

PSYCHIATRIC CONSIDERATIONS ON INFANTICIDE: THROWING THE BABY OUT WITH THE BATHWATER

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SUMMARY

Background: Infanticide is not a new concept. It is often confused with child murder, neonaticide, filicide or even genderside. Each of these concepts has to be defined clearly in order to be understood. Through time reasons for infanticide have evolved depending on multiple factors such as culture, religion, beliefs system, or attempts to control the population. It was once seen as a moral virtue. So what has changed?

Subjects and methods: Between January 2020 and May 2020, a literature search based on electronic bibliographic databases as well as other sources of information (grey literature) was conducted in order to investigate the most recent data on infanticide and child murder, especially the newest socio-economic and psychiatric considerations as well as the different reasons why a mother or a father ends up killing their own child and the Irish situation.

Results: Recent works on the subject demonstrate how some new socio economic factors and family considerations impact on infanticide. Mental illness, especially depression and psychosis, is often part of the picture and represent a very high risk factor to commit infanticide and filicide. Fathers and mothers do not proceed the same way nor for the same reasons when they kill their offspring. Neonaticide and infanticide are almost always committed by women. A recent case in Ireland (2020) proves how filicide remains an actual problem.

Conclusions: Filicide is a relatively rare event, and therefore particularly impact both the public and the press when it occurs. Infanticide does not result from a unique cause, but from multiple factors (some being well known, some remaining hypothetical). Psychopathological and socio-economical parameters associated to peculiar family grounds are currently prevalent. To help and prevent infanticide, screening for psychiatric disorders and risk factors and treating or offering assistance to parents at risk should be implemented.

Key words: infanticide - filicide - child murder - psychiatry - economy

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INTRODUCTION

Infanticide means the unlawful killing of an infant under 1 year of age; this definition is generally accepted internationally, even if there are some exceptions. In France, for example, the new Penal Code (which became effective in 1994), suppressed this specific incrimination and replaced it by the murder of a minor below the age of 15.

Infanticide occurs in both indigenous and sophisticated cultures around the globe. The term neonaticide refers to murders of babies aged less than 1 month, taking place in the immediate post-partum period (Byard 2016), most of the time within a few hours after the birth.

Hermann (2017) attributes traditional neonaticide to an inability to properly care for an infant, while older infants are more typically killed because of child abuse, domestic violence or mental illness.

Female infanticide is the act of deliberately killing baby girls. It is also described as gender-selective killing or "gendercide", while "gynocide" and "femicide" refer to the killing of females of any age (BBC Ethics 2014). Female infanticide is more common than male infanticide and can seriously impact on the balance of the sexes in the population.

Filicide is used when a child is killed by one or both parents.

The notion of intent is crucial in infanticide; it refers to the fact that the infant is killed by or with the consent of his mother (Rodriguez 1997, Garner 2001) and is presented as a deliberate and intentional act of child-killing (Lukianowicz 1971). In that context, 2 subtypes of infanticide are identified: the direct or active infanticide when the child is killed deliberately by means of dehydration or starvation, suffocation or head injuries, and the indirect or passive infanticide which often begins with inadequate nutrition, neglect or careless parenting (Lopez 2013).

In the past and in many societies, infanticide was a widespread practice and utilised as an effective form of population control. Especially in poor and overcrowded countries.

In some cultures, children are not considered as human beings until certain ceremonies have been performed (like ceremonies during which a name or even a haircut is given to the young of the tribe). Infanticide or child murder rarely occurs after these ceremonies have taken place, but killing a child before them is not seen as an homicide (Lopez 2013). The motivators at the time included illegitimacy (irregular mating), birth defects and religious superstition (including religious offerings).

At a time, infanticide was even considered as a moral virtue as it was thought to ward off evil forces while limiting/reducing the expansion of a growing population.

