

# A Comparative Study of Filicide and Neonaticide

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Infanticide is not an every day word, and the terms filicide and neonaticide are rarely, if ever, heard. The killing of a child (infanticide), the killing of one's own child (filicide), and filicide within 24 hours of birth (neonaticide) are subjects that are presently in the spotlight, both in Canada and United States. We have just witnessed two different cases of filicide.

The Smith case in South Carolina involved a mother who strapped her two young sons into their car seats and set the car in motion so that it submerged in a lake. She then reported she was involved in a "car jacking", wherein a black man forced her out of her car at gunpoint and drove off with her children. After a number of days of intense searching by local authorities and the National Guard, and while the entire nation remained hopeful, praying the children would be found, the horror was revealed. The mother confessed to the police that she had fabricated the kidnapping story and had herself, killed the two boys.

The Latimer case in Saskatchewan has gone to trial and a sentence of life in prison with parole for ten years was directed at the victim's father who is presently on bail, pending appeal. Mr. Latimer was charged after asphyxiating his twelve year-old daughter by means of attaching a hose to the tailpipe of the family vehicle (where he had placed his daughter) and then allowed the fumes to enter it. (She had suffered with a severe case of Cerebral Palsy since birth and was allegedly, in constant, severe pain that could not be alleviated by medication).

These two cases demonstrate the diversity that exists in homicide and more specifically, filicide. The diverse motives and methods of offenders and any accompanying psychological or sociological precipitators must be understood in order to adequately investigate the crime, and educate for the prevention of child murder.

## Literature Review

Considerable research has been done on the broad subject of infanticide, but there is a paucity of research on the subject of neonaticide. Aside from research specific to the term itself, it is difficult to extract data on this phenomenon from studies of infanticide. The research on infanticide and filicide includes data on the killing of newborns within the first 24 hours of life (neonaticide), but does not treat it as a distinct category. Neonaticide is a term which was first introduced by Resnick (1969) who reviewed the

world literature on child murder from 1751-1968 and drew out the psychiatric knowledge of this crime.

He then presented the two distinct types of child murder and compared 131 filicides and 37 neonaticides in terms of diagnosis, motives and disposition of the murderer. The purpose of this article is to continue this comparison, focusing on maternal filicide and neonaticide. Resnick's findings and research completed since 1969 are reported in a context practicable to therapists, social workers, health care professionals and specifically, to criminal profilers and investigators.

## History of Infanticide

The most frequent crime in Europe from the middle ages to 1800, infanticide represented over 25% of all murders in early England. Approximately 90% of infanticides were committed by mothers and in 81-86% of those cases, it was the mother of the victim. Figures paint a clear picture of the unwed, young woman who becomes pregnant and delivers a "bastard" child. Knowing the penalty of public flogging, loss of employment as a servant and the resulting stigma and social isolation, she decides to kill the child and conceal the body. Apart from having a supportive family or charitable organization to support her and her baby, her only option may have been prostitution (Piers, 1978).

So rampant was the crime of infanticide (neonaticide), in 1643 in Massachusetts, the "Bastard Law" was enacted which proclaimed the penalty of death for an unwed mother who concealed an infant, thereby causing its death. In 1758, Canada enacted the same statute in its provinces (Hoffer & Hull).

The figures show a strong negative association between marriage and neonaticide. The courts in the 17th to 19th century dealt severely with the unwed mother committing infanticide, imposing death sentences of which decapitation was the most merciful. Other means were burial alive, impalement and "sacking". The penalty of choice – sacking – involved stuffing the infanticide mother into a sack and throwing her into a lake or river (Piers, 1978).

Married mothers, by comparison, were often acquitted on the defense of "overlaying", where the mothers were believed to have rolled over the infants and thereby, smothered them. Married mothers, could also be acquitted on the defense of mental illness, where evidence could be produced of "intent to nurture". One such commonly-used defense was "benefit of linen", where the proof of intention to nurture was a linen-based basinet made by the mother in anticipation of birth (Hoffer & Hull, 1981).

