

Evidence of Child Maltreatment Among Adolescent Parricide Offenders

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Abstract: Beginning in the 1980s, a series of popular accounts of adolescents who killed parents indicated that these youths were victims of child maltreatment. In this article, definitions of specific types of abuse and neglect are presented. The incidence of these forms of childhood maltreatment among the author's sample of adolescent parricide offenders (APOs) is reported. Thereafter, evidence of child abuse is investigated across the ten previously published studies of APOs appearing in the professional literature from 1941 through 1984. Results revealed that various forms of child abuse and neglect were evident in others' reports, although not necessarily identified by them as such. These findings provide additional confirmation that understanding the phenomenon of child maltreatment is critical in unraveling the dynamics leading to the slaying of a parent. The results underscore the need for education about the parameters of abuse and neglect.

A series of journalistic and literary accounts of youths killing their parents has generated enormous public interest in recent years (e.g., Blais, 1985; Kleiman, 1988; Leyton, 1990; McGinnis, 1991; Mones, 1991; Morris, 1985; Prendergast, 1983, 1986; Rosenthal, 1985; Walker, 1989). In the popular literature, adolescents who have killed parents have typically been portrayed as victims of child abuse.

These accounts suggest that understanding the parameters of child maltreatment is critical in unraveling the dynamics that propel some adolescents to kill their parents. In defining child maltreatment, the law distinguishes between crimes of commission and omission. Acts committed upon a child that are harmful constitute abuse; failure to act that results in harm to the child constitutes neglect.

I find it clinically useful to distinguish among four types of abuse (physical, sexual, verbal, and psychological) and three types of neglect (physical, medical, and emotional). "Emotional incest," a term introduced by Ackerman (1986) and referred to by Bradshaw (1988, 1990) as emotional sexual abuse, often accompanies emotional neglect. Not surprisingly, one type of child maltreatment can lead to the other. Children who are physically or sexually abused by their parents become victims of neglect when their parents fail to seek medical attention for resulting injuries or sexually transmitted diseases.

Following the delineation of my definitions of the specific types of

abuse and neglect, findings from my study of adolescent parricide offenders are presented. Thereafter, studies of adolescents who killed parents that were previously published in the professional literature are examined to determine the presence of these specific forms of child maltreatment. Similarities between my cases and others increase the likelihood that the findings are not peculiar to any state or region.

TYPES OF CHILD MALTREATMENT

The types of abuse and neglect defined below are discussed and illustrated further in Heide (1992, 1993).

PHYSICAL ABUSE

Physical abuse includes inflicted physical injury or the attempt to inflict physical injury or pain that is indicative of the unresolved needs of the aggressor inappropriately expressed. This definition captures the dynamics involved in physically abusive conduct by directing attention to both the victim and the offender. It incorporates the concept of cause as well as effect and can be utilized to define physical violence perpetrated on the spouse as well as the child. Thus, it is broad enough to encompass both acts of **child physical abuse** and **spouse abuse**.¹

SEXUAL ABUSE²

I differentiate between two types of parents' sexual abuse of children, overt and covert (Middleton-Moz, 1986), as well as forcible rape. **Overt sexual abuse** involves a "physical form" of offending and is the more readily identifiable of the two. A parent who sexually fondles a child or who engages in vaginal intercourse, anal sex, or oral sex with a child has sexually abused that child in an overt way. **Covert sexual abuse** involves exposing a child to sexual issues that are age-inappropriate and/or raising the child in an environment that is sexually saturated and/or provocative (Middleton-Moz, 1986). Although direct sexual contact between parent and child does not occur, parental activities are undeniably sexually explicit.³ In the United States, for example, a mother who masturbates in front of her son, or a father who shares pornography with his daughter sexually abuses the child covertly.

Overt sexual abuse is conceptually distinct from **forcible rape**. I use the term **overt sexual abuse** to depict sexual activities engaged in by the parent with the child that are frequently characterized by physical and emotional gentleness on the part of the parent. The parent who overtly sexually abuses a child generally does not want to hurt the child physically or psychologically. In contrast, the father who sexually assaults his son or daughter

because he is enraged and/or wants to show who is "boss" is no different from an "angry rapist" or "power rapist" (Groth, 1981; Groth & Birnbaum, 1979). The sexual attack serves to vent anger, demonstrate power, and humiliate the victim. Elements are present for a victim in a forcible rape that are often absent in a typical incest encounter: the child feels powerless to resist the assault and is momentarily terrified that she or he may not survive the attack.

