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Infanticide or murder in a forensic psychiatric assessment – a case study. 5-fold infanticide – the search of psychopathology

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Summary

Objective. The difficulties to distinguish between infanticide and murder of the woman own child, experienced by both experts and the court, have been discussed on the example of the psychopathological description of the perpetrator killing five of her children, and data from the literature.

Case. This paper describes an extremely rare case of the woman who has killed five of her children immediately after their birth over several years.

Comment. It is very difficult to decide whether the seemingly rational motivation to kill her own child shortly after their birth can be a proof of specific psychopathological state which is a consequence of childbirth or an assassination planned in cold blood. The act of killing a child by their own mother is so contrary to nature that it seems easy to find the ground for psychosis or a state of emergency. However, when neither of them has been proven the experts are left with the conviction of both diagnostic deficiency and inexplicability of human behaviour.

Keywords: infanticide, murder privileged, forensic psychology, forensic psychiatry.

Introduction

Repeated discoveries of human infants' bodies, which took place in Poland in recent years, each time triggered a significant social movement. Psychiatrists and psychologists were involved in these cases not only to assess accountability of perpetrators, but also to try to explain what might be the reason of such behaviour of mothers. Judicial practice shows that women who kill their new-born children are often mentally less efficient, educationally neglected and involved in extremely difficult family and social situations. Usually they are able to adapt to social norms and expectations functioning in their environment, however the delivery of a child is beyond their adaptive skills.

Although killing one's own children happens more often than it generally seems, it is the most difficult thing to understand. When we assume the view that murders among people are not accidental it turns that people who do that, in vast majority are not mentally ill, they do that with certain intention, known only to them, they make this decision on their own and they see an individual purpose in it.

Research conducted by anthropologists confirm that infanticide happens all around the world especially there, where in various cultures it was „a way of population size control”. Killing a child because of unfavourable conditions for their survival significantly more often affected: twins, girls, children born too soon after the previous one, sick or deformed children, illegitimate children, children of single mothers, especially poor [1]. It has also turned out that in post-industrial countries parents who kill their own children perform it more cruelly than parents from „primitive tribes”. Michael P. Ghiglieri in his book „The Dark Side of Man. Tracing the Origins of Male Violence” („Ciemna strona człowieka”) quotes views that infanticide seems to be encoded in our genes, however, it is usually committed by young, unmarried, desperate mothers who kill their own new-born children. Women who, like e.g. in Canada, have been killing their own children 1,5 times more often than men, not only did it in cold blood but also have been using such procedure as a mean to create better socio-economic and reproductive conditions for themselves [1]. Although we encounter infanticide in the history of mankind since the oldest times, the legal assessment of such act has been changing over the times. Social conditions, in particular way, determined the permission to kill one's own children already in the antiquity. Limiting population size by mothers who were not able to feed their children was related to the approval for killing especially girls regarded as less valuable. Descriptions of such practices exist in civilization of Islam, in Indian Peninsula, China as well as among tribes inhabiting the islands of Oceania [2]. The approval for killing crippled and disabled children was not condemned in ancient Sparta, Greece and Rome. It was only with the development of Christianity that killing a child (infanticide) began to be treated as a murder and both mother and father could be punished for that act. In European medieval law child-murderesses, especially when it was illegitimate child, were not severely punished. During the Renaissance attempts to make the law very sever for child-murderesses were made. During the reign of Charles V in *Constitutio Criminalis Carolina* from 1532, child-murderess for wilful and malicious killing of her own child could be alternatively impaled or buried alive, put into the sack with a dog, a rooster, a viper or a monkey and drowned, torn with red-hot iron before being drowned. In France at that time child-murderesses could be burned and in England apart from being buried alive and drowned - they could be also beheaded [3, 4]. These terrible penalties were to be of a particular psychological deterrent nature for primitive, unmarried and uneducated mothers. Literature consistently notes that accusations of infanticide and the execution of sentences was rare. It resulted from recognizing child-murderesses as mentally disabled, silent social acceptance for this type of crime and often from the fact that pregnancies were the results of rape. Although, due to the increasing number of killing one's own children after delivery, in the seventeenth and eighteenth centuries death penalty for child-murderesses was retained, at the same time procedural obstacles to

apply the penalty were more and more frequently used or the penalty was significantly reduced [3]. The direction of searching for factors justifying infanticide as a results of the acknowledgement of circumstances of mental nature started to develop as early as in nineteenth century and then this crime has also begun to be treated as murder privileged. Growing knowledge on psychiatry, frequent recognition of puerperal psychosis and other mental disorders which are the result of the delivery or breast-feeding contributed to that [4]. English legislation, which treated infanticide as an action (or intentional negligence) of mother with disturbed psyche towards a child who is less than one year old, has particularly influenced European countries' system of law. In majority of countries the penalty for infanticide ranged from one to six years in prison and a significant part of penalties were suspended [4].

