

Murder of the Newborn: A Psychiatric Review of Neonaticide

BY PHILLIP J. RESNICK, M.D.

The author believes that the killing of a newborn baby is a separate entity from other filicides, differing in regard to the diagnosis, motives, and legal disposition of the murderer. Whereas most filicides are committed for "altruistic" reasons, most neonaticides are carried out simply because the child is not wanted. The author notes the different psychological characteristics of mothers who commit these two crimes. Legal considerations and the present status of neonaticide are also discussed.

A simple child,
That lightly draws its breath,
And feels its life in every limb,
What should it know of death?

WORDSWORTH(50)

THERE IS NO CRIME more difficult to comprehend than the murder of a child by his own parents. Nevertheless, the killing of children goes back as far as recorded history. Reasons have included population control, illegitimacy, inability of the mother to care for the child, greed for power or money, superstition, congenital defects, and ritual sacrifice(40). The practice of stabilizing buildings by enclosing children in their foundations is still symbolically represented by our foundation stones(47).

There was an ancient concept that those who create may destroy that which they have created. Roman law formalized this concept under *patria potestas*, which recognized a father's right to murder his children. Among Mohave Indians, half-breeds were killed at

birth(9). A merciless environment forced Eskimos to kill infants with congenital anomalies as well as one of most sets of twins(12). The killing of female infants was common in many cultures. In China this practice was widespread as late as the 1800s. Daughters were sacrificed because they were unable to transmit the family name and imposed the burden on their parents of paying their marriage portion(29, 41). It is claimed that the widespread murder of children in ancient times was first stemmed by the influence of the Christian religion(43).

In the literature, all child murders by parents are usually lumped together under the term "infanticide." In the author's opinion, there are two distinct types of child murder. "Neonaticide" is defined as the killing of a neonate on the day of its birth. "Filicide" is operationally defined as the murder of a son or daughter older than 24 hours. The data for this paper were obtained by reviewing the world literature on child murder from 1751 to 1968; relevant articles were found in 13 languages. From these papers and three cases treated by the author, 168 case reports were collected. A previous publication described the 131 cases that fell into the filicide category(42). This paper will discuss the 37 neonaticides(2, 3, 11, 20, 21, 23-30, 32, 33, 36, 44, 45, 48). The cases are reported in varying detail from mental hospitals, psychiatrists in practice, prison psychiatrists, and a coroner's office.

Since neonaticide is usually viewed in a sociologic context, it has received little attention in the psychiatric literature. The purpose of this paper is to draw together our psychiatric knowledge about this crime. Neonaticide will be shown to be a separate entity, differing from filicide in the diagnoses, motives, and disposition of the murderer. Legal considerations and the present status of neonaticide will be discussed.

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At the time this paper was written Dr. Resnick was a resident in psychiatry, University Hospitals of Cleveland, Ohio. He is currently an instructor in psychiatry, Case Western Reserve University School of Medicine, 2040 Abington Rd., Cleveland, Ohio 44106.

Methods of Neonaticide

The methods of neonaticide listed in order of greatest frequency are suffocation, strangulation, head trauma, drowning, exposure, and stabbing(6, 7, 13, 17, 35). Less common methods include dismemberment, burning, acid, lye, throwing to pigs, and burying alive. The need to stifle the baby's first cry makes suffocation the method of choice for mothers attempting to avoid detection(38). The drownings are most often accomplished in toilets. Case reports of up to 48 stab wounds or decapitation may reflect the bitterness of the abandoned girl, who sees the child in her lover's image(34, 44). Some mothers use extreme cleverness to avoid discovery of their deed. In India these methods have included drowning in milk and poisoning by rubbing opium on the mother's nipples(31). Some midwives killed newborns by thrusting a needle under the eyelid or into the anterior fontanel(16, 22). A needle from one such unsuccessful attempt was found at autopsy in the brain of a 70-year-old man(22).

