predicting services received by referral source was therefore impossible.

Counseling time frame and length of involvement. As mentioned, the counselors' first contacts with the youths and families occurred anywhere from one month following the parricide incident to one year. Omitting the residential programs, counseling involvement lasted a mean of 4.75 months. During the almost 5 months, counselors had, on average, 19 sessions with the youths or families. The fewest number of counseling contacts was two, which occurred over a three month time period with an inpatient psychiatric stay interrupting respondent-youth contact, although the relationship was considered in "active status" at the time of questionnaire completion. On the opposite end of the continuum, one counselor had conducted twenty-nine family counseling sessions over a six-month time period. This family, too, was in an ongoing therapeutic relationship with the respondent when the questionnaire was completed.

In only two instances, the two cases considered above, were the youths or families described as current clients at questionnaire completion. In the remainder of the cases, services had terminated and counselors reported no further contact with the youths or families. To the best of

respondents' knowledge, no further attempts had been made by the youth on the victim's life, or on another's life.

**Reason for referral.** In three-fourths of the instances, the parricide attempt was regarded as the reason for the referral, at least indirectly. One exception concerned a counselor providing family therapy approximately a year after the parricide incident, but who was aware of the attempt. The other exception involved treatment for chemical dependency in a residential program.

**Presenting problem at referral.** A host of presenting problems were reported by therapists at intake. One youth was listed as suffering severe depression and as being extremely withdrawn. Another youth was noted to be extremely angry. Incurability, running away, and truancy were the difficulties that led one young man to a private, nonprofit residential treatment program. Homicidal and a polysubstance abuser was how one counselor initially described her parricidal client. Despite the varied behaviors ascribed to the youths' presenting problems, all of the youths were depressed and experiencing adjustment difficulties at least partly attributable to the parricide attempt. Two youths had drug dependency problems.

**Services rendered.** Family counseling, individual counseling with the youth, case management, referral for psychiatric care, diagnostic testing, and residential treatment services were all noted as direct services provided to the youths and their families by respondents. In most instances, multiple services were offered to the youth.

**Treatment strategies.** To determine techniques that may prove beneficial in working with parricidal youths, counselors were asked what treatment strategies proved effective or ineffective for the youth in the sample. While only half of the counselors chose to respond to the questions, the answers proved interesting. One counselor noted that behavior modification, art therapy, and music therapy had positive effects with his client, and commented that traditional group, individual, and family counseling were ineffective. Another therapist found that "dynamic work with underlying anger and family stabilization" proved beneficial, but that "family work," in general, was ineffective with the youth. A third counselor found case management services to work well for her youth, utilizing "case aides in wraparound services." Due to a relatively short intervention period, this respondent noted that those same services proved ineffective in working with her client.

Lastly, one counselor found reality therapy to be effective with his AAPO, as well as the review of consequences to actions and pinpointing the youth's strengths.

### Sources Utilized for Questionnaire Completion

Because of the comprehensive nature of the requested data, it was assumed that counselors would utilize multiple records or sources in answering questionnaire items. The final item of the survey instrument asked respondents for the sources of their data.

Not surprisingly, there appeared to be a positive correlation between the number of sources utilized and the amount of data provided. In general, the more sources that were used, the fewer "unknowns" were marked by respondents, indicating completed information.

### **Interview Results**

Although useful demographic data was obtained from the questionnaire responses, the personal interview between counselor and researcher was deemed important for "bringing the adolescent to life." Like the photographer's camera lens, the personal interview was intended to bring into sharp relief the fuzzy outline of the adolescent parricide offender, his family and victim. To extend the photographic analogy, the interview transformed the numerous still frames

derived from questionnaire responses into a dynamic montage, a moving picture, if you will, of the young person's life and world.

The interview was essential, too, for configuring the clinical TFA triangle, the behavioral portrait of the adolescent who attempts parricide. Assuming that most counselors would be unfamiliar with TFA Systems (tm) and the behavioral triad, the interview introduced counselors to TFA concepts and allowed for a description of the youth's behavior relative to the attempted parricide incident.

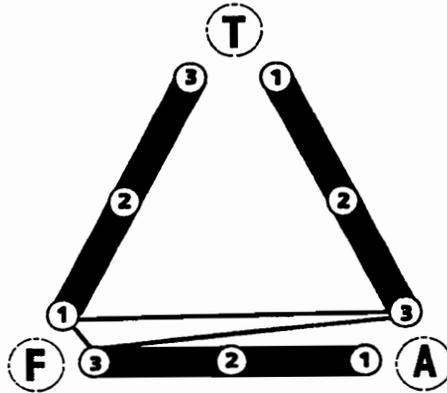
Because much of the interview data was incorporated into the questionnaire results, this section addressed the TFA profile results. TFA triads of the case studies presented by Heide (1992) and Mones (1992) discussed in Chapter 2 were compared with the seven TFA triads derived through the counselor interview process. Through examination of the TFA triads, a descriptive behavioral portrait of the adolescent parricide offender emerged. Unless otherwise noted, interpretations of the TFA triads were based on Hutchins and Vogler's (1988) TFA Systems (tm).

### **Interview Derived TFA Profiles**

The TFA triads for the youths who attempted parricide are found in Figure 18. Only one of the youths from the

#1

• I'll kill them all

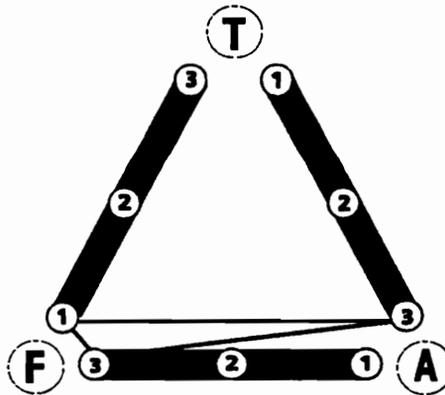


- Anger (longstanding; directed at parents and brother)
- Rage

- Gathered materials
- Started fire
- Ran from house

#2

(Cut off from thoughts; little thinking)



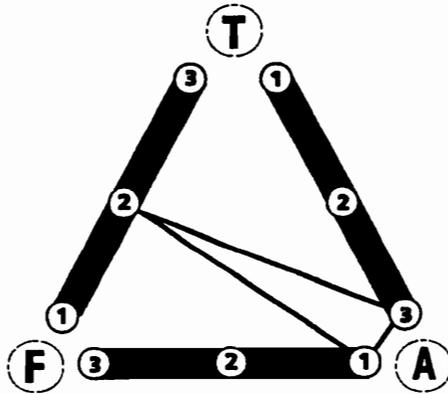
- Anger (over argument)
- Hurt
- Frustration (over inability to express self)

- Picked up knife
- Argued with parents
- Lunged at father

FIGURE 18. TFA triads for adolescents who attempt to kill a parent, just prior to the parricide attempt. (Inferred thoughts, feelings, and actions are in parentheses.)

#3

- (Some prior planning)
- I want to be left alone
- I want to go back to Mom

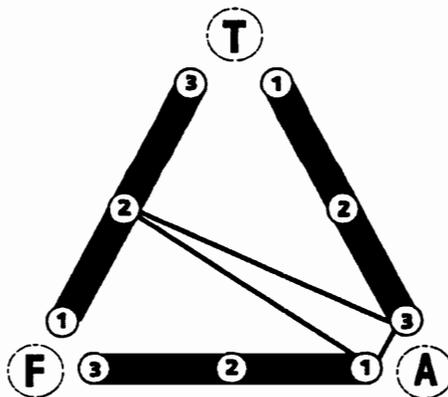


- Anger (at parent's over argument previous night)
- Frustration (at not being allowed to do what she wanted)

- Woke sister
- Gathered materials to start fire
- Lit fire

#4

- I've got to stop Dad
- He's hurting Mom
- He's going to kill her



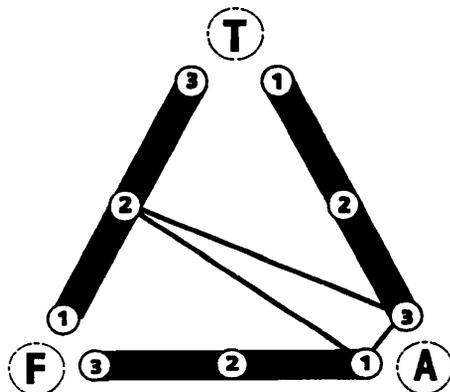
- Hate (for father)
- Fear (For own and mother's safety)

- Screamed at father to stop
- Jumped on father
- Ran to get gun
- Told father to stop
- Pulled trigger

FIGURE 18. Continued

#5

- If he [stepfather] wasn't such an idiot, I wouldn't have to do this.
- He's in my way and I've got to stop him.

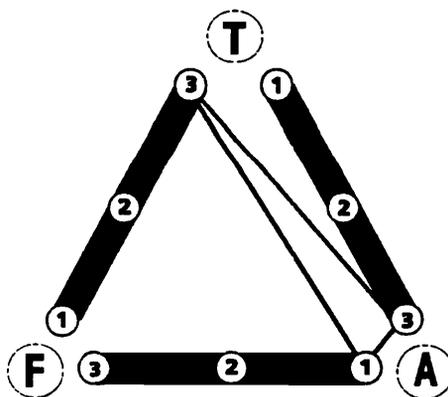


- Anger ( at stepfather and friend)
- Hatred of stepfather

- (Previously drank large quantity of alcohol)

#6

- I'll scare her to death
- I've got her now!
- I'll make her beg.



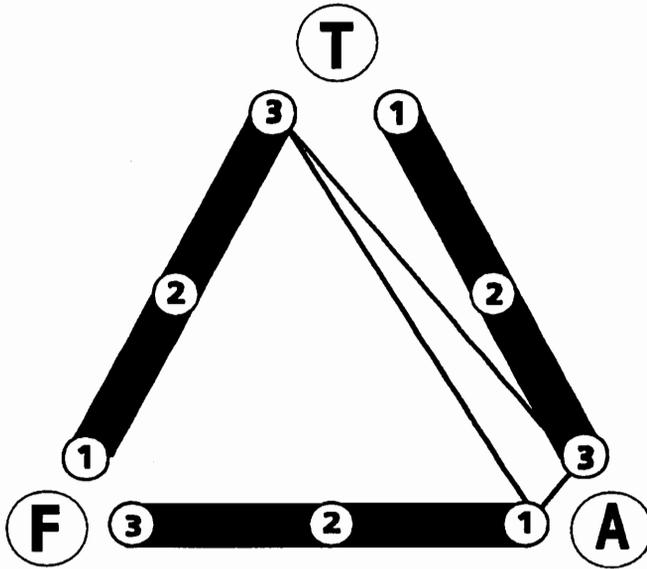
- Enjoyment (at mother's plight)

- Got gun
- Grabbed mother
- Held gun to mother's head
- Cocked trigger
- Fired (gun not loaded)

FIGURE 18. Continued

#7

- She picked him [boyfriend] over me
- I'm all alone
- I'll show her
- She's a lousy mother



- (Anger at mother for telling him to leave the house)

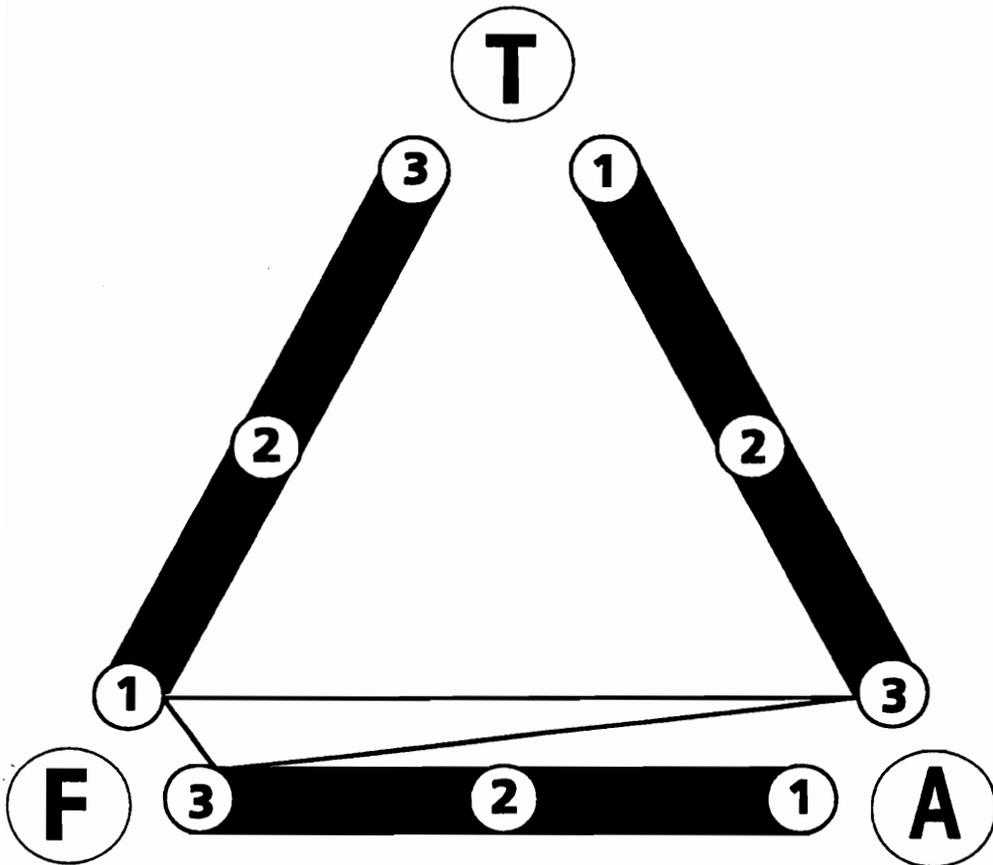
- Went to mother's bedroom
- Stood over her
- Began beating mother with fists
- Started choking mother
- Fled room and house (when mother fought back)

FIGURE 18. Continued

study's sample fit the Acting-Thinking profile, with the remainder exhibiting either Feeling-Acting or Acting-Feeling behavior patterns. Because the Acting-Thinking and Acting-Feeling triangles were described in Chapter 2, while the Feeling-Acting pattern was not, a discussion of the latter follows.

