

The Psyche of Women Committing Neonaticide

A Psychological Study of Women who kill their Newborn Children

K.J. de Wijs-Heijlaerts, A.J. Verheugt, T.I. Oei

Introduction

Neonaticide is the biological mother taking the life of the newborn child within 24 hours of its birth. Several times a year in the Netherlands there is an uproar in society when the dead body of a newborn baby is found, wrapped up in a plastic bag, rolled in a towel, sometimes complete with umbilical cord and afterbirth, found under shrubbery, in a park or street, or in a house, in the attic, a bedroom or the basement. If the biological mother is found, she may sometimes say that she kept the pregnancy a secret from her environment, that she gave birth alone and that she subsequently took the life of the child, either passively or actively. Very frequently her environment was unaware of the biological mother's pregnancy, or of the baby's existence. In this day and age, when contraceptives and abortion are available, such a crime provokes not only revulsion and indignation in society, but it also calls forth incomprehension and raises many questions. There are questions about the personality of the culprit, her background, her environment, a possible motive and whether these kind of cases can be prevented. In this chapter we will try to find answers to three essential questions:

1. What is the personality of the person committing neonaticide?
2. What induced her to commit neonaticide?
3. What can be done to prevent neonaticide?

In order to find these answers, in this chapter the most important findings in available scientific psychological and psychiatric literature on neonaticide are outlined. Then the results of this study are reviewed, and recommendations for further research presented.

Review of literature

In order to present a picture of available literature on neonaticide we searched three databases, namely PsycInfo, PubMed and Embase. We used the following keywords: *neonaticide, murder or kill or homicide, newborn or baby/babies* or

neonate/infant, homicide or infanticide or murder. This resulted in 2227 hits, of which we considered 188 to be purely relevant to the review, namely those articles that deal with neonaticide with the emphasis on psycho(patho)logy and the perpetrator's motives. Articles which were not included for the greater part only deal with animal studies, studies of postpartem psychopathology, euthanasia of newborn children, girl killings in China and India, domestic violence during pregnancy, only the pathology relating to the autopsy of the newborn child (and not the psychopathology of the perpetrator), infanticide in the case of children with congenital defects and studies concerning ethical discussions of abortion and infanticide.

Since the denial and concealment of a pregnancy constitute an important part of the entire concept of neonaticide, another literature search was performed in the same databases with the following keywords. A search was performed with the keywords *pregnancy and denial, childbear, deny, denied or denying, and conceal*, excluding the hits that were found earlier. This search gave another 1281 hits, after selection leaving 57 hits as purely relevant to the review, as they had to do with denial of pregnancy and concealment of pregnancy in relation to neonaticide or as they dealt with the psychological dynamism behind these phenomena. Those articles that were purely medically oriented as far as pregnancy is concerned, without any link to its denial or concealment, those dealing with animal studies, denial in the sense of (auto) deprivation of proper gynaecological care, those that did not deal with the denial of the pregnancy itself but dealt with other matters during pregnancy (such as cancer, the consumption of alcohol, or smoking), or those dealing with the denial of infertility (during fertility treatments), were not considered.

A review of the relevant articles concerning neonaticide and denial and concealment of pregnancy yields the following picture.

Short historical summary

Neonaticide is a phenomenon of all times which occurred in all corners of the earth and in all layers of society. Already in ancient times people killed newborn children¹ who were not healthy enough in the eyes of the parents, or in times of extreme scarcity of food. In Greek and Roman times the birth of a child did not mean its automatic inclusion in the family. The father had the right to decide whether a child was to live after it was born, whether it would be killed or abandoned. The reasons that children were killed were mostly that they were deformed or illegitimate, or that the parents could not afford a child.² Many mythological stories from the period describe the killing or abandoning of newborn babies, as for instance in the legend of Zeus and Cronos, in which Cronos (the ruler of the gods), for fear of being dethroned by a son, would eat

every child his wife bore him, immediately after birth. This made his wife Rhea so unhappy that she thought up a ruse to save her next child from an identical fate and wrapped up a stone instead of her baby in a blanket and offered the package to her husband, who immediately devoured it. In this way her newborn son Zeus managed to escape his father's cruelty.³ Another example is the story about king Oedipus, who is mainly known as the man who murdered his father and married his mother. This story opens with the father's attempt to kill the infant Oedipus, by abandoning him in the desolate mountains with severed tendons and tied feet.⁴

