

MOTHERS WHO MURDER THEIR CHILD-

INTRODUCTION

The announcement of a murder of a child is likely to generate strong emotional reactions in the population. In previous centuries infanticide was used to control family size, weed out weak, abnormal, deformed, and illegitimate children, and to limit the number of females. The earliest reference to filicide is the Biblical story of the near slaying of Isaac by his father Abraham from Genesis 22. Later, in Greek mythology, it is told that Medea killed her two sons after Jason abandoned her for the daughter of the King Corinth, giving us what since has been termed the Medea Complex. Under Roman Law, patria potestas, the right of a father to kill his own children was protected. Still mothers who killed their infants or newborns received lesser sentences than did parents who killed older children (Kaye et al 1990). Infanticide was an accepted means to control populations, often deliberately imposed by the ruling class on the underclass.

It is also important to emphasize the different attitudes about the killing of infants in some cultures. The Chinese, as late as the 1800s, sacrificed newborn daughters because they were unable to transmit the family name. In the past Eskimos killed infants with known congenital abnormalities and, often, one set of twins. Similarly, Mohave Indians used to kill all half-breeds at birth. In Japan two distinct types of infanticide described as the Mabiki type corresponds to the ancient means of

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ABSTRACT

Child murder appears to be a multifaceted phenomenon with various causes and characteristics. Although the announcement of murder of a child is likely to generate strong emotional reactions in the population, it is not a rare phenomenon. In this article, three mothers who murder their children challenge the empathic skills of evaluating clinicians. All cases were the natural mothers of the murdered infants, and all of them were married. The infants were killed immediately by various methods as throwing, cutting the throat or crushing the head. All mothers have psychotic symptoms but they have different psychiatric diagnoses according to DSM-IV. Interestingly, all cases had the same delusions and these delusions caused them to believe that their children were possessed by evil and could be delivered back to god only in death. This research was determined all cases' histories and the characteristics of the psychiatric symptoms. We discuss criminal responsibility of the mothers murdering their children women.

Keywords: infanticide, religion, criminal responsibility, homicide, mentally illness, violence

ÇOCUKLARINI ÖLDÜREN ANNELER

ÖZET

Çocuk öldürme, farklı nedenleri ve özellikleri olan çok yönlü fenomenlerden biridir. Toplumda çok güçlü duygusal tepkilere sebep olan durumlardır. Bu makalede, klinisyenin empati becerisini zorlayabilecek çocuğunu öldüren üç olgu tanımlanmıştır. Olguların tümü, öldürülen çocukların kendi anneleridir. Çocuklar; fırlatma, boğaz kesme veya başın ezilmesi gibi farklı yöntemlerle öldürülmüştür. Tüm annelere DSM-IV'e göre farklı psikiyatrik tanımlar konmuştur. Hepsinde sanrılar, benzer olup şeytan tarafından ele geçirilme ve sadece ölümle tekrar tanrıya geri dönebileceğine inanma şeklindedir. Olguların öyküleri, özellikleri ve psikiyatrik belirtileri incelenmiş, çocuklarını öldüren bu annelerin suç sorumlulukları da tartışılmıştır.

Anahtar kelimeler: infantisid, inanç, suç sorumluluğu, cinayet, akıl hastalığı, şiddet

"thinning out" or population control; the Anomie type, a product of modern society, corresponds to the "unwanted child" as described in reference (Kaye et al 1990).

As child homicide is committed most often by the parents, there are two distinct types, "neonaticide" and "filicide". Neonaticide is the murder of an infant on the day of birth. Filicide refers to all other cases of parental child murder. The term infanticide refers to the killing of a child under the age of 12 months by a mother. The concepts are also considered as a "part of a continuum of child abuse and violence".

The classification is generally based on the motives and the source of impulse to kill. The main question is "why it occurred". Scott's classificati-

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on includes battering mothers, mentally ill mothers, retaliating women, unwanted children and mercy killing. D'orban (1979) added neonaticide to the previous categories. Resnick (1969) described altruistic, acutely psychotic, unwanted child, accidental and spouse revenge filicide. Resnick (1970, 1999) defined frequently used terms for describing child murder. "Infanticide" is the general terms for child murder. "Neonaticide" is the murder of a child on the day of its birth. Finally, "filicide" is the murder of a child by one of its parents. In another classification by Bourget and La-belle (1992) that integrates these classifications is as follows:

- Pathological filicide: altruistic motives, extended homicide-suicide, and infanticide
- Accidental filicide: battered child syndrome and others. Retaliating filicide
- Neonaticide: unwanted child. Paternal filicide.

The pattern of child homicide was mainly characterized by intrafamilial violence, especially in connection with the suicide of a parent-perpetrator. Extrafamilial homicides were rare and only committed by male perpetrators. Cases of child abuse by a parent and cases of sexual abuse were infrequent (Somander and Rammer 1991). Child homicide perpetrators were divided into intrafamilial and extrafamilial groups according to their relationship to the victims. An intrafamilial perpetrator was defined as a biological parent or a guardian in the meaning of a parent (i.e. foster parent) or partner (i.e. stepparent living together with the parent). Jason (1983) suggested that there were two patterns of child homicide. The intrafamilial predominates for victims aged 0-3 years and might be described as fatal child abuse. The extrafamilial predominates with victims older than 12 years, and might be described as fatal parental-societal neglect. Between the ages of 3 and 12 years homicide is a mixture of these two mentioned patterns.