Historically, the interests of newborns (neonates) have been balanced against the needs of others. The financial cost to society has resulted in neonaticide being often viewed as an act of regard for older children. Maintaining a balance of care between the mother and child has also resulted in neonaticide in cases of multiple births, specifically in nomadic societies (Piers, 1978). Selective neonaticide is still being practiced in societies where

female offspring are unwanted (Light, 1985), and in Caste-system societies where neonaticide is the method of keeping genealogy pure (Jeffrey, 1984). Many cultures as well, have viewed congenital defects as "inhuman"; recently, this is viewed in terms of "quality of life". Finally, the most common contributor to neonaticide historically and in modern society is illegitimacy and the fear of social isolation.

## **Prevalence of Filicide and Neonaticide on the 20th Century**

In Canada, Silverman & Kennedy (1988) accessed Canadian homicide statistics between 1961 and 1983 and reported 230 children over the age of one year were killed by their mother. Statistics on children under one year of age murdered by their mothers were only available from 1974 to 1983, with 45 deaths reported. During the years 1961-1983 in Canada, 3.5% of all homicides were maternal filicides. No data was available specifically identifying the incidence of neonaticide in Canada; statistics refer to infanticide as the death of a child under one year of age, as outlined in the Criminal Code of Canada.

While the child death rate in the United States has decreased, the child homicide rate has risen, with a marked increase of parents killing their children. Hoffer (1981) reports that between 1961 and 1974, an average of 100 infants under one year of age are killed each year by a parent. In 1976, 182 infants under one year of age were killed by a parent and between 1968 and 1975, an average per year of 3.2% of homicides were filicides (Jason et al., 1983).

Heiger reports a rise in filicides from less than 500 in 1980 to 600 in 1983 in the United States. Many child deaths are not classed as infanticide, however. Child Death Review Teams presently operating in 21 American states have proposed that approx. 2,000 children die each year from child abuse and neglect; 50% of them are under one year of age (Durfee and Gellert, 1992). It is suspected that 1-20% of Sudden Infant Death Syndrome (SIDS) deaths resulted from other causes of which infanticide was primary.

In England, between 1960 and 1970, infanticide was the cause of 2% of all homicides (Hoffer, 1981). Newlands (1991) discovered that out of 288 victims of child abuse (ages 3-6), one in thirty had siblings whose death had been classified as SIDS.

Homicide perpetrated by women in the former Soviet Union represented 16% of all homicides; 50% of these women killed their newborns (Zeldes, 1978). In Hong Kong, Cheung (1986) reports 35 maternal filicides between 1971 and 1985. Although no statistics are available, Light (1985) estimates that tens of thousands of female newborns are killed by their parents each year. A similar situation exists in India where the low status of women and the preference for sons leads to thousands of female infanticides. Since the introduction of amniocentesis in northern India, feticide has become common (Jeffrey, 1984).

## Dynamics of Filicide

Resnick (1969) proposes that there are five motivators which would cause a parent to kill their own child. The research completed for his study has, for the most part, continued to fit into these categories. Two additional categories of motivation are proposed in this paper: The "Situational Stress Disorder" motivation and the "Effects of Childbirth" motivation.

"Altruistic" filicide, which is separated into two distinct types, was reported by Resnick (1969) as the most common motivation and accounted for 56% of his case studies. The first type is associated with suicide and the mother's belief that either she and the child are inseparable, or that he or she is her personal possession. The suicide type also includes mothers with a salvation mentality. Their belief is that by killing the children, they can protect them from the horrors approaching, real or imagined. Such was the thinking in the Mansell case of 1988 in British Columbia.

Mrs. Mansell had an intense fear that her ex-husband, who was being released from prison, having been convicted of sexually assaulting her children, would come and get them. She doused herself and the children in gasoline and then set them on fire with herself. Mrs. Mansell's five year-old daughter survived the ordeal; the younger children perished, as did she.

Although there was no documented psychosis in this case, there is often overlap within the categories, specifically with the altruistic and acutely psychotic categories. Resnick (1969) reported that 68% of the filicidal parents in these two categories were hospitalized. The second type of altruistic filicide motivation is the relief of suffering, whether real or imagined. From first appearance, the Latimer case would fall into this category.

