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إعداد

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The Medicolegal Aspects of Infanticide Cases

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Abstract:

Infanticide is a specific crime that has been practiced as a social and economic necessity since the dawn of humanity. It is the deliberate killing of a newborn infant (under 12 months age) by the mother, while filicide is the deliberate act of a parent killing his or her sun or daughter. The aim of this work is to throw light on infanticide cases in Upper Egypt through an analysis of the infant deaths in the records of Assiut Medicolegal Department, Ministry of Justice in the period 2002-2005 in comparison with previous studies taking in consideration of the incidence, the predisposing factors, methods of infliction and the role of the forensic pathologist in the diagnosis of suspected infanticide cases. The results revealed that 93.75% of the cases were borne alive; females represented 53.13% of the studied cases. As regard of the cause of death it was found that 18.75% of cases were due to omission of infants. Deaths due to head injuries represented 12.50%, while 9.38% of cases were due to obstructed labour, 6.25% of cases were due to smothering and 3.13% were due to drowning and 3.13% of deaths were due to congenital hydrocephalus. The cause of death couldn't be identified in about 46.88% of cases due to advanced putrefaction. This work also explains how the pathologist can distinguish between birth injuries and homicidal injuries and how to differentiate between cases of stillbirth, sudden death in infancy and cases of infanticide. The paper also discusses the judicial aspects of infanticide in Egypt and other countries. On conclusion: Infanticide cases are very rare in Egypt, perhaps due to lack of reporting and detection of the cases. The causes of infanticide in Egypt could be attributed to concealment of illegal pregnancies, maternal psychosis and lack of specific law for infanticide in the Egyptian law.

Key Words: infanticide, Neonaticide, filicide, stillbirth, sudden infant death syndrome.

Introduction:

The reproductive mortality was classified into four component; stillbirth (28-40 weeks of foetushood), early neonatal death (day 0-6), late neonatal (day 7-30) and postneonatal death (day 31-364) (Hart, 1998). The term, infanticide, comes from the Latin, in-fans, meaning unable to speak. While infanticide is defined as a specific crime that can only be committed by the mother during the first twelve months of her infant's life. Neonaticide is the killing of a baby in the day of its birth. It is the most common crime and
the perpetrator is usually the mother. While filicide is the deliberate act of a parent killing his or her own son or daughter (Craig, 2004).

Infanticide was common in all well-studied ancient cultures, including those of ancient Greece, Rome, India, China, and Japan. The Jews and Christians were clearly against the taking of human life, and generally forbade the killing of any newborn infant. Maimonides, the renowned Jewish philosopher and physician, pointed out that a single man was first created in Genesis, "to teach us that if any man destroys a single life in the world, scriptures imputes it to him as though he has destroyed the whole world." (Milner, 1998). The end of the practice of infanticide in the ancient world coincided with the rise of Christianity as a major religion. The practice was never completely eradicated, however, and even continues today in areas of extremely high poverty and overpopulation (Pitt and Bale, 1995; Palermo, 2002).

Sexism was particularly prominent in Arabia before the time of profit Mohammed (570-632 AD). The Holy Koran, introduced reforms that told us the occurrence of this bad practice of female infanticide before Islam

He asked, with censure, for example, how would a father account for his actions, "When the female child that had been buried alive shall be asked for what crime she was put to death?" (Milner, 1998). Other reforms included the prohibition of infanticide due to economic causes.

"ولا تقتلوا أولادكم خشية إثقال لحاس نزاقكم وإن كنتم قتلتم كأن خطئا كبيرا" (سورة الأسراء الآية 31).
The phenomenon of female infanticide is as old as many cultures, and has likely accounted for millions of gender-selective deaths throughout history. It remains a critical concern in a number of "Third World" countries today, notably the two most populous countries on earth, China and India (Milner, 1998; Zing, 2000).

Studies in India have indicated three factors of female deselection in India, which are the economic utility, socio-cultural utility, and religious functions. In China where large number of infanticide occur, the cause is differ as it is due to one child policy - which used by the governorate- in which any family prevented to has more than one child, this leads to increase of female infanticide due to male over referral (Tandon and Sharma 2006).

Filicide is also practiced in developed countries. In the United States during 1992, parents committed 290 murders of their children. Large-scale studies of filicide have revealed that younger children are at most risk, especially those children less than six months of age. After that point, the risk lowers steadily, only to rise again in adulthood (Mackay 1993).

The aim of this work is to through light on infanticide cases in Upper Egypt through an analysis of infant deaths in the records of Assiut Medicolegal Department, Ministry of Justice in the period 2002-2005 in comparison with previous studies taking in consideration of the incidence, the predisposing factors, methods of infliction and the role of the forensic pathologist in the diagnosis of suspected infanticide cases.
Subjects and Methods:

An analysis of cases of infant deaths investigated in the Assiut Medicolegal Department, Ministry of Justice during the period of 2002-2005 through a retrospective study of the records. The following points were taken in consideration:

- The state of maturity and sex of the infant.
- Was the infant born alive?
- How long did the infant live?
- How long had the infant been dead?
- What was the cause of death?
- If there was a link in between the infant and the suspected mother?
- had the mother been identified? (The pathologist looks for signs of recent delivery in the woman charged with infanticide and concealment of birth).
- Had maternal psychosis been proven in any case?