Description of the Murderers

The 37 neonaticides were committed by 34 mothers, two fathers, and in one case, both parents. In order to simplify the data, only the mothers who committed neonaticide will be compared to the mothers who committed filicide(42). The mothers in the neonaticide group (range 16 to 38 years) were significantly younger than the mothers in the filicide group (range 20 to 50 years). Whereas most (89 percent) of the neonaticide group were under 25 years old, the majority (77 percent) of the filicide group were over 25. While 88 percent of the filicide group were married, only 19 percent of the neonaticide group enjoyed that status.

Comparison of the diagnoses of the two groups suggests that neonaticide and filicide are committed by two different psychiatric populations. Only 17 percent of the women in the neonaticide group were psychotic, but psychosis was evident in two-thirds of the filicide group. A serious element of depression was found in only three of the neonaticide cases, compared to 71 percent of the filicide group. Finally, suicide attempts accompanied one-third of the filicides, but

none occurred among the neonaticide cases.

Motives

In order to provide a framework for viewing child murder, the killings are divided into five categories by apparent motive (table 1). This classification is based on the explanation given by the murderer and is independent of diagnoses. The "unwanted child" murders are committed because the victim was not desired or is no longer wanted by his mother. The "acutely psychotic" murders are committed by mothers under the influence of hallucinations, epilepsy, or delirium. The "altruistic" murders are carried out to relieve the victim of real or imagined suffering, or in association with suicide. "Accidental" murders, lacking in homicidal intent, are often the result of a battered child syndrome. The "spouse revenge" murders result from deliberate attempts to make the spouse suffer.

It is apparent from table 1 that the motives that cause a mother to kill her newborn are considerably different from those that drive a mother to murder an older offspring. Whereas the majority of filicides are undertaken for an "altruistic" motive, the great bulk of neonaticides are committed simply because the child is not wanted.

The most common reason for neonaticide among married women is extramarital paternity. One example(32) is a woman who became impregnated by her brother-in-law while her husband was in prison. After cool deliberation, she murdered her infant at birth to avoid suspicion of her affair. It is commonplace for fathers to show some jealousy of their newborn children. The one case(26) in which both the husband and wife were known to consciously plan the

TABLE 1
Classification of Child Murder by Apparent Motive

CATEGORY	MATERNAL NEONATICIDE		MATERNAL FILICIDE	
	NUMBER	PERCENT	NUMBER	PERCENT
"Unwanted child" murder	29	83	10	11
"Acutely psychotic" murder	4	11	21	24
"Altruistic" murder	1	3	49	56
"Accidental" murder	1	3	6	7
"Spouse revenge" murder	0		2	2
Total	35	100	88	100

murder of their expected infant is an extreme example of this. The 28-year-old father and 17-year-old mother made no preparations for the birth of their baby except to dig a grave in the cellar. Both parents had physical deformities and feelings of inferiority. They were deeply in love and could not bear the thought of a third party interfering in their relationship. The husband initially proposed the crime against the "annoying animal" that deformed his "beloved wife's virginal figure." He assisted in the delivery at home, strangled the infant, and buried it.

The stigma of having an illegitimate child is the primary reason for neonaticide in unmarried women today, as it has been through the centuries. In 1826 Scott wrote:

A delicate female, knowing the value of a chaste reputation, and the infamy and disgrace attendant upon the loss of that indispensable character, and aware of the proverbial uncharitableness of her own sex, resolves in her distraction, rather than encounter the indifference of the world, and banishment from society, to sacrifice what on more fortunate occasions, it would have been her pride to cherish(46).

Hirschmann and Schmitz(23) divided women who killed their illegitimate infants into two major groups. The women in the first group are said to have "a primary weakness of the characterological superstructure." In the second group are women with strong instinctual drives and little ethical restraint. All but a small minority of our 35 cases fall into the former group. These women are usually young, immature primiparas. They submit to sexual relations rather than initiate them. They have no previous criminal record and rarely attempt abortion.