In the early Middle Ages in 787 AD the first asylum for abandoned infants was founded by Datheus, archbishop of Milan. In Scandinavia it was permissible to kill a child after birth, provided it had had nothing to eat or drink and had not been baptised.⁵ In both England, France and China killing newborn girls was a frequent occurrence.^{1,6,7,8}

In the Renaissance a change set in regarding child killing. If in the Middle Ages people could still feign ignorance of child killing, stricter legislation was made during the Enlightenment.⁹

However, in Italy many children died in their parental homes or in foster homes through neglect and malnutrition.¹⁰

In contrast to this, in Germany the penalties for killing a newborn child were far from mild: in Nuremberg between 1513 and 1777, 87 women were executed for infanticide. In England and France stricter laws regarding infanticide also came into effect. Every child killing carried the death penalty, and there was a reverse burden of proof: the person suspected of infanticide was considered guilty from the outset, instead of innocent until proven otherwise. So, the mother of a baby that was found dead was immediately considered to be guilty, unless she could demonstrate that the child had been stillborn or had died of natural causes, which in those days was very difficult to determine.¹¹

The colonists witnessed the Indians in America practise infanticide in order to control the growth of the population¹ and both in Japan and India infanticide was principally practised to get rid of deformed children and unwanted girls.^{12,13}

In the eighteenth century neonaticide was a prevalent phenomenon among maidservants,¹⁴ who were employed by a family and who were also part of this family. Because of their tender age and the fact that they had to do without the protection of their own family, they were easy prey for the male members of the family. When they turned out to be pregnant, they concealed this pregnancy from their environment, because pregnancy might mean immediate dismissal. For fear of discovery the baby was often killed immediately after birth. In Amsterdam, of the 24 women accused of infanticide between the years 1680 and 1811, no fewer than 22 proved to be maidservants.¹⁵

In modern times many things have been done (especially in legislation) to promote the protection of (newborn) children, but this does by no means imply that neonaticide is a thing of the past. One important difference in the character

of infanticide in the twentieth century, as compared to preceding times, is found in the rise of (relatively) safe, medically sound and, in many countries also legal, abortion.¹ Generally speaking in a number of countries (among which are England and the Netherlands) legislation dealing with women who kill their newborn child has become milder. In England in 1922 the Infanticide Act was drawn up, which reduced the crime of infanticide from murder to manslaughter, in those cases of the woman killing her newborn child when she had not yet fully recovered from the effects of delivering her child as a result of which the balance of her mind was disturbed. In 1938 the Infanticide Act was widened to include children younger than 12 months killed by their mothers who had not yet fully recovered from the effects of delivery or who had become temporarily insane through the effects of breast-feeding.¹ This Act was widely criticised, because when the same mother killed her child who was older than 12 months, or who killed someone else entirely, it would be called murder instead of infanticide, whereas it would be possible that the mother was suffering from the same insanity.^{16,17}

In the Netherlands there are special sections of law dealing with neonaticide which were changed most recently in 1886. These sections seem to have been written to accommodate the harsh living conditions of the women (often maidservants) who committed such a crime. These are sections 290 and 291 of the Penal Code, dealing respectively with manslaughter and homicide in the case of an infant's death. Section 290 says: 'The mother who, operating under fear of discovery of her pregnancy, deliberately takes her child's life immediately or shortly after it was born, will, if found guilty of infant manslaughter, be punishable with imprisonment for a maximum of six years'. Section 291 of the Penal Code: 'The mother who, in the execution of a decision made while operating under fear of discovery of her approaching delivery, deliberately takes her child's life immediately or shortly after it was born, will, if found guilty of child homicide, be punishable with imprisonment for a maximum of nine years'. The main thing in these sections is the fear of discovery and not, as in the Infanticide Act in England, temporary insanity brought about by the effects of having delivered a baby. In the regular sections in the Dutch Penal Code dealing with manslaughter and homicide (sections 287 and 289 respectively) much higher sentences are laid down, namely a maximum of 20 years for manslaughter and a maximum of 30 years or life for murder. This law has not been changed since 1886, although the living conditions of (young) women have changed on the whole. In today's society, with a changed spirit of the times, in which there is less social disapproval of single and/or extra-marital motherhood and there are various remedies readily available to prevent pregnancy (through contraceptives, preservatives and sexual education) or the option to terminate the pregnancy within the legal time limit (by means of a morning-after pill or through abortion) and in which there is also the option of placing the child in the care of a third

party (by means of adoption), it is true that killing newborns is less frequent than in the past, but has not (yet) left society altogether.