The Feeling-Acting triad. The Feeling-Acting triad, diagrammed in Figure 19 has a strong affective component, with secondary actions, and an absence of intervening cognitions. With the Feeling-Acting pattern, emotions are intense and any actions tend to be directly related to feelings. Thoughts are latent. A person with this profile is described by Hutchins & Vogler (1988) as being emotional and excitable. He may deviate from standard practices without analyzing consequences and may act in an opportunistic manner for self-benefit. Feeling a sense of great urgency to "get the job done--one way or another," he may operate on "gut-level feelings and emotions" without considering alternatives. Planning, for this individual, is noticeably absent.

Applying the Feeling-Acting behavior pattern to the adolescent who attempts parricide, we see a youngster very much absorbed in his or her emotions, taking action based



**FIGURE 19.** The Feeling - Acting triad is strong on emotions and moderate on actions with few thoughts / present.

upon the strong affective component of the behavior pattern. Thoughts are given little accord, as are the actions' likely outcomes. The Feeling-Acting component is typified by #2 in Figure 10, the fifteen-year-old girl who, in the midst of an argument with her parents, picked up a butcher knife and lunged at her father. Few cognitions are apparent, with the youngster acting almost "instinctively"; that is, little interaction between thoughts and actions is evident.

Other TFA triads for youth who attempt parricide. The Acting and mid-point Feeling-Thinking behavior pattern was demonstrated by four of the youths who attempted parricide, #'s 3, 4, 5, and 6 on Figure 18. The behavior pattern is typified by the young man (#4) who intervened in a dispute between his parents and attempted to halt his father's physical aggression towards the mother. Although consumed with the emotions of fear for his mother's and his own safety and hatred of the father, the son demonstrated the presence of cognitions by exercising progressively more aggressive interventions in an effort to stop the father. Only as a last resort did the young man retrieve a family shotgun and fire at his father. In this situation there were numerous actions derived from the interplay of cognitions and emotions.

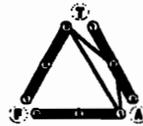
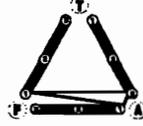
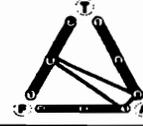
The Acting-Thinking triad was demonstrated by a young man, #7 on Figure 18, who attempted matricide. This adolescent, determined to "get back" at his mother for kicking him out of the house earlier in the day, stole into the mother's bedroom in the middle of the night as she lay sleeping. The son proceeded to beat the mother and strangle her about the neck, but failed to kill her because the mother was able to gain consciousness and fight back. According to the counselor who constructed the TFA profile, the young man was cut off from his emotions at the time of the attempt, and made a cognitively-based decision to attack the mother, rather than an emotionally-laden one. According to the respondent, this young man rarely empathized with others and demonstrated the shallowest of emotions at other times. Whether the son actually intended to kill the mother is unclear, but the mother was convinced that she would have died had she not awakened when she did.

#### **Comparison of TFA Profiles from Literature and Interview**

Table 13 provides a summary of the TFA triads found in the literature for adolescents who kill a parent and those provided by study respondents for youth who unsuccessfully attempted parricide. While actual adolescent parricide offenders were evenly divided among the Acting-Thinking and

Table 13. Comparison of Literature and Interview

**TFA Profiles**

<b>TFA TRIAD</b>	<b># ACTUAL PARRICIDES (from Liter.)</b>	<b># ATTEMPTED PARRICIDES (from Interview)</b>	<b>TOTAL # FOR ACTUAL &amp; ATTEMPTED</b>
<b>A-T TRIAD</b> 	2	2	4
<b>EVEN A-T</b> 	2	0	2
<b>TOTAL A - T</b>	4	2	6
<b>A-F TRIAD</b> 	2	0	2
<b>A MIDPT T - F</b> 	2	3	5
<b>TOTAL A - F</b>	4	3	7
<b>F-A TRIAD</b> 	0	2	2
<b>TOTAL F - A</b>	0	2	2
<b>TOTALS</b>	8	7	15

Acting-Feeling profile groups, the youths who attempted parricide exhibited stronger affective than cognitive behavior patterns. Feelings were predominant for two of the sample youth, as indicated by the Feeling-Acting triad configuration. None of the youth in the literature sported a Feeling-Acting behavioral pattern. The two samples, however, shared a strong Acting-Feeling orientation, with four of the actual parricides, and three of the attempted parricides falling into the A-F pattern. Because the Acting-Feeling and Feeling-Acting triads share the bottom portion of the TFA triangle, they can be combined to form one of the four main behavior patterns delineated by Hutchins and Cole (1992). Grouped in this manner, the literature sample maintains its 50% status of APO's in the Acting-Feeling/Feeling-Acting category, while the study sample shifts to over 71% of the youths displaying an A-F/F-A pattern. The other 15% percent of the attempted sample, which represents only one youth, remains in the Acting-Thinking group, or right-hand portion of the TFA triangle.

It should be noted that an analysis of the perpetrator to victim relationship by gender failed to reveal a significant TFA triad breakdown. Whether a son killed a mother, or a daughter a father, for example, did not appear to result in a particular TFA pattern. For the purpose of

TFA profile construction, Mones' (1992) distinctions between boys who killed mothers, versus boys who killed fathers was deemed inapplicable.

Cautions in interpreting TFA triads. Several caveats are in order regarding the TFA triad comparisons. First, the small sample size for both the actual and attempted adolescent parricide groups makes the results preliminary. Larger numbers would allow for greater confidence that the TFA patterns were valid and not due to chance. Second, due to the nature of the study, interrater reliability measures were not employed for constructing the literature profiles. While the study methodology was designed to ensure that accurate literature profiles were derived, it is conceivable that more than one TFA configuration could be extracted from the literature case descriptions. Third, while a basic assumption identified in Chapter 1 states that is possible to construct accurately a TFA profile from the literature, the authors of the case studies may have presented an adolescent parricide offender in a particular behavioral light to emphasize a specific issue, inadvertently skewing the TFA profile. Based on an author's description, for example, cognitions may have appeared more pronounced than affect, but in actuality the youth may have been extremely emotional at the time of the killing. The mental

articulations expressed by Heide's Scott of, "He's going to beat me; I shouldn't have run away," result in a different behavioral triangle than if Scott was noted to be consumed by fear of his father and the upcoming beating. The cognitive statements suggest a Thinking-oriented TFA configuration, while the latter points to a Feeling-directed triad. It should be reiterated that the presence of a Thinking component does not necessarily mean that thoughts are clear, logical, or well-reasoned. Cognitions may tend toward the illogical, irrational, or developmentally immature, leading to negative actions or feelings in a cyclical sequence.

Cautions must be offered for the attempted adolescent parricide triads as well. Because the counselors were unable to pose directly the three TFA questions to the parricidal client (e.g. "In this situation were you more Thinking, more Feeling, or about in about in the middle?"), but rather responded to the queries while considering the youth's mindset, the respondents may have been incorrect in their behavioral assessments of the youths.

Despite the warnings concerning the results' validity, two broad behavior patterns emerge for youth who attempt and those who actually kill their parents. The first is the Acting-Thinking pattern, where the youth is divorced from his emotions and either deliberately or spontaneously plans

the parent's demise. Caught in the interaction between cognitions and activities, the youth fails to pause and consider his own feelings or those of others. The second scenario is the Acting-Feeling or Feeling-Acting pattern, where the youth is caught in a web of emotion and action, with little or no thought given to ramifications, alternatives, or a deliberate plan. Overcome by the need to do something, or overwhelmed by emotions, this youngster lashes out and later wonders why he acted as he did. For an adolescent with this behavior pattern, premeditation, at least on a conscious level, would be absent.

It is perhaps superfluous to note that, in all cases, a strong Acting component was present for both the attempted and actual parricide groups. Had the Acting component been absent, the APO may have **thought** about killing a parent, may have harbored intense negative **feelings** directed toward the parent, but he would have failed to take steps to **act** on these emotions and cognitions. Had the adolescent merely contemplated, or perhaps threatened, killing a parent, we would expect a Thinking-Feeling behavioral triad, encompassing the left side of the TFA triangle.

While injury or death to the parent may result from either the Acting-Thinking or Feeling-Acting/Acting-Feeling behavior patterns, the differences between them have important implications for treatment. Clow (1990), for

example, showed positive results with spouse abusing men who demonstrated Feeling-Acting triads prior to an abusive episode by injecting a Thinking component into stressful situations. Youth who react in an A-T mode in confrontive situations, for example, may benefit from counseling strategies that emphasize affective aspects of their behavior. Counselors who assist A-T oriented young people with considering how their actions affect others' feelings may meet with behavior change success. While counselors may opt for cognitive or behavioral based interventions to best relate to their clients, a goal of therapy would be to teach a more balanced, mid-point triad, approach to a stressful situation.

#### **Attempted Adolescent Parricide Offender Composite**

By combining the majority responses to the questionnaire items and synthesizing the data collected from the personal interviews, a composite of the young person who attempts parricide emerged. Although it is important not to minimize the many differences between individual perpetrators and their home environments, by constructing a model of the "typical" youth who commits parricide, we may see similarities that help develop strategies for addressing this tragic, and hopefully preventable, occurrence.

The adolescent who attempts parricide is most often a white male, fifteen years of age, of the Protestant faith, who lives in the same home as the parent he tries to kill. Of a middle-class background, the youth lives with his natural mother, father or stepfather, and natural and stepsiblings. He attends public school, has repeated at least one grade level, and has been enrolled in a special education program. A poor student, the AAPO is nonetheless of average intelligence, but tends to skip school, and remains uninvolved in extra-curricular school activities. He does not work outside of the home, and has less in-home responsibilities than most of his peers.

The recipient of physical and emotional abuse at the hands of his future victim, the AAPO has run away from home on several occasions and has had contact with the juvenile justice system prior to the parricide attempt. He is likely to be depressed and, at times, acts out violently, while withdrawing emotionally from those around him. While he has few close friends, and is likely to have someone in whom to confide, the young person does not make friends easily and is unlikely to be surrounded by a caring, extended family. Similar to many of his peers, the adolescent who attempts parricide has consumed alcohol and experimented with drugs, but substance use is peripheral to the murder attempt itself.

Fathers are most likely to be the targets for their sons' near-lethal actions. Physically and psychologically abusive, the male head of the household is likely to be the dominant in-home personality. Mothers may also be included in the youth's plans to end his parents' lives, but rarely become the sole target of murderous aggression. At times, the mother is also the recipient of physical abuse incurred from the parricide victim.

Employing varied weaponry, the AAPO may strike his victim at any time of the day or night. The youth who attempts parricide is unlikely to use a gun in his attack, although firearms are available in his home, opting instead for less imminently lethal instruments. Following the incident, law enforcement officials are notified, but formal legal proceedings are rarely initiated unless the young person sports a delinquency history. Often the teenager will flee the scene immediately after the attack, but is eventually caught or returns home voluntarily.

Psychiatric hospitalization for the youth follows the attempt, with eventual placement in residential group settings if the youth has been formally charged with a crime, or a return home to live with the parents if charges are dropped. Effects of the attempt are felt by all members of the family in addition to the perpetrator and victim.

Severe depression is commonplace for the assailant subsequent to the incident.

### **Comparison of Actual and Attempted Adolescent Parricide**

To determine what, if any, differences or similarities exist between attempted and actual adolescent parricide, results obtained from the study's data collection efforts were contrasted with information gleaned from the research review presented in Chapter 2. For discussion purposes, the comparison was broken into four main categories consisting of youth demographics; youth's social history, victim information, and circumstances surrounding the parricide act. Each of the four categories are explained below, concluding with a discussion of the comparison findings.

#### **Youth Demographics**

Table 14 provides a breakdown of demographic variables for youth who successfully kill a parent and those who attempt the deed. Of the information that is known for both groups, there appears to be little demographic difference between those who attempt and those who commit parricide. The typical APO and AAPO are both middle class male Caucasians from "blended" homes. Whereas some of the adolescents mentioned in the literature tended to have

**Table 14. Comparison of Youth Demographic Variables  
for Actual and Attempted Adolescent  
Parricide Offenders**

<b>VARIABLE</b>	<b>ACTUAL</b>	<b>ATTEMPTED</b>
<b>AGE</b>	Unknown	15 yrs. 5 mos.
<b>GENDER</b>	Predominantly Male	Predominantly Male
<b>RACE</b>	Predominantly Caucasian	Predominantly Caucasian
<b>RELIGION</b>	Unknown	Predominantly Protestant
<b>SOCIOECONOMIC STATUS</b>	Unknown (according to Mones, mostly middle to upper middle class)	Middle and lower middle class (incomes under \$50,000 per year)
<b>PARENTAL MARITAL STATUS</b>	Predominantly divorced with remarriages	Predominantly divorced with remarriages

contact with the nonresident natural parent, this was not the case for the attempted group. Only one of the latter was known to maintain contact with the non-custodial parent, in this instance, the mother, with whom the teenager had lived for several years immediately following her parents' divorce.

If Mones (1992) is correct that the majority of APO's are from middle to upper-middle class families, the attempted group would prove to be in a lower social class than the actuals. It must be remembered, however, that Mones' sample was national in scope, while the majority of the attempted group resided in from West Virginia, one of the most economically depressed states in the country. The lower socioeconomic status of the attempted group may be attributable to sampling procedures, rather than any true differences between the groups.

### **Youth Social History**

While circumstances differ for specific individuals, Table 15, which provides a comparison of social history variables for attempters and actuals, confirms that there are only slight differences between the two groups relevant to past delinquency, abuse, runaway episodes, suicide attempts or mental health involvement.