Gummersbach(19) points out that passivity is the single personality factor that most clearly separates women who commit neonaticide from those who obtain abortions. Women who seek abortions are activists who recognize reality early and promptly attack the danger. In contrast, women who commit neonaticide often deny that they are pregnant or assume that the child will be stillborn. No advance preparations are made either for the care or the killing of the infant. When reality is thrust upon them by the infant's first cry, they respond by permanently silencing the intruder.

The women in the second group—those with strong instinctual drives and little ethical restraint—are more callous, egoistic, and intelligent. They tend to be older, strong-willed, and often promiscuous. Their crime is usually premeditated and not out of keeping with their previous life style.

A prominent feature in several of the neonaticides was the inability of the unwed girl to reveal her pregnancy to her mother. This may be due to the girl's shame or to fear that her mother's response would be anger, punishment, or rejection. In addition, unresolved oedipal feelings may cause some of these girls to have the unconscious fantasy that their pregnancy is proof of incest. One case treated by the author will be presented as an example of this speculation.

Case Report

Mrs. C., a 36-year-old married, childless secretary, committed neonaticide at age 17. However, she did not have her first psychiatric contact until she made a suicide attempt almost two decades later.

Four months before her suicide attempt, Mrs. C. found a letter indicating that her husband had been unfaithful. As with each previous adversity she had encountered, she felt that this was retribution for her killing. She became anorectic and lost 22 pounds over a four-month period. She developed insomnia, indecisiveness, and inability to concentrate on her work. She began to feel that others could read her mind and influence her through voodoo. She had frightening dreams and fantasies in which both she and her husband were beaten, murdered, and crucified. When she looked in the mirror she saw herself as a devil. She became totally preoccupied with how "evil" she was, especially because of her neonaticide. Feeling that she deserved to die, she drank a glass of corrosive liquid that caused esophageal stricture, eventually necessitating a colon-esophageal transplant.

The patient was the third of four sisters. Mrs. C. described her father as a jolly, outgoing, talkative laborer who brought home his paycheck weekly, but who was more like a roomer than a husband. He "ran around," and the patient had often heard her mother speak of the "other woman." Her mother was described as a strong-willed, decisive, brusque woman who often hurt the patient's feelings. Even the tone of her voice could make the patient feel as if she were being hit. Mrs. C. was constantly seeking her mother's approval but never felt that she received it. Her first memory occurred at age three. Her father

had taken her out in a new dress and showed her off to some men. They kidded him by saying that she was too cute to be his. The patient had a recurrent dream from age eight to 11 in which a terrifying monster came at her from behind but never quite reached her. As far back as Mrs. C. could remember, her parents had slept in separate bedrooms. When she was 15 her parents separated permanently. However, her father would come back and have the patient launder his shirts.

The patient dated the boy who impregnated her only a few times. She passively submitted to sexual relations to avoid his disapproval. She did not know what to do about her pregnancy, but she was quite certain she could never let her mother know. She cosseted herself and successfully concealed the pregnancy from her family. Fortuitously alone at home when she began labor, she gave birth in the bathroom to a male child. She strangled the infant with her hands and then hung it on a towel rack with a hanger until she had cleaned up. She wrapped the body in old clothes and put it in a dresser drawer overnight. The next day she put it in the rubbish, and her crime was never discovered. She was amazed at her own coolness. She claims she had no feeling of guilt at the time. "It was just something that had to be done."

However, since the killing she has tried to do good "to even things up." She felt it would be appropriate for her to die in childbirth as a final balancing of the scales. She had an extended affair with a narcotics addict that ended after he had served a prison sentence. She felt it was her "lot in life" to put up with this man even though he treated her badly. The man who subsequently became her husband was married when she met him. During their affair she was very conscious of being the "other woman" of whom she had so often heard her mother speak.