VERBAL ABUSE

Verbal abuse consists of words spoken to a child, or remarks made in the child's presence about the child, that either are designed to cause damage to a child's concept of self or would reasonably be expected to undermine a child's sense of competency and self-esteem. Verbal abuse includes swearing at a child (e.g., "God damn you to hell"), making belittling remarks about the child (e.g., "you are good for nothing"), and blaming the child for the parents' problems (e.g., "you're ruining my marriage").

PSYCHOLOGICAL ABUSE

Psychological abuse encompasses *words* and *behaviors* that undermine, or that would reasonably be expected to undermine, a child's sense of self, competence, and safety in the world. Verbal abuse is one type of psychological abuse. Physical and sexual abuse are also forms of psychological abuse when they are inflicted by parents or guardians because these acts represent a violation of trust.

Psychologically abusive communications can be extremely complex. These messages are particularly harmful because they often communicate to children that they are not valued for themselves or that they are unable to measure up to their parents' expectations regardless of what they do. Some of the acts committed by parents are undoubtedly cruel (e.g., one father strangled his child's pet as the boy watched; one mother called her son "a son of a bitch" and spat in his face in front of his girlfriend). Other acts appear engineered to humiliate the child into complying with parental expectations that the child may be unable to meet.

PHYSICAL NEGLECT

Physical neglect occurs when parents fail to provide food, clothing, and a safe home environment for their children. In addition to meeting these physical needs, parents are supposed to supervise their children

adequately. In adolescent parricide cases in which one parent, usually the father, is physically abusive, the nonabusive parent, usually the mother, is legally bound to protect the children from harm.

MEDICAL NEGLECT

Medical neglect occurs when parents fail to provide appropriate health care for their children. Parents who ignore their children's needs for medical care and treatment, when they have the financial means or other resources to meet them, are neglecting their children's medical needs.

EMOTIONAL NEGLECT

Emotional neglect occurs when parents fail to respond to their children's emotional needs. Children need to be nurtured, loved, supported, and encouraged to develop a sense of themselves as valuable individuals and to obtain a sense of a basic trust towards others. Children also need parents to listen to them, console them, and help them with their problems.

EMOTIONAL INCEST

Emotional incest occurs when a parent aligns with a child and relates to that child as though the child were the spouse (Ackerman, 1986). These children nurture the parent, act as the parent's confidant (e.g., discuss adult problems such as sexuality and relationships), and, on occasion, serve as the parent's protector against the other parent.

SAMPLE OF ADOLESCENT PARRICIDE OFFENDERS

In-depth assessment interviews were conducted with seven adolescents who killed parents. Two were among 59 subjects in a study of adolescent murderers (Heide, 1984). Of the remaining five, four were referred by defense counsel for pretrial evaluation. The remaining case was referred by a state prosecutor strictly for research purposes.

These seven youths were all white and ranged in age from 12 to 17. Six were male. Two of these youths killed both parents. As a group, they killed six fathers, three mothers, and one brother. They each used firearms, which were readily available, to commit the murders.

Six of these youths fit the profile of the severely abused child (Heide, 1992), that is, a youth who in desperation killed his or her parents to end the abuse inflicted by one or both of them. Four of these youths seemed to suffer from post-traumatic stress disorder, and some dissociation around the homicide was apparent in each of these cases. In the remaining two cases, the diagnoses were uncertain. One youth, a 16-year-old boy who killed his father, had been drinking and had taken a Qualude prior to killing

his father. The remaining case involved a 12-year-old boy who killed his mother and brother. This youth was the only adopted one of the six. Unfortunately, data pertinent to determining whether the dynamics recently identified as the Adopted Child Syndrome (Kirschner, 1992) were operative in this case were not systematically investigated. There was disagreement among the six mental health professionals regarding the appropriate psychiatric diagnosis in this case. All agreed, however, that the boy was not psychotic.

The youth referred by the state prosecutor was one of the two cases in which the youth had killed both of his parents. This adolescent was severely mentally ill. The killing of his parents appeared to have been propelled by the youth's psychosis. Accordingly, the examination of child maltreatment focuses on the six cases in which abuse histories were documented.