Modern criminal codes of European countries are based on legislative solutions from the first half of twentieth century which treat infanticide as murder privileged, as in England, Switzerland or Poland, or as felony murder which imposes a penalty of imprisonment not less than five years (Germany) or even a penalty of life imprisonment (France) [3, 5].

In the U.S.A. infanticide does not have a separate legal regulation. Regulations classifying these acts as a murder of first to third degree are effective there, however, in trials for infanticide regulations related to the assessment of sanity are applied, and where sufficient proofs for overriding it are presented, perpetrators are sent to psychiatric treatment. In legal systems of particular states in the USA putting emphasis especially on punishing and deterring rather than on the need of clearly defining direct and indirect guilt or on prevention and rehabilitation, is very controversial [2, 3, 6].

The issue of infanticide as a crime privileged raises many concerns. Even assuming this classification, mental condition of child-murderess is not always so carefully evaluated and the matter of her psychopathological state is not always so carefully considered to remove every doubts which could influence significant reduction or even overriding of sanity. In this sense, what is hidden within the meaning of child-murderess being in a particular state of psyche „under the influence of the delivery” is highly enigmatic.

The risk of killing one's own child in the state of mental illness, which suddenly revealed itself in a mother, is not unusual. Postpartum psychosis, schizophrenia, depression, in which the altruistic murder revealed before it comes to extended suicide, form psychopathological motivation for the crime of killing one's own children. On the other hand there are also cases of killing one's own children as a result of using environmental-based violence, as a result of demoralization or negligence caused by a state of alcoholic or narcotic intoxication. These crimes have nothing to do with the fact of delivery and, what is more, with a particular mental condition induced by the delivery. The age of killed child is also not limited and may concern even children more than ten years old. This makes that using the term „child murderess” for the killer of her own children falsely directs thinking with justificatory categories towards crimes undisturbed neither by state of delivery nor by mental illness resulting in the state of insanity. In 2001 public opinion in the USA was moved by revealing the crime of killing five children from 7 months to 7 years old by their mother by drowning them

in the bathtub. Murderer – Andrea Y. during the proceedings pending before the court, after almost five years – as in 2006 she was acquitted of murder charges - was found to be insane at the time of committing the crime, because of delusional syndrome and finally she was placed in state psychiatric hospital [7]. This example also points out diagnosis difficulties when after committing a crime, symptoms of mental illness start to disappear and it is difficult to make a retrospective diagnosis without any doubts.

Both in Europe and in Poland there are few in-depth analysis concerning differentiation between infanticide and murder of one's own children. All the more it is worth to follow the motivation process, diagnostic dilemmas and legal classification on the example of forensic-psychiatric and psychological opinion issued in Poland concerning a mother who killed five of her children born in sequence by drowning them. The method of killing and the number of killed children, however, were the only parallel factors binding the cases from the USA and Poland. This case peculiarly shocked Polish social opinion because the bodies of five new-borns were accidentally found in 2003 by their siblings in the sauerkraut barrel. Sensational reports on „children in a barrel” determined discussions and diagnostic dilemmas on whether in this case individual crimes can be classified as infanticide committed under the influence of postpartum shock or as murder without classifying these crimes as privileged.

Infanticide, murder of a child and perpetrators in legislation

In Polish legal system, and in majority of European countries, infanticide is a type of murder privilege (similarly to murder under the influence of strong agitation) due to reduced culpability. This privilege is related to biological breakthrough in which the woman is situated during the delivery. **Article 149 of Polish Penal Code provides that a mother who kills her infant during the period of delivery under the influence of the course of the delivery shall be subject to the penalty of the deprivation of liberty for a term between 3 months and 5 years** [8]. The need to state a causal relationship between the murder of newborn child and the disturbances of psychical balance in the mother is emphasised [9]. In the jurisdiction of the Supreme Court views can be found suggesting that „the influence of the course of the delivery” should be construed broadly not only referring to the psychosomatic consequences in the mother but also taking into consideration other perinatal factors which could induce the stress conditions for the woman [9]. Describing those factors Tarnawski refers to the Supreme Court sentence from 1975 in the grounds for which such criminalize factors of social nature as the delivery of illegitimate child or child who was born in marriage which, in the assessment of mother, does not meet with the requirements to maintain and raise of the offspring, were indicated [9]. The fact that in some environments woman who has born illegitimate child meets with misunderstanding, scorn and rejection, cannot be disregarded. It appears that the lack of family support, especially of the child's father, results in creating the intention to kill unwanted child, especially by young women with immature personality. It should be added that a father who cooperates with a mother killing her child under the influence of the delivery is usually responsible for the common murder (**Article 148 § 1 of the Polish Penal Code**).

Infanticide may be committed by action or negligence. The first one is classified as an active and occurs when women who delivers a child inflicts her new-born child external injury with an intent to kill it. The second one committed by negligence, so called passive, means that mother, wilfully and deliberately does not give the new-child the proper support and care after birth, with the intent to kill the new born, and usually she deserts it.