Female infanticide was common in Antiquity but can still be a reality nowadays in some cultures (Chinese, Eskimo, Polynesian). Indeed as the feminine function is often perceived as subservient (compared to having a son which can ensure the family and economic stability), it can be a burden to bear a daughter. Indeed, besides government policy, raising a daughter can mean reduced earning power but also having to provide a dowry without any pension security. In many societies parents depend on their children to look after them in old age, and as a daughter will marry into a different family, she won't provide that security to her original family (while a son would).

In the literature, the oldest recorded methods of infanticide were exposure and abandonment. It meant that babies or very young infants were abandoned and left to die as a result of starvation, dehydration or animal attack.

In some cases, some very young children were also used as sacrifices. But as human sacrifice became considered barbarous, the exposure of infants became widely practiced (BBC Ethics 2014). Other methods of infanticide in ancient history include suffocation and drowning.

These deaths have always been difficult to record as most of them are covered as "stillbirth" or because they occur before children are registered.

SUBJECTS AND METHODS

Between January 2020 and May 2020, a literature search based on electronic bibliographic databases as well as other sources of information (grey literature) was conducted in order to investigate the most recent data on infanticide and child murder, especially the newest socio-economic and psychiatric considerations as well as the different reasons why a mother or a father ends up killing their own child and the Irish situation.

The global rate of child homicide (Pinheiro for United Nation 2006) is estimated to be 1.92 for females and 2.93 for males in the age group 0-17years per 100,000 inhabitants. The rate of filicides is even more difficult to estimate; in a study about Finland and Austria, Putkonen and her team identified in both countries that the rate of filicide was over 5 per 100,000 inhabitants (Putkonen et al. 2009)

Of course it is extremely difficult to estimate the amount of infant homicides as they are underreported but also because of inaccurate coroner rulings and the fact that some bodies remain undiscovered.

Generally medical examiners will talk about infanticide only when they can rule out other explanations (i.e. autopsy proves that it was not a stillbirth if there is evidence that the baby was able to breath, absence of evidence regarding a natural cause of death and circumstantial evidence consistent with homicide) (Knight 1976).

RESULTS

New socio-economic and family considerations

In 2019, Baeck queried a relationship between economic inequality and infanticide rates (Baeck et al. 2019). In order to do this, he went through 15 years of infant death records (between 2003 and 2017) in South Korea, and assessed the potential correlations of multiple economic factors. Interestingly, he showed that while infant mortality rate was decreasing, the infanticide rate tended to grow. He also highlighted the fact that infanticide rate increased with unemployment. He recommended for socio-economic factors to be considered by the government when providing healthcare regulations regarding infanticide (taking account of both children at risk and their parents).

These data certainly confirm the conclusions published by Porter and Gavin (2010); that infanticide needs to be considered from different perspectives, other than the psychiatric one, even though this one remains prevalent.

The 2016 report from Child Trends (United States) indicates that it is during their first week of life that infants are the most likely to be killed by their mother, while after that period they are more likely to be murdered by a male (usually their father or stepfather) (Overpeck et al. 1998). It is on the day of birth that the risk of infant homicide is maximal while 10% of infanticides are committed during the first month of life (Centers for Disease Control and Prevention, 1999-2013). Indeed it is during this interval that homicide risk is higher than in any other year of childhood before age 18 (National Center for Injury Prevention and Control 2015).

The very same report also shows that the risk of homicide for black infants is the highest as in 2013, it was actually three time greater than for white and Hispanic infants.

Recent psychiatric considerations

There are only two psychiatric disorders that might explain why someone kills another person: severe depression and psychosis. In the case of infanticide, because of the statistics above, it is essential to observe these disorders around the perinatal phase and especially the postpartum.

Interestingly, the diagnosis of postpartum disorder (Psychosis with Childbirth) which was included in the second edition of the 1968 Diagnostic and Statistical Manual of Mental Disorders, Second Edition (DSM II), disappeared from any subsequent version of the DSM (Spinelli 2016). Recent editions of the DSM (DSM IV and DSM 5) still do not give postpartum disorders a specific or formal classification. At best, the specifier "peripartum onset" can be added to other diagnoses (if the onset occurs during pregnancy or up to 4 weeks after child delivery).

