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Kids Killing Kids

A Look into Mental Illness, Adolescence, and Mass Murder

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Introduction

Violence in America has been on a decline since the 1990's. Active shooters have seemed to be on the rise and ever present in the media (See Figure 1).

Society searches for the cause of these acts of violence. Typical answers to violence may not be sufficient to answering for violence on this scale. One hypothesis is mental illness.

Mental illness is not normally linked to violent behavior (Stuart, 2003). However, with differences in brain development and lack of literature, mentally ill adolescents may be an exception.

With this in mind, researchers ask the following questions; Are rates of mental illness higher in adolescents who commit mass violence compared to other adolescents? Are rates of mental illness higher among adolescents who commit mass murder compared to adults who commit mass murder?

Stuart, H. (2003). Violence and mental illness: an overview. *World Psychiatry*, 4.

Psych. Disorders in Detained Adolescents

	Property	Violent	Versatile
n	53	26	152
Any Disorder Percentage	94.3%	65.4%	82.6%
Violent Offenses mean (SD)	0 (0)	1.6 (.8)	3.8 (3.6)
Substance-related Crimes mean (SD)	1.1 (1.6)	.3 (.8)	1.1 (1.8)

Colins, et al. measured psychiatric disorders in detained adolescent males. While violent offenders had lower levels of mental illness, versatile (property and violent) offenders had more violent offences than violent offenders. Property & Versatile offenders were also more likely to abuse substances.

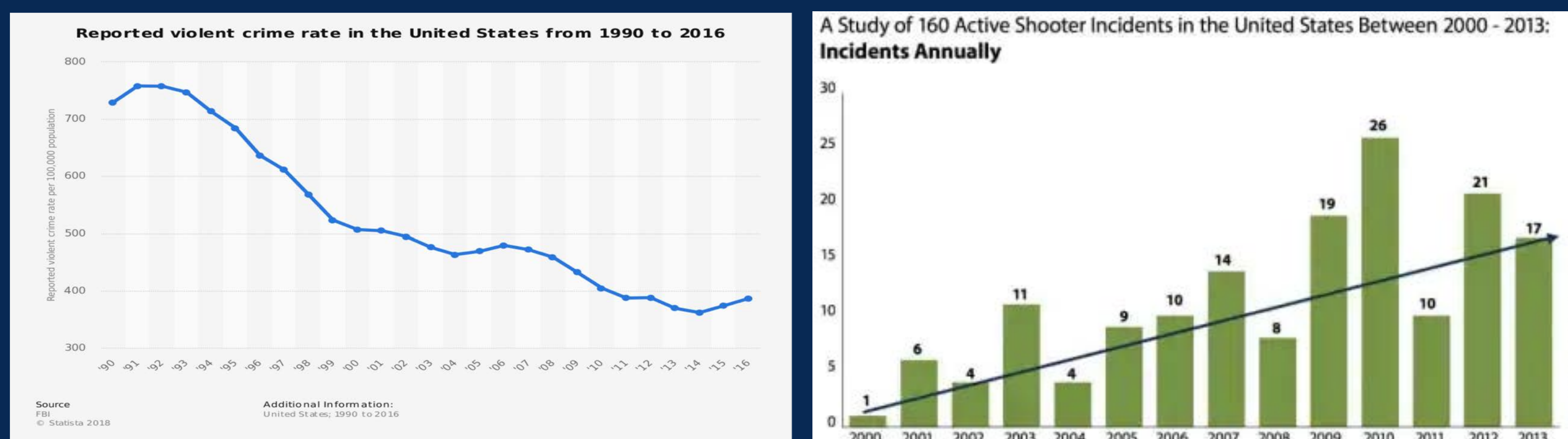
Colins, O., Vermeiren, R., Schuyten, G., & Broekaert, E. (2009). Psychiatric disorders in property, violent, and versatile offending detained male adolescents. *American Journal of Orthopsychiatry*, 79(1), 31-38. <https://doi.org/10.1037/a0015337>

Preliminary Results

Preliminary findings suggest a high percentage of mentally ill offenders among both adolescent mass murderers, and detained adolescent males in juvenile detention centers.

Separating Stone's data by adolescent perpetrator shows 79% of adolescent mass murderers had a mental illness. Colins, et al. shows a similar percentage in detained violent offenders. These findings are almost exactly opposite of Stone's 2015 findings (See Figure 2 & Table 1).