Determining the actual number of infanticide is a substantial difficulty mainly due to the fact that investigative authorities are rarely directly informed of committing these crimes. These cases often come into the light when a women after delivery reveal health problems, when they get under the care of a doctor who states that the delivery has taken place. Then the proper authorities are notified and steps to find the body of the new-born are initiated. There are also situations reversed where the bodies are found first and then the police and prosecutor take steps to identify and find a woman who gave birth to the child. These cases are often closed due to the failure to identify the perpetrator or the lack of evidences of a crime. Analysis of the data from 1990s and current data leads to a conclusion that the number of infanticides in Poland maintains in the range of 20 to 40 cases per year [10]. It is difficult to determine the percentage of undisclosed infanticide. Infanticide is so different from any other crime, that it is extremely difficult to interpret the power of motives to commit this act. Based on the available literature the image of infanticide perpetrator is outlined as follows: usually it is poorly educated woman, with incomplete primary education or vocational education. She has difficult financial situation, comes from family with problems, with alcohol abuse, both mental and physical violence. She is dependent on her family or partner, therefore she has neither regular work nor other own sources of income. The observations of the author of the article „Crimes of helplessness” („Zbrodnie z bezradności”), M. Pomarańska shows that a significant proportion of child murderesses already had children and regular partners or husbands. As a motive of such behaviour of perpetrators the author mentions the fear of their life situation worsening [10].

Other studies conducted in Poland in the years 1990-2000 show that the largest group of perpetrators out of 28 cases of suspected for infanticide consisted of young women between 17 to 26 years. The majority of suspected women were unmarried, the second group consisted of married women, the rest of suspected women were divorced. More than a half of them were born in the city, the rest of them were born in the village. The main group of examined women lived with their parents, some of child murderesses had their own flats, a few others rented a flat, lived in dormitory or had no fixed abode. Predominantly they came from working class and agricultural background, the smallest group consisted of women who came from intellectual background. Majority of perpetrators had incomplete primary education, next group consisted of women with primary education. The vast majority of perpetrators while committing the crime had a regular job. Analysing the state of mind and sanity of perpetrators it was stated that: 10 out of 28 fully retained the ability to recognise the significance of the act and to control one's conduct, the rest (18), had this ability significantly reduced. Among irregularities in 4 cases limited intellectual abilities were stated, 4 perpetrators

showed personality disorder of schizoid nature, 3 of psycho- and sociopathic nature, however in any case there were no signs of psychosis [11].

In turn, the analysis of case files of 132 cases of infanticide perpetrators conducted by Kołowski [12] proved that the vast majority of child murderesses had got pregnant with partners with whom they had emotional relationship and therefore pregnancy was not the result of a crime or occasional, accidental meeting. More than a half of perpetrators did not accept the pregnancy from the beginning and had a negative attitude towards a child to be born. These women denied the fact of being pregnant in conversations with the family and friends and in the workplace. They tried to keep the pregnancy in secret by appropriate selection of clothes and the way of dressing, they wrapped their bellies with bandages. Among the examined women were also perpetrators who had and have been bringing up several children. As a reason of their decisions and the negative attitude towards the pregnancy they mentioned fear and shame of environmental evaluation.

Another studies on child murderesses conducted by researchers team led by Marzec-Holka [13] have been presented in details in the form of a case study (11 records) in the book „Dzieciobójstwo przestępstwo uprzywilejowane czy zbrodnia” („Infanticide murder privileged or crime”). The main motive of infanticide in the above mentioned cases were family reasons, increasing in stress conditions and depression. The examined women were characterized by unsuccessful and prematurely terminated education, grades repeating, inappropriate selection of vocational education. Their becoming independent was often related to unemployment. Negative experiences concerned their marriages or cohabitations. Marriages of women were unsuccessful partially due to spouses' alcoholism and serious financial problems.

A pooled analysis of individual biographies of infanticide perpetrators [12, 13, 14] shows that each of described histories is different and it is impossible to identify one specific reason of these murders. This raises the question who has the right to judge whether the murder of a child was committed during the period of the delivery and under its influence? The court mandatorily decides whether this murder was committed in the period of delivery, but the judgment of the influence of delivery on the action of perpetrator is a matter of experts. Expert psychiatrists evaluate how the situation of delivery could affect the understanding of the significance of the act and controlling one's conduct. Whether, and if yes, what kind of mental dysfunctions occurred during this period and how they influenced perpetrator's behaviour? Whereas the task of psychologist is to evaluate the impact of personality disposal and psychological factors determining behaviour of perpetrator, and thus answer the question whether psychological situation of delivery surpassed her capacity and whether it significantly reduced the self-control ability? These psychological and psycho-social situational factors are, inter alia: loneliness, lack of understanding and care of the environment, difficult financial situation. Undoubtedly the coexistence of environmental factors with even slight mental dysfunction may be the reason for the use of **Article 31 § 2 of Polish Penal Code, which admits the criteria of very reduced sanity, namely the presence of medical conditions resulting from the delivery which in significant way reduce the ability to recognise the significance of act and to control one's**

behaviour [8]. Each time these are extremely complex cases to judge, where it is difficult to find strong criteria classifying to apply this Article because psychological factors commonly associated with the medical category of „other disturbances of mental action” listed by the legislator appear to be ambiguous and can be modify by subjective judgement of an expert.