**Table 15. Comparison of Youth Social History Variables  
for Actual and Attempted Adolescent  
Parricide Offenders**

<b>VARIABLE</b>	<b>ACTUAL</b>	<b>ATTEMPTED</b>
<b>EMPLOYMENT</b>	Differs	Unemployed
<b>IN-HOME RESPONSIBILITIES</b>	More than peers	Less than peers
<b>SCHOOL PERFORMANCE</b>	Predominantly average, if known	Below average
<b>ALCOHOL/DRUG USAGE</b>	Peripheral to parricide act	Peripheral to parricide act
<b>ABUSE HISTORY</b>	Physical, psychological, sexual abuse and neglect prevalent	Physical, psychological, sexual abuse and neglect prevalent

**Table 15 Continued**

<b>VARIABLE</b>	<b>ACTUAL</b>	<b>ATTEMPTED</b>
<b>DELINQUENCY HISTORY</b>	Minor property offenses	Property offenses, assaults, drug charges
<b>RUNAWAY HISTORY</b>	Multiple runaway attempts	Multiple runaway attempts
<b>SUICIDE HISTORY</b>	Inconsistent data; Some prior, some after attempt; none successful	Some prior and subsequent attempts; none successful
<b>MENTAL HEALTH HISTORY</b>	Little counseling prior to attempt	Prior to attempts half of youths participated in mental health services
<b>SUPPORT SYSTEM</b>	Claims of social isolation, but APO's reported as having friends	A few close friends; have someone in whom to confide

One difference, however, exists between the attempted and actual groups and involves the delinquency histories and assumed personality contrasts between the youths. Mones (1992) asserts that most children who kill their parents do not have a history of violent lawlessness, and that APO's assume submissive, rather than aggressive, personalities. In the present study, one counselor related that her client had a history of extremely aggressive behavior. The young man in question was known to kill animals as an outlet for his pent-up rage. On one occasion he had attacked a junior high teacher, and as early as age six had severely beaten a fellow first grader. Another young man in the attempted group had a history of aggression, according to his counselor, who described the adolescent as "explosive" and "reactive," "hard to handle." While not criminally sophisticated or formally involved with the juvenile justice system, one young lady was noted by her counselor to become "very physical, very aggressive, when frustrated." In one angry outburst that occurred subsequent to the parricide attempt, the teenager purposefully broke a mirror and a chair, hardly submissive personality traits. The family has remained fearful of the child's violent outbursts. Yet another young man who beat his stepfather severely was known to be extremely aggressive. As his counselor reported, he

had quite a reputation for violence, particularly when he was inebriated or high on drugs.

A second area of difference concerns the in-home responsibilities accorded to the youths. Repeatedly, parricide cases in the literature discuss the numerous household tasks assigned to the future murderers. The victim is portrayed as a modern-day Fagan, demanding adultlike domestic performance from his charges. In contrast, the attempted adolescents were reported by their counselors to have less than average or average home duties. What significance this discrepancy holds remains unanswered, but the difference is worthy of note, and perhaps future scrutiny.

### **Victim Data**

Victim social history information for the attempted and actual parricide groups is presented in Table 16. Little difference between the groups is evident from the information derived from the literature and respondent generated data. Victims in both groups had a high incidence of alcohol usage and were known to be abusive to others.

Regardless of the victim's direct role, with one exception, the youths in both the attempted and actual parricide groups were reared, for at least part of their childhoods, in environments fraught with physical and

**Table 16. Comparison of Victim Data for  
Actual and Attempted Adolescent  
Parricide Offenders**

<b>VARIABLE</b>	<b>ACTUAL</b>	<b>ATTEMPTED</b>
<b>ALCOHOL/DRUG HISTORY</b>	Heavy drinking in home; some other drug usage reported	Heavy alcohol usage in some homes; other substance use less prevalent
<b>ABUSE HISTORY</b>	Highly abusive to others; unknown abuse in victim's childhood	Abusive to others; unknown abuse in victim's childhood
<b>CRIMINAL HISTORY</b>	Unknown	No criminal histories reported
<b>SUICIDE HISTORY</b>	Unknown	No known attempts
<b>MENTAL HEALTH HISTORY</b>	Unclear	Little prior participation in mental health services

psychological abuse, alcohol dependency, and conjugal disharmony. Only in one instance where the youth stabbed her father in the midst of an argument was the home noted to be free of parental violence and alcohol misuse.

Two of the attempted incidents are worthy of special mention because victim characteristics differed from the typical target portrait. In the first case, previously mentioned, the father victim maintained a fairly positive relationship with his assailant daughter. No physical, sexual, or psychological abuse was known to have been inflicted by the victim to any family member. Alcohol and drug usage was absent from the home. Of note, however, is that the child suffered from a congenital, progressive illness, as well as a physical disability, that resulted in overprotection and overindulgence on the part of the parents. The assailant was known to become very physical when frustrated, and the family lived in fear of the child and her explosive actions.

A second deviation from the typical pattern of a physically abusive victim is that of a father and stepmother who had been granted legal custody of the assailant two years before the attack. According to agency records, following a divorce of the natural parents the biological mother was granted legal custody of the children, the oldest of whom was the future perpetrator. After the divorce, the

mother moved out of state with the children and remarried. Based on counselor report, it was in the mother's and stepfather's home that physical and sexual abuse of the eldest daughter by the stepfather, and neglect on the part of the mother and stepfather, transpired. The mother, battling alcohol dependency, was an ineffective disciplinarian. She eventually lost custody of the children to the natural father who had remarried twice during the intervening years. Angered at a new stepmother who demanded good grades and a reasonable curfew, the daughter rebelled, believing that if her father and stepmother were out of the picture she would be allowed to return to her natural mother's home where her freedom was much less restricted. The counselor attributed the child's anger with the stepmother and natural father to misplaced aggression from the stepfather's earlier physical and sexual abuse.

### **Circumstances**

Several differences emerge between the attempted and actual groups when considering the circumstances surrounding the parricide event. Table 17 outlines the comparison between the groups relative to weapons used, victim vulnerability, and legal proceedings.

**Table 17. Comparison of Circumstances for Actual and Attempted Adolescent Parricide Offenders**

<b>VARIABLE</b>	<b>ACTUAL</b>	<b>ATTEMPTED</b>
<b>WEAPONS</b>	Predominantly firearms	Knives, fires, fists, firearms
<b>OVERKILL</b>	Often present	Absent
<b>THREATS</b>	Often present by victim or youth	Sometimes present by youth; unknown victim threats
<b>VICTIM HELPLESSNESS</b>	Often present	Sometimes present
<b>POLICE NOTIFICATION</b>	Present	Present
<b>FORMAL LEGAL PROCEEDINGS</b>	Present	If criminal history
<b>CASE DISPOSITION</b>	Tried as adult; prison sentence;	Inpatient psych. services; group home if delinq., or return home

Guns were the weapons of choice utilized by youths who murder a parent. In contrast, when a death does not result, perpetrators employed other, less lethal, means of assault, including knives, fire, and fists. Overkill, another difference between the groups, is by definition limited to those who actually murder a victim. Argument for the weapons disparity and overkill phenomenon tends towards the circular: If overkill had not been present, the victim would have survived; if firearms had been used, the victim would have died. That guns were known to be available in the homes of at least two attempted assailants who opted, consciously or unconsciously, not to use them suggests that a difference between the groups other than mere weapons use may be operating. Obviously, overkill cannot be present if the victim is wounded, rather than murdered. But is overkill a variable that distinguished the two groups because there is a true difference between them, or merely a circumstantial one? There is a Catch-22 in the logic of these arguments which, unfortunately, extends beyond the scope of the present study. A causative relationship between weapons use and overkill and perpetrator intent cannot be determined from the study's results. Based on available data it can simply be stated that children who murder a parent most often do so with a firearm, whereas

those who attempt the act employ less immediately lethal weaponry.

The remaining differences in the circumstances category between the actual and attempted groups involves what happens to the youths after the parricide episode. Formal charges are always brought against a youth who murders a parent, unless facts indisputably point to self-defense as a reason for the murder. Tried as an adult regardless of age, the adolescent is likely to enter a plea bargain with the court and serve time in a secure penal institution. Few psychological therapeutic services are received by the youth once in prison. In contrast, adolescents in the attempted category have initial police contact, but unless they had prior juvenile justice system involvement are unlikely to be formally charged with a crime. In cases where no formal charges ensue, the incident is handled as a routine domestic violence complaint, assumed by authorities best left to parental handling of the situation. For both the formally charged and uncharged attempters, some time is likely to be spent as an inpatient in a psychiatric facility.

That psychological services are received by the attempted group should be examined in the context of study sampling procedures, which involved counselors as respondents. Caution should be invoked in generalizing the

counseling findings to a broader population of attempted adolescent parricide offenders.

### Comparison Summary

Based on study data and a thorough literature review, it can be assumed that differences among adolescents who murder a parent and those who attempt the act are largely circumstantial. Both those who attempt parricide and those who murder a parent are reared in a home fraught with mistreatment, heavy alcohol consumption, and unsuccessful parental marriages. The adolescent who attempts or commits parricide has adopted a host of survival mechanisms that ultimately portend disaster, for himself and for those around him. Depression, withdrawal from others, and inappropriate aggression are but a few of the maladaptive armors in which the APO and AAPO cloaks himself, selected from a wardrobe of potentially destructive behaviors.

At the time of the parricide incident, children who kill their parents appear to be more cognitive and more cut off from their emotions than youth who attempt the act. Differences in TFA profiles for the two groups suggest that attempters are more Feeling-oriented at the time of the attempt, than compared with the more Thinking-oriented children who kill a parent.

What distinguishes the child who murders a parent from one who attempts the deed is often the choice of weaponry and quick, successful victim reactions. This finding is consistent with the claim by Gelles and Cornell (1985) that asserts research by criminologists has consistently found that typically random phenomenon, such as aim or luck, are at the root of the difference between injurious and noninjurious violence. The use of lethal weaponry, such as firearms, has also been mentioned as a determinant in whether attacks of interpersonal conflict result in serious injury or death (Kleck, 1991). Some have argued that the difference between homicide and assault is one of degree and not kind (Gelles, 1972). The availability or use of a firearm, the adolescent's weaponry skill, victim reaction, or luck, may play a crucial role in determining whether death or slight injury results.

Such a conclusion is substantiated by this study's data. The mother who awoke from her son's physical assault, the father who survived two close-range shotgun blasts, the parents who awakened to the smell of smoke, the father who wrestled a knife away from his daughter, all speak of the near fatalities of their offspring's malicious intentions. Had the mother not awakened when she did, the bullet pierced a vital artery, the parents been overcome by smoke inhalation prior to fleeing the blaze, had the knife slipped

during the altercation between father and daughter, the outcomes would have shifted the attempted parricides into the actual realm. The results of this study lend support to the argument that there is little substantive difference between those who attempt to kill a parent and those guilty of murdering their father or mother.

## **Chapter 5**

### **CONCLUSIONS AND RECOMMENDATIONS**

The final chapter of this report reviews the study's findings, outlines recommendations for future research, and attempts to bring some understanding to the diverse elements of this broad study of attempted adolescent parricide. Chapter 5 is the end of this study, but hopefully, not the end of the counseling community's involvement in the empirical study of adolescent parricide.

#### **Summary of Research Questions and Findings**

Through a review of the professional literature and active qualitative data gathering techniques, this study sought to illuminate the topic of attempted adolescent parricide. Specifically, the study strove to: (a) determine the numbers of young people who attempt to kill a parent; (b) explore variables associated with the phenomenon; (c) derive a behavioral portrait of the offender; and (d) compare actual with attempted parricide.

Much was learned from the study. Through document analysis and active data gathering methodologies we now know that adolescent parricide is a rare occurrence, comprising approximately 2% of all yearly murders. We learned that for every parent who is murdered at his offspring's hand there

is another whose child has unsuccessfully taken some direct, potentially deadly action to end the mother's or father's existence. We determined that sons are more likely than daughters to seek an end to their "caretakers'" lives, and fathers are slightly more likely than mothers to be the target of their offsprings' aggressive actions. Male-on-male violence, therefore, is the most commonly seen parricidal behavior.

As a result of the study we know that attempted adolescent parricide offenders (AAPO's) come from families that, on the surface, share some similarities with many average American families. Yet, once inside the entryway of the adolescent's home, we see a world where hitting substitutes as an expression of love; where alcohol abuse is prevalent and considered "normal" for its occupants; where psychological abuse undermines the feeling of the children's self-worth; and where marital discord rules the day. Raised in this chaotic environment, the AAPO at times withdraws into himself, removing himself physically and psychologically from those around him, and at other times strikes out aggressively against all who thwart his wants. Having witnessed and learned a pattern of alcohol abuse, shortsightedness, and physical abuse, the future assailant mirrors the self-defeating, self-absorbed behaviors he has seen played out by those responsible for his existence, if

not his predicament. The typical American family?: We can only hope that it is not.

Years of misdirected parenting and years of accumulated animosities culminate in an explosive incident, where the youth's thoughts and feelings find expression in a violent outpouring directed towards the person he holds responsible for his unhappy predicament. Either absorbed in an eddy of emotions, or trapped in a maze of cognitions, the adolescent vents his unhappiness in an assaultive episode that has far-reaching repercussions for all concerned. Reacting to the assault, parents or the juvenile justice system belatedly intervene, removing the child--the aggressor--from the home, temporarily or permanently. Counseling is initiated, either individually for the child, or if the youth is returned home, with the adolescent and parents, in an effort to rehabilitate the child, or salvage the family. Whether or not counseling ultimately proves successful was beyond the scope of the present study, but certainly remains an area for future exploration.

We also learned, from a comparison of the research literature with youths volunteered by their counselors, that differences between youths who murder a parent and those who merely attempt the act are largely circumstantial. In the latter, the target survived; in the former he or she did not. This difference in outcome was dictated by luck,

fortuity, the intervention of outside persons, or the availability and type of weapon used; it was not the result of different intent on the part of these two groups of perpetrators.

