



## Pathology Biology Section – 2003

### G91 Escalated Homicide: Cultural Changes Produce a New Type of Child Death

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The goals of this presentation are to present results from a study of abuse related child deaths in Memphis, TN, using hospital records, Medical Examiner reports, homicide police investigation files, and court transcripts; to evaluate the validity of the battered child syndrome and the impulsive homicide as a framework of analysis for child abuse related fatalities; and to propose the additional analytical category of escalated homicide to the existing conceptual tools of analysis.

The clinical tableau of abuse leading to child death has traditionally been classified as either manifestations of the battered child syndrome, or as evidence of impulsive homicide. The battered child syndrome first described by Tardieu<sup>1</sup> in the 1860s in France, and again by Kempe<sup>2</sup> in the 1960s in the USA typically involves a long term pattern of physical abuse creating a series of injuries over time, often coupled with symptoms of deprivation and neglect. Impulse homicide is presented as a single event of lethal violence, most often from blunt trauma injuries, with little or no evidence of any sequence of severe prior injuries or deprivation<sup>3</sup>.

It is the contention of this paper that, although both types are valid and useful description of abuse, they do not provide an adequate explanation for all cases. As a result of the studies, the concept of escalated homicide is introduced as a tool for assessing, recognizing and describing the changing nature of patterns of child abuse.

Medical and forensic treatment of violence against children gives primacy to physical injuries, and is essential to the understanding, diagnosis and documentation of abuse. But looking at the tree should not hide the forest. Circumstances produce injuries, not vice versa. The physical injuries of child abuse occur in a social/cultural context, for the most part a household, or care facility, the structure, composition and function dependent upon larger social forces. They are places where complex and often dysfunctional interpersonal relationships are acted out. Unfortunately, these environments are also the first lines of failure under stress, and their weakest and most silent members often the first victims.

This study integrates the forensic and social findings in such a way as to allow for the discrimination of the social and cultural forces leading to the abusive event. Of the 30 cases reviewed as part of the initial study and drawn from a prior study of 1,451 child deaths investigated by the Medical Examiner in Memphis, TN, in the past ten years, 5 were categorized as impulse homicides, 6 as battered child cases, and 12 as escalated homicides. One case involving a 20 month-old girl abused separately by mother, showing battered child signs, and mother's boyfriend, killing the child as an escalated homicide was classified as a combination example. Finally 5 cases were atypical in regard to perpetrators and setting.

Of the 12 escalated homicides, eleven involved the victim being murdered by the victim's mother new paramour, and only in one case was the child killed by the biological father. Typically, the ultimate assault takes place within a fit of anger deceptively reminiscent of the impulsive homicide. The pathognomonic differences are definite. What differs is the fact that in all cases there were premonitory and warning signs of abuse, ranging from observed behavioral responses of the young victim towards the aggressor, to unexplained bruises, bite marks, black eyes, and even unexplained and/or unobserved broken bones were present. Although escalated homicides reveal patterns of injuries over time, the motivation leading to the production of injuries differs because the relationships of authority vary between abused and abuser.

In a battered syndrome context, relations of authority are legitimate, or perceived as legitimate, and articulated in terms of parental rights. Typically a father takes over the task of disciplining a child either for the general purpose of "showing him the way," or for a specific purpose such as toilet training. Most often, physical punishment is not secretive, and the level of external interference limited. In instances of escalated homicide, boyfriends do not possess any legitimate authority over their girlfriends' kids, and are often being reminded so. Here, physical abuse is hidden and excuses are made to explain the injuries and scars. Most importantly though, beating the child has nothing to do with disciplining him, or teaching him to become a man. In most cases, it is a venting of anger, frustration, and resentment over the current living situation, and ill feelings towards their partners. This gradual escalation of frustration and anger, generated by household dynamics leads to repetitive acts of increasing violence eventually culminating in a deadly blow.

Recognizing variation in the behaviors that create child abuse is the first step in establishing profiles of perpetrators of violence against children. The forest is made up of a variety of trees.

#### References

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2. Kempe, C.H., Silverman, F.N., Steele, B.F., Droegemueller, W, and Silver, H.K. , 1962, *The battered child syndrome*, Journal of the American Medical Association. 181: 17-24
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**Battered Child Syndrome, Impulsive Homicide, Escalated Homicide**