



Case report

A young woman who killed 5 of her own babies: A case of multiple neonaticide



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ABSTRACT

Neonaticide is a rare form of homicide. It is generally classed as manslaughter but differs from other forms of homicide in many respects. The factors favouring its occurrence and the legal position of neonaticide in Germany are discussed. The case is presented of a mother who committed five neonaticides within 8 years. While she was a caring mother for her two oldest children, she killed the five subsequent offspring immediately after giving birth. In the scarce literature on neonaticides, a case of multiple offending is particularly rare. Similarities to, and differences from, other cases of neonaticide in the literature are considered. The psychodynamic context of the offences is examined in order to identify contributing features which could be used to help prevent future occurrences.

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1. Introduction

“Neonaticide” is defined as the killing of a newborn infant within the first 24 h after birth.¹ It is an uncommon phenomenon compared to other fatal offences but is the most frequent form of homicide to be committed by women.² In the vast majority of cases the mother of the infant is responsible. The number of undetected cases is suspected to be high due to non-discovery of concealed corpses.³

The literature on neonaticide is scarce. Very few studies have been published and their sample sizes have almost always been too low to allow detailed statistical analysis.^{4,5} It has nevertheless been suggested that certain environmental factors favour neonaticide, including young age of the mother, lack of social support and low educational level, but no comprehensive theory has yet been presented and knowledge of the phenomenon remains sketchy.⁵

At this stage in the understanding of neonaticide the presentation of clinical case studies is therefore of great forensic importance.⁶ Such studies provide detailed information on this phenomenon and create a basis for future statistical examination.⁷ The current case has particular value because it involves a series of neonaticides carried out in Germany over a period of several years. To our knowledge, no comparable case has yet been presented. This paper considers the case in detail and compares it to other available

case studies to identify differences and similarities. We hope that analysis of such cases will reveal potential risk factors and thus help to prevent future occurrences.

1.1. Legal consequences of neonaticide in Germany

Under German law a person can only be punished, if he or she committed the criminal act in a state of criminal responsibility. §§ 20/21 StGB (*Strafgesetzbuch* – German penal code) rule on procedure in circumstances of diminished or suspended criminal responsibility due to psychological conditions. The law distinguishes 4 categories of psychological alteration which are classified as criteria:

- major mental disorders such as organic, affective and schizophrenic psychoses
- oligophrenia
- severe disturbance of consciousness, which is understood to mean biologically or psychogenically caused alterations of the state of consciousness
- other severe psychological abnormalities, which include neurotic conditions, personality disorders, sexual deviance, addiction, and also psycho-reactive disorders.

If one of these criteria is fulfilled, a second stage is necessary in which an analysis is carried out to decide whether reasoning capacity and/or accountability were markedly reduced or suspended. If one or both of these were suspended when the crime was

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committed the consequence is exculpation and the person cannot be punished. If one or both of these were reduced, the act is deemed to have been committed in a state of diminished legal responsibility and the duration of the sentence can be lowered.

Neonaticide as a phenomenon has been classed differently by different cultures. In the classical world the killing of newborn infants is thought to have been seen as a legitimate form of population control. In more recent times neonaticide came to be severely punished and in Prussia, for example, it led to a death sentence until the 19th century.⁸ Newer laws have tended to order milder sanctions for neonaticide; until 1998 the German penal code (StGB) specified that the killing of illegitimate children immediately after birth should lead to a sentence of only 6 months to 6 years (§ 217 StGB). This law was abolished in 1998 and the killing of newborn infants has since been treated as normal homicide. However the killing of children is such an unusual crime in legal practice that potentially relevant psychological factors and conditions surrounding the event require separate evaluation in most cases.

Homicides involving infants rarely fulfil the legal requirements for murder so that the act is usually classed as “*Totschlag*” – manslaughter (§§ 212 and 213 StGB). Because neonaticide is generally thought to occur as a result of a psychologically traumatic situation, and childbirth is often seen as a potentially traumatic event,⁹ most neonaticides in Germany are examined by independent psychiatric experts. If these experts find that the accused woman was psychologically disturbed or mentally ill at the time of the offence they advise the court that the act was committed in a state of diminished responsibility. If they find that she was fully responsible for her actions the court must decide whether the case of neonaticide constitutes what is known as a “*minder schwerer Fall*” – less severe case – of manslaughter. Such a decision tends to result in a less serious sentence than other homicides.