### Justification of the Attempt

Based on the descriptions of the AAPO's home environment it is tempting to conclude that the child was justified in his attempt to kill his father or mother, that the decision to take knife, or match, or gun in hand was a reasoned one given the abusive, tenuous nature of his existence. Such is not the case. It is also alluring to engage in a blame-assigning tirade, to claim it was the parents', or youths', or schools', or social service systems' fault. Such finger pointing, however, serves no useful purpose.

The portrait of the AAPO is a complex one, with shades of every imaginable hue coloring its canvas. Many of the young people in this study, for whatever reasons, have developed behavioral patterns and characteristics that are far from attractive. Specific problems breed other problems. Drug dependence may result in stealing to support the habit, compulsive lying to hide the addiction, and truancy and school failures as its shadows. These behaviors

cannot be excused because the young person had an alcoholic father and a brutal mother.

At times, when we describe the dysfunctional home life of the AAPO, it appears that the child's decision to kill the parent was a rational one. In rare cases, such as the young man who shot his father to protect his mother's safety, this may be a reasonable conclusion. But for the majority of AAPO's studied here, the parricide attempt resulted from a lifetime of conflict with parents that found expression in near-lethal episodes. Justified and rational are two words that do not appear to fit the AAPO or his situation at the time of the attempt.

The parents, while tempting to do so, should not be sketched as total tyrants, either. One father, smelling the smoke from the fire set by his daughters' hands, ran to the girls' bedrooms in an effort to save them, to usher them to safety. As a parent, this father's first concern was not self-preservation, but the safety of his children. Sadly, he had not yet comprehended that his daughters had purposefully piled their bedlinens at this bedroom's threshold in order to cause his death.

Placing blame will not help either the youngsters or their parents. Determining effective prevention and intervention strategies will.

### **Subjective Impressions and Recommendations**

In learning what we did about attempted adolescent parricide the study goals were met, the research questions answered. Yet much remains to be known about the phenomenon, the perpetrators, and victims. Like the condensed version of a novel, this study introduced the cast of characters, outlined the plot, and revealed the story's ending, yet left the reader wanting to visit the original, unedited version of the manuscript, to return and augment the details about the lives and circumstances of the players. Future research efforts should be directed at filling in the blanks of this preliminary effort.

As a result of this study, several recommendations and subjective impressions emerged. It would be remiss not to touch, albeit briefly, on a few of these notions.

#### **Incidence of Adolescent and Attempted Adolescent Parricide.**

(1) Exact statistics on the numbers of youths who commit or attempt parricide are lacking. Law enforcement officials and crime reporting agencies should be mandated to cross-reference perpetrator-victim relationship by age to correct this deficiency. While the yearly numbers may be small, family violence researchers would be able to track, with much more accuracy and efficiency, domestic violence

trends if assault and murder statistics were recorded in the suggested manner.

(2) Locating children who met the attempted adolescent parricide criteria was hampered by confidentiality issues and the lack of a central agency responsible for handling attempted adolescent parricide cases. Although formal charges against AAPO's were brought in only a few instances, without exception, the cases presented here initially involved police contact. Future studies may wish to access local police department records to identify AAPO's. Despite the law enforcement recordkeeping deficiencies mentioned above, local police departments, with official waiver from the Court, could provide information on the number of attempts investigated.

As with the battered spouse who seeks police intervention but fails to prosecute her abusive husband, some families may initially contact law enforcement officials for assistance following a parental attack but subsequently withdraw the complaint. A search of police records may reveal such instances for further scrutiny.

### **Abuse Background of AAPO's**

(3) Every day, millions of parents raise their hands and voices in anger against the children they profess to

love. Some do so in good faith, believing discipline will pay off in the long run; others do so out of spontaneity, without consideration of the consequences; and others still simply are replaying the forms of parenting behavior they observed and felt in their own childhoods. When the abuse becomes the normative interaction between parent and child, destructive behaviors manifest themselves. Many children who are the targets of extreme abuse exhibit a host of antisocial behaviors, including delinquent or criminal acts, suicide attempts, poor school performance, and abusive behaviors towards others. Adults who as children witnessed, or were themselves victims of, in-home violence are affected throughout the life span in different ways (Stith & Rosen, 1990).

The lives of adolescents who attempt and complete parricide are fraught with this same in-home violence. Whether observing physical attacks between parents or as the recipient of abusive actions by those charged with their care, the parricidal adolescent lives in an environment where violence is played out in real life, rather than a fictional episode on the television screen. For these young people, the physical outbursts are punctuated with psychologically debilitating attacks that rob the developing child of feelings of self worth, security, and well being. The youth who attempts parricide learns from the abusive

parent that it is okay to attack those to whom you are closest or those who thwart your desires. The lessons are well taught and understood.

Other parricidal youth learn to disassociate a violent domestic life from everyday reality away from home. One counselor described her youthful client in an almost schizophrenic sense, noting that the youth behaved one way at home, but became a totally different person while at school or with friends. "At school he was outgoing, friendly, the class clown. But at home he was sullen and depressed most of the time, and tended to stay in his room listening to his Walkman as much as possible."

Three-fourths of the study's youths were raised in an abusive home environment, lending strong support to Mones' (1985) contention that the overwhelming majority of children who kill their parents are victims of extreme mistreatment. Yet why some children react with murderous aggression toward their abusers while others do not remains unanswered by this study. Future research should explore the abuse variable in the AAPO's background in greater detail.

(4) Research has shown that children who are sexually abused suffer from a wide range of psychological symptomatology frequently associated with the diagnosis of post-traumatic stress disorder (Deblinger, McLeer, Atkins,

Ralphe, & Foa, 1989). Heide (1992) and Mones (1992) contend that post-traumatic stress disorder (PTSD) may play a pivotal role in adolescent parricide cases. In the present study, a PTSD diagnosis was lacking from the counseling professionals' assessments of the youths and only one youth was noted to suffer from "a reexperiencing of traumatic events" prior or subsequent to the parricide attempt. Research efforts that specifically address PTSD and parricide offenders may prove worthwhile.

(5) Despite mandatory child abuse reporting laws, research has shown that large numbers of clinicians are unaware of the laws, or comply inconsistently with the statutes (Brosig & Kalichman, 1992). Hence, professionals who have contact with abused youths, such as mental health or school counselors, people who might be able to make a difference in the children's lives often fail to report the abuse. This failure, though of concern, seems to be a benign factor in the intervention success between parent and child.

Although five of the study's youths were noted to have a physical abuse history, only two adolescents had social service caseworkers assigned. Despite the fact that caseworker involvement failed to prevent the attempted parricide, the problem of pervasive abuse and ineffective

interventions must be addressed. Avis (1992) asserts that therapists who work with women, children, families, and couples must develop assessment skills for recognizing the symptoms of emotional, physical, and sexual abuse, and of multiple personality. Avis further contends that where violence or childhood abuse trauma is present, the presenting problem will not yield to therapeutic intervention unless the abuse is directly addressed.

### **Educational Experiences**

(6) The study's youths share variables associated with school dropouts, including depression, delinquency, criminal behavior, illicit drug use, and an alcoholic or drug-dependent parent (Weitzman & Siegel, 1992). Studies have found that, compared with those who graduate, students who leave school early are more likely to have been victims of physical abuse, incest, or other forms of sexual assault; to live in foster homes; to have divorced parents; or to have had one parent die (Oakland, 1992). Excepting the latter, dropout and AAPO characteristics are strikingly similar.

The school experiences for the study's AAPO's are riddled with academic retention and failure, truancy, and suspensions. The fact that all of the adolescents were attending school at the time of the parricide attempt is reflective of the youths' mean age of fifteen--too young to

formally drop out of compensatory education. Despite the troubled school history of the parricide attempters and the presence of high risk factors for dropping out, several of the youngsters had no reported history of school counseling involvement. Additional research that highlights the educational experiences of all high risk children, not solely parricidal adolescents, with an emphasis on school counseling involvement, would prove beneficial.

#### **TFA Triads and Adolescent Parricide Offenders**

(7) For this study, the TFA triangle was employed in a purely descriptive sense; that is, adolescents' thoughts, feelings, and actions relative to the parricide attempt were articulated, recorded, and analyzed in a one-dimensional framework. Because the TFA triads were either extracted from the literature or configured through counselor recall, the TFA application was not used as a counseling tool. In a clinical setting the TFA triad can be used effectively as a feedback mechanism, providing a pictorial representation of a person's behavior, and as an evaluation tool for determining behavior change. Analysis of TFA Systems applications with at-risk adolescents in an interactive, therapeutic manner is a possible future research topic.

(8) An assumption was made at the study's outset that counselors are able to accurately construct TFA triads for their parricidal clients relative to the parricide episode. This assumption has remained empirically untested. Studies designed to determine counselor accuracy in configuring a client's TFA triad, in absence of the client answering the three TFA triad configuration questions, would prove useful to researchers using TFA Systems (tm). The findings from such research would lend support to, or place in question, the TFA triad results of the present study.

(9) In this study, TFA triads for youths who committed parricide were compared with those who attempted to kill a parent, relative to the parricide episode. Comparisons with youths reporting generally positive parental relationships were not provided. It would prove interesting to compare adolescent parricide offender and attempted adolescent parricide offender TFA profiles with "nonviolent" peers, relative to a parental conflict situation. Differences among the specific thoughts, feelings, and actions of APO's, AAPO's, and nonviolent adolescents would be highlighted by such an examination.

### Problem Behaviors

(10) Problem behaviors are both descriptors for, and manifestations of, significant variables in the youths' backgrounds. A causative or predictive relationship cannot, with accuracy, be posited. One young man, for example, grew up with an alcoholic father and mother. As a teenager, when his mother divorced and remarried, physical abuse by the stepfather began. The young man, however, had developed a host of problem behaviors, including school difficulties, violent outbursts, and stealing, and the abuse episodes were described as basically, "trying to whip the boy into shape." Several other youths were victims of physical and psychological abuse from an early age. They, too, sported problem behaviors in adolescence which may or may not be attributable to the early abuse. More likely, a host of variables, including parental alcohol dependence, ineffective discipline techniques, biological factors, and the like, interacted with one another in complex ways. The end result is a person with problem behaviors, antisocial personality traits, and ineffective coping mechanisms that in turn lead to other negative variables.

(11) The problem behaviors experienced by children who kill, or attempt to kill, a parent are not unique to adolescent parricide offenders. The demographic and social

history variables explored in this study are shared by many of our society's youths and families. Future research that compares APO's and AAPO's with adolescents who do not attempt parricide but who have similar demographic and social history backgrounds may reveal predictive parricidal patterns.

### **Longitudinal Data**

(12) Study identification criteria specified that counselors were to have worked with their parricidal clients within the past 2 years. Because of this, follow-up data on the study's sample was limited. Of interest is whether or not the AAPO's will continue their assaultive, aggressive behaviors, or whether the counseling interventions proved successful. It would be extremely interesting, but virtually impossible, to learn the whereabouts and circumstances of these individuals 5, 10, and 20 years hence. Future research stressing longitudinal data would prove useful in determining the effectiveness of counseling, elucidating cycle of violence data, and determining continued criminal activity.

### **Other Family Member Data**

(13) This study failed to address issues related to the AAPO's brothers and sisters. Often, counselors had little

information about the in-home siblings beyond basic demographic data. In one situation where basic sibling data was shared, the counselor described a slightly younger brother as being "the total antithesis" of his older brother. The AAPO was violent, drug-dependent, and abusive to others, with extremely poor school performance. By contrast, the younger brother was an excellent student and a child who rarely gave his mother any trouble. An in-depth exploration of the brothers and sisters of children who attempt parricide may shed light on why some children turn to violence and lawlessness, while others who share the same home environment do not.

#### **SUMMARY**

This study provided basic data on youths who attempt to kill a parent. The portrait of the attempted adolescent parricide offender proved descriptive and remedial--descriptive, by presenting the "typical" AAPO and providing front-line counselors with a composite for identifying children who may be at risk for this behavior; remedial in that the common behaviors that emerge may be addressed through proven or developing counseling strategies. But caution's arrows must be aimed at claiming more success than what was achieved.

This study is not predictive in scope. While it is tempting to say that a 15 year old, white, Protestant male with abusive parents is likely to strike out physically against his caretakers, such a conclusion is unwarranted, if not laughable. We know that girls are capable of murderous actions, too, and surmise that the ethnic and religious composition of the study's sample is due to the racially and socially homogeneous counseling communities from which the sample was drawn. And we know, too, that not all abused children physically retaliate against their tormentors. Intuitively, we sense that the common features described in the AAPO composite are not of equal import. Witnessing abuse between parents, for example, is a better indicator for problems in adolescence than is sporadic parental employment, or membership in a blended family.

The behavioral composite may be viewed much like an automobile's maintenance warning systems. Some models possess the "idiot light" system; by the time the oil light is displayed it may be too late, the engine may be ready to blow. Other models employ a gauged instrument panel, that measures in discernable degrees the car's water temperature and oil pressure. Certain social history variables in the AAPO's background can be likened to the needed gauges: the presence of physical and psychological abuse, as it escalates in intensity and at certain crucial times in the

child's life, passes the "safe" area and enters the "red zone" of imminent disaster, the crisis stage. Physical and emotional abuse; parental alcoholism and drug dependence; inconsistent and inappropriate discipline; are all indicators of eventual malfunctions that should be heeded and serviced before disaster strikes. The triggering event for the attempted parricide can be likened to the idiot light; once that stage is reached it is difficult, if not impossible, to halt what follows.