Physical abuse was a factor in the five parricide cases in which fathers were slain and often appeared to have been the result of the father's anger and dissatisfaction with his life and marital circumstances. Two fathers, for example, beat their adolescent children more frequently when their common-law wives walked out on them, claiming that the break-up was the children's fault. Although none of the APOs were ever hospitalized as a direct result of physical abuse, they did sustain injuries. In addition to injuries and obvious attempts to hurt, the pervasiveness of the threat of serious injury and even death was readily apparent in these homes. The fathers of three APOs, for example, each threatened to kill their children.

In at least four of the six cases, spouse abuse preceded or coexisted with child physical abuse. These adolescents' histories included the horror of witnessing extreme forms of violence as well as the terror of being victims.

Covert sexual abuse was suggested in one of the five cases involving boys who killed parents; the one girl who killed her father was both covertly sexually abused and forcibly raped by him. Verbal abuse was a common occurrence in each of the six cases in which adolescents killed their parents. Psychologically abusive words and behaviors were present in the six cases of severely abused APOs.

Physical neglect was present in all six cases in which the six severely abused children killed their parents. In one case, the parent with whom the youth was living failed to provide him with food and care while the youth was sick. In two cases, the parents failed to supervise their children adequately due to their alcoholic lifestyles. In three of the four cases in which fathers were the only victims killed by the youth, the mothers, all of whom had been physically and emotionally abused by their husbands, had taken flight and left their child to live alone with their abusive mate. In the fourth case, the mother, who had also been abused by her husband, was hospitalized and could no longer protect her son from his father's wrath. In all six cases, the parents had failed to provide their children with a home in

which they could feel safe from physical and emotional harm by their parents.

Medical neglect was indicated in one of the parricide cases. Donny, who at 16 years of age killed his father, had hepatitis. The father refused to take him for medical care, accusing the boy of faking. Eventually, relatives intervened and were given legal authorization to consent to medical treatment for the youth.

Emotional neglect was present in all six cases in which severely abused children killed their parents. Emotional incest was evident in three of these six cases.

CHILD MALTREATMENT IN OTHER STUDIES OF ADOLESCENT PARRICIDE OFFENDERS

Frederic Wertham (1941) was the first mental health professional to examine adolescent parricide scientifically. Wertham presented an extensive case analysis of why 15-year-old Gino had taken a bread knife and stabbed his mother 32 times. Less than a dozen case studies specifically addressing the phenomenon of adolescent parricide have appeared in the professional literature since Wertham's case study of Gino published 50 years ago. Eight clinical studies in particular tend to be cited repeatedly as authoritative in his context (Duncan & Duncan, 1971; McCully, 1978; Post, 1982; Russell, 1984; Sadoff, 1971; Sargent, 1962; Scherl & Mack, 1966; Tanay, 1973, 1976). Only one empirical study of adolescent murderers (Corder, Ball, Haizlip, Rollins, & Beaumont, 1976) that specifically compared youths who killed their parents with those who killed another relative/close friend and those who killed strangers exists. Other authors have identified youths who killed family members in their studies or reports of juvenile homicide offenders. Their tendency, however, has been simply to tabulate the relationship between the victims and the offenders (Russell, 1979; Sorrels, 1981) or to note it in the presentation of the case study without making the parricidal nature of the relationship the primary focus of the investigation, analysis, and discussion of the study results (Benedek & Cornell, 1989; Gardiner, 1985; Hellsten & Katila, 1965; Malmquist, 1971; McCarthy, 1978; Myers & Kempf, 1988; Patterson, 1943; Reinhardt, 1970; Russell, 1973, 1979). Given the small sample sizes in these studies, the authors could not analyze parricide cases separately from other types of homicides and had to combine all cases in the analysis and discussion sections of the article or book.

Evidence of specific forms of child abuse and neglect across the previously published studies that specifically focused on adolescent parricide cases is presented in Table 1. Estimates of the incidence of these various types of child maltreatment in the ten studies published prior to my study are likely to be conservative. The authors of these studies were not

TABLE 1
EVIDENCE OF CHILD MALTREATMENT AMONG ADOLESCENT PARRICIDE OFFENDERS
Studies Involving Adolescents