Figure 1 Violent Crime vs. Active Shooter

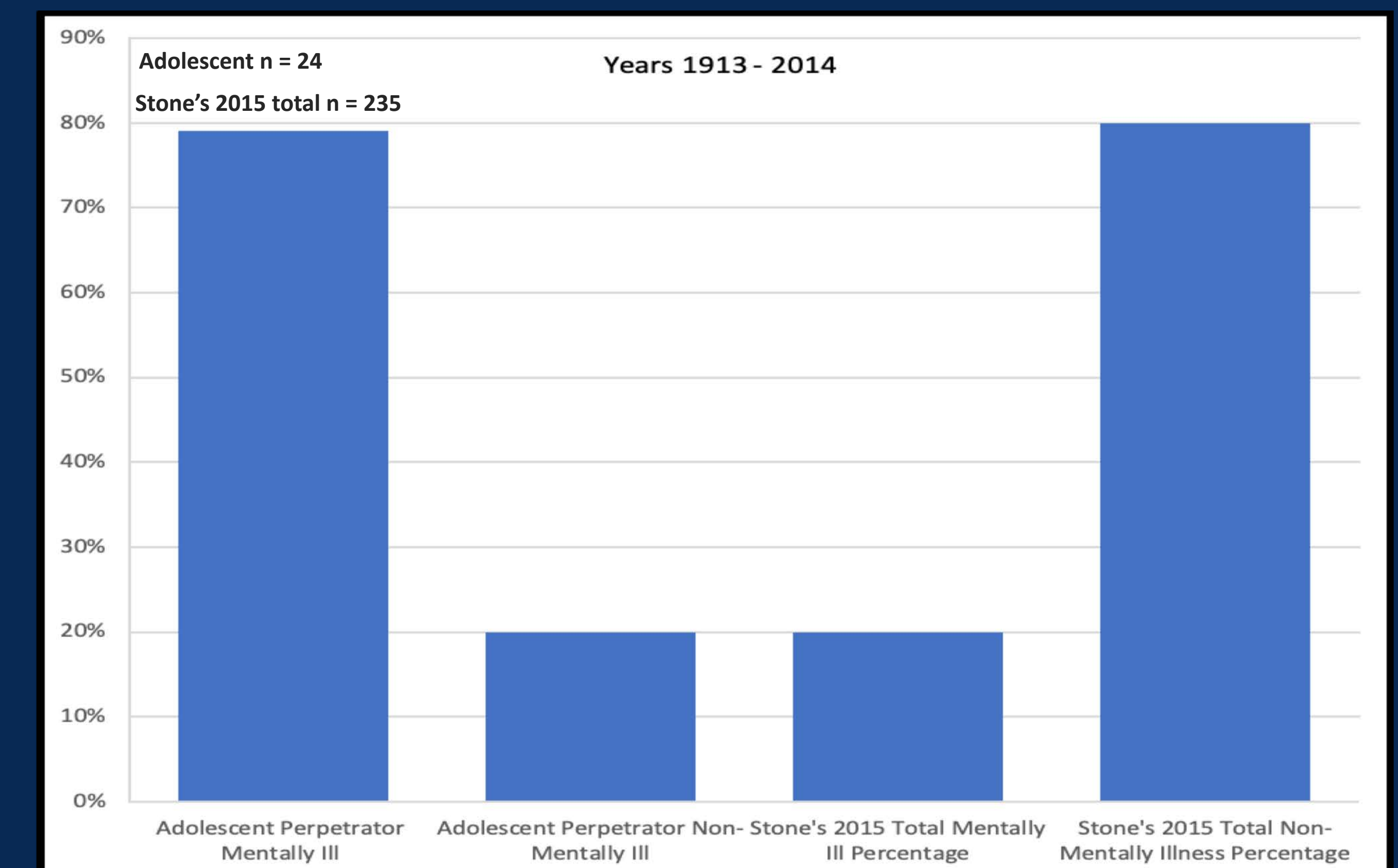


Violent crime in America has been on a downward trend since the '90s. However, active shooter incidents have been on the rise since 2000.

FBI. (n.d.). Reported violent crime rate in the United States from 1990 to 2017. In Statista - The Statistics Portal. Retrieved November 27, 2018, from <https://www.statista.com/statistics/191219/reported-violent-crime-rate-in-the-usa-since-1990/>.

Blair, J. P., & Schweit, K. W. (2014). *Texas State University and Federal Bureau of Investigation. US Department of Justice, Washington DC.*

Figure 2 Adolescent vs. Total Mass Murder



Separating Stone's data by adolescent perpetrator shows that 79% of mass shootings committed by adolescents, the perpetrator had a mental illness. This is a much higher percentage than the 20% he found among all mass murderers.

Stone, M. H. (2015). Mass Murder, Mental Illness, and Men. *Violence and Gender*, 2(1), 51-86. <https://doi.org/10.1089/vio.2015.0006>

Conclusion

While preliminary findings are inconclusive, researchers believe using the future methodology will provide more answers, and less ambiguity in the results and definitions.

Findings also suggest not only the difference between everyday violence, but between adult offenders and adolescent offenders as well.

Future Methods

Researchers will use a portion of Dr. Michael Stone's data set of mass murders from his published work,

Mass Murder, Mental Illness, and Men from the year 1994 to 2014 (n = 52). Researchers will determine mental illness presence based on previous diagnosis made known through news media.

Researchers will use four national news publication; CNN, FOX, Washington Post, and Washington Times, along with two local publications for each case. Researchers will look for statements of a mental illness diagnosis. Researchers will not use signs and symptoms found in articles to diagnose the perpetrator. If perpetrator goes to trial, researchers will use official trial documents to help determine presence of mental illness.