It is important to note, too, that many of the variables associated with attempted adolescent parricide are not unique to the phenomenon. To claim that an abusive home environment, parental alcohol abuse, poor school performance, and the like are precursors or exclusive to attempted adolescent parricide is not only presumptuous, it is wrong. We have witnessed exceptions to every variable and noted the common features of parricidal behavior with dropping out of school, suicide attempts, and criminal actions. To borrow another analogy, the problem behaviors common to high risk children are like the roots and trunk of a tree, grounded in a shared abusive home environment, parental problems, absence or uneven nurturance, and a highly stressful living situation. The tree's limbs are the manifestations of those troubled roots, one branch an unwanted teenage pregnancy, another a suicide attempt, still

another with a criminal bent. Other branches sport the school dropout, the incorrigible child, the prostitute, the physically assaultive adolescent, and on one thin limb, off to itself, is the child who attempts to murder his parents.

Why one child with those same poisoned roots grows a fragrant rose blossom, or another child from a rich, humus-laden soil bears a poisoned apple is not clear. These are the exceptions, the outliers, that do not fit our descriptive patterns. Nor is it clear what inherent restraining device prevents more children than the slim minority from retaliating for the ill treatment suffered at the hands of their caretakers.

In confronting these exceptions it becomes apparent that the current study raised more questions than it answered. Much remains unknown about the phenomenon and may never be known. As we go about the business of explaining adolescent parricide, of searching for causative factors, or associative events, our limits are stretched, our resources exhausted, our methodologies strained in trying to bring scientific precision to human behavior. It is difficult to isolate and control variables in the natural environment. At best, we must piece together in retrospect the factors believed to influence future behavior and fit another small piece of the puzzle in place.

As counselors, we glean from this study that we must do a better job identifying and helping early on those children at risk for problem behaviors. We must determine systematically what strategies work for a particular child or family in changing maladaptive behaviors into positive coping strategies. As researchers we must isolate those variables that prove protective and insular against a background of violence and ignorance, an inoculation, if you will, from harmful transgenerational parenting. Together, we must prevent the reoccurrence of the physically, sexually, and psychologically abused adolescent parricide offender who remarked to his counselor, "You know, when I think about it, I guess I love my mom. But, you know, she's really been a pretty lousy parent."

### **Coming Full Circle: Back to Beginnings**

For over 30 years, researchers have examined the violent family with the hope that through a clear understanding of its manifestations, dynamics, and possible interventions, every man, woman, and child will be able to live fear-free of tyranny at their loved one's hands. This dream has yet to be realized. Like a scientist searching for the cure for a common virus, we have first had to invent the tools for studying the disease. Better microscopes had to be developed and through them we have viewed the

insidious offshoots, the genetic cousins, of the malady, and brought the pathogen into clearer focus.

This study has placed the attempted adolescent parricide slide under the microscope's lens. At the outset, the need for such a study was documented: Few studies addressing the issue had been conducted and a fresh perspective within the family violence context was warranted. This undertaking has created a new heading in the scientist's file of family violence specimens, added to the list of abuses inflicted on loved ones that have previously been catalogued.

We knew at the beginning that the numbers of children who kill a parent were small. We have since learned that the numbers can safely be doubled for our future research efforts by combining the attempted and actual groups, as these families share similar dynamics.

Yet, an overriding question remains: Should adolescent parricide be studied as an entity distinct from other forms of family violence? As with the scientist who dedicates his life to an obscure and exotic strain of our common virus, should we continue to invest our limited resources in a malignancy that affects so few? One can propose that by addressing the issues of such a minor population that findings generalizable to the larger group will emerge. Another argument in favor of continued scrutiny is that

while the incidence of adolescent parricide has remained fairly stable, such may not always be the case.

Writing in 1977, Sorrels observed that on television, parents rarely kill their children and children almost never kill their parents. He predicted that, although a morbid notion, with a few television episodes depicting a child killing his parents, a marked increase in matricides and patricides would follow. In recent years, parricide has gained some of the media attention Sorrells discussed. We can only hope that his prediction will prove false. It will be interesting to observe parricide figures five and ten years hence, to see if his feared increase actually transpires.

If it appears far-fetched to assume that television or the larger media can have such a profound effect on children's behavior, one need only turn to guns in the classroom as an indictment of the potential for its negative influence. A mere decade ago, the notion of schoolchildren loading pistols into their bookbags would have seemed preposterous. Now, teenagers bringing guns into classrooms and holding teachers, administrators, and fellow students hostage has filtered from fiction to fact in urban and rural communities alike. Firearms have always been abundant in the United States, from early colonial days to the present. What has changed from our past is the glamorization of

violence and an increased tolerance of "blood and guts" as entertainment, and as a viable means for the "underdog" to become "top dog," if only for the time the "equalizer" is clutched.

But let us return briefly to our tree analogy. Adolescent parricide is merely a thin offshoot on a larger branch of adolescent abusive behavior. This branch is in turn connected to a still larger limb, for some, of drug dependency, for others, borderline psychoses. These limbs, branches, and offshoots share a common trunk, and common roots. How much better to attack this diseased tree at its roots, rather than at its branches. By assaulting the shared groundings--the broad arena of family violence--we can possibly eliminate a host of problem behaviors, regardless of their manifestation.

A final recommendation emerges. We should not entirely abandon our study of the branches, but let us direct our greatest energies to the roots of the tree, where our efforts can be maximized and proven most useful for the largest numbers of people. We must attack family violence in all its forms through preventative, rather than curative, actions. The cycle of violence must be halted. Nurturing, effective parenting must replace our misdirected, however well-intentioned, physical and psychological attacks upon our children.

A line from the movie Parenthood comes to mind. A scraggly-looking, rebellious teenager remarks to his new mother-in-law, something such as, "You know, you have to have a license to drive a car, or own a dog, or get married; but they'll let absolutely anybody become a parent." We go to school to learn arithmetic and how to read, we take childbirth classes to practice pain management during delivery, but we lack a curriculum for the important part of life: How to raise happy, healthy young people and have them grow to be responsible individuals. Lacking such lesson plans, we learn by trial and error, through default, but mostly by mirroring the patterns by which we were raised. If the methods were predominantly healthy, we are fortunate. But if they are not, we will undoubtedly produce children who grow to be, at best, unhappy self-doubters, or at worst, multi-problemed individuals who display a variety of pathology.

We must develop a curriculum for parenting and teach it early on, in our classrooms, in our hospitals to expectant parents, in our mental health centers, on our television screens. We must be taught effective ways to rear our children, so that they, in turn, will have a double advantage: Their mirrors will be clean and free from distortions, and they will benefit from, and add to, our parenting program. The circle must be freshly drawn.

## ENDNOTES

1. Kathleen Heide (1992) originated the abbreviation APO to stand for *Adolescent Parricide Offender*. The AAPO abbreviation, for *Attempted Adolescent Parricide Offender* is a borrowed extension of Heide's work.
2. Statistics were provided by the West Virginia Department of Public Safety, the agency responsible for reporting West Virginia crime statistics to the FBI for inclusion in the Uniform Crime Reports.
3. The Virginia State Police in Richmond, Virginia is the designated authority for providing Virginia crime statistics to the FBI for inclusion in the Uniform Crime Reports. The figures presented here were provided by the Virginia State Police.
4. See, for example, Bluefield Daily Telegraph, September 30, 1991, "Students fear crime--and for good reason," Page 1A, or "Gunmen take Princeton Senior High School Hostage," May 18, 1993, A-2, A-6.
5. Heide (1992) defines emotional incest as occurring when a parent aligns with a child and relates to that child as though the child were a spouse.

## REFERENCES

- Anthony, E. J. & Rizzo, A. (1973). Adolescent girls who kill or try to kill their fathers. In E. J. Anthony & C. Koupernik (Eds.), *The child in his family* (Vol. 2, pp. 333-350). New York: John Wiley & Sons.
- Atkinson, D. R., Jennings, R. J., & Liongson, L. (1990). Minority students' reasons for not seeking counseling and suggestions for improving services. *Journal of College and Student Development*, 31(4), 342-350.
- Avis, J. M. (1992). Where are all the family therapists? Abuse and violence within families and family therapy's response. *Journal of Marital and Family Therapy*, 18(3), 225-232.
- Bender, L. (1959). Children and adolescents who have killed. *American Journal of Psychiatry*, 116(6), 510-513.
- Benedek, E. P. (1989). Baseball, apple pie and violence: Is it American? In L. J. Dickstein & C. C. Nadelson (Eds.), *Family violence: Emerging issues of a national crisis* (pp. 3-13). Washington, D.C.: American Psychiatric Press, Inc.
- Berg, B. L. (1989). *Qualitative research methods for the social sciences*. Needham Heights, MA: Allyn & Bacon.
- Blumstein, P. & Schwartz, P. (1983). *American couples*. New York: William Morrow & Company, Inc.
- Boudouris, James. (1971). Homicide and the family. *Journal of Marriage and the Family*, 33, 667-676.
- Bowers, L. B. (1990). Traumas precipitating female delinquency: Implications for assessment, practice and policy. *Child and Adolescent Social Work*, 7(5), 389-402.
- Brosig, C. L. & Kalichman, S. C. (1992). Clinician's reporting of suspected child abuse: A review of the empirical literature. *Clinical Psychology Review*, 12, 155-168.
- Bruno, F. J. (1991). *The family mental health encyclopedia*. New York: John Wiley & Sons, Inc.

- Bundy, P. P. (1991). *Behavior assessments of pregnant adolescents using TFA Systems (tm)*. Ph.D. dissertation, Virginia Polytechnic & State University, Blacksburg, VA.
- Carlson, B. (1991). Outcomes of physical abuse and observation of marital violence among adolescents in placement. *Journal of Interpersonal Violence*, 6(4), 526-534.
- Cazenave, N. A. & Straus, M. A. (1979) Race, class, network embeddedness and family violence: A search for potent support systems. *Journal of Comparative Family Studies*, 10(3), 281-298.
- Clow, D. R. (1989). *Group psychotherapy for male spouse abusers using TFA Systems (tm)*. Ph.D. dissertation, Virginia Polytechnic Institute and State University, Blacksburg, VA.
- Clow, D. R., Hutchins, D. E., & Vogler, D. E. (1990). Treatment for spouse-abusive males. In S. M. Stith, M. B. Williams, & K. Rosen (Eds.), *Violence hits home: Comprehensive treatment approaches to domestic violence* (pp. 66-82). New York: Springer Publishing Co.
- Cook, P. J. (1982). The role of firearms in violent crime: An interpretive review of the literature. In M. Wolfgang & N. Weiner (Eds.), *Criminal violence* (pp. 236-291). Beverly Hills, CA: Sage Publications, Inc.
- Corder, B. F., Ball, B. C., Haizlip, T. M., Rollins, R., & Beaumont, R. (1976). Adolescent parricide: A comparison with other adolescent murder. *American Journal of Psychiatry*, 133(8), 957-961.
- Cormier, B. M., Angliker, C. C. J., Gagne, P. W., & Markus, B. (1978) Adolescents who kill a member of the family. In J. M. Eekelaar & S. N. Katz (Eds.) *Family Violence: An International and Interdisciplinary Study* (pp. 466-478). Toronto: Butterworth & Co. Ltd.
- Cornell, D. G. (1989). Causes of juvenile homicide: A review of the literature. In E. P. Benedek & D. G. Cornell (Eds.), *Juvenile homicide* (pp. 3-36). Washington, D.C.: American Psychiatric Press, Inc.
- Cornell, D. G. (1990). Prior adjustment of violent juvenile offenders. *Law and Human Behavior*, 14(2), 569-577.

- Cornell, D. G., Benedek, E. P., & Benedek, D. M. (1987). Juvenile homicide: Prior adjustment and a proposed typology. *American Journal of Orthopsychiatry*, 57(3), 383-393.
- Cravens, J. M., Champion, J., Rotholc, A., Covan, F., & Cravens, R. A. (1985). A study of 10 men charged with patricide. *American Journal of Psychiatry*, 142(9), 1089-1092.
- Davis, P. A. (1983). *Suicidal adolescents*. Springfield, IL: Charles C. Thomas, Publishers.
- de Boer, M. R. (1978). Children's suicide. In J. M. Eekelaar & S. N. Katz (Eds.) *Family Violence: An International and Interdisciplinary Study* (pp. 441-459). Toronto: Butterworth & Co., Ltd.
- Deblinger, E., McLeer, S. V., Atkins, M., Ralphe, D. & Foa, E. (1989). Post-traumatic stress in sexually abused, physically abused, and nonabused children. *Child Abuse & Neglect*, 13, 403-408.
- DiLalla, L. F., Mitchell, C. M., Arthur, M. W., & Pagliocca, P. M. (1988). Aggression and delinquency: Family and environmental factors. *Journal of Youth and Adolescence*, 17(3), 233-246.
- Duncan, J. W. & Duncan, G. M. (1971). Murder in the family: A study of some homicidal adolescents. *American Journal of Psychiatry*, 127(11), 1498-1502.
- Eisenberg, L. (1984). The epidemiology of suicide in adolescents. *Pediatric Annals*, 13(1), 47-48.
- Ewing, C. P. (1990). *Kids who kill*. Lexington, MA: Lexington Books.
- Famularo, R., Stone, K., Barnum, R., & Wharton, R. (1986). Alcoholism and severe child treatment. *American Journal of Orthopsychiatry*, 56(3), 481-485.
- Farber, E., McCord, D., Kinast, C., & Baum-Faulkner, D. (1984). Violence in families of adolescent runaways. *Child Abuse and Neglect*, 8, 295-299.
- Flanigan, M. M. (1988). *Victims of service gaps: A study of high risk/high need youth in West Virginia*. Charleston, WV: The West Virginia Youth Coalition.