The "Acutely Psychotic" motivation is designated for parents who killed under the influence of delirium, epilepsy or hallucinations, and also contains the cases in which no motive is evident. Some psychosis was present in 66% of filicidal mothers studies and 71% of those were suffering from depression. Of the 24% of filicidal mothers in this category, 29% were found to have schizophrenia and only 3% were manic-depressive (Resnick, 1969). Garralda (1989) reports that approx. 20% of filicidal mothers were mentally ill and that schizophrenia and manic-depression play a significant role in the subject's behaviour.

Goldstein (1989) presents a case of a 38 year-old mother, charged in the murder of her two children and argues that a fallacy exists that mothers who kill their children are insane and have no appreciation for the wrongfulness of the act. In the case presented, the mother is diagnosed with an affective or mood disorder. (There is considerable literature available on the subject of mental illnesses as a criminal defense and a lesser amount on the defense of postpartum depression and postpartum psychosis).

The "Unwanted Child" motivation constitutes 83% of maternal neonaticides, but only 11% of maternal filicides (Resnick, 1970). The non-neonaticidal filicides, for the most part, revolve around extramarital paternity and normally take place in the first six months of the victim's life (Silverman & Kennedy, 1988). The Smith case is rare, but not unprecedented in the research. Wertham (1949) reports a case of a mother who killed her child so that she could enter a relationship with a man who would not accept her while she had the child.

From the limited knowledge of motivation for the act that exists in the Smith case, it seems this is parallel. It is reported that Ms. Smith killed her children because they were an obstacle to her relationship with a man that would not accept them. It will be interesting to see whether there was any revenge motive involved directed against her ex-husband, or if she regarded the children as her "property", to dispose of if she wished.

The "Accidental" motivation is often the result of child abuse gone awry, or the end result of the battered child syndrome. Silverman & Kennedy (1988) note that in Canada, this is the most common motive for filicides in children over one year of age. There is commonly a lack of mens rea (guilty mind) as the death may result from over zealous discipline. More paternal filicides occur in this category than in others (Resnick, 1969). The research implicates suspects from this category and the revenge motive category in fabricating kidnapping stories and going to great lengths to dispose of evidence.

The "revenge" motivation was described as the most common in a Canadian study of fifteen filicidal mothers forensically evaluated by Lomis (1986). Of the victims under the age of sixteen, ten of fourteen were male. In clinical interviews with Canadian mothers, it was determined that all of the victims were male and the mother's anger toward the child's father was displaced onto the son (often the youngest), who reminded her of the victim's father.

The "Situational Stress Disorder" motivation surfaced in a number of studies under a variety of terminology. Mecir (1976), in a study of 243 filicides in Czechoslovakia, reports that the motivation for filicide in 60% of the mothers was either an unwanted child or a means of solving difficult situational problems. Stress, accumulated due to harsh conditions, combined with a high incidence of personality disorders, accounted for the majority of motivators for 32 cases of infanticide reported between 1962 and 1971 in Warsaw, Poland (Bartiszewski et al., 1973).

Ishihara (1984), in a survey of 66 incarcerated filicidal females in Japan, reports that most of the accused were first-time offenders who had led "normal" lives prior to the child-rearing stage. Unstable family situations, marital discord, financial problems, and other personal conflicts motivated the crimes of the offenders who were judged to be free of psychiatric disturbances. Social isolation was a factor surfaced by Hoffer & Hull (1981) which was highly prominent in neonaticide, but also a factor of stress in filicide. In a study of 13 Canadian filicides, Bourget and Bradford (1990) report exposure to various psychosocial stressors was a factor and the presence of a crisis often precipitated abuse and death.

"Effects of Childbirth" as a motivation, particularly as it relates to postpartum depression and postpartum psychosis, is a contentious issue and will be discussed further into this article. Katkin (1981) studied 35 infanticide cases in the United States that he felt were related to postpartum psychosis. He reports the suspects had no history of criminality or abuse and that frequently, the murder took place after the birth of the second child. There is little doubt the trauma of childbirth can exacerbate other problems and indeed, bring on psychosis in approx. two of every 1,000 births. It is important to note however, postpartum illness is not a factor in neonaticides, as the postpartum depression or psychosis is not evident until at least the third day after delivery (Kaplan & Sadock, 1991).