Case study

38 years old woman, married, mother of four living children, was prosecuted after finding bodies of five new-borns stored within her house. She was prosecuted for killing children after giving birth to them and after finding that they are alive, in 1992-1998. Father of children was prosecuted for inducing his wife to kill by threats and beating. The man consequently pleaded not guilty to charges filed against him. While the woman was giving variable data charging her husband and withdrawing from this accusations. Although she made a plea of guilty for killing children, her testimony was variable even in this respect. Despite of all the objective data, for a long time she was denying that all of the found new-borns were her children (she claimed that two of them were planted). She reported a course of each delivery. Every time she was preparing herself to delivery - she was taking scissors to cut the umbilical cord, rags and newspapers to the bathroom. The born placenta she was wrapping in newspapers, foil and preparing to disposal. She was delivering quickly, checking whether a child is alive and drowning a child in the bathtub. Bodies of new-borns were then wrapped in rags, newspapers and foil and placed in the kitchen freezer. She was cleaning the bathroom and returning to normal daily activities. She was looking after her house and other children and usually after one day of rest she was returning to work in a family store where she was a cashier. During critical deliveries she was nervous that somebody in her household can enter the bathroom (she was delivering when they were at home) she was hearing disturbing noises from other rooms. The woman was claiming that she had been killing her children because of the fear of her husband, who was aggressive towards her and threatened her to expel her of the house, and after delivering fourth child he told her that he would kill her if she would be pregnant again. Witnesses evaluated the relationship between the accused woman and her husband differently and even contradictory. Some of them admitted that they had often seen the accused woman with the traces of beating, they had heard her complying on her husband's aggression. They reported that the accused man was abusing alcohol, after which he was aggressive and short-tempered. He was very demanding for his wife, he himself slightly participated in house works, as he worked outside the house till late. From the testimony of these witnesses it is known that the accused woman was secretive, introverted, taciturn, but she was also a good mother and dutiful wife. Other witnesses reported that she was not a good wife, cheating her husband secretly spending their money. They were speaking about the alcohol abuse by the accused woman and her relationship with another man. Despite those differences all of the witnesses were unanimous about the fact that both spouses did not console their problems publicly. They were trying to make their marriage looked as properly functioning. They also

unanimously claimed that the critical pregnancies of accused woman were not noticed by them.

Psychiatric opinions issued in the case

The accused woman (never treated and diagnosed psychiatrically) during the proceedings pending before the court was twice times evaluated by expert psychiatrists and psychologists, before she was directed to the third in the sequence comprehensive forensic psychiatric and forensic psychological examination conducted by the authors of this article.

The first forensic-psychiatric opinion issued on an outpatient basis contains a request for hospital observation of the accused woman because of the need for in-depth evaluation of marital relationships and because of impossibility to determine formal diagnosis of possible mental disorders.

Second forensic-psychiatric opinion (after hospital observation) indicated that mental illness, mental retardation or organic damage to the CNS (central nervous system) in the accused woman has been excluded by the experts. The experts recognized personal disorders with abnormally shaped emotional sphere. They recognized that the accused woman retained the ability to understand the significance of the act and the ability to control her behaviour.

Earlier psychological evaluations

The first psychological testing, in accordance with the court decision, took place in outpatient conditions in November 2003. The expert psychologist in her opinion stated that the accused woman is a person of average intellectual capacity. She did not show the organic brain damage symptoms. She pointed to the discrepancy between the data obtained during the interview with the examined women and tests' results. She also acknowledged conducted diagnosis as initial diagnosis and suggested its further deepening during the observation.

The second psychological testing, in accordance with court decision, took place in the conditions of 3 week observation in April 2004. Expert psychologist confirmed average intelligence of the accused woman, and similarly she did not find organic dysfunction indicators. She concluded that the personality of the accused woman is disordered with abnormally shaped emotional sphere, mainly environmentally conditioned. Expert psychologist also reported a tendency to suppress and accumulation of emotions, lack of emotional stability, depletion of emotional life, disordered self-esteem of the accused woman. As a reason of weakening of social and emotional functioning the expert psychologist mentioned traumatic experiences during adolescence.

Having not received an answer to its question, the court decided to admit an evidence from further opinion of psychiatrists and psychologist. It sent to experts a number of detailed questions, which were related not only to the evaluation of the sanity tempore criminis and the ability to participate in the conduct, but also personality profiles of the accused woman and her husband, reasons for making internal contradictory

explanations by the accused woman, and also expected detailed evaluation of marital relationships.