The literature review's results which follow relate to the woman committing neonaticide in our time.

The woman committing neonaticide in present times

Demographic characteristics

Neonaticide is a crime that is almost exclusively committed by women and in which the perpetrator in practically all cases is the biological mother.^{18,19} Neonaticide committed by the father is extremely rare. In the Netherlands on average four dead bodies of newborn babies are discovered per year.²⁰ Resnick was one of the first to describe the phenomenon of neonaticide, and he described, as the typical perpetrator of neonaticide, a generally young (sometimes even underage) woman, who is not in a steady relationship, still lives in the house of her parents, still goes to school, who does not ask for any prenatal assistance and who keeps the pregnancy concealed from her environment.²¹ In most cases the victim is the perpetrator's first child. However, in recent years it emerged that neonaticide also occurs among married women who are already the mothers of a number of children.^{22,23} Both the single, young women and the women who are in relationships and/or have already had children, generally commit one singular neonaticide, in which one baby is killed before they end up in the hands of justice. There are, however, also cases in which the woman once more becomes pregnant after the first neonaticide and acts in the same fashion as with her first neonaticide.^{24,25,26,27}

Perpetrators of neonaticide generally speaking have no judiciary record^{25,26} and in those cases where they have been in trouble with the law, this concerns relatively minor offences and only in rare cases acts of violence. Compared to women who kill older children this category is younger, more frequently single, and suffers less from mental disorders.²³

As regards the pregnancy

It is mostly stated of the pregnancy that it is unplanned and unwanted and concealed from the environment for the entire gravidity. When a third party inquires after the possibility of a pregnancy, this is actively denied.^{28,29,30} A number of women claim not to have been aware of the pregnancy, but in most cases they did know and the pregnancy was concealed from the outside world. In many cases the motive that is produced for the concealment of the pregnancy is the fear of discovery of the pregnancy, because – perhaps only in their own minds – this pregnancy would not be acceptable to their immediate environment.³³ Both during the pregnancy and during the delivery no third party

assistance of any kind is asked for. The delivery takes place in absolute isolation, but often in relative proximity to others, who may sometimes even be in the next room.²⁶ After its birth the baby is killed, mostly fairly rapidly, but in any case within 24 hours, either actively or passively, and the death is caused by the mother's inactivity rather than by her activity.³¹ When the child has passed away the dead body is as it were laid aside and in many cases wrapped in several layers (of clothing and/or plastic), and kept in the woman's bedroom, or in an attic, in a basement or storage space. Afterwards no one is informed of the child's birth (and demise) and everyday life is resumed as if nothing has happened. One striking aspect is that some women, when they move home, move the dead body with them into the new abode.^{28,31} In other cases the child is put with the garbage or abandoned post mortem in a nature reserve or elsewhere.³² And then they turn to the order of the day, as if the pregnancy never took place.

Denial and concealment of pregnancy in a general sense

Concealment and denial of the pregnancy is not something that is exclusively found in neonaticide. The literature concerning this subject consists, for the larger part, of descriptions of case studies and has only a few studies of large groups of women who have denied their pregnancies. Denial of pregnancy is mostly defined as "a woman's subjective lack of awareness of being pregnant".^{33,34} A distinction is made between the denial of the pregnancy and its concealment, as in the latter case there is an awareness of the pregnancy (often already at an early moment in the pregnancy), but in which the woman tells no one about it and wants to keep the pregnancy hidden to the outside world at all costs.^{38,35} Beier et al. suggest in this case to use the term 'negated pregnancy', as an umbrella term for both denying and concealing the pregnancy.³⁸ A review in Berlin shows that denial of pregnancy after more than 20 weeks' gestation occurs once in 475 pregnancies (0.21%).³⁶ One in 2500 women (0.04%) keeps up this negation right up to the delivery,³⁷ a ratio equal to that of eclampsia (a form of toxæmia) during pregnancy.³⁸ It is an interesting fact that 8% of the women who had kept their pregnancy hidden had earlier already denied a pregnancy in the same way.⁴¹ Denial of pregnancy is linked to potential risks, such as the absence of pre-natal care, ill-treatment of the unborn child in the sense of exposing it to harmful substances during pregnancy, postpartum psychiatric problems in the mother as a reaction to being taken by surprise by the confinement (without any assistance), as well as the risk of neonaticide.^{39,40} A review by Wessel et al. of 69 newborns where the pregnancies had been denied by their mothers shows that compared to a group of children whose pregnancies had not been denied, they ran a greater risk of premature birth, lower birth weight, would lag behind in growth for the duration of the pregnancy and would have to stay in a neonatal intensive care unit.³⁷