Mothers who kill their child at least one day after its birth often have a psychotic disorder or postpartum depression. The majority of maternal filicides are "altruistic" in nature. They are frequently associated with the mother's suicide or with the mother's perception that she is relieving the child's suffering. By contrast, most maternal neonaticides occur because the mother does not want to have a child. A desire to hide the birth of an illicit child because of the social stigma is a frequent motive. Mothers who commit neonaticide are younger, more often unmarried, and less likely

to be psychotic when compared to mothers who commit filicide.

In most countries, infanticide is judged to be the consequence of an altered mental status at delivery. In Turkey, it remains a crime against society and the same legal procedure with murdering is in currency. But, in Turkish Criminal Law, infanticide is described in a special article and reduction of penalty is arranged for mother perpetrators. In this article, three mothers who murder their children challenge the empathic skills of psychiatric evaluation.

PURPOSE

Medico-legal implications, such as the nature and intensity of the mental disturbance and the evaluation of the criminal responsibility, are one of the areas that forensic psychiatry deals with. The purpose of this study is to provide data to mental health professionals and criminal justice system about psychiatric characteristics of infanticide.

METHOD

In this study, the medical records of the individuals who were sent to the main psychiatry hospital of Turkey by judicial system for treatment or to determine criminal responsibility were analyzed. The medical records of three child murderers who were admitted to hospital were evaluated. Sociodemographic variables, crime process, criminal responsibilities and psychiatric disorders were investigated.

CASE 1: Mrs FI was 38 years old, housewife. She married twice and killed her children who were delivered from each marriage. Her first child who was born at first marriage aged 9; her second child at other marriage after the delivery was killed. She attempted repetition of infanticide. Psychiatric history of her revealed her to be depressed, with sleeplessness, guilty thoughts, and tiredness, feeling worse in 1988. In 1990, her same symptoms recurred and became some delusions. At this period, she said that God fired me and I did not enter his paradise. She killed her child order to these thoughts. At her trial she was found "not guilty reason for insanity" and send to forensic psychiatry hospital for involuntary hospitalization and divorced her husband. She was discharged from this clinic for the purpose of following at outpatient clinic after one year. After four year she remarried and delivered second child. Unfortunately, she killed her child dependent on same

symptoms. Examination of her mental state revealed to be psychotic depression, with sleeplessness, hopelessness, guiltiness, pessimism and had some delusions caused to believe that her child was possessed by evil and could be delivered back to god only in death. She met the psychotic depression criteria and was recently found "not guilty by reason of insanity". She readmitted involuntary hospitalization.

CASE 2: Mrs VS was 29 year-old, unemployed, unmarried. As a child she had always been shy and timid, with few friends. She came from Ukraine to Turkey at year of 1993 and became pregnant by the Turkish man who lived together with her. She delivered her son. At this period, she experienced some bizarre symptoms as talking herself and talk about some enemies who damaged her and her child was born. During three years, she was treated outpatient clinic but not improvement. She developed some delusions caused to believe that her child was possessed by evil. She killed her son in 1997. At her trial the judge send to forensic expert for investigation of her mental state and criminal responsibility. Her diagnosis was schizophrenia. She was found "not guilty reason for insanity". She was admitted to forensic psychiatry clinic for involuntary hospitalization.

CASE 3: Mrs AY was 30 year-old, married and housewife. She had trouble with your husband after her child was delivered. While she walked together with her child who was 4 year-old on the beach she heard some bizarre voices about her child who was possessed by devil. She took in arms her child, and run away. Then she entered to strange home with her child and gone to balcony and dropped down her child. At her trial the judge send to forensic expert for investigation of her mental state and criminal responsibility. Examination of her mental state revealed to be affective disorder with euphoria, sleeplessness, high motor activated, persecutory delusions and hallucinations. Her diagnosis was psychotic affective disorder. She was found "not guilty reason for insanity". She was admitted to forensic psychiatry clinic for involuntary hospitalization.

FINDINGS

Three females with an age range of 28-42. Marital status shows that 2 cases were married and 1 case was unmarried. Three cases had a history of psychiatric disorder. One of them had a prior history of inpatient psychiatric care. The patients had no history of drug or alcohol abuse, and they

had no personality disorders in axis II according to DSM-IV. All of cases had psychiatric disorders and no criminal responsibilities committed homicide after child murder.

All of cases were the natural mothers of the murdered infants, and one perpetrator killed her two children at intervals of the 7 years. The sex distribution among victims: 2 males, 2 females. Perpetrators killed their victims by as throwing, cutting the throat, crushing the head in this sample. All infanticides were intrafamilial in the sample.