Third forensic-psychiatric and forensic-psychological examination

The third examination was conducted on outpatient basis in the Department of Forensic Psychiatry of Institute of Psychiatry and Neurology in Warsaw in 2005, it was complex and extended examination with simultaneous participation of psychologist in psychiatric examination, EEG and brain computed tomography, which took four subsequent days. Opinions for Court has been submitted by the experts in writing and orally several times in 2005 and 2006.

Interviews and observations data

The examined woman established contact with experts without greater difficulties. She was subordinate, but somewhat withdrawn. She was eagerly talking about herself, she attempted to analyse the reasons of her difficulties. Emotional reactions accompanying her spoken opinions appeared to be adequate to her experiences and consistent with declarations of the examined woman. All the time she was in depressed mood, appropriate to the situation. While talking about some topics (particularly relationships with children) the examined woman was moved. She revealed high degree of sense of injustice associated with rejecting her by relatives and with unjust evaluation of family relations made by children. She reported husbands' acts of aggression, expelling her from the house, lack of any rights in marriage. She was talking about her husband's dependency from his primary family (mother and siblings) and transferring of responsibility for the house functioning to her, performing all the duties by herself with great effort and dedication. She denied to have ever abused alcohol, she claimed that her husband drank alcohol excessively and since very long time. Her spoken judgements had features of personality immaturity and reduced criticism, moreover they turned out to be quite stiff and little susceptible to corrections and rational judgement.

Psychological profile of examined woman

Analysing the lifeline of the examined woman it can be stated that she was developing normally. She was learning well and made no educational problems. During adolescence she was a direct witness of tragic death of her mother. Since then she overtook the role of adult person, she was taking care of the house and was looking after younger siblings (she replaced mother for her brothers), without neglecting the education. After passing secondary school final exam she undertook a professional job, which she liked and fulfilled her duties well. As an adult person she experienced another tragic death, of one of her brothers. She got married in a young age (she was already pregnant). Initially marriage was going well, but in short time the situation changed, husband's aggressive behaviour appeared. He was making rows without any reason, he was insulting her, poking her and expelling her from the house. The

conflicts escalated when they started to build a house – then they started to be out of money. Her husband suspected her to „splurge” money, and she „after all had to take them” to maintain the house and for expenses related to the education of children. Her husband had always been reluctant to her family, disregarded her relatives, and they tried to avoid contacts with him. He was strongly related to his primary family, he often spent time there without considering the needs of his wife. He demanded her to be „at every call”, to make all his wishes come true. She tried to fulfil all of her duties – she worked, cared for the house and children. However, she was more and more disgusted with her husband, especially when he forced her to have sexual intercourse with him. He treated her instrumentally, had sexual intercourse with her wherever he wanted, without considering her well-being or needs. He claimed that woman was responsible for the regulation of conception and he made her responsible for all pregnancies. Every pregnancy since the third one she kept secret from him. She was terribly afraid of rows and her husband’s aggression, she knew his opinion on subsequent children. The husband threatened her that he would not forgive her if she ever gets pregnant again. Symptoms of marital crisis, which began to emerge after four years of marriage and the birth of three children, were also related to the fact that the husband accused her that he was not a father of the fourth child. She always wanted to have many children. She claimed that she was always good wife and mother, she cared for husband and children. On the husband’s opinion on the fourth pregnancy she reacted with fear, which she did not exhibited, but she strengthened her conviction that she should not have more children. It was associated with lonely, without her husband support, experiencing the problem of contraception. Due to the savings and the lack of time she avoided visiting gynaecologist. In an infantile way she assumed that she would not get pregnant again. The situation related to the sense of loneliness regarding their marriage life was associated with increasing feeling that she was an underappreciated and disadvantaged person in their marriage. She experienced that by the lack of her husband’s gratitude for care for the house and children, help in dealing with two shops and in building the house. She felt resentment against that her husband is sole owner of both shops and a house under construction. Marriage history described by the accused woman revealed occurrence of declining of emotional bond between spouses, following growing apart, and increasing of the sense of strangeness. The accused woman painfully experienced the fact that she is not a partner to talk for her husband and that he is making essential decisions with his primary family and not with her.