	Studies Involving Adolescents										
	Wertham (1941)	Sargent (1962)	Scherl & Mack (1966)	Duncan & Duncan (1971)	Sadoff (1971)	Tanay (1973)	Corder et al. (1976)	McCully (1978)	Post (1982)	Russell (1984)	Heide (1992)
Total # cases	1	5	3	5	2 ^a	8	30	1	4	60	75
Total # parricide cases (F = Father)	1 (F=0)	2 (F=2)	3 (F=0)	5 (F=4)	2 (F=1)	8 (F=2-7)	10 (F=8)	1 (F=1)	4 (F=3)	8 (F=4)	7 (F=5)
Child Physical Abuse	X		X	X		X	X		X	X	X
Spouse Abuse (Physical)		X	X	X		X	X		X	X	X
Sexual Abuse											
Overt											
Covert	X	X	X	X		X	X	?	X	?	X
Forcible Rape											X
Verbal Abuse			X			X				?	X
Psychological Abuse	X		X	X	X	X		X	X	X	X
Physical Neglect	X		?	?	?	X	?		X	X	X
Medical Neglect											X
Emotional Neglect	X		X	X			X	X			X
Emotional Incest	X	X		X	X	X	X	X		X	X

^aOne adolescent (17-year-old) and one adult (22-year-old).

focused on exploring the link between child abuse and parricide and did not provide definitions of abuse and neglect. In addition, they often did not characterize the parental conduct they described as abusive or neglectful. During the last decade the mental health field has become increasingly aware of more subtle types of child maltreatment and the damaging effects such conduct can have on children. Accordingly, it is likely that the authors specifically identified parental conduct as abusive or neglectful primarily when it was on the extreme end of the continuum of abuse. Thus, the absence of a specific type of abuse or neglect in a particular study may mean that such abuse did not exist or that evidence indicating or suggesting its presence was not provided.

Examination of Table 1 reveals that evidence of most specific types of abuse and neglect could be discerned across studies. Child physical abuse and spouse abuse were each identified in eight studies. In cases in which adolescents killed fathers in particular, severe spouse abuse has frequently coexisted, often preceding child physical abuse (Corder et al., 1976; Duncan & Duncan, 1971; Heide, 1992; Post, 1982; Russell, 1984; Sargent, 1962; Tanay, 1973).

Covert sexual abuse was evident in 10 of the 11 cases. Some suggestion of overt sexual abuse was present in two studies. Forcible rape was indicated in one study and might have occurred in a second study. Psychologically and verbally abusive behaviors were clearly discernible in nine and six studies, respectively.

Physical neglect in terms of denial of basic needs (food, shelter, heat) was apparent in five of the 11 studies. The likelihood that the children were not protected from physical or emotional harm by the nonabusive parent was suggested in at least four of the remaining studies. Material relating to medical neglect was not presented by authors other than myself.

Data indicating that the children were emotionally neglected were presented in five studies. Emotional incest, a concept not specifically identified in studies published prior to mine, was clearly identifiable in eight studies.

SUMMARY AND IMPLICATIONS

This article explored the incidence of specific types of childhood maltreatment in the author's sample of adolescent parricide offenders. Examination of the ten studies of APOs published prior to my study indicated that various forms of child abuse and neglect could be identified in the works of others. The finding that child maltreatment was common to all 11 studies provides additional confirmation of its importance to understanding the phenomenon of adolescent parricide.

Two other findings are particularly noteworthy. Evidence of covert

sexual abuse and emotional incest was present in ten and eight studies, respectively. These concepts are relatively new. It was not until the 1980s that attention focused on the damage that could result from more subtle forms of sexually abusive behavior and other boundary violations between parents and children (Heide, 1992).

The public is increasingly becoming aware of the harmful effects of child maltreatment (Donnelly, 1991). Although few severely abused children actually murder their parents, these children have a much greater risk of becoming delinquent or socially dependent than are children who are treated well by loving parents or guardians (Moore, 1987). Recent research by Heide and Solomon (1991) involving 40 women who were abused as children indicated that half of them had seriously entertained thoughts of killing their abusive parents prior to the age of 18. Preliminary analysis suggested that those who harbored parricidal thoughts appeared to have been more severely covertly and overtly sexually abused, to have been subjected to more emotional incest, and to have exhausted other means of escape (suicidal attempts, running away) than those who did not harbor such thoughts. Reasons that those who had homicidal thoughts did not murder their parents often centered around their expressed beliefs that they lacked the speed, agility, or strength needed to effect the killing.