- Flanigan, M. M., Vogler, D. E., & Hutchins, D. E. (1993). The invisibility of attempted adolescent parricide. *Virginia Counselors Journal*, 21(1), 55-59.
- Flanzer, J. P. (Ed.) (1982). *The Many Faces of Family Violence*. Springfield, IL: Charles C. Thomas.
- Freeman, M. D. A. (1979). *Violence in the home*. London: Saxon House.
- Freud, S. (1950). *Totem and taboo*. New York: W. W. Norton & Company.
- Freud, S. (1959a). Dostoevsky and parricide. In J. Strachey (Ed.), *Collected papers* (Vol. 5, pp. 222-242). New York: Basic Books, Inc. (Original work published in 1928).
- Freud, S. (1959b). Female sexuality. In J. Strachey (Ed.), *Collected papers* (Volume 5, pp. 252-272). New York: Basic Books, Inc. (Original work published in 1931).
- Gelles, R. J. (1974). *The violent home*. Beverly Hills, CA: Sage Publications, Inc.
- Gelles, R. J. (1978). Violence and the American family. In J. P. Martin (Ed.), *Violence and the Family*, (pp. 169-182). New York: John Wiley & Sons.
- Gelles, R. J. (1979). *Family Violence*. Beverly Hills, CA: Sage Publications, Inc.
- Gelles, R. J. (1980). Violence in the family: A review of research in the seventies. *Journal of Marriage and the Family*, 42, 873-885.
- Gelles, R. J. & Cornell, C. P. (1985). *Intimate violence in families*. Beverly Hills, CA: Sage Publications, Inc.
- Gelles, R. J. & Straus, M. A. (1979). Determinants of violence in the family: Toward a theoretical integration. In W. R. Burr, R. Hill, F. I. Nye, & I. L. Reiss (Eds.), *Contemporary Theories About the Family (Volume I)*, (pp. 549-581). New York: The Free Press.
- Godwin, J. (1978). *Murder U.S.A.: The ways we kill each other*. New York: Ballantine Books.

- Gutierrez, S. E. & Reich, J. W. (1981). A developmental perspective on runaway behavior: Its relationship to child abuse. *Child Welfare*, 60(2), 89-94.
- Haizlip, T., Corder, B. F., & Ball, B. C. (1984). The adolescent murderer. In C. R. Keith (Ed.), *The aggressive adolescent* (pp. 126-148). New York: The Free Press.
- Heide, K. M. (1989). Parricide: Incidence and issues. *The Justice Professional*, 4(1), 19-41.
- Heide, K. M. (1992). *Why kids kill parents*. Columbus, OH: Ohio State University Press.
- Hier, S. J., Korboot, P. J. & Schweitzer, R. D. (1990). Social adjustment and symptomatology in two types of runaway adolescents: Runaways and throwaways. *Adolescence*, 25(100), 761-771.
- Hirshfeld, R. & Blumenthal, S. (1986). Personality life events and other psychosocial factors in adolescent depression and suicide. In G. Klerman (Ed.), *Suicide and depression among adolescents and young adults*. Washington, D.C.: American Psychiatric Press.
- Howing, P. T., Wodarski, J. S., Kurtz, P. D., Gaudin, J. M., & Herbst, E. N. (1990). Child abuse and delinquency: The empirical and theoretical links. *Social Work*, 35(3), 244-249.
- Hutchins, D. E. (1979). Systematic counseling: The T-F-A model for counselor intervention. *Personnel & Guidance Journal*, 57(10), 527-531.
- Hutchins, D. E. (1984). *Hutchins behavior inventory interpretation guide*. Unpublished manuscript, Virginia Polytechnic Institute & State University, Blacksburg, VA.
- Hutchins, D. E. & Cole, C. G. (1992). *Helping relationships and strategies (2nd Edition)*. Pacific Grove, CA: Brooks/Cole Publishing Co.
- Hutchins, D. E. & Vogler, D. E. (1988). *TFA Systems (tm)*. Unpublished manuscript, Virginia Polytechnic Institute & State University, Blacksburg, VA.

- Jaffee, P., Wolfe, D., Wilson, S. K., & Zak, L. (1986). Family violence and child adjustment: A comparative analysis of girls' and boys' behavioral symptoms. *American Journal of Psychiatry*, 143(1), 74-77.
- Kashani, J. H., Soltys, S., Dandoy, A. C., Vaidya, A. F., Reid, J. C. (1991). Correlates of hopelessness in psychiatrically hospitalized children. *Comprehensive Psychiatry*, 32(4), 330-337.
- Kaufman, J. & Zigler, E. (1987). Do abused children become abusive parents? *American Journal of Orthopsychiatry*, 57(2), 186-192.
- Kleck, G. (1991). *Point blank: Guns and violence in America*. New York: Aldine deGruyter.
- Kosberg, J. (1988). Preventing elder abuse: Identification of risk factors prior to placement decisions. *The Gerontologist*, 28, 43-50.
- Kratcoski, P. C. (1982). Child abuse and violence against the family. *Child Welfare*, 61(7), 435-444.
- Kratcoski, P. C. (1988). Families who kill. *Marriage and Family Review*, 12(1), 47-70.
- Kurtz, P. D., Kurtz, G. L., & Jarvis, S. V. (1991). Problems of maltreated runaway youth. *Adolescence*, 26(103), 543-555.
- Len, M. W. H. (1988). Parental discipline and criminal deviance. *Marriage and Family Review*, 12(1), 103-112.
- Leonard, K. E. & Jacob, T. (1988). Alcohol, alcoholism, and family violence. In V. B. Van Hasselt, R. L. Morrison, A. S. Bellack, & M. Hersen (Eds.), *Handbook of family violence* (pp. 383-406). New York: Plenum Press.
- Lester, D. (1986). *The murderer and his murder: A review of research*. New York: AMS Press, Inc.
- Levine, E. M. (1986). Sociocultural causes of family violence: A historical comment. *Journal of Family Violence*, 1(1), 3-12.

- Lewis, D. O., Moy, E., Jackson, L. D., Aaronson, R., Restifo, N., Serra, S., & Simos, A. (1985). Biopsychosocial characteristics of children who later murder: A prospective study. *American Journal of Psychiatry*, 142(10), 1161-1167.
- Lipschutz, M. R. (1977). Runaways in history. *Crime & Delinquency*, 23(3), 321-332.
- Maas, R. L., Prakash, R., Hollender, M. H., & Regan, W. M. (1984). Double parricide--matricide and patricide: A comparison with other schizophrenic murders. *Psychiatric Quarterly*, 56(4), 286-290.
- Mack, J. E., Scherl, D. J., & Macht, L. B. (1973). Children who kill their mothers. In E. J. Anthony & C. Koupernik (Eds.), *The child in his family: The impact of disease and death* (Vol. 2, pp. 319-332). New York: John Wiley & Sons.
- Martin, H. & Beezley, P. (1976). Personality of abused children. In H. P. Martin (Ed.), *The abused child: A multidisciplinary approach to developmental issues and treatment* (pp. 105-111). Cambridge, MA: Ballinger.
- McCully, R. S. (1978). The laugh of Satan: A study of familial murder. *Journal of Personality Assessment*, 42(1), 81-91.
- Mewshaw, M. (1980). *Life for death*. New York: Doubleday & Co.
- Mohr, J. W. & McNight, C. K. (1971). Violence as a function of age and relationship with special reference to matricide. *Canadian Psychiatric Association Journal*, 16, 29-32.
- Mones, P. (1985). The relationship between child abuse and parricide: An overview. In E. H. Newberger & R. Bourne (Eds.), *Unhappy families* (pp. 31-38). Littleton, MA: PSG Publishing Company, Inc.
- Mones, P. (1992) *When a child kills: Abused children who kill their parents*. New York: Pocket Books.
- Nordland, R. (1992). Deadly lessons. *Newsweek*, March 9, 1992, 22-24.

- Oakland, T. (1992). School dropouts: Characteristics and prevention. *Applied and Preventative Psychology, 1*, 201-208.
- Pagelow, M. D. (1989). The incidence and prevalence of criminal abuse of other family members. In L. Ohlin & M. Toney (Eds.), *Family Violence* (pp. 263-313). Chicago, IL: The University of Chicago Press.
- Palmer, S. & Humphrey, J. A. (1982). Familial and other relationships in criminal homicide in North Carolina. *Journal of Family Issues, 3*(3), 301-318.
- Paulson, M. J., Coombs, R. H., & Landsverk, J. (1990). Youth who physically assault their parents. *Journal of Family Violence, 5*(2), 121-133.
- Pfeffer, C. R. (1984). Clinical aspects of childhood suicidal behavior. *Pediatric Annals, 13*(1), 56-57.
- Pollock, G. H. (1986). Oedipus examined and reconsidered: The myth, the developmental stage, the universal theme, the conflict, and the complex. *The Annual of Psychoanalysis, 14*, 77-106.
- Pollock, V. E., Briere, J., Schneider, L., Knop, J., Mednick, S. A., Med, D., & Goodwin, D. W. (1990). Childhood antecedents of antisocial behavior: Parental alcoholism and physical abusiveness. *American Journal of Psychiatry, 147*(10), 1290-1293.
- Post, S. (1982). Adolescent parricide in abusive families. *Child Welfare, 61*, 445-455.
- Regan, R. (1982). Alcohol problems and family violence: A message to the helpers. In J.P. Flanzer (Ed.). *The Many Faces of Family Violence* (pp. 106-120). Springfield, IL: Charles C. Thomas.
- Rich, C. L., Sherman, M., & Fowler, R. C. (1990). San Diego suicide study: The adolescents. *Adolescence, 25*(100), 855-865.
- Rivera, B. & Widom, C. S. (1990). Childhood victimization and violent offending. *Violence and Victims, 5*(1), 19-35.
- Roesch, R. (1979). *Anyone's son*. Kansas City, MO: Andrews & McNeel, Inc.

- Rosenbaum, A. & O'Leary, K. D. (1981). Children: The unintended victims of marital violence. *American Journal of Orthopsychiatry*, 51(4), 692-699.
- Rubenstein, J. L., Heeren, T., Housman, D., Rubin, C., & Stechler, G. (1989). Suicidal behavior in "normal" adolescents: Risk and protective factors. *American Journal of Orthopsychiatry*, 59(1), 59-71.
- Russell, D. H. (1966). Juvenile murderers. *Journal of Offender Therapy*, 10(2), 50-57.
- Russell, D.H. (1974). Ingredients of juvenile murder. *International Journal of Offender Therapy and Comparative Criminology*, 18, 65-72.
- Sadoff, R. L. (1971). Clinical observations on parricide. *Psychiatric Quarterly*, 45, 65-69.
- Sargent, D. (1962). Children who kill -- A family conspiracy? *Social Work*, 7, 35-42.
- Scherl, D. J. & Mack, J. E. (1966). A study of adolescent matricide. *Journal of the American Academy of Child Psychiatry*, 5(2), 569-593.
- Sendi, I. B. & Blomgren, P. G. (1975). A comparative study of predictive criteria in the predisposition of homicidal adolescents. *American Journal of Psychiatry*, 132(4), 423-427.
- Shane, P. G. (1989). Changing patterns among homeless and runaway youth. *American Journal of Orthopsychiatry*, 59(2), 208-214.
- Sifakis, C. (1982). *The encyclopedia of American crime*. New York: Facts on File, Inc.
- Silvern, L. & Kaersvang, L. (1989). The traumatized children of violent marriages. *Child Welfare*, 68(4), 423-436.
- Smith, S. (1965). The adolescent murderer. *Archives of General Psychiatry*, 13, 310-319.
- Sorrells, J. M. (1977). Kids who kill. *Crime and Delinquency*, 23(3), 312-320.

- Sorrells, J. (1980). What can be done about juvenile homicide? *Crime and Delinquency*, 26(2), 152-161.
- Star, B. (1982). Characteristics of family violence. In J.P. Flanzer (Ed.) *The Many Faces of Family Violence* (pp. 14-23). Springfield, IL: Charles C. Thomas.
- Steinmetz, S. K. (1977). The use of force for resolving family conflict: The training ground for abuse. *The Family Coordinator*, 26, 19-26.
- Steinmetz, S. K. (1978). Sibling violence. In J.M. Eekelaar & S. N. Katz (Eds.), *Family Violence: An International and Interdisciplinary Study* (pp. 460-465). Toronto: Buttersworth & Co., Ltd.
- Steinmetz, S. K. (1978). Violence between family members. *Marriage and Family Review*, 1(3), 1-16.
- Steinmetz, S.K. (1987). Family violence: Past, present and future. In M. B. Sussman & S. K. Steinmetz (Eds.) *Handbook of Marriage and the Family* (pp. 725-765). New York: Plenum Press.
- Stewart, C., Senger, M. M., Kallen, D., & Scheurer, S. (1987). Family violence in stable middle-class homes. *Social Work*, 32(6), 529-531.
- Stith, S. M., Williams, M. B., & Rosen, K. (1990). *Violence hits home: Comprehensive treatment approaches to domestic violence*. New York: Springer Publishing Co.
- Straus, M., Gelles, R., & Steinmetz, S. (1980). *Behind closed doors: Violence in the American family*. New York: Doubleday.
- Tanay, E. (1976). Reactive parricide. *Journal of Forensic Sciences*, 21, 76-82.
- The American Heritage Dictionary (2nd College Edition)*. (1985). Boston, MA: Houghton Mifflin Co.
- Tieman, A. R. (1991). *Group treatment for female incest survivors using TFA Systems (tm)*. Ph.D. dissertation, Virginia Polytechnic Institute and State University, Blacksburg, VA.