Spinelli argues that the “fact that postpartum psychosis is denied the status of “diagnosis” in psychiatry is an injustice that weakens its diagnostic credibility in the criminal court for mentally ill women”. Biologically and even clinically, the situation of postpartum psychosis has very specific parameters that won’t be found in non-postpartum psychosis; neuro-hormonal factors related to childbirth, dysregulation of the immune system (Bergink et al. 2013) and genetic similarities in bipolar women with postpartum psychosis (Jones et al. 2007).

The rates of infanticide have been shown to correspond to suicide rates rather than to murder rates (Lester 1991). In a register-based study on all filicides cases in Austria and Finland between 1995 and 2005, it was proven that most of the perpetrators were the biological mothers (Putkonen et al. 2009).

In that study, filicide was followed by suicide (as an attempt or a fulfilled act) in 32 to 54% of the cases. 10 to 12% of the living perpetrators were diagnosed with psychosis, while non psychotic depression was found in 9 to 35% of the surviving perpetrators. Interestingly, psychopathy did not appear to be associated with filicide while substance abuse/dependency was found in 26% of the cases in Finland. Personality disorders were diagnosed in 35 to 47% cases (being the most common psychiatric diagnostic group) and often associated to psychosocial distress at the time of the fatal abuse (Lewis & Bunce 2003).

In a similar research conducted in Turkey, the perpetrators that were not subject to criminal liability were diagnosed with schizophrenia in more than half cases while others were found to suffer mainly from major depression (25%), but also from imbecility and debility (10%) (Karakus et al. 2003).

Another study reports that women who were psychotic at the time of the infanticide, tended to be older and more educated than the non-psychotic women (McKee 2006). They were also more likely to be separated or divorced and unemployed while having a history of substance abuse, psychiatric hospitalization, ongoing psychiatric treatment and suicide attempts (Lewis & Bunce 2003). Many perpetrators have a history of abuse in their childhood (Lucas & Wezner 2002) and some authors say that fatally abused children have often been victims of prior abuse (Holden & Burland 1996, Dil & Doreleijers 2008, George 2013).

Gender differences in infanticide (between mothers and fathers)

As recently described by Amon and his team (Amon et al. 2019), there are some significant gender differences regarding the legal handling of infanticide. Among perpetrators who were considered legally responsible for their actions, mothers received a conviction of murder and life imprisonment less often than fathers. Gender differences are less obvious when comparing psychotic and personality disordered offenders. Multiple works showed similar results (Brookman & Nolan 2006, Daly & Bordt 1995, Laporte & Poulin 2003, Spinelli 2005).

In 1969, Resnick established 5 categories to account for the motives that parents kill their children. This classification remains one of the most influential to date (despite posterior works). He distinguishes: (1) Altruistic filicide (either associated with parental suicidal ideation or to relieve the child from suffering), (2) Acutely psychotic filicide, (3) Unwanted child filicide, (4) Accidental child filicide and (5) spouse revenge filicide.

Since 1950, the rate of child homicide has been multiplied by three, and remains within the top five causes of death for young people aged 1 to 14 y old (West 2007). Female and male children homicides seem to occur in equal numbers, though West mentions that one study found that fathers were more likely to kill sons and mothers more likely to kill daughters (West 2007).

If we look at filicide from a Darwinian perspective; the theory of evolution offers an interpretation that is more objective and less emotionally charged. The purpose of a species is to reproduce itself and for the genes to be propagated in advantageous conditions. This is also valid for humans. But the world has limited resources, so non ideal offspring (weaker, deformed or resulting from bad mating like rape or incest) are more likely to be gotten rid of, in order to favour stronger candidates. In that context, it is understandable that to spare time and energy (that would be required to raise them), younger offspring are eliminated. As younger females have more time to remain fertile and give birth to other children, they are certainly more inclined than older females to sacrifice their young. Psychiatric illness and the disorganisation associated to it was suggested as the most important factor for “parents not to follow the trends predicted by the evolution” (West 2007). This theory would also explain why stepparents kill children at a much higher rate than biological parents: 8 times more for stepfathers and 3 times more for stepmothers (Weekes-Shackelford 2004). Stepparents are also reported by the same author to be more likely “to beat or bludgeon their stepchildren” when biological parents would rather shot or asphyxiate their children; this could be a way for them to express the rage, resentment and hostility they can feel towards their stepkids.