## **Characteristics of Filicidal Mothers**

The characteristics of Resnick's 1969 filicidal mothers' sample group remain the same over the past fifteen years, with a few additions. The majority of filicidal mothers are over the age of 25 and are married, divorced, widowed or common law. Approx. 66% display psychiatric symptoms and 40% or more have seen a psychiatrist or other physician shortly before the crime. Many of the filicidal mothers have suicidal ideation and others seek psychiatric help for obsessional filicidal thoughts. Approx. 71% of this group are depressed (Resnick, 1969).

Harder (1967) reports that all eleven of the non-neonaticidal mothers in his study were depressed. Characteristics not specifically noted by Resnick include a history child abuse as victim and abuser, a lower intellectual level, a distorted view of children, a significant incidence of mood and affect disturbances, and high risk of suicide following filicide. Gibson and Klein (1961), in a study of 113 infanticidal mothers reported that 62% committed suicide after the murder.

## **Methods of Filicide**

Drowning (17%); strangulation (14%); head trauma (13%); and suffocation (10%) comprise the most common methods of killing. Silverman & Kennedy (1988) report beating or head trauma (22%) as the leading method of filicide, followed by suffocation (16%), drowning (15%), and strangulation (13%). These four methods comprise 66% of the causes of filicides in Canada. Paternal filicide, although not as common as maternal filicide, is responsible for 25-30% of non-neonaticidal filicides. Fathers tend to use more active methods of killing such as stabbing, striking and squeezing. These three methods account for approx. 60% of all paternal filicides (Resnick, 1969).

## **Filicide and Postpartum Psychosis**

Postpartum Psychosis is a clinical syndrome occurring after childbirth (onset 3 days to 4 weeks), characterized by delusions and severe depression. Thoughts of harm to self and newborn may occur. The incidence is 1-2 per 1,000 deliveries and the risk is increased with a history of mood disorder. Women with histories of schizophrenia or mood disorders may have recurrences after childbirth; in fact, a high percentage of mothers who develop postpartum psychosis have an underlying mental illness; either a bipolar disorder or schizophrenia. Early symptoms include insomnia, restlessness, fatigue and tearfulness. Paranoia, incoherence, confusion, obsession about baby's health, audio hallucinations, and possibly, denial of birth are common late symptoms.

These cannot be mistaken for "postpartum blues" which is a common occurrence, displaying symptoms similar to the early postpartum psychosis symptoms. Postpartum psychosis patients may be a danger to self, as well as the newborn. In 5% of the cases, they kill themselves and in 3.5%, they kill their baby. There is an increased risk of further episodes in subsequent pregnancies (Kaplan and Sadock, 1993).

Postpartum psychosis, as a criminal defense, has resulted in varying outcomes and must be considered based on the facts of each case. It has not received full acceptance by the medical and psychiatric professions and is not recognized by the DSM IV as a distinct psychiatric disorder but rather, is a descriptive term that applies to a number of mental disorders that can be experienced after childbirth (Brusca, 1990). It must be clearly understood that neonaticidal mothers do not suffer from any postpartum psychosis symptoms prior to killing their child. The fact the symptoms do not emerge until at least the third day after delivery eliminates this as a neonaticidal phenomenon.

## **Dynamics of Neonaticide**

The dynamics of maternal filicide differ greatly from that of maternal neonaticide. In Resnick's 1970 review of 34 neonaticides, he found the mothers were significantly younger than mothers in the filicidal group; were less likely than filicidal mothers to be depressed, suicidal, or psychotic; and were not likely to be married. The killing of a child within the first 24 hours of life was motivated in 83% of cases researched by Resnick (1970) by the fact this was an unwanted child and murder was committed to silence the intruder. Piers (1981) discusses the ease of killing a "thing". As long as the newborn can be viewed as a thing and not a human being, then the act is accomplished with relative ease.