Analysis of case files and conducted examination allowed the experts to form the following conclusions: intellectual abilities of the examined woman is within the normal range, she properly understands and knows the rules of social coexistence. In the examined woman reduction of criticism, reduced ability to draw conclusions and to predict the results of her behaviour, stiffness and fatigue of cognitive processes, which is related to high susceptibility to giving in to experienced emotions, has been observed. It results in the fact that the examined woman functions in the system of values and opinions created by herself, where rational analysis of reality is, in fact, her subjective emotional analysis. The examined woman’s way of thinking is not very critical, wishful, stereotyped, and it is not subjected to correcting influence of social

surrounding. Mental functioning of the examined woman is characteristic for disturbed and immature personality, where decisions and actions are dominated by emotional and impulsive influences and rationalisation is schematic and simplified. It is increasing in difficult situations, with stress for which the examined woman has reduced tolerance. The accused woman is characterised by emotional coldness, reduced capacity for empathy, focusing on herself, self-centeredness, lack of sense of acceptance, under-estimation, permanent experiencing high fear level and, in situation of emotional tension, a tendency to sudden and impulsive behaviour. Fixed defence mechanisms with the dominance of feeling of resentment, mental distress and fear of the future and coping with her difficulties are favourable for increasing internal tensions, occurring of symptoms of decline in activity, may also provoke inappropriately strong reactions of the examined woman. The conducted examination has revealed neither psychotic thinking nor neuropsychological dysfunctions.

After comprehensive evaluation of mental state of the accused woman the experts have unanimously excluded mental illness (psychosis) and mental retardation, recognizing personality disorders of immature personality type with the features of psychopathy.

Marital relationships

„Assessment of marital relationships of the accused woman” in which the court was interested was very difficult due to the divergent information coming from both spouses. Each of them tried to place the reason of increasing conflicts outside their own person and they did not notice their own share in forming them. However, there was data confirmed by both spouses and which has been indicated by other persons. On the basis of that and taking into account the results of conducted examination it can be stated that the marriage was a patriarchal relationship. It should be noted that both spouses have dominating personalities – however, ways of their functioning and performing their domination were different. The authority in the marriage was the husband, who disposed of money, who made decisions on family future and its functioning. He required his wife only to fulfil her marriage duties, in a broad sense, and dealing with current, specific tasks. The examined woman tried to meet her husband’s requirements, to avoid confrontation, to do not think about the consequences of undertaken actions. Defence mechanisms used by the accused woman such as repression, suppressing, denial allowed her to remove only those obstacles which were nearby and to avoid thinking about fearsome consequences of her actions.

The search of organic brain damage

Diagnosis of possible symptoms of brain damage was made during the psychiatric examination, psychological testing and such auxiliary examination as EEG and CT (computed tomography of the brain). Only in EEG localization irregularities corresponding to changes in both temporal lobes with predominance of the left side have been noted. As it is well known temporal lobe abnormalities may, but do not have to,

be associated with the impairment of emotional and impulsive spheres. Pathology found in EEG examination did not raise doubts in any of the experts' opinions. EEG pathology – undoubtedly indicates the suspicion of organic brain damage of the accused woman. This result, however, does not correspond not as much with other possibilities to diagnose CNS organic changes as psychological testing or CT, but first of all with the clinical evaluation of psychopathological image stated by psychiatric examination. Psychiatric examination has not revealed changes of CNS organic damage nature. The experts has not found cognitive functions impairment such as memory, orientation, alertness and ability to focus attention. They also have not found emotional disturbances of emotional lability type, rapid mood variation or viscosity characteristic for CNS organic changes. At this point already we want to highlight that the evaluation of sanity of the accused woman is stated by clearly defined medical and psychological criteria and not by auxiliary examination (e.g. EEG). Though the experts have taken into consideration that emotional dysfunction revealed by the accused woman may have its source in discrete organic changes found in temporal lobes during EEG, it was difficult to confirm it unequivocally at the current stage of psychiatric knowledge development.

Modus operandi and attempt to interpret

As it is apparent from the examination, the choice of the bathroom as a place of delivery was made deliberately. This place guaranteed her safety, silence, sense of isolation from others. The course of delivery alone has not impacted the examined woman in the way that reduces perceptual abilities. Both first delivery which ended with killing the new-born and next deliveries had similar course. She was listening intently what is going on in the flat, she could accurately and in details reconstruct the events. She attempted to not only the course of delivery in the bathroom but also the course of the whole day not raise suspicions of her family. Deliveries carried out in the bathroom, in the bathtub, almost in the same way were subsequent „easy” deliveries, as the examined woman defined them. They were not accompanied by particular pain, no rapture of reproductive organs and perineum occurred. Emotional tension accompanying the deliveries was more related to the woman's endeavour of not being disclosed by her household members in this situation than to the course of the delivery. As soon as she could she cleaned after each delivery and on the following day she undertook normal household activities, complying only with weakness, malaise and sickness not related to the delivery. The accused woman consequently claimed that she had only three home deliveries, and that she has not been pregnant since 1995. Although she knows that five bodies of new-borns have been found and it is certain that she is their mother, she was not able to explain this contradiction. Considerations made by the accused woman on mysterious car by which someone would come and drop off the bodies of the new-borns to her, are spoken in the form of assumption, suggestion and without peculiar persistence and determination. Regardless to acceptance or rejection of the thesis concerning the use of conscious and naive with respect to her intellectual level mechanism of denial, it appears that psychological defence mechanisms