As a possible motive for denying c.q. concealing the pregnancy Nirmal et al. mention the conflict between the desire to have a child and the fear of losing it to

the Child Protection Services.⁴¹ In addition to that an earlier history of substance abuse, early sexual trauma, being of a very tender age, external stressors and an earlier psychiatric history might also be risk factors.⁴¹ Beier et al., however, maintain that in their review group of 66 women who had denied their pregnancy and twelve women who had kept their pregnancies hidden, the risk factors of low socio-economic status, tender age, low intelligence and naivety as regards sexuality and bodily functions do not apply.³⁸ This last factor is seen as possibly contributory to the occurrence of the denial of pregnancy, but not only women that go through their first pregnancy may deny the pregnancy.

The underlying psychopathology in women denying their pregnancies may be diverse. In many articles a distinction is made between a psychotic and a non-psychotic variant.^{42,43,41,42} Psychotic denial frequently occurs with chronically mentally ill (often schizophrenic) women who may experience the physical symptoms of pregnancy but attribute them to delusional causes.⁴³ The denial of the pregnancy may be so persistent that in a number of cases it continues to exist, even after the birth of the child as 'most persuasive proof' has taken place.⁴³ Families of psychotic deniers are often aware of the pregnancy, as the patient does not take any trouble whatsoever to conceal her pregnancy.⁴⁷ Non-psychotic denial of pregnancy may be divided into three categories: *pervasive denial*, in which not only the emotional meaning but also the entire existence of the pregnancy remains outside the consciousness, *affective denial*, in which the woman is intellectually aware of the pregnancy, but makes only few emotional or physical preparations for the birth, and *persistent denial*, when the woman becomes aware of the pregnancy for the first time in the third trimester, but does not seek out any pre-natal care.⁴⁴

For some considerable time now there have been people advocating the denial of pregnancy to be included as a special category within DSM and ICD classifications. Strauss et al. argued already in 1990 that denial of pregnancy should be considered as an adaptive disorder and should also be classified thus.⁴⁵ At the time the suggestion was to refer to this as a 'maladaptive denial of physical disorder' classification within the adaptive disorders in the DSM. Miller made a further differentiation by suggesting that it should be referred to as a 'condition' instead of a 'disorder', because strictly speaking a pregnancy is a physical condition and not a disorder.⁴⁶

At the same time it was advised to specifically include pregnancy in the description of this affliction. It would be regarded as separate from the psychotic forms of denial and of the forms of concealment of pregnancy, in which the pregnancy is not denied by the woman herself.⁵⁰ This description of the denial of a physical condition as an adaptive disorder was not included in DSM-IV. Beier et al. suggest regarding the denial of pregnancy as a reproductive dysfunction which is not brought about by an organic disorder or illness and to incorporate it in the chapter 'sexual and gender identity disorders' of the DSM.³⁸ Still, it is questionable

whether the term 'reproductive dysfunction' is an adequate qualification, as it is not so much the reproductive system of the woman that breaks down, but its mental perception.