Illegitimacy remains the prevalent theme in this motivation since only 19% of neonaticidal mothers are married. Among the married group, the unwanted child motivation often manifests itself in situations of extramarital paternity (Resnick, 1970).

The unwanted child motivation is also prevalent in countries such as China and India, where gender selection is practiced and thousands of female newborns are killed each year (Jeffrey, 1984; Light, 1985). The practice of terminating the life of a newborn because of congenital anomalies is also common in some cultures in terms of "quality of life". The implications of this term, if broadly applied, can be frightening in light of sanctity of life arguments.

Other motivations for neonaticide (not categorized by Resnick), are distinctly unique, but appear in the literature in combination one with the other. These motivations are: Denial of Pregnancy; Fear of Punishment/Abandonment; Shame and Guilt; Situational Stress Disorder; and, Reactive Elements. In the state of Iowa in 1987 and 1988, there was a 14-month period in which 7 neonaticides were prosecuted. In five of the seven cases, the teenage mother had either concealed the pregnancy or concealed the body of the newborn. Denial of the pregnancy was evident in one case and in five of the cases, the method of killing was either drowning or exposure. Prominent features in these cases (as with the majority of cases) are the shame, fear of punishment, and fear of rejection in the unwed girls that make them unwilling or incapable of disclosing their pregnancy to their mothers (Saunders, 1989).

Brozovsky and Falit (1971) report this in discussing two cases of teenage girls whose fear of abandonment by their mothers led to massive denial of their pregnancies and then to murder upon the births of their babies. Finnegan, McKinstry and Robinson (1981) report three cases where pregnancy was denied, even after childbirth. They propose that anxiety associated with old conflicts related to sexuality, aggression, dependency and motherhood threaten to overwhelm the pregnant mother's ability to cope and may result in denial as a defense. In these cases, the death of the newborn was related to the total neglect by the mother after the birth. The mothers in this study attributed their weight gain to an increased appetite and upon birth, continued the denial by either "cleaning up a mess" or laying down, without any attempt to cut the umbilical cord or call for help.

Bonnet (1993) reports four neonaticidal women out of a group of 22 who denied their pregnancies and committed either active or passive neonaticide after being "surprised" by the births. The unanswered question is whether this need for denial is great enough to influence the biological manifestations of pregnancy or do they experience the physical changes and deny their existence. Both Brozovsky and Falit (1971) and Finnegan, McKinstry and Robinson (1981) speculate as to whether there might be a "psychotic break" or "acute dissociation" upon a birth which has been the result of a denied pregnancy.

The Situational Stress Disorder motive can be summed up as a rational motivation in a crisis situation of accumulated stress. This is usually evidenced in individuals with a personality disorder or low intellectual level. This motivation is partially endorsed by Medvecky and Kafka (1972) who studied ten neonaticidal mothers in Czechoslovakia from the viewpoints of criminology, psychopathology, psychiatry, and forensic psychiatry. Their study surfaces the motive of Reactive Elements and describes reactions similar to



Manslaughter where for whatever reason, the event of childbirth is unexpected and the response is one of violence or aggression.

## **Characteristics of Neonaticidal Mothers**

The characteristics described by Resnick in 1970 of neonaticidal mothers is consistent with the research published in the last 15 years and in fact, very little has been added to the information that was originally reported. The neonaticidal mother is single, under the age of 25 in 90% of the cases, and in 33%, under the age of 18. These women are predominately rational, with little or no sign of psychosis, but do have a below average level of intelligence. The neonaticidal mother rarely seeks prenatal medical or psychiatric care.

Resnick (1970) proposes two types of neonaticidal mother. The first profile is a young girl in high school or college, or a drop-out from education, but with no criminal record. She is extremely passive and submits to sex. Her passivity keeps her from taking action to end the pregnancy or to seek prenatal care and there is rarely premeditation to kill the newborn; rather, the killing is reactive.