Characteristics of mothers who commit filicide: psychiatric component, generally killing children younger than the ones killed by their fathers, social isolation, indigence, being full time care providers and being possibly victims of abuse themselves (as children) and/or domestic violence. Mothers generally kill their children by head trauma, drowning, strangulation and suffocation.

Characteristics of mothers who commit infanticide: young, single, poorly educated and lacking pre-natal care. 2/3 of the killings occur before the baby is 6 month old and the means of killing are commonly battering or assault, head injury being the most common cause of death. In most cases, the perpetrator is alone and the killing happens at home.

Characteristic of mothers who commit neonaticide: young, alone, nulliparous prior to the birth, unprepared for the birth of the baby, rare psychiatric history, denying or concealing their pregnancies, killing the child as it is unwanted. To proceed, they often opt for asphyxiation, drowning or exposure. Most new-born babies who are killed are not born in hospital.

Characteristics of fathers who commit filicide: psychiatric component, generally killing children older than the ones killed by their mothers, rarely involved in neonaticide, murder is often the result of the dad's interpretation of the child's behaviour (e.g. jealousy), poor financial situation, unemployed and lacking support network (West 2007). Fathers generally use active and violent means to kill their children: like hitting, shooting, stabbing, dropping or crushing/shaking.

The Irish Situation

In Ireland, infanticide is a very sensitive topic. Between 1850 and 1900, over 4500 cases of filicide (of a child under the age of three) by their mother were suspected. At the time, the main reason for woman to do so, was to have a child out of wedlock. This was seen as a total disgrace and a real scandal on the woman and her family, and being a single parent then equalled "resigning to a destitute life for both the mother and the child" (Hennessy 2015).

Elaine Farell is an historian who studied infanticide during this precise period in Ireland. She also insists on the fact that "fathers tend to be missing from most records of the babies' deaths"; their absence contributing highly to the murder of the children. She reports that "most of them would have been illegitimate children" as the father of the child may have already been married or might have emigrated, or the child might have been the result of a rape or an incest (Farell 2013, Hennessy 2015).

Farell says some women used infanticide as a post-pregnancy abortive method, "as there was sometimes talk around a woman's conviction of her having killed one of her babies before". She explained that most babies were either smothered, suffocated or strangled, before being thrown in the river (often weighted by a rock).

Very few of these infanticide mothers were actually sentenced and none of them executed. Judges at the time seemed to have been rather sympathetic towards these ladies; they were also very aware of the terrible life a mother with an illegitimate child could expect.

120 years later, infanticide has unfortunately made the front page of all newspapers in Ireland (Lally & Wilson 2020). Indeed in January 2020, in Dublin, a mother in her 40's was reported to have killed her 3 young children (two boys and a girl under the age of 10). This shook the whole community and highlighted the infanticide problem; a reality that we'd rather have kept in the past.

CONCLUSION

Filicide is a relatively rare event, and therefore particularly impacts both the public and the press when it occurs. Legal handling is different according to the gender of the infanticide offender as mothers generally have more lenient sentences.

Infanticide does not result from a unique cause, but from multiple factors (some being well known, some remaining hypothetical).

Psychopathological and socio-economical parameters associated to peculiar family grounds are currently prevalent.

To help and prevent infanticide, screening for psychiatric disorders and risk factors and treating or offering assistance to parents at risk should be implemented. In Ireland, we have developed a specific service of perinatal mental health in that regard, linking gynaecologists, maternities, paediatricians and mental health services to assist, support and treat parents around birth time.

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Anne-Frederique Naviaux: concept and design of article, literature searches, writing manuscript, approval of final version.

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