Though certainly a number of similarities can be found among women who deny their pregnancy, these women, first and foremost, are a heterogeneous group that does not display an unambiguous mental dynamism that holds good for all women.³⁹ Beier et al. emphasize therefore the importance of (continuous) observation of the individual presenting this phenomenon, in order to acquire a correct picture of the underlying individual pathology.³⁸

Psychopathology of women committing neonaticide

Varying results are found in the literature about the mental health at the time of the offence of women committing neonaticide, but generally it concerns women who are in a mental sense relatively healthy, who at most contend with some personality problems. The majority of women who killed their newborn do not have any psychiatric history preceding the offence.^{26, 47} The personality problems found in these women are characterized by passivity, the tendency to repress unpleasant matters and to deny the existence of problems.⁴⁸ Their personality is further characterized by indecisiveness, emotional immaturity and not assuming their own responsibility. Spinelli describes the personality of the perpetrator of neonaticide as childish and with a certain *belle indifférence*, which has no affect, in conformity with the situation in which the woman finds herself.⁵¹ The most prominent characteristic during the pregnancy is that – in contrast to the average woman who is pregnant – no inner bonding with the as yet unborn child develops.⁵² The pregnancy is generally felt to be unwanted and many women have stated to have been fearful of reactions to their pregnancy from their environment, and also of being abandoned by their parents and/or partner. The emotional immaturity in their personality gives rise to a form of magical thinking in some women after confrontation with their unwanted pregnancy: they suppose that the pregnancy will magically disappear if they think about it as little as possible.³⁵ Because of this no action is undertaken to find an adequate solution (for instance in the form of abortion, or adoption or any other way) for their situation. This passivity also leads to no preparation at all being made, neither for the childbirth, nor for the killing of the child. Fear of discovery keeps the pregnancy completely denied and concealed from the outside world. This denial by the mother may be so powerful that it also seems to have effects on the perception of the environment, which goes along in the denial of the pregnancy.^{35, 49} The strong denial may also lessen the physical presentation of the pregnancy. For example there is a number of cases in which during the pregnancy there was continued monthly loss of blood, very little weight increase and few other pregnancy characteristics such as nausea or increased frequency of mictio.⁴⁴

During the pregnancy no third party assistance is sought, neither as regards the pregnancy in the form of pre-natal assistance, nor as regards their own mental wellbeing in the sense of mental health care.

In labour the approaching confinement becomes an ever increasing reality and many perpetrators of neonaticide become dissociated, and display symptoms of depersonalization and have the feeling that they are in a trance. Some women stated that they had the sensation of watching themselves from a distance, which are also known as autoscopic experiences.³⁶

Related to this Nesca and Dalby provided the option that characteristics of a post traumatic stress disorder should also be taken in consideration on account of the dissociative elements at the time of the traumatic confinement, but further study into this has not yet been carried out.⁵⁹ Apart from these dissociative phenomena there is frequently no serious psychopathology in a narrower sense,^{32,51} although some studies also mention psychotic phenomena.^{25,36} There is generally no question of suicidality nor of suicidal intent,^{20,26} not in the earlier history, and nor immediately after the offence. After the delivery everyday life is once more resumed and even then the pregnancy or the birth of the child does not play a role of any significance in the mother's perception of the world.

Motives

In most studies the motive for neonaticide is ordinarily classified as that of the 'unwanted child'.^{25,32,52} The child being "unwanted" might for instance be based on the fact that it was illegitimately fathered, or because of economic conditions,²³ at the same time suggesting that getting rid of the pregnancy (or its result) might be the only motive. However, this does not explain why they did not resort to abortion at an earlier moment or why some women keep the body close to them for such a long time and, in doing so, seemingly cannot abandon the child post mortem. In the case of these women Oberman also refers to a certain ambivalence about their pregnancies, which contributes to their indecisiveness in action.⁵³ They live by the day and do not make plans towards the inescapable birth of the child. Pitt & Bale suggest a motive to be found in their relationships, namely that the fear of rejection by the parents or the partner should also be viewed as an important factor.⁵³

Quite a few perpetrators of neonaticide claim they were unaware of the pregnancy and were completely taken by surprise when childbirth occurred, but according to Porter & Gavin this does not tally with the behaviour during childbirth.³² For assistance is not called in, not even when the child is stillborn, whereas also then the normal reaction would be to call in assistance and not to push the child aside or to put it in the bin and to proceed with the order of the day. Putkonen et al. studied 32 cases of neonaticide in Finland over a period of 20 years (1980-2000) and apart from the child being unwanted found other motives: a panic situation, fear of desertion, and an inability to deal with the child.³³ In 66% of the cases the motive was unclear, however. They conclude that

in a prosperous country such as Finland the traditional stigma and economic reasons behind neonaticide are not the prime motives, but suggest that the background reasons are rather to be found in the perpetrator's psychology. Oberman also describes that women feel isolated from their environment and are fearful that they will be deserted when their pregnancy becomes known, whereas afterwards no such fear was justified.⁵⁷