The second profile is the comparatively older woman in her twenties who has strong instinctual drives and has a history of moral violations. She has few ethical restraints and often supports herself by prostitution. The killing of the neonate may be premeditated in that this individual might have the baby out of town and in a place where it can be easily disposed of without detection. (Case studies seem to indicate there are more "Type 1" neonaticides than "Type 2". Perhaps the premeditation and more careful disposal, characteristics of "Type 2" impacts on the number of cases of neonaticide actually discovered.)

## **Methods of Neonaticide**

The recent research does not differentiate between these two types of neonaticidal mothers and statistics on the method of killing by each type is not available. The hypothesis would be that the passive type would choose passive methods, such as abandonment or drowning. The passive element in drowning is that most neonaticidal drownings take place in toilets into which the neonate is born and the mother fails to take action to prevent the drowning (Resnick, 1970).

Resnick (1969) rank orders the methods of killing by neonaticidal mothers. The five most frequent methods are: suffocation; strangulation; head trauma; drowning; and exposure. It is interesting to note that in a Canadian study between 1961 and 1983, the same methods are listed in the same order for maternal infanticides. The victims in that study were infants under one year of age (Silverman & Kennedy, 1988).

## Conclusion

Filicide and neonaticide are closely linked in that they are both the killing of one's own child, but the explanatory framework and the suspect profiles are very different. Mothers who commit neonaticide do so primarily because the child is unwanted, whereas mothers who murder older children do so primarily for altruistic reasons. Neonaticidal mothers are found to be younger, more often unmarried, and less frequently psychotic. It is important to recognize the two types of neonaticidal mothers.

The first group comprises young, often adolescent women who are immature, passive, and likely, very fearful of the illegitimate pregnancy and the accompanying disapproval or abandonment of loved ones. They often deny the pregnancy and seldom premeditate the murder.

The mothers in the second group are older, more hardened, having strong instinctual drives, with little ethical restraint. This group is more likely to premeditate the crime and take more effort to ensure the evidence is destroyed. Since the destruction of evidence in neonaticide is not difficult, one can speculate that hundreds of neonaticides are occurring in Canada each year. With societal advances, such as widely-available birth control, non-life threatening abortions, homes for unwed mothers, welfare systems, and a long list of parents seeking to adopt a child, the incidence of this crime is indeed, baffling (Resnick, 1970).

A fallacy exists that mothers who kill their children must be mentally ill. The research is mixed on this issue and it seems to depend on the manner in which the research is gathered or on how mental illness is defined. Perhaps there are more psychological factors to account for when a mother kills her child, in comparison with other homicides, but it is difficult to believe that it rises to the level indicated by our judicial system. Silverman & Kennedy (1988), in their study of Canadian homicides perpetrated by women, were using statistics supplied by the police. They believed their statistics on mental illness were unusually high because the police generally believe that, "If she killer her child, she must be crazy," and report it that way to Statistics Canada.

## Appendix Implications and Recommendations

This article has attempted to bring together research on a subject that is of great interest and importance to everyone, but specifically of importance to groups and individuals whose life work involves the protection of children. The following implications and recommendations are directed at health care, social work, and police professionals.

### Psychological

The fact that over 40% of filicidal mothers seek medical and psychiatric help within months prior to killing their children leads to the conclusion there is a need for some form of risk assessment. The following items have surfaced as a risk for filicide:

- Previous history of violence;
- Aggressive impulse
- Hostility toward a child who reminds the mother of the child's father;
- Depression
- Suicidal ideation or attempts;
- Denial of pregnancy; and,
- Stress accumulation coupled with no social support.

Once risk has been assessed, the patient must have immediate access to psychiatric care, either on an outpatient basis or entry into a facility such as a Mother/Baby Psychiatric Unit.

### Social

The need for increased social support, education, and recognition of signs and symptoms outlined can result in a reduction of child murder. Specifically, these include: a greater support network for unwed and overburdened mothers; continuation of cost-free birth and anonymous adoption; and, increased education on birth control, abstinence, therapeutic abortion, and child rearing practices. In denial of pregnancy cases, consideration should be given to involuntary committal, controlled delivery of the baby, and termination of parental rights through court action.