- Uniform Crime Reports for the United States.* (1991).  
Federal Bureau of Investigation. Washington, D. C.:  
U.S. Department of Justice.
- Van Hasselt, V. B., Morrison, R. L., Bellack, A. S., &  
Hersen, M. (Eds.) (1988). *Handbook of family  
violence.* New York: Plenum Press.
- Walker, M., Moreau, D., & Weissman, M. M. (1990). Parents'  
awareness of children's suicide attempts. *American  
Journal of Psychiatry*, 147(10), 1364-1366.
- Weitzman, M. & Siegel, D. M. (1992). What we have learned  
from what we know about excessive school absence and  
school dropout. *Developmental and Behavioral Pediatrics*,  
13(1), 55-58.
- Wertham, F. (1941). *Dark legend: A study in murder.*  
New York: Duell, Sloan and Pearce.
- Widom C. S. (1989a). Child abuse, neglect, and adult  
behavior: Research design and findings on criminality,  
violence and child abuse. *American Journal of  
Orthopsychiatry*, 59(3), 355-359.
- Widom, C. S. (1989b) Does violence beget violence: A  
critical examination of the literature. *Psychological  
Bulletin*, 106(1), 3-28.
- Wodarski, J. S. (1990). Adolescent substance abuse:  
Practice implications. *Adolescence*, 25(99), 667-688.
- Wodarski, J. S. & Harris, P. (1987). Adolescent suicide:  
A review of influences and the means for prevention.  
*Social Work*, 32(6), 477-484.
- Wolfgang, M. E. (1967). A sociological analysis of  
criminal homicide. In M. E. Wolfgang (Ed.),  
*Studies in homicide* (pp. 15-28). New York: Harper &  
Row, Publishers, Inc.
- Wood, W. A. & Hatton, L. A. (1988). *Triumph over darkness:  
Understanding and healing the trauma of childhood sexual  
abuse.* Hillsboro, OR: Beyond Words Publishing, Inc.

## APPENDIX A

Date

Name  
Address

Dear Colleague:

As a doctoral candidate in Counseling and Student Personnel at Virginia Tech, I have chosen as my dissertation topic attempted adolescent parricide, or young people who attempt to kill a parent. Having worked with "high risk" adolescents and their families over the past fifteen years, I am interested in the subject but dismayed by the lack of useful information available to clinicians.

Please help by taking five minutes of your time to complete the enclosed brief questionnaire, whether or not you have clients who meet the criteria. You may be assured of complete confidentiality. The questionnaire contains an identification number for mailing and follow-up purposes only. A postage-paid envelope has been provided for your convenience and a prompt response will be appreciated.

If you have any questions, please feel free to call me at (304)487-3174. My doctoral committee co-advisors for the project are David Hutchins, Ph.D., a Virginia Tech faculty member in Counselor Education and former Chair and member of the Virginia Board of Professional Counselors, and Daniel Vogler, Ed.D., a pedagogy specialist who has extensive work in behavioral research. Thank you for your participation!

Sincerely,

Marjie Flanigan

Please use the following definition to answer the questions below:

**Attempted adolescent parricide:** A person between the ages of 10 & 18 who has taken some direct action to end the life of a mother, father, stepmother, stepfather or grandparent granted legal custody of the juvenile.

- Q-1 Within the past two years, have you had a client who met the criteria of attempted adolescent parricide?  
(Please circle your answer): YES NO
- Q-2 If so, did the parent die as a result of the adolescent's actions?  
(Please circle your answer): YES NO
- Q-3 If strict confidentiality for yourself and your client were assured, would you be willing to provide more detailed information regarding the attempted parricide episode and your client?  
(Please circle your answer): YES NO
- Q-4 Do you know of any other mental health practitioner who has worked with adolescent parricide?  
(Please circle your answer): YES NO

If YES, please provide the name and professional address so I could contact this person confidentially.

Thank you for your help!

Please immediately return this form in the enclosed postage-paid envelope!

## ATTEMPTED YOUTH PARRICIDE STUDY

**Purpose:** It is the intent of this study to amass a dynamic, comprehensive data base on young people who attempt to kill a parent. Specifically, the study seeks to answer four questions: (1) What is the incidence of attempted adolescent parricide?; (2) What external and internal characteristics are associated with the phenomenon?; (3) What are the adolescent's thoughts, feelings, and actions surrounding the attempted parricide act?; and (4) What are the similarities and differences between attempted and actual parricide? One outcome of the study will be a behavioral profile of adolescents who attempt to commit parricide.

**Results:** Responses to this Questionnaire will assist with answering several of the research questions posed. Additional data gathering methods have been employed to address other aspects of the research questions. A summary of the study's results will be shared with all study participants and with fellow counselors who work with troubled children and families. Upon request, a complete copy of the project manuscript will be provided.

**Confidentiality Assurances:** The information you provide will be subject to the strictest confidentiality procedures. The Institutional Review Board for Research Involving Human Subjects at Virginia Tech has approved the study and its safeguards for confidentiality. After analyzing the data and presenting the results, it will be impossible to distinguish a particular subject in entirety. Data will be reported in composite form, representing a portrait of the attempted parricidal youth, rather than a specific individual.

**Directions for Completing the Questionnaire:** Please answer the Questionnaire items as fully as possible. Feel free to use whatever resources at your disposal to answer the questions fully. You may need to review police reports, school records, case notes, etc. in order to provide accurate information. Also, you may choose to check with the youth or family, the youth's school, or whomever necessary, to answer the questions. If you don't know the answer to a particular question, please write in "Unknown." Should you have any questions about a particular item, or require clarification, please do not hesitate to contact me. I can be reached by telephone at 304/487-3174, or by mail addressed to:

Marjie Flanigan  
204 Forest Street  
Princeton, West Virginia 24740

A pre-addressed, stamped envelope is provided for easy return of the questionnaire. Once again, thank you for your time and participation!

**1. YOUTH DEMOGRAPHICS AND LIVING SITUATION**  
Please circle the appropriate answer, fill in the requested information, or write "Unknown" for the following questions about the youth.

1. Gender: **MALE** **FEMALE**
2. Current age of youth: \_\_\_ Years \_\_\_ Months
3. Age of youth at time of parricide attempt:  
\_\_\_ Years \_\_\_ Months
4. Race of youth:  
**BLACK CAUCASIAN HISPANIC ORIENTAL BI-RACIAL**  
**OTHER** \_\_\_\_\_
5. Youth's religion:  
**PROTESTANT CATHOLIC JEWISH ISLAMIC**  
**OTHER** \_\_\_\_\_
6. Please circle all of the people who lived in the same house as the youth at the time of the parricide attempt (The people who lived with the youth at the time of the attempt will herein be called the primary family):
- |                           |                            |
|---------------------------|----------------------------|
| <b>BIOLOGICAL FATHER</b>  | <b>BIOLOGICAL MOTHER</b>   |
| <b>STEPPFATHER</b>        | <b>STEPMOTHER</b>          |
| <b>ADOPTIVE FATHER</b>    | <b>ADOPTIVE MOTHER</b>     |
| <b>COMMONLAW HUSBAND</b>  | <b>COMMONLAW WIFE</b>      |
| (of Mother)               | (of Father)                |
| <b>MOTHER'S BOYFRIEND</b> | <b>FATHER'S GIRLFRIEND</b> |
| <b>NATURAL BROTHERS</b>   | <b>NATURAL SISTERS</b>     |
| <b>STEP/HALF BROTHERS</b> | <b>STEP/HALF SISTERS</b>   |
| <b>FATHER'S PARENT(S)</b> | <b>MOTHER'S PARENT(S)</b>  |
| <b>OTHER</b>              |                            |
| <b>RELATIVE(S)</b> _____  |                            |
| <b>OTHER NON-</b>         |                            |
| <b>RELATIVE(S)</b> _____  |                            |
- How long had the youth lived in this situation?: \_\_\_\_\_
7. What was the marital status of the natural (i.e. biological or original adoptive) parents at the time of the attempt?:  
**MARRIED SEPARATED DIVORCED NEVER MARRIED**
8. If the natural parents were separated or divorced at the time of the parricide attempt, did the youth have regular contact with the parent not in the youth's home of primary residence? (The parent not residing in the youth's primary residence is herein called the secondary family):  
**YES NO** (if NO, go to Question 10)  
(Go to top of next column)

9. If YES to #8, circle the people who lived in the youth's secondary family at the time of the parricide attempt:

- |                                 |                            |
|---------------------------------|----------------------------|
| <b>BIOLOGICAL FATHER</b>        | <b>BIOLOGICAL MOTHER</b>   |
| <b>STEPPFATHER</b>              | <b>STEPMOTHER</b>          |
| <b>ADOPTIVE FATHER</b>          | <b>ADOPTIVE MOTHER</b>     |
| <b>COMMONLAW HUSBAND</b>        | <b>COMMONLAW WIFE</b>      |
| (of youth's Mother)             | (of youth's Father)        |
| <b>MOTHER'S BOYFRIEND</b>       | <b>FATHER'S GIRLFRIEND</b> |
| <b>NATURAL BROTHER(S)</b>       | <b>NATURAL SISTER(S)</b>   |
| <b>STEP/HALF BROTHER(S)</b>     | <b>STEP/HALF SISTER(S)</b> |
| <b>FATHER'S PARENT(S)</b>       | <b>MOTHER'S PARENT(S)</b>  |
| <b>OTHER RELATIVE</b> _____     |                            |
| <b>OTHER NON-RELATIVE</b> _____ |                            |

10. Youth's siblings (Include brothers and sisters from both primary and secondary families, even if the siblings did not reside with either family at the time of the parricide attempt.):
- Total # of natural brothers \_\_\_\_\_
- Total # of step/half brothers \_\_\_\_\_
- Total # of natural sisters \_\_\_\_\_
- Total # of step/half sisters \_\_\_\_\_

11. The employment history of the primary and secondary family wage earners has been:

	<b>NOT A WAGE EARNER</b>	<b>STEADY</b>	<b>SPORADIC</b>
Youth			
Natural/Adoptive Mother			
Stepmother			
Natural/Adoptive Father			
Stepfather			
Sibling			
Other family wage earner			

12. What is the estimated annual income of the primary family?: **UNDER \$25,000/year \$25-\$50,000/yr**  
**OVER \$50,000/year UNKNOWN INCOME**

13. What is the estimated annual income of the secondary family?: **UNDER \$25,000/year \$25-50,000/yr**  
**OVER \$50,000/year UNKNOWN INCOME**

(Go to top of next page)

**11. YOUTH'S SOCIAL HISTORY**

**14. Employment History**

14a. Has the youth ever been employed outside of the home? **YES NO**

if **YES**, length of employment: \_\_\_\_\_

14b. Was the youth employed at the time of the parricide attempt? **YES NO**

14c. Is the youth currently employed? **YES NO**

15. How would you describe the youth's home responsibilities at the time of the parricide attempt:

**MORE THAN MOST HIS/HER AGE ABOUT THE SAME LESS THAN MOST HIS/HER AGE**

16. How would you describe the youth's current home responsibilities:

**MORE THAN MOST HIS/HER AGE ABOUT THE SAME LESS THAN MOST HIS/HER AGE**

17. Youth's Education History (Answer each of the following regarding the youth's school history):

17a. Grade in school at time of parricide attempt: \_\_\_\_\_

17b. Current grade in school: \_\_\_\_\_

17c. Date dropped out (if applicable): \_\_\_\_\_

17d. I.Q. and when tested: \_\_\_\_\_

17e. Types of marks received (Check appropriate column):

	EXCELL (A's)	ABOVE AVER (B's)	AVER (C's)	BELOW AV. (D's & F's)
Elementary				
Junior High				
High School				

(Place a check in the appropriate column for the following questions):

	YES	NO
17f. Has a history of truancy		
17g. Has a history of suspensions		
17h. Has been expelled		
17i. Has a history of extra-curricular involvement (Specify): _____		
17j. Has history of school counseling involvement: _____		
17k. Currently enrolled in a Special Education program.		
17l. Enrolled in past in a Special Education program.		

(Go to top of next column)

17m. If **YES** to either 17k. or 17l, reason(s) for Special Education enrollment (Circle all that apply):

**MILDLY MENTALLY IMPAIRED (I.Q. 51 to 75)**

**MODERATELY MENTALLY IMPAIRED (I.Q. 26 to 50)**

**SEVERELY MENTALLY IMPAIRED (I.Q. 0-25)**

**AUTISTIC**

**LEARNING DISORDER**

**BEHAVIOR DISORDER**

**GIFTED**

**SPERCH, HEARING, OR VISUALLY IMPAIRED**

**PHYSICALLY HANDICAPPED**

**OTHER \_\_\_\_\_**

**UNKNOWN**

17n. Specify any educational honors received by youth: \_\_\_\_\_

**18. Youth's Abuse History**

(Please use the following operational definitions in answering any questions relating to abuse):

**Physical abuse:** Inflicted physical injury, or the attempt to inflict injury or pain, that is indicative of the unresolved needs of the aggressor.

**Sexual abuse:** Sexual fondling, vaginal intercourse, anal sex, or oral sex with a child, as well as forcible rape.

**Psychological abuse:** Words or behavior that undermine, or would reasonably be expected to undermine, a child's sense of self, competence, and safety in the world.

**Physical neglect:** Failure to provide adequate food, clothing, medical care, or a safe home environment for a dependent child.

**Emotional neglect:** Failure to provide adequate love, nurturance, support or the encouragement needed for a child to develop a sense of security, trust in others, or to see him/herself as a valuable individual.

The abuse definitions are credited to Kathleen Reide (1992), *Why Kids Kill Parents*, Columbus, OH: Ohio State University Press.

(Go to top of next page)

	YES	NO
18a. Youth has a history of being physically abused (If NO, go to 18b)		
If YES, was the abuse reported to the police or Protective Services agency? (herein abbreviated PSA)		
Was a PSA caseworker assigned to the youth or family?		
Did the youth have a PSA caseworker at the time of the parricide attempt?		
Was medical attention ever needed as a result of the physical abuse?		
Was medical attention obtained?		
Age of youth at onset of physical abuse:(specify)		

Physical abuse occurred (circle one):  
**DAILY ONCE A WEEK ON OCCASION ONCE**

What is the relationship of the abuser to the youth? (If more than one abuser, please list each): \_\_\_\_\_

	YES	NO
18b. Youth has a history of being sexually abused. (If NO, go to 18c)		
If YES, was the abuse reported to the police or Protective Services agency (herein abbreviated PSA)		
Was the situation investigated?		
Was a PSA caseworker assigned to the youth or family?		
Did the youth have a PSA caseworker at time of the parricide attempt?		
Was medical attention ever needed as a result of the sexual abuse?		
Was medical attention obtained?		
Age of youth at onset of sexual abuse: (specify)		

Sexual abuse occurred: **DAILY ONCE/ WEEK ON OCCASION ONCE UNKNOWN OCCURRENCE**

What is the relationship of the abuser to youth? (If more than one abuser, please list each): \_\_\_\_\_

	YES	NO
18c. Youth has history of being psychologically abused. (If NO, go to 18d.)		
If YES, was the abuse reported to the police or Protective Services agency (herein abbreviated PSA)?		
Was the situation investigated?		
Was a PSA caseworker assigned to the youth or family?		
Did the youth have a PSA caseworker at the time of the parricide attempt?		