The final diagnosis was psychotic depression. The patient's psychotic thinking cleared early in her three-month hospital stay. After her discharge she was seen weekly for one year as an outpatient.

Whereas some neonaticides result from psychosis, this case may be looked upon as a psychosis resulting in part from a neonaticide. When Mrs. C. learned of her husband's infidelity she developed murderous impulses toward him. In view of her past murder in reality, it was difficult for her to experience these wishes at a conscious level. Instead they took the form of fears in her psychosis that both she and her husband would be murdered. It is noteworthy that as Mrs. C.'s neonaticide injured her infant's throat, so

her method of suicide damaged her own throat.

Various elements in the patient's history suggest that unresolved oedipal feelings may have been instrumental in this neonaticide. Her first memory questions her blood relationship to her father. Throughout her childhood the patient was unable to feel close to her mother. During psychological testing her response to Rorschach Card IV was of particular interest. She appeared terrified, threw down the card, and cried for a long time. She said it was dreadful, like the monster in her repetitive dream. Several months later she admitted that her first thought upon seeing the card had been that of her mother in a fur coat. After her parents' separation Mrs. C. took over the rather intimate chore of doing her father's laundry. In spite of protesting, she proceeded to become the "other woman" in relation to her husband. The sum of these factors suggests that Mrs. C. may have failed to reveal her pregnancy to her mother because of the unconscious idea that it would be viewed as proof of incest.

Although there are no previous reports of neonaticide attributed to an oedipal issue, this phenomenon has been observed in other pathological mother-child interactions. There is one report in which a married woman had an abortion because she unconsciously felt that she was carrying her father's child(49). Zilboorg(51) recounts a case of depression in a mother in which the central theme was a wish to destroy her child because she viewed it as living testimony of her unconscious incestuous attitude toward her father.

Paternal Neonaticide

Although it is not uncommon for fathers to murder older children, it is rare for a father to kill a newborn infant. Fathers have neither the motive nor the opportunity of mothers. Only two case reports were found in which the father was the sole killer. One mentally deficient 32-year-old man poisoned his newborn child because he felt that his own poor health might result in his death, leaving no one to provide for his wife and child(20). The other father was a bright 26-year-old man who was forced into marriage by his wife's pregnancy(36). He saw

the coming child as a bar to his ambition. On one occasion he put poison in his wife's soup in an attempt to cause the infant to be stillborn. He strangled the infant while delivering it himself. Although free of overt psychosis at the time, he developed a full-blown picture of schizophrenia three years later. Both fathers were sentenced to ten years in prison. Fathers appear to receive more severe sentences than mothers for neonaticide and for filicide(42).

Disposition

Mothers who commit neonaticide are more likely to be sentenced to prison or probation, whereas mothers who commit filicide are more likely to be hospitalized. This difference is in keeping with the lesser number of psychoses in the neonaticide group. Victoroff(48) notes that there is some appreciation that a mother who destroys her own child constructs enough guilt in this act to punish her sufficiently for the crime. Juries often find that the woman accused of neonaticide does not correspond to their imagination of a murderess. For no other crime is there such a lack of convictions(19). Even those who are convicted often receive only probation or minimal prison sentences.

The likelihood of a woman's killing a second newborn child after standing trial for neonaticide is very slim. There are a few reports in which a mother did kill two(10, 11) or three(5, 14) successive newborns. However, in all but one case the previous neonaticides had been undiscovered and unpunished. There is a greater chance of recidivism if the crime is consistent with the life style of the mother.

Legal Considerations

To understand the current legal status of infant murder, it is instructive to review the English law regarding this crime. In the reign of James I, the law presumed an illegitimate newborn found dead to have been murdered by its mother unless she could prove by at least one witness that the child had been born dead(48). In 1803 the same rules of evidence and presumption became required as in other murders(15). Death sentences for this crime were almost invariably commuted(29). Juries hesitated to find

a verdict of guilty and send the accused to the gallows. Abse states, "Those juries knew that at or about the time of birth, dogs, cats, and sows...sometimes killed their own young. They were not prepared to extend less compassion and concern to a mentally sick woman than they would to an excitable bitch"(1).