activated after committed acts are based on not entirely rationalised and conscious mechanisms of denial, repression and shift of responsibility. There is no doubt that the accused woman both in the situation of secret deliveries and awareness of her guilt for killing her children was subjected to a particular mental burden of chronic stress response reaction. It can be assumed that the situation of such extreme mental burden of continuing long-term mental tension, was able to induce dissociative disorders of consciousness. These disorders may take the form of memory disorders characteristic for dissociative amnesia. The development of this disorder may be also caused by: fear of the consequences of acts, fear of inevitability of punishment, fear of social rejection and condemnation. Such specific mechanisms „justifying” the accused woman herself can be related to expectation of support, compassion or lenient sentencing. Although these considerations are of probabilistic nature, they give us attempt to explain the mechanisms underlying the behaviour of the accused woman and her subsequent relations which could not be reached by conventional research methods.

The examined woman pleaded guilty to the charges. She presented variable data concerning the facts, such as that she gave birth to and killed three children only. She was variously reporting her husband’s participation in killing children. It appears that such behaviour was imposed by defensive attitude leading to reducing her guilt and to justify her behaviour, additionally strengthened by, as it was mentioned before, mechanisms of repression and denial characteristic for the functioning of the examined woman. According to the experts - the authors of this work, motivation of the first act out of alleged acts, was consequently related to the sense of danger from her husband. It was consistent with her personality and her way of functioning (removing only these obstacles which can be seen and do not think about fearsome consequences of such acts). The following acts were of the gradually and rapidly growing elements character and committing these acts appeared to be easier. All of deliveries took place in the bathroom, she was prepared to them, the way of acting each time was the same. She reported that during one of her deliveries she heard the phone ringing and she was afraid that if someone of her household members would use the toilet he could be interested in her prolonged stay in the bathroom. This allows us to claim that her cognitive functioning was not impaired, she retained awareness of her acts, although she did not think about the consequences.

Further proceedings of the accused woman with dead new-borns appears not to be reasonable and motivated by emotions. The accused woman each time after critical deliveries placed the bodies in large freezer located in the kitchen. Bundles with bodies were covered with frozen food used for current consumption. When the family moved to a new house in another town, the freezer containing the bodies was also transported there. Because it was no more used for storing vegetables, the accused woman moved the bundles with the bodies to a sauerkraut barrel which was located in the basement. After some time on the occasion of emptying the barrel (in the absence of the accused woman at home) the bodies of the new-borns were discovered by their living siblings. Storing the bodies of the new-borns by the accused woman in the flat and moving them to a new house was „certain obviousness” for her, as she repeatedly admitted that she could „get rid of the children” in other „smarter” way if

she was not emotionally related to them („because they are my children”). The attitude of the accused woman was not affected by the sense of danger from being discovered and easy to predict consequences. Maintaining such state by the accused woman for several years indicated, according to the experts, predominant advantage of emotional mechanisms over rational mechanisms (reasonable) in conducting of her acts, regardless how these emotions were disorganising. The experts assumed that this negative impact of emotions on rational behaviour of the accused woman was within the range of abnormal personality.

Comment and summary

Classification of killing of the new-born as a crime of infanticide (similarly as other privileged murders) is undoubtedly a matter of judicature. On the other hand, regardless of whether we deal with the treatment of crime in a privileged way or killing of own children after excluding psychosis and mental retardation, each time it is very complicated case to judge, in which it is difficult to find strong classifying criteria to apply Article 31 § 1 (insanity) or § 2 of the Polish Penal Code (significantly reduced sanity). It is believed [9] that the adoption of insanity or its reduction both in infanticide and murderer of own child should be based on „general principles of psychiatric expertise and depends on the type and severity of identified mental disorders and the personality of the perpetrator”. In conclusion of the presented case description, the expert psychiatrists stated that during committing acts of murdering her five new-born children the accused woman retained the ability to recognize the significance of these acts, while the ability to control her behaviour, due to abnormal personality of infantile nature with psychopathic traits and emotional disorders, was reduced, however not significantly, which does not meet the criteria included in Article 31 § 2 of Polish Penal Code [8]. The experts have not excluded organic substrate of emotional disorders, which was confirmed by isolated pathological EEG record localized in both temples with a predominance of the left side. However, they reported that those changes did not have significant influence on sanity. Assessing mental condition during committing the acts, the expert psychiatrists declared that experiences accompanying all tragically ended deliveries were not so intensive to have overriding or significantly reducing influence on the ability to understand the situation and to self-control. They also did not find that experiencing the situation of delivery was so strong, that it could be interpreted as a postpartum shock. The experts in the explanations to their conclusions found that reduction of the ability to control her conduct in every offence was close to the state of significant reduction of this mental disposition, however, it did not reach that state. Evaluating current, during the examination, mental condition of the accused woman it has been admitted that it is within the range of weak situational depression reaction (adaptive), which does not reduce the ability to participate in the trial. The experts assumed that the explanation of the accused woman of her denial of motherhood for two of her children can be regarded as a form of defensive attitude aiming at reducing the sense of guilt. Such defensive attitude is underlying by mechanisms of repression and denial described in the psychological opinion. Contradictory explanations of the