Parricidal thoughts were among many coping strategies investigated. It appeared that other coping strategies enabled these women as youths to survive in their abusive environments without acting out violently towards others. Some of the coping strategies utilized by the 40 sample subjects as adolescents were adaptive. For example, 62% reported getting average or above average grades in elementary school and 55% reported achieving similar grades in high school. However, other coping strategies were maladaptive. For example, 75% reported having fewer friends and 70% reported participating less in school activities than other youths. Prior to age 18, 84% had seriously considered killing themselves and 32% had attempted to do so. More than half (52%) turned to food to feel better and acknowledged that weight was often a problem for them during their adolescence. Thirty-nine percent engaged in acts of self-mutilation, and 20% and 15% often turned to illicit drugs or alcohol, respectively, to feel better. Seventy-four percent indicated that prior to age 18 (not counting times that they had been drinking or using drugs), they had experienced periods of missing time, 70% were amnesic for large parts of their childhood after age 5, and 34% percent had found themselves in an unfamiliar place not sure of how they had gotten there (Heide & Solomon, 1991). Research currently underway is exploring differences in coping strategies used by those with and without abuse histories. Further research is needed in exploring what differentiates severely abused adolescents who kill from their counterparts who do not.

The findings reported herein underscore the need for education about the parameters of abuse and neglect. Parents who are informed about good parenting are less likely to abuse or neglect their children, because much child maltreatment is due to ignorance. Children who understand about child abuse are more likely to seek help than those who come to see this treatment as normal or deserved. Mental health professionals, school personnel, and social services staff who have a clear understanding of types of child maltreatment are more likely to intervene than those whose knowledge is limited. The educational system and the media have tremendous potential for helping to reduce the incidence of child maltreatment through educational efforts aimed at students and the general public (Heide, 1992).

NOTES

¹Caution is advised in generalizing from the literature on battered wives/women to battered children because the dynamics between the victims and offenders are not identical. For further discussion of battered women and the battered wife syndrome, see Browne (1987), Ewing (1987), and Walker (1979, 1984).

²In conceptualizing child sexual abuse, I build on the work of Middleton-Moz (1986) who distinguished between overt and covert sexual abuse, and Groth who noted that sexual offenses against children can consist of acts of molestation or rape depending on the characteristics of the approach and the dynamics of the offender (Burgess et al., 1978; Groth, 1981; Groth & Birnbaum, 1979).

³Covert sexual abuse is of course a culturally relative concept. The norms operating in a particular culture and time period determine what will be interpreted in the larger society as sexually explicit or provocative.

REFERENCES

- Ackerman, R. J. (1986, February). *Presentation on child abuse and neglect*. Second National Conference on Children of Alcoholics, Washington, DC.
- Benedek, E. P., & Cornell, D. G. (1989). Clinical presentations of homicidal adolescents. In E. P. Benedek & D. G. Cornell (Eds.), *Juvenile homicide* (pp. 37-57). Washington, DC: American Psychiatric Press.
- Blais, M. (1985, March 10). The twisting of Kenny White. *The Miami Herald*, pp. 10-17.
- Bradshaw, J. (1988). *Bradshaw on: The family*. Pompano, FL: Health Communications.
- Bradshaw, J. (1990). *Homecoming*. New York: Bantam Books.
- Browne, A. (1987). *When battered women kill*. New York: The Free Press.
- Burgess, A. W., Groth, A. N., Holmstrom, L. L., & Sgroi, S. M. (1978). *Sexual assault of children and adolescents*. Lexington, MA: Lexington Books.
- 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.
- Donnelly, A. H. C. (1991). What have we learned about prevention: What should we do about it. *Child Abuse and Neglect*, 15(1), 99-106.