Study in the Netherlands

In the Netherlands the most recent study (2007) of neonaticide was carried out by Verheugt as part of his review of parents who kill their own children.³⁴ Covering a period of ten years (1994-2003) all cases of neonaticide were reviewed in which the mental faculties of the women involved were examined. Verheugt arrived at the following profile of the perpetrator of neonaticide: the woman who commits neonaticide is generally young, of indigenous origin, is single or has only incidental partner contacts and has very little involvement in intimate relationships with others. Regarding the dynamism the perpetrators of neonaticide display a strong ambivalence: the pregnancy must remain concealed at all costs (often for fear of losing the love of a partner or of the parents) and at the same time there is a strong wish that the pregnancy does get noticed, that searching questions are asked, but when this actually happens, everything is done to deny the pregnancy to the outside world. Verheugt also indicates that the dynamism of becoming pregnant in the testing of mental faculties is often omitted. Generally speaking, at any rate on superficial examination, the women who commit neonaticide function adequately and are mostly not suicidal. The (psychiatric) disorders that exist tend to develop especially in the run-up to the killing. Verheugt's review also indicates that a third of the entire group of parents who kill their own child lost a loved one who was still a child, so a little brother or sister, a (previous) child or a brother or sister of their parents.³⁴ The statistics for women who commit neonaticide are still to be researched.

Conclusion from literature review

Neonaticide is taking the life of newborns by their biological mothers, within 24 hours after childbirth. It is practised in all eras and in all cultures, mostly because of either harsh living conditions, such as poverty and scarcity of food, or in order to get rid of unwanted (deformed, illegitimate or female) newborns. In this day and age neonaticide is committed by relatively young, emotionally somewhat childish women and is characterized by keeping the pregnancy hidden for the environment, for fear of discovery, and after delivering the child taking its life either actively or passively. Then the mother continues with everyday life.

Denial and concealment of pregnancy are phenomena which – quite apart from neonaticide – more frequently occur in the case of women who are in some

cases already suffering from a psychiatric disorder. The personality problems found in women who commit neonaticide are characterized by passivity, the tendency to suppress difficult matters and to deny the existence of problems. On top of that indecisiveness, emotional immaturity and also an absence of a suitable affect regarding the pregnancy are also frequently identified. No bonding with the as yet unborn child develops and it is sometimes thought that the pregnancy will magically disappear if as little as possible thought is spent on it. During the birth of the child, which takes place in absolute isolation, to a greater or lesser extent dissociative symptoms develop in the mother. In the literature the stock motive for committing neonaticide is mostly given as that of the unwanted child, on account of the illegitimacy of the child or because of economic circumstances. Some studies, however, mention a few other possible motives, such as the fear of desertion, being in a panic situation and an inability to cope with the child. It is suggested to find the background motives in the perpetrator's psychology, rather than in environmental conditions.

Discussion

The available literature concerning neonaticide presents a picture of the demographic and social data of the women who resort to neonaticide, and also the characteristics of the crime and of the historical context of this phenomenon. This sheds a fair amount of light on the 'outside' of the phenomenon of neonaticide, but the present studies still shed too little light on the 'inside' of the perpetrator of neonaticide. Several studies^{33,54} suggest that new research should focus on the psychology of the offender, rather than on the (socio-economic) circumstances of the women who commit this crime. In a time when there are many possibilities to prevent pregnancy, and there are also all kinds of alternative solutions available to deal with an unwanted pregnancy, it is most certainly of great importance to determine why a small number of women when confronted with an unwanted pregnancy nevertheless resort to keeping the pregnancy completely hidden from their environment and ultimately to take the life of the newborn child.