Out of four female perpetrators submitted to psychiatric examinations after the crime, all of them were found "mentally ill" and "not guilty by reason of insanity" because of their crimes. The examined perpetrators were found to be psychotic or suffering from other mental abnormality. The killing occurred during an emotional outburst and/or as a disciplinary measure due to the behavior of the victim.

The psychotic patients usually killed in a state of delusion and/or hallucination, often being commanded by voices to commit the crime. They all have the same delusions and these delusions caused them to believe that their children were possessed by evil and could be delivered back to god only in death.

DISCUSSION

Neonaticide was known to be more frequent in non-psychiatric population because of the cultural characteristics, illegitimate pregnancies and low socioeconomic status. But in psychiatric population infanticide was seen frequently. Less-than-optimal development of the mother-infant relationship, the problems of growing a child, feelings of insufficiency and inefficiency may result the clinical condition itself or those factors aggravate the psychiatric disorders such as postpartum psychosis, mood episodes, psychotic disorders, and lead to infanticide. (Resnick 1969, 1970, 1999, Kaye et al 1990, Falkov 1996).

The members of the family had insufficient knowledge about psychiatric disorder and its consequences that, they support these roles without caution. Psychotic patients who murdered their children were no seldom. Because of the failure of follow-up and outpatient treatment programs, and also the lack of the social security systems both for the mother and the child, the psychotic patients had social roles as a wife and a mother. (Resnick 1970, 1999, Kaye et al 1990, Somander and Rammer 1991) These factors increase the risk of infanticide in our country.

In Spinelli's (2001) study, nearly all of 16 women reported similar precipitants and symptoms, including depersonalization, hallucinations, and intermittent amnesia at delivery. All patients who killed their children had dissociation, hallucinations and psychosis. If a syndrome as described above can be clearly established, it may lead to a better psychiatric evaluation and treatment for women who may be otherwise lost in the penal system.

The most important factor that distinguish intrafamilial child homicides from other child homicides was an explicit altruistic, "out of love" motive (Resnick 1970). The perpetrator often experienced a personal problem, and the only solution seemed to be suicide. To spare their children from the effects of the problem, they "took their children with them", and their partners as well in some cases (Reder and Duncan 1999).

In Pitt and Bale's (1995) article, they conclude that while infanticide dates back to the beginning of recorded history, little is known about what causes parents to murder their children. They also suggest that further research is needed to identify potential perpetrators and to prevent subsequent acts of child murder by a parent.

The population at large and various interveners in Canadian society (family physicians, psychiatrists, criminologists, social workers, pediatricians, psychologists, and gynecologists) must become increasingly vigilant and avoid trivialization of signals such as verbalization of homicidal thoughts about the child or recourse to certain disorganized behaviors (Marleau et al 1995).

Exposure to a variety of psychosocial stresses appears to have been a major factor. Similarly the suicidal history and behavior of the subjects is significant. Affective disorder appears to be an important diagnostic category. Finally, the role of

psychiatric and other social agencies is considered in relation to the murder of children. A better understanding of this phenomenon is indicated in order to help us deal with families at risk. The need of social security systems, and for psychiatric consultations of individuals who had psychiatric histories, were remarked. In general support the present law of penalty, follow-up outpatient treatment and education programs should be considered.

REFERENCES

- Bourget D, Labelle A (1992) Homicide, infanticide, and filicide. *Psychiatric Clin North America*; 15: 661-673.
- D'Orban PT (1979) Women who kill their children. *Br J Psychiatry*; 134: 560-571.
- Falkov A (1996) Study of Working Together 'Part 8' Reports. *Fatal Child Abuse and Parental Psychiatric Disorder*. London: Department of Health.
- Jason J (1983) Child homicide spectrum. *Am J Dis Child*; 137: 578-581.
- Kaye NS, Borenstein NM, Donnelly SM (1990) Families, murder and insanity: a psychiatric review of paternal neonaticide. *J Forensic Sci*; 35: 133-139.
- Marleau JD, Roy R, Laporte L, Webanck T, Poulin B (1995) Infanticide committed by the mother. *Can J Psychiatry*; 40: 142-149.
- Pitt SE, Bale EM (1995) Neonaticide, infanticide, and filicide: A review of the literature. *Bull Am Acad Psychiatry Law*; 23: 375-386.
- Reder P, Duncan S (1999) *Lost Innocents: A Follow-Up Study of Fatal Child Abuse*. London: Routledge.
- Resnick PJ (1969) Child murder by parents: A psychiatric review of filicide. *Am J Psychiatry*; 126: 325-334.
- Resnick PJ (1970) Murder of the newborn: A psychiatric review of neonaticide. *Am J Psychiatry*; 126: 1414-1420.
- Resnick PJ (1999) Maternal infanticide [35D]. The American psychiatric Association 152nd Annual Meeting, Washington, DC.
- Somander LK, Rammer LM (1991) Intra- and extrafamilial child homicide in Sweden 1971-1980. *Child Abuse Negl*; 15: 45-55.
- Spinelli MG (2001) A systematic investigation of 16 cases of neonaticide. *Am J Psychiatry*; 158: 811-813.