- Duncan, J. W., & Duncan, G. M. (1971). Murder in the family. *American Journal of Psychiatry*, 127(11), 74-78.
- Ewing, C. P. (1987). *Battered women who kill*. Lexington, MA: Lexington Books.
- Gardiner, M. (1985). *The deadly innocents: Portraits of children who kill*. New Haven, CT: Yale University Press.
- Groth, A. N., & Birnbaum. (1979). *Men who rape: The psychology of the offender*. New York: Plenum.
- Groth, A. N. (1981). *Chart of sexual offenders against children*. Webster, MA: Forensic Mental Health Associates.
- Heide, K. M. (1984, November). *A preliminary identification of types of adolescent murderers*. Paper presented at the Thirty-sixth annual meeting of the American Society of Criminology, Cincinnati, OH.
- Heide, K. M. (1993). Adolescent parricide offenders: Synthesis, illustration, and future directions. In A. Wilson (Ed.), *Homicide: The dynamics of the victim-offender interaction* (pp. 115-134). Cincinnati, OH: Anderson Publishing Comp.
- Heide, K. M., & Solomon, E. P. (1991, November). *Responses to severe childhood maltreatment: Homicidal fantasies and other survival strategies*. Paper presented at the Forty-third annual meeting of the American Society of Criminology, San Francisco, CA.
- Heide, K. M. (1992). *Why kids kill parents*. Columbus, OH: Ohio State University Press.
- Hellsten, P., & Katila, O. (1965). Murder and other homicide, by children under 15 in Finland. *Psychiatric Quarterly Supplement*, 39(1), 54-74.
- Kirschner, D. (1992). Understanding adoptees who kill: Dissociation, patricide, and the psychodynamics of adoption. *International Journal of Offender Therapy and Comparative Criminology*, 36(4), 323-334.
- Kleiman, D. (1988). *A deadly silence*. New York: The Atlantic Monthly Press.
- Leyton, E. (1990). *Sole survivor: Children who murder their families*. New York: Pocket Books.
- Malmquist, C. P. (1971). Premonitory signs of homicidal aggression in juveniles. *American Journal of Psychiatry*, 128(4), 461-465.
- McCarthy, J. B. (1978). Narcissism and the self in homicidal adolescents. *American Journal of Psychoanalysis*, 38, 19-29.
- McCully, R. S. (1978). The laugh of Satan: A study of a familial murderer. *Journal of Personality Assessment*, 42(1), 81-91.
- McGinnis, J. (1991). *Cruel doubt*. New York: Simon & Schuster.
- Middleton-Moz, J. (1986, February). *Presentation on sexual abuse*. Second National Conference on Children of Alcoholics, Washington, DC.
- Mones, P. (1991). *When a child kills: Abused children who kill their parents*. New York: Pocket Books.
- Moore, M. H. (1987). *From children to citizens*. New York: Springer-Verlag.
- Morris, G. (1985). *The kids next door: Sons and daughters who kill their parents*. New York: William Morrow.
- Myers, W. C., & Kempf, J. P. (1988). Characteristics and treatment of four homicidal adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 27(5), 595-599.
- Patterson, R. M. (1943). Psychiatric study of juveniles involved in homicide. *American Journal of Orthopsychiatry*, 13, 125-130.
- Post, S. (1982). Adolescent parricide in abusive families. *Child Welfare*, 61(7), 445-455.
- Prendergast, A. (1983, May 26). It's you or me, Dad. *Rolling Stone*, pp. 41-44, 66-67.
- Prendergast, A. (1986). *The poison tree*. New York: Avon Books.
- Reinhardt, J. M. (1970). *Nothing left but murder*. Lincoln, NE: Johnsen Publishing.
- Rosenthal, D. (1985, April 16). When a child kills a parent. *Parade*, pp. 6-9.

- Russell, D. H. (1973). Juvenile murderers. *International Journal of Offender Therapy and Comparative Criminology*, 17, 235-239.
- Russell, D. H. (1979). A study of juvenile murderers of family members. *International Journal of Offender Therapy and Comparative Criminology*, 23(3), 65-72.
- Russell, D. H. (1984). Ingredients of juvenile murder. *International Journal of Offender Therapy and Comparative Criminology*, 28(3), 177-192.
- Sadoff, R. I. (1971). Clinical observations on parricide. *Psychiatric Quarterly*, 45(1), 65-69.
- Sargent, D. A. (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.
- Sorrells, J. M., Jr. (1981). What can be done about juvenile homicide? *Crime and Delinquency*, 16(2), 152-161.
- Tanay, E. (1973). Adolescents who kill parents—Reactive parricide. *Australian and New Zealand Journal of Psychiatry*, 7, 263-277.
- Tanay, E. (1976). Reactive parricide. *Journal of Forensic Sciences*, 21(1), 76-82.
- Walker, L. E. (1979). *The battered woman*. New York: Harper & Row.
- Walker, L. E. (1984). *The battered woman syndrome*. New York: Springer Publishers.
- Walker, L. (1989). *Sudden fury*. New York: St. Martin's Press.
- Wertham, F. (1941). *Dark legend: A study in murder*. New York: Duell, Sloan, & Pearce.

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