Homicidal School-Age Children: Cognitive Style and Demographic Features

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ABSTRACT: This paper reviews the literature regarding homicide in children and discusses the various hypotheses regarding the etiology of murderous aggression. The relationship of perceived locus of control as a cognitive style and homicidal behavior in children is discussed. A comparison of children matched for severity of illness, sex, age, and intelligence is described which found the nine homicidal children, ages 6 to 11, to perceive themselves as more externally controlled than the comparison group of children hospitalized for similar psychiatric disorders. Issues related to prevention, detection, and treatment are presented.

Violence in children has become a topic of increasing concern for both professionals and the general public. Homicidal behavior has been an infrequently reported aspect of childhood psychopathology.1-5 A variety of etiological factors that result in the homicidal act committed by children have been hypothesized.6 Most workers describe the social and psychic lives of such children, but there is no agreed upon set of predictive features.2 No studies have compared a group of homicidal children matched for age, sex, I.Q., and severity of psychiatric disturbance to a non-homicidal group. The majority of reports and case histories in the literature refer to the violent adolescent.7-11

An early report of death caused by children concluded that it was always accidental and unexpected by the child.1 Bender12 felt that the following configuration was necessary for a homicidal action: (1) a disturbed, poorly controlled, impulsive child; (2) a victim who serves as an irritant; (3) absence of supervisory person who could have stopped...
the action; and (4) availability of a lethal weapon. Later reports highlight these findings.6,13,14 Other factors related to homicidal potential in children that should alert the clinician, particularly when present in combination, include: organic brain damage with an impulse disorder; abnormal EEG and seizures; childhood psychosis with preoccupation with death and killing in mid-latency or with antisocial paranoid preoccupations in later childhood; compulsive fire setting; reading disability; severely deviant home and life experiences; a personal experience with violent death,10,14,17 and approval of violence by significant others in the environment.2,3,10,14,17 Killing in order to gratify the wishes of others has also been cited as a major factor.2,9,7,20 Fear, hopelessness, helplessness and terror have also been implicated in murder.5,9,11,21,22 Homicidal thoughts and actions have been conceptualized as a desperate alternative to psychic decompensation.11 Locus of control has been hypothesized as being related to depressive symptoms, defective stimulus appraisal23 deviant social behaviors24 and frustration-produced apprehension.25 Locus of control as a cognitive style similar to that of Field Dependence/Independence26 might also be instrumental in understanding murderous thoughts and their relationship to the child’s sense of hopelessness, helplessness and terror.

Locus of control was conceived by Rotter27 as a construct to conceptualize the relationship between an individual’s behavior and the final outcome of events. “When a reinforcement is perceived by the subject as following some action of his own but not being entirely contingent upon his action, then, in our culture, it is typically perceived as the result of luck, chance, fate, as under the control of the great complexity of the forces surrounding him . . . we have labeled this a belief in external control. If the person perceives that the event is contingent upon his own behavior or his own relatively permanent characteristics, we have termed this a belief in internal control” (p.1).

Clinically useful criteria to differentiate the potentially homicidal individual from those not so inclined have not been available. We therefore questioned whether differentiating aggressive, behaviorally deviant children from homicidal ones on the basis of cognitive style would be clinically helpful to understanding the phenomenon and hypothesized that there would be a difference.

The authors had the opportunity to observe 10 children who were hospitalized in child psychiatry units and reported both wanting to hurt other individuals, and subsequently, making at least one attempt to kill or a series of attempts that were interpreted by observers as