A desire to make the punishment more suitable to the crime led to the Infanticide Act of 1922. This act reduced the penalties to those of manslaughter for a woman who killed her newborn child while the "balance of her mind was disturbed from the effect of giving birth"(29). Critics of this law suggest that if a woman were insane at the time of the crime she should not be held responsible, rather than be convicted of a lesser crime(4).

Several European countries provide lesser penalties for neonaticide than for adult murder. These universally apply only to the mother; if a father kills a newborn child he is charged with murder(21, 38). In the United States there is no legal distinction between the murder of adults and the murder of newborn infants. Although it is a common occurrence to find dead newborn infants in sewers, alleys, and incinerators in any metropolitan community, convictions are rare because of the difficulty in proving the guilt of those responsible(2). Several states have passed laws against the more easily prosecuted offense of concealment of birth.

In order to convict an individual of neonaticide it must be proven that he killed the infant by a specific act of commission or omission(8). It must also be proven that the infant breathed and had a viable separate existence from the mother after being fully extruded from the birth canal. Proving live birth was made easier by Swammerdam's discovery in 1667 that fetal lungs would float on water if respiration had occurred(40). However, this test was found to be not infallible, and even careful microscopic examination of neonatal lungs today does not always reveal a definitive answer(2). The other vexing forensic problem is proving that the child was wholly born. It is theoretically possible for a woman to cut the throat of her half-born infant, report the incident to the authorities, and there-

fore escape prosecution for either murder or concealment. Such cases have been reported(7).

Present Status of Neonaticide

It is extremely difficult to get accurate figures on the incidence of neonaticide because so many cases are never discovered. Published figures do suggest a decline in the last century(7, 13, 17, 18, 37, 39). Several factors may have contributed to this. Effective birth control measures are now widely available. Since the advent of antibiotics, abortions are rarely life threatening. Homes for unwed mothers have become available as a shelter from the "scoff and scorn of a taunting world," and placement of unwanted children can often be arranged. Finally, welfare payments today have reduced a woman's prospect of being destitute. Yet in spite of these advances, hundreds and possibly thousands of neonaticides still occur in this country each year.

Psychiatric intervention to prevent neonaticide is extremely difficult. Unlike filicide, in which 40 percent of murdering mothers seek medical or psychiatric consultation shortly before their crime, it is rare for women who commit neonaticide to seek any type of prenatal care. One way to further reduce the incidence of neonaticide would be a liberalization of abortion laws. Although this approach is far from ideal, it would provide women a less cruel alternative than killing their newborn infant. Each neonaticide is tragic—not only for the infant but also for the continuing effect that the crime has on the life of the mother.

Summary

This paper has attempted to show that the killing of a newborn infant is a separate entity from other filicides. Hence a new word, "neonaticide," is proposed for this phenomenon. When mothers who commit neonaticide are compared with mothers who kill older children, they are found to be younger, more often unmarried, and less frequently psychotic. Whereas the majority of filicides are committed for "altruistic" reasons, most neonaticides are carried out simply because the child is not wanted. Reasons for neonaticide include extramarital paternity, rape, and seeing the child as

an obstacle to parental ambition. However, illegitimacy, with its social stigma, is the most common motive.

The unmarried murderesses fall into two groups. In the first group are young, immature, passive women who submit to, rather than initiate, sexual relations. They often deny their pregnancy, and premeditation is rare. The women in the second group have strong instinctual drives and little ethical restraint. They tend to be older, more callous, and are often promiscuous.

It is speculated that unresolved oedipal feelings may contribute to some neonaticides that have previously been attributed to entirely sociologic factors.

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Let thy discontents be thy secrets; if the world knows them, 'twill despise thee and increase them.

— BENJAMIN FRANKLIN