Results:

It was found that the total number of fetal deaths were thirty two out of 3675 cases examined by Assiut Medicolegal Department during the period of 2003-2005. The results revealed that 93.75% of the cases were borne alive; All of them were full term. Females represented 53.13% of the studied cases as shown in figure (1). As regard the cause of death it was found that 18.75% of cases were due to omission of infants. Deaths due to head injuries represented 12.50 %, while 9.38 % of cases were due to obstructed labor, 6.25 % of cases were due to smothering and 3.13 % were due to drowning and 3.13 % of deaths were due to congenital hydrocephalus as shown in figure (2). The cause of death couldn't be identified in about 46.88 % of cases due to advanced putrefaction. The mother couldn't be
identified in all cases. Infants were killed within few hours of their birth. The recorded time passed after death was 1-3 days.

**Discussion:**

It is obvious from the present results that the incidence of infanticide was very low. Also it revealed the predominance of female infanticide which agreed with most of the previous studies. Sex-selective infanticide appears to have been practiced in many societies around the world particularly India and China. Also it had been practiced at various times in the history (Milner, 1998). Female infanticide reflects the low status accorded to women in most parts of the world; it is arguably the most brutal method of family planning and destructive manifestation of the anti-female bias that pervades "patriarchal" societies. It is closely linked to the phenomena of sex-selective abortion, which targets female fetuses almost exclusively, and neglect of girl children (UNICEF, 2005)

The results of the present study revealed that the commonest method of infanticide was omission, which coincide with a previous case study had been performed by Ahmad Elsiginy in Zenhom mortem in Cairo in the period of 1977-1979 on ninety four cases of infant deaths. It showed that fifty two cases was due to non criminal deaths and forty two
due to criminal deaths. Twenty five cases of the criminal deaths were due to omission and seventeen cases were due to commission. Ten cases of the non criminal cases were due to accidental causes (difficult labor and inhaled mucus) and forty two cases were due to natural deaths (prematurity and congenital anomalies). He attributed the causes of infanticide cases to; Socioeconomic cause due to the rise of population number in Cairo in this period which resulted in over crowdedness leads to illegal sex relations between persons and a new trend in a form of hidden prostitute. These two conditions lead to illegal pregnancies and infanticide for birth concealment. The second cause is the absence of specific law for infanticide in the Egyptian law, lastly to maternal psychosis (Helmi et al, 1979). Many authors described the neonaticide mothers, they are young, rarely married, poorly educated, have a low level of psychiatric disorders and psychosocial stressors, no history of criminal behavior, and do not attempt suicide after the murders (Pitt and Bale, 1995; Stanton and Simpson, 2002). Unwanted child filicide occurs when mothers, for reasons such as illegitimacy or uncertain paternity, kill their children through acts of aggression or through neglects. Spouse revenge filicide occurs when the parent seeks to “get back” at his or her spouse for some particular reason – usually revenge for infidelity. In acutely psychotic filicide, the parent kills the child under the influence of a severe mental illness or psychotic episode (Resnick,1969).

As regarding of the methods of infanticide it was reported that the methods used by parents to kill their children differ from the usual methods of homicide, and gender differences are also seen (McKee and Shea, 1998). Maternal filicide is usually committed using “hands on” methods that entail close and active physical contact between mother and child, such as shaking, manual battering, suffocation, or drowning, and some indirect methods such as arson or drowning while the children are asleep or sedated (McKee and Shea, 1998; Palermo, 2002). While paternal filicide fathers are more likely to use methods such as striking, squeezing, or stabbing, and they are also more likely than women to use weapons. Suffocation, strangulation, and drowning are the most common methods used to kill neonates (Pitt and Bale, 1995; Palermo, 2002).
In the present results head injuries represented 12.5% of cases. The mother may throw her infant on the floor, dash its head against wall or swinging it by her legs. Often the defense claims that head injuries occurred after precipitate labor especially if delivery occurred in the toilet, no doubt that some deliveries can occur in multiparous mothers with certain force and speed, and this tells us how the important of examination of the cut end of the umbilical cord (Gordon and Shapiro, 1982).