2. Current case

In 2006 and 2007, the bodies of two genetically identical infants were discovered in Schleswig–Holstein, Germany's most northern federal state. The woman K. was interrogated at her home in summer 2012 during the ensuing police investigation, not because she was considered a suspect but rather because she lived within the area of the discovery site. Shortly after the interview K. made a voluntary confession and admitted to being the mother of the two newborn infants whom she claimed to have killed immediately after their birth. She also reported that she had killed three other newborns whose corpses she had hidden in the cellar of her house.

2.1. Biographical information

K. is a white female who was 29 years old at the time of her arrest. She lived with her husband and two daughters (aged 10 and 8). The older daughter's father was an ex-partner while the younger daughter was the child of the current marriage. The family lived an apparently normal life without any signs of internal family disruption.

K. had grown up with her parents and her sister until the parents divorced when she was 8 years old. She had a happy childhood with many positive experiences. The divorce of her parents, however, had a great emotional impact on her. She decided to live with her father, who moved to another city. The father soon found a new girlfriend and had little time for her so that she had to be self-reliant. In her youth she had a few superficial and short-term friendships but never felt close to anyone.

K. obtained a school leaving qualification. After this she started a vocational training course which she did not finish because she became pregnant unexpectedly.

K. had no criminal record and never received psychiatric or psychological treatment. She reported that she had never experienced any traumatic events.

2.2. Psychosexual development and earlier pregnancies

K. had an indifferent relationship to her own body from teenage years on. She practised only basic body hygiene and was never interested in fashion or make up. She had occasional sexual intercourse with different men from the age of 14 without experiencing sexual pleasure herself. She claimed never to have loved anyone in her life although she had two living children. She had always considered herself insignificant and unlovable. However, she had never consciously suffered from these feelings but had kept them to herself and adapted.

At the age of 18 K. was faced with an unexpected pregnancy which she hid for eight months. When K.'s mother discovered the pregnancy she forced K. to seek medical attention. The child was born about a month later.

Shortly afterwards K. met the man who later became her husband, whom she married at the age of 22. The sexual intercourse with her husband was regular but ‘unexciting’. She became pregnant unexpectedly again shortly before the marriage. This time she told her husband about the pregnancy but again did not seek medical attention until labour began. After this, K. and her husband did not want to have any more children but continued to use birth control only sporadically.

2.3. Description of the neonaticides

In the eight years following the birth of her second daughter K. became pregnant five times. Although she discovered the pregnancies at an early stage she never told anyone. She did not seek prenatal care and wore oversized clothes to hide the somatic signs. None of the pregnancies was detected by anyone at any time.

Despite her knowledge of the pregnancies K. described that she felt completely surprised by the start of contractions. The first and the fifth of the infants that were killed were born in the bathroom of her house. The second was born in a forest which she barely reached after leaving work early claiming that she did not feel well. The other two babies were also born in a forest. K reported that each of the 5 births took only a few minutes. She felt almost no pain during or after delivery.

K. disposed of the first two infants in rubbish bins immediately after birth. The first bin was situated in front of her house, the second on a car park. The three subsequent infants were hidden in the cellar of the family's house. K. killed four of the babies by choking them either by covering the mouth with her hand or stuffing leaves into the mouth. At least one infant was stabbed with scissors. After each birth K. returned to her everyday routine. She claimed that she had not experienced any negative emotional reaction to the offences until her confession when she cried continuously. Although there was no amnesia for the homicides she reported some memory gaps for the preceding events. She said that she was cognitively aware of her wrong-doing at all times but never experienced any related emotions.

3. Psychological assessment

On psychological examination K. showed depressed mood with recurring suicidal thoughts and diminished capacity to modulate affect. There were no signs of relevant prior clinical depression and no evidence of delusions or hallucinations.

On a nonverbal intelligence test (SON-R 6–40¹⁰) K. obtained 79 IQ points, a low average score. Aside from the current depressive

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