accused woman of the role of her husband in alleged acts results from deliberately bad relationships with her husband, from experiencing deep feeling of resentment and rejection and from aiming at justifying her behaviour. In the summary, described in details marital relationships between the accused woman and her husband who is also accused, the experts reported that their marriage was patriarchal relationship, where all important decisions regarding investments and financial matters were made by the husband. Both spouses have features of dominating personalities, which was the cause of conflicts in the relationship. It was difficult for the experts to determine whether domination, as a feature of one of the parties, directly influenced the behaviour of the accused couple *tempore criminis*. Husband's domination in financial-investment matters did not influence domination in defining developmental and procreative family plan. However, the experts reported that the husband showed, towards possible pregnancies resulting from continuing sexual intercourse, the attitude of rejection and repression of the problem like in the rule „when I do not see something, because I do not want to see it, it does not exist“. The possibility of using psychological pressure on the accused woman can be considered as unarticulated pressure of „it's your problem, I do not know anything“ type rather than direct encouragement and permission to act against the law.

The above mentioned 5-fold case murder, despite the five points of accusation, was considered as continuous criminal prosecution. However, to theoretically illustrate the phenomenon of distinguishing between infanticide and murder it should be noted that subjectively in the evaluation of the accused woman the first act was of different nature than the others and could, more than the others, partially deplete psychological reasons of infanticide (she did not remember this act well, she was more terrified, though the motivation to get rid of a child after the delivery had existed earlier, before the start of the delivery). Subsequent murders, as it has been mentioned, unfolded rapidly, they were similar, well-planned and prepared. Subsequent killing her own children in a way almost typical for serial murderers provoke searching for mechanisms responsible for forming so extreme aggression. We can search for analogy to impulse control disorder (conditioned by personality disorders) responsible for initiating extreme behaviours, which cannot be stopped even if their consequences are undesirable and unpleasant [15]. Specific neurochemical neuronal signals, the knowledge about which is very little today, must participate in forming pathological impulsiveness, aggression and hater [15].

Experienced expert psychiatrists [16], on the basis of the knowledge taken from many years of opinion making practice, claim that infanticide is committed more often when the mother is influenced by number of adverse factors, which appear a several months before the delivery. Undoubtedly, the mother's personality features and her social conditions play a significant role: illegitimate child, difficult life and financial situation, lack of support and help. Conditions of the delivery, its nature and course, duration and consequences (physical and mental fatigue, weakness) have to be taken into consideration. It is believed that psychological situation of the delivery often surpasses adaptive skills of some women, who function properly in well-known, simple conditions. The complexity of factors described above may be a cause of perinatal

shock of mother. In the presented case it was difficult to talk about so called perinatal shock and the Court and public opinion in equal measure were analyzing motives which led the mother to killing her children and dealing with the problem of her husband's and father's to the newborns guilt – „how it is possible that he did not know about his wife's pregnancies”. Undoubtedly, in this context, the role of the expert psychologists and psychiatrists who are the most knowledgeable in examining mental condition, psychological situation and motivation of the perpetrator, and especially in identifying whether it is the situation of postpartum shock, is growing. Not arguing with the court opinion, the experts claim that each of individual subsequent killing of children by their mother should be considered separately. However, in the described case the first murder was different than subsequent four murders in each of cases committing this act under the influence of postpartum shock has been excluded. For the Court it was sufficient for not applying classification of crime privileged – infanticide, irrespective to that in the public opinion every mother accused of killing her own children is defined colloquially as child murderess, and charging her of committing 5-fold murder.

The perpetrator has been found guilty of murder of five of her own children and sentenced for 25 years of imprisonment by the court final judgment. The murderess' husband, for instigating the first crime, was sentenced for 8 years imprisonment, noting that „he is also responsible for the death of the rest of the children, because these crimes also charge his conscience”.

Conclusions

In the view of existing criteria for differentiating between killing one's own child and infanticide there is no doubt that the term „infanticide” is a legal construct with specific characteristics. They include mother, being in the period of the delivery (thereby the age of a child is limited to neonatal period), they take into consideration context of delivery and its influence on mother's mental condition and her existing intellectual, emotional and social functioning. Where the motives to kill ones' own children are formed before the delivery and are not of psychotic or primitive nature resulting from mental retardation, classification of crime privileged defined as „infanticide” cannot be applied. Irrespective to any conditions, the state of delivery can influence the state of sanity, but where there is a lack of sufficient medical criteria it cannot be considered as completely (insanity) or significantly reduced. It need to be taken into consideration that slight reduction of sanity (without mandatory legal consequences) in mothers who kill their own children after the delivery indicates the necessity of making effort on their education, resocialization, rehabilitation and social reintegration.

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