The cause of death was smothering in 3.13% of cases. It is almost difficult to prove, as the infant will almost never show conjunctival petechiae or other signs that may be seen in strangulation. But if excessive pressure was applied so marks are often been seen on lips and face, these marks must be definite intradermal or deep bruise, and should be differentiated from any variations of post mortem staining (Kellett, 1992). Drowning is another unusual form of infanticide represented 3.13% of the present results, but is more often a way to dispose an already dead infant, either stillborn, a natural death or victim of some other mode of infanticide. It may be happen in any form of water, from washbasin to the open sea, but most often the mother will use the household receptacle such as bowl, bucket or bath, but the infant may be taken out and disposed of in any source of opened water (Tabata et al; 2000).

Strangulation is also a common method of infanticide. The usual features in cases of strangulation are bruises and abrasions on the neck even if minimal. Facial cyanosis, congestion, oedema and petechiae may be present. Abrasions in the neck may be caused by the mother nails in an attempt to deliver herself. Also a ligature may still present around the neck, the mother may claim that she used it to assist delivery by herself (Driever et al, 2001).

Cutting and piercing wounds is well known as a mean of infanticide. Stabbing with scissors, either in chest or neck, has been seen or even cutting throat with a blade. The mother may offer the defense that these injuries resulted from the trial of cutting the
umbilical cord. In India infanticide may be committed by stabbing a needle or pin into the spine, fontanel and eye or nose (Kellett, 1992).

The pathologist should differentiate between a child who born alive and stillborn by the presence of manifestations of breathing in the former (Knight and Pekka, 2004). He should also differentiate between the case of infanticide and the sudden death of any infant or young child, which is unexpected by history, and in which a thorough postmortem examination fails to demonstrate an adequate cause for death (Lorena and Magda, 2006).

In the case of SIDS, other factors have been associated with increased risk within these economic classes, including early motherhood, large families, smoking and drug abuse by mothers, prematurity, low birth weight and multiple births. The diagnosis of SIDS requires a negative history as well as a negative autopsy result. Thus, the following variables were analyzed: circumstances, medical history and autopsy, which included a gross pathological investigation, histology, neuropathology, microbiology, radiology and toxicology (Taylor and Sanderson, 1995; Carolan, 2004; Gutierrez, 2004).

In diagnosing deaths due to disease, histology, neuropathology and microbiology were the most important diagnostic tools. In contrast, information about the circumstances of death and the gross pathological findings at autopsy most often revealed the cause of death in accidents and cases of neglect/abuse and homicide (Willim et al, 2000; Nelson et al, 2001).

Concerning the judicial aspects of infanticide, this tendency to view women who kill their children as a group separate from traditional murderers also operates at an international level. In 30 countries around the world, including Canada, Britain, and Australia, murder charges are ruled out and women are allowed to plead to lesser charges (“infanticide”) if the murders are committed during the first year after birth, when a woman’s state of mind is presumably affected by childbirth or lactation. Because of the nature of the crime, a plea of
insanity is often presented in the woman’s defense (Gold, 2001; Stanton and Simpson, 2002).

The Egyptian penal code consider any destruction of a self-existent human life as an act of homicide, irrespective of the age of the victim, there is no special crime of infanticide in the Egyptian law. Each case of infanticide is dealt with separately according to the circumstances of the case and as whether the act of killing was by commission or by omission which in some cases may be consider as homicide (Helmi et al, 1979).

The German law stated that; a mother who killed illegitimate child either during or immediately after birth will be punched by imprisonment in a penitentiary for not less than three years (Helmi et al, 1979; Kriminol, 2002). The Austrian law stated that; a mother who kills her child at birth, or who lets her child perish through the intentional lack of the assistant necessary at birth, shall be condemned to life imprisonment in a penitentiary, that provided that she committed the murder on her legitimate child. If the child is illegitimate, the punishment shall be ten to twenty years in case of killing, and in case of death through the lake of assistance, five to ten years in a penitentiary. In the United states the law does not provide a separate offence of infanticide. The crime is considered one form of homicide without any legal distinction between them (Helmi et al, 1979).

In New Zealand, Section 178(1) of the Crimes Act 1961 (NZ) provides as follows: Where a woman causes the death of any child of hers under the age of ten years in a manner that amounts to culpable homicide, and where at the time of the offence the balance of her mind was disturbed by reason of her not having fully recovered from the effect of giving birth to that or any other child, or by reason of the effect of lactation, or by reason of any disorder consequent on childbirth or lactation, she is guilty of infanticide, and not of murder or manslaughter, and is liable to imprisonment of a term not exceeding three years (Marleau et al., 1993).
In India legally infanticide amounts to homicide and all legal provisions applicable to the offence of homicide are applicable to infanticide (Section 318 concealment of birth by secret disposal of the dead body amounts to culpable homicide). Even though the law is a powerful instrument of change yet law alone cannot root out this social problem (Tandon and Sharma, 2006).

**On conclusion:** Infanticide cases are very rare in Egypt, perhaps due to lack of reporting and detection of the cases. The causes of infanticide in Egypt could be attributed to concealment of illegal pregnancies, maternal psychosis and lack of specific law for infanticide in the Egyptian law.

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