### Common Methods of Murdering Children

(Resnick, 1968)

Rank Order	Maternal Neonaticide	Maternal Filicide
1	Suffocation	Drowning

<b>2</b>	Strangulation	Strangulation
<b>3</b>	Head Trauma	Head Trauma
<b>4</b>	Drowning	Suffocation
<b>5</b>	Exposure	Throwing from Heights
<b>6</b>	Stabbing	Cutting/Stabbing
<b>Other</b>	Dismemberment	Shooting
	Burning	Gas
	Acid/Lye	Poison
	Burying	Starvation

*\*Paternal Infanticide involved more active methods (i.e., striking, squeezing and stabbing).*

## **Forensic/Criminal Profiling**

An understanding and recognition of the following factors will assist investigators:

- The distinct difference between filicidal and neonaticidal mothers;
- The differing motivations in killing their child(ren);
- The precipitating elements; and,
- The methods of killing.

The knowledge that all women who kill their children are not insane and that many have an appreciation of the wrongfulness of the act is important in understanding the dynamics of this crime and surfacing a more accurate profile of the perpetrator. The awareness that the incidence of neonaticide is very likely much higher than imagined and although conviction rates and sentencing for this crime are low, the criminal investigator and prosecutor must tenaciously pursue these homicides.

**Comparison of Maternal Neonaticide and Maternal Filicide  
1751-1968 (Resnick)**

	<b>Maternal Neonaticide</b>	<b>Maternal Filicide</b>
		88*
<b>Age of Victim</b>	0-1 day	2 days 20 years
<b>Age of Perpetrator</b>	16-38 years **	20-50 years
<b>Married</b>	19%	88%
<b>Psychosis</b>	17%	66%
<b>Depression</b>	3%	71%
<b>Suicide Attempt</b>	0%	33%
<b>Prenatal Care</b>	0%	40%
<b>Judicial Disposition</b>	Majority – Jail/Probation	Majority – Psych. Hospital
*Paternal Neonaticide **89% under 25 years **77% over 25 years; and Paternal Filicide = 43		

## **Multidisciplinary**

The realized need to approach this issue with prevention programs, policies and educational directives has resulted in multidisciplinary approaches such as the Child Death Review Teams that presently exist in 21 American states. These teams have been established to identify abuse-related deaths and focus attention on the incidence of child murder.

## **Criminal Code of Canada Overview of Infanticide**

### **Infanticide**

**233.** A female person commits infanticide when by a wilful act or omission, she causes the death of her newly-born child, if at the time of the act or omission she is not fully recovered from the effects of giving birth to the child, and by reason thereof or of the effect of lactation consequent on the birth of the child, her mind is then disturbed. R.S., c. C-34, s. 216.

"newly-born child" means a person under the age of one year;

### **Punishment for Infanticide**

237. Every female person who commits infanticide is guilty of an indictable offence and liable to imprisonment for a term not exceeding five years. R.S., c. C-34, s.220.

### **When Child becomes Human Being - Killing Child**

223. (1) A child becomes a human being within the meaning of this *Act* when it has completely proceeded, in a living state, from the body of its mother whether or not (a) it has breathed, (b) it has an independent circulation, (c) the navel string is severed.

(2) A person commits homicide when he causes injury to a child before or during its birth as a result of which the child dies after becoming a human being. R.S., c. C34. s. 206.

### **Abandoning Child**

218. Every one who unlawfully abandons or exposes a child who is under the age of ten years, so that its life is or is likely to be endangered or its health is or is likely to be permanently injured, is guilty of an indictable offence and is liable to imprisonment for a term not exceeding two years. R.S., c. C-34, s. 200.

### **Killing Unborn Child in Act of Birth - Saving**

238. (1) Every one who causes the death, in the act of birth, of any child that has not become a human being, in such a manner that, if the child were a human being, [he] would be guilty of murder, is guilty of an indictable offence and liable to imprisonment for life.

### **Concealing Body of Child**

243. Every one who in any manner disposes of the dead body of a child, with intent to conceal the fact that its mother has been delivered of it, whether the child died before, during or after the birth, is guilty of an indictable offence and liable to imprisonment for a term not exceeding two years. R.S., c. C-34, s. 227.

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