Whereas many studies regard neonaticide as a crime in reaction to an unwanted pregnancy, in our view neonaticide should sooner be considered as a 'tragedy in four acts': the first act is the (un)desired conception, the second the concealment of the pregnancy, the third the child's birth in isolation and either actively or passively taking its life, and the fourth act concealing the dead body of the newborn child and sometimes keeping it close by. There is sometimes also an epilogue, when the neonaticide comes to light and leads to a court case, but in some cases this is where the tragedy ends and in other cases the tragedy is repeated, when we are dealing with multiple neonaticide. The psychological

dynamism of each act should be examined, paying attention both to the specific dynamism of each individual act and to the psychological dynamism of the phenomenon as a whole.

Also within the group of perpetrators of neonaticide attention should be paid to the fact that this need not be a homogenous group, as Putkonen et al. already suggested,³³ which may be divided in a number of sub-groups. Especially the fact that there are women who are convicted after a single neonaticide and women who only after a series of killings of newborns have to answer for their crimes in court, raises the question whether in neonaticide we are always dealing with potential 'serial killers' or that there are rather two groups: women who do this once and women who will keep doing it unless they are stopped. There should be more longitudinal examination of this, especially with a view to prevention and risk assessment, of which as yet not much is known about this special group of women.

Another element that should be further examined in additional research is the systemic aspect of neonaticide: the environment plays an important part in not noticing the pregnancy and in a number of cases also supplies an additional motive for the killing, namely that the mother's perception is that she dare not make her pregnancy known to her environment. Some women also indicate that they would have liked third parties to ask searching questions when they denied being pregnant. Amon et al. emphasize also the role of the environment; they stress that this role is especially characterized by a certain lack of concern and indifference regarding the woman in question.⁵⁸ What dynamism is at play here? From what kind of families do these women come? Is there a fear of losing a relationship with the parents or with a partner? Or is there after all (also) an aspect of revenge on the direct environment which insufficiently notices the pregnancy (and in so doing also the woman concerned)? Many questions regarding the systemic context of neonaticide still remain unanswered and should be more closely addressed in further research.

In most studies of neonaticide the stock diagnosis of the motive for the offence is that of the 'unwanted child'. Although a number of studies also indicate that fear of desertion of a significant other (for instance parents or a partner) also plays a role, only occasionally a study³³ suggests alternative motives for killing the newborn child. The following motives are given: a panic situation, fear of desertion, and inability to cope with the child. Verheugt also mentions the fear of desertion by partner or parents as a possible motive for neonaticide.³⁴ Extensive further research should be carried out into these alternative motives. For instance in no study up to now was any attention paid to the possibility that concealing the pregnancy and in so doing not acknowledging the life of the child to the outside world might be a motive in itself. In an unconcealed pregnancy the future mother shares the news of the approach of her baby with her environment and thus as it were already slightly detaches the baby from its symbiosis with herself. In this way the baby acquires a meaning also to others and then more

people are looking forward to the birth of the baby. The result is that the baby starts to 'live' for several people before its birth. This 'allowing to live' is something a mother does for her child, in order to create an environment that is receptive and that offers enough support for the child to grow and develop. Nothing even approaching this happens in the behaviour of the perpetrator of neonaticide and even in the woman's own perception the existence of the child is denied. The role of denial of pregnancy and the possibility to regard this as a motive in itself (possibly precisely in those cases where women have committed multiple neonaticide) should be further researched. Also the function of the repetitive aspect needs further (in depth) diagnostics.

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Authors

K.J. de Wijs-Heijlaerts, MA, psychologist, working at the NIFP (Netherlands Institute for Forensic Psychiatry and Psychology) in 's-Hertogenbosch. Since 2010 working on a thesis on neonaticide: the psyche of women who kill their newborn babies.

A.J. Verheugt, PhD, clinical psychologist/psychotherapist, working at the NIFP (Netherlands Institute for Forensic Psychiatry and Psychology), NRGD (Netherlands Register for Court Experts), the Parole Appeals Division in Arnhem, and in own practice. Wrote a thesis on parents who kill their own children: 'Moordouders. Een klinisch en forensisch psychologische studie naar de persoon van de kinderdoder' (Murderous Parents. A Clinical and Forensic Psychological Study of the Person of the Childkiller) (2007).

T.I. (Karel) Oei, MD PhD, Professor emeritus of Forensic Psychiatry, Tilburg Law School, Department of Criminal Law