(Go to top of next column)

Age of youth at onset of psychological abuse:(specify)

Psychological abuse occurred: **DAILY ONCE A WEEK ON OCCASION ONCE**

What is the relationship of the abuser to the youth? (If more than one abuser, please list each): \_\_\_\_\_

	YES	NO
18d. Youth has a history of being physically OR emotionally neglected (If NO, go to 18e)		
If YES, was the neglect reported to the police or Protective Services agency (herein abbreviated PSA)?		
Was the situation investigated?		
Was a PSA caseworker assigned to the youth or family?		
Did the youth have a PSA caseworker at the time of the parricide attempt?		
Was medical attention needed as a result of the neglect?		
Was medical attention obtained?		
Youth's age at onset of neglect:		

What is the relationship of the abuser to the youth? (If more than one abuser, please list each): \_\_\_\_\_

	YES	NO
18e. Youth has witnessed spouse abuse between primary family members.		
Youth has witnessed spouse abuse between secondary family members.		
Youth is aware of, but has not witnessed, spouse abuse between primary or secondary family members.		
Youth witnessed abuse of primary or secondary family member, other than a spouse. If YES, specify relationship of abuse victim to youth:		
Youth is aware of, but did not witness, abuse of primary or secondary family member, other than a spouse. If YES, specify relationship of abuse victim to youth:		
18f. Youth has physically abused a family member. If YES, specify relationship of victim to youth:		
Youth has sexually abused a family member. If YES, specify relationship of victim to youth:		
Youth has psychologically abused a family member. If YES, specify relationship of victim to youth:		

(Go to top of next page)

19a. Prior to the parricide attempt youth exhibited the following problem behaviors:

	YES	NO
Auditory hallucinations		
Visual hallucinations		
Severe depression		
Eating disorder:(specify)		
Sleep disturbance:(specify)		
Bedwetting		
History of firesetting		
Cruelty to animals		
Cruelty to others		
Distorted cognitions		
Re-experiencing of traumatic events		
Withdrawal from others		
Diminished activity		
Hyperactivity		
Abnormal sexual practices		
Violent outbursts		
Situationally inappropriate aggression		
Low affect		
Stealing		
Compulsive lying		

19b. After the parricide attempt youth exhibited the following problem behaviors:

	YES	NO
Auditory hallucinations		
Visual hallucinations		
Severe depression		
Eating disorder (specify):		
Sleep disturbance (specify):		
Bedwetting		
Piresetting		
Cruelty to animals		
Cruelty to others		
Distorted cognitions		
Re-experiencing of traumatic events		
Withdrawal from others		
Diminished activity		
Hyperactivity		
Abnormal sexual practices		
Violent outbursts		
Situationally inappropriate aggression		
Low affect		
Stealing		
Compulsive Lying		

(Go to top of next column)

20. Out of Home Placements

20a. Youth has been removed from the primary residence by a court order or social service agency: YES NO (If NO, go to #21.)

If YES, number of times youth has been removed: \_\_\_\_\_

20b. Where was the youth placed? (Specify for each removal; ex. secondary family, group foster home, juvenile detention facility, etc.): \_\_\_\_\_

20c. These placements occurred:

**BEFORE PARRICIDE ATTEMPT      AFTER PARRICIDE ATTEMPT**

21. Youth's Runaway History

21a. Youth has run away from home: YES NO  
(If NO go to #22)

21b. Number of times youth has run away: \_\_\_\_\_

21c. Age of youth at first runaway attempt: \_\_\_\_\_ Yrs

21d. Youth ran to (List all that apply; ex. friend's house, street, maternal grandfather, etc.): \_\_\_\_\_

21e. Youth has been to juvenile court for runaway attempts: YES NO

If YES, disposition of case(s): \_\_\_\_\_

21f. Runaway attempts occurred:

**BEFORE PARRICIDE ATTEMPT      AFTER PARRICIDE ATTEMPT**

22. Youth's Support System Prior to Parricide Attempt

	YES	NO
22a. Youth had a close relationship with a relative other than a primary or secondary family member.		
If YES, specify: _____		
22b. Youth had close personal friends with whom he or she socialized.		
22c. Youth had close personal relationship with a member of the opposite sex.		
22d. Youth had close personal relationship with a non-family adult.		
If YES, specify: _____		
22e. Youth had hobbies.		
If YES, specify: _____		
22f. Youth made friends easily.		
22g. Youth had outgoing and friendly personality.		
22h. Youth talked about personal problems with at least one other person.		

(Go to top of next page)

III. FAMILY SOCIAL HISTORY (Place a check in the appropriate column if the behavior applies to either the youth or victim. If the behavior applies to a close family member, place one of the following code letters in the appropriate column to indicate to whom the behavior applies:

M = Mother P = Pather S = Sister B = Brother

	YOUTH	VICTIM	CLOSE FAMILY
<b>23. Substance Abuse History</b>			
a. Uses or has used alcohol.			
b. Has an alcohol problem.			
c. Alcohol consumed at time of parricide attempt. (If YES, amount consumed:			n/a
d. Has used drugs other than alcohol for recreational purposes. (If YES, indicate type):			
e. Other drugs used at time of parricide attempt. Specify type and amount:			n/a
f. Has received treatment for misuse/abuse of drugs or alcohol. Specify types of services received:			
g. Was taking medication prescribed by physician at time of parricide attempt. Specify type & dosage:			
<b>24. Mental Health History (Do NOT include your involvement with youth or family).</b>			
a. Before parricide attempt, was treated by a psychiatrist, psychologist, Licensed Professional Counselor, or other mental health professional.			
b. If YES, indicate length of treatment:			
c. After parricide attempt, was treated by a psychiatrist, psychologist, Licensed Professional Counselor, or other mental health professional.			
d. If YES, length of treatment:			
e. Has history of psychiatric hospitalizations. Specify diagnoses:			

(Go to top of next column)

	YOUTH	VICTIM	CLOSE FAMILY
<b>25. Criminal/Delinquency History</b>			
a. Has been arrested. If YES, specify offenses:			
b. Has been to court for a criminal offense. Specify offense(s):			
c. Disposition of case(s):			
d. Was on probation/parole at time of parricide attempt.			
e. Has been to jail, prison, or held in secure detention.			
f. Has been involved in criminal activities, but has not been caught, or formally charged. Specify types of criminal activities:			
<b>26. Suicide History</b>			
a. Attempted suicide before parricide attempt.			
b. Attempted suicide immediately following parricide attempt.			n/a
c. Attempted suicide sometime after parricide attempt.			
d. Has received medical or psychological treatment for suicide attempt. Specify services:			
<b>27. Threat History</b>			
a. Before parricide attempt, had threatened to seriously harm or kill another person. Specify to whom threat was directed:			
b. Since parricide attempt, has threatened to seriously harm or kill another person. Specify to whom threat was made:			

	YES	NO
<b>28. Weapons History</b>		
a. At the time of attempt, guns were present in youth's primary family home.		
b. Since parricide attempt, guns are present in youth's primary family home.		
c. At the time of attempt, guns were present in youth's secondary family home.		
d. Since the attempt, guns are present in youth's secondary family home.		
e. Victim is a gun enthusiast.		

(Go to top of next page)

(Weapons History cont'd.)	YES	NO
28f. Youth knows how to handle guns.		
28g. Youth has a knife collection.		
28h. Youth used a family gun in the parricide attempt.		

**IV. VICTIM DATA**

29. Victim's age at time of parricide attempt: \_\_\_\_\_

30. Victim's relationship to youth: \_\_\_\_\_

31a. At time of parricide attempt, victim resided in same home as youth: **YES NO**

31b. Currently, victim lives in same home as youth: **YES NO**

32a. Number of victim's legal marriages: \_\_\_\_\_

32b. Length of first and subsequent marriages: \_\_\_\_\_

32c. Age at first marriage: \_\_\_\_\_

32d. Number of commonlaw marriages (i.e. living as husband and wife without being legally married): \_\_\_\_\_

32e. Length of first and subsequent commonlaw marriages: \_\_\_\_\_

32f. Victim married at time of offense: **YES NO**

32g. Victim currently married: **YES NO**

**V. VICTIM'S SOCIAL HISTORY**

Abuse History	YES	NO
33a. Victim has history of being physically abusive to others. If YES, to whom: _____		
33b. Victim has history of being sexually abusive to others. If YES, to whom: _____		
33c. Victim has history of being psychologically abusive to others. If YES, to whom: _____		
33d. Victim has a history of being physically abused. If YES, by whom: _____		
33e. Victim has a history of being sexually abused. If YES, by whom: _____		
33f. Victim has a history of being psychologically abused. If YES, by whom: _____		

(Go to top of next column)

**VI. ATTEMPTED PARRICIDE INCIDENT**

34. Date of attempt: \_\_\_\_\_

35. Time of attempt: \_\_\_\_\_

36. Youth acted alone: **YES NO**

If NO, relationship of accomplice to youth: \_\_\_\_\_

Relationship of accomplice to victim: \_\_\_\_\_

Role of accomplice: \_\_\_\_\_

37. Weapon(s) used: \_\_\_\_\_

38. Police notified: **YES NO**

39. Youth formally charged with an offense: **YES NO**

If YES, specify charge and disposition: \_\_\_\_\_

40. Location of attempt: \_\_\_\_\_

41. Reason youth gave for attempt: \_\_\_\_\_

42. Triggering event (if any, and if known): \_\_\_\_\_

43. At time of parricide attempt, victim was:

**AWAKE ASLEEP AWAKE, BUT INCAPACITATED**

44. Victim's injuries: \_\_\_\_\_

45. Action's of youth immediately following incident: \_\_\_\_\_

46. Youth has good recall of attempt: **YES NO**

**VII. COUNSELING INVOLVEMENT** (These questions refer to your involvement with the youth and his or her family.)

47. Referral Source (Circle the source of the youth's referral to you):

**SELF SCHOOL COURT VICTIM**

**PARENT** (other than the victim; specify): \_\_\_\_\_

**AGENCY:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

48. Presenting problem at referral: \_\_\_\_\_

(Go to top of next page)

49. Services rendered (Circle all that apply):  
INDIVIDUAL COUNSELING WITH YOUTH  
FAMILY COUNSELING  
DIAGNOSTIC TESTING (specify types & general results): \_\_\_\_\_

REFERRAL TO OTHER AGENCIES OR PROFESSIONALS (specify): \_\_\_\_\_  
OTHER: \_\_\_\_\_

50. Length of your involvement with youth:  
50a. \_\_\_\_ Years \_\_\_\_ Months  
50b. Number of sessions with youth: \_\_\_\_\_  
50c. Youth currently a client: YES NO

51. The parricide attempt occurred prior to your counseling involvement: YES NO

52. The parricide attempt was the reason for referral to you: YES NO

53. The youth has made additional attempts on the victim's life: YES NO

54. The youth has made attempts on another person's life: YES NO

55. Follow-up data (If youth is no longer a client):  
55a. You have had direct or indirect contact with youth since counseling terminated: YES NO  
If YES, please provide information concerning the nature and outcome of the contact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

56. What treatment strategies did you find effective for working with this youth?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

57. What treatment strategies did you find ineffective for working with this youth?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

58. Is there anything else you would like to add about this youth, his or her family, or the parricide incident?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

59. What records/sources did you utilize to complete this questionnaire (Circle all that apply):  
CASE NOTES      POLICE REPORT      COURT RECORDS  
YOUTH SELF-REPORT      PARENT SELF-REPORT  
DEPT. OF HUMAN SERVICES RECORDS      SCHOOL RECORDS  
OTHER:(specify) \_\_\_\_\_

(End of Questionnaire)

(Go to top of next column)

**CONSENT AND WITHDRAWAL AGREEMENT**

I, \_\_\_\_\_, have read and understand the conditions of this project and voluntarily consent to participate. I further understand that I may withdraw my participation, at any time, without penalty.

If I have any questions about this research, I should contact:

Marjie Flanigan  
204 Forest Street  
Princeton, WV 24740  
(304) 487-3174

OR

Dr. David E. Hutchins  
College of Education  
Virginia Tech  
310 E. Eggleston Hall  
Blacksburg, VA 24061-0302  
(703) 231-9703

Dr. Daniel E. Vogler  
College of Education  
Virginia Tech  
210 E. Eggleston Hall  
Blacksburg, VA 24061-0302  
(703) 231-9702

Signed,

---

## **VITA**

Marjie M. Flanigan  
204 Forest Street  
Princeton, West Virginia 24740  
(304) 487-3174

### **EDUCATION**

- 1993      Ed.D., Counselor Education  
            Virginia Polytechnic and State University  
            Blacksburg, Virginia
- 1975      M.R.C., Rehabilitation Counseling  
            University of Florida  
            Gainesville, Florida
- 1973      B.A., Psychology  
            University of Florida  
            Gainesville, Florida

### **EMPLOYMENT**

- 1992-      Bluefield State College  
1985      Bluefield, West Virginia
- 1985-      West Virginia Youth Coalition  
1983      Charleston, West Virginia
- 1983-      Juvenile Advocates  
1982      Morgantown, West Virginia

### **AFFILIATIONS**

Member, American Counseling Association  
Member, West Virginia Counseling Association  
Secretary/Treasurer, Board of Directors, Windy Mountain  
Learning Center, Bluefield, West Virginia  
Member, West Virginia Youth Coalition  
Member, West Virginia Child Care Association