

A Case of Neonaticide with Homicidal Defenestration of the Minor

Bernat N Tiffon^{1*}, Jorge González-Fernández²

¹Department of Forensic Psychology, Universitat Abad Oliba-CEU and "ESERP Business and Law School, Barcelona, Spain

²Department of Legal Medicine and Forensic Sciences, La Rioja Institute, La Rioja, Spain

Abstract

A case of notorious uniqueness of neonaticide is related, illustrating the psychological profile of a young mother who, at the same moment of breaking water and giving birth to a female baby, throws it into the void from the window of the bathroom of her home when he was only a few minutes old.

Keywords: Personality disorder • Filicide • Neonaticide • Homicide • Medea syndrome

Introduction

When a parent kills his or her own child, it is known as filicide. Such a criminological situation always originates a great social, legal, and media impact [1].

For Raymond maternal filicide is defined as the killing of a child by its mother [2]. Many classifications have been developed based on underlying motives such as altruism, mental pathology, fatal abuse, spousal revenge, or an unwanted child. Pathological filicide refers to cases in which the perpetrator has a severe psychiatric illness. The related literature is scarce. For Calzada et al., they consider "as neonaticide the death of a child in the first 24 hours and infanticide when the child is between 1 day and 1 year old. In general, filicide is reserved for children with age ranges between 1 and 18 years, subdivided into early-type when it includes ages 1 to 12 years and late-type over 13 years". In a recent longitudinal study conducted by Raymond with a population sample of 17 women, they observed that in 12 victims the dynamics of filicide are contextualized in psychotic-delirious subjects, which would respond to a "psychotic infanticide"-in the terminology described by Resnick or d'Orban or "pathological infanticide" (according to Bourget, in contrast, for four women of the total population sample, the contextual framework of the filicide dynamic was (couple) separation; the cases were diagnosed with borderline personality disorder, major depressive episode, and bipolar disorder. But if these aforementioned diagnoses were heterogeneous, they all suffered from separation anxiety and fear of abandonment as common psychopathological elements per se [3]. The authors of the study also considered that cases of revenge filicides ("medea syndrome") are described as retaliation, in the context of separation, against parents/husbands. Out of the total

sample of 17 subjects, one case responds to infanticide as a result of a series of sadistic acts and severe beatings [4].

Likewise, the development of preventive strategies in cases of neonaticides and filicides is difficult to establish due to the diverse and widely heterogeneous dynamics between perpetrator and victim [5].

The Case

This is a 19-year-old woman who, according to the wording and as stated in the body of the sentence, the proven facts were the following: At an unspecified time, but between the afternoon and the evening, she gave birth in the bathroom of her home to a female baby that came to breathe independently; and immediately after the birth, she threw it out of the bathroom window that overlooks an interior patio of the property from a height of 74.97 feet [6]. As a consequence, the newborn suffered severe polytrauma with the destruction of vital brain centers, which caused her death [7].

The defendant "threw the baby out of the window with the intention of ending her life or, in any case, aware of the risk she was creating for her life and the very high probability of causing her death" [8].

The defendant "took advantage of the fact that the newborn lacked the capacity to defend herself in any way" [9].

Discussion

From the legal point of view and as stated in the sentence, the jury considered as proven that the baby was thrown and defenestrated by

*Address for Correspondence: Bernat-N Tiffon, Professor of Forensic Psychology, Department of Forensic Psychology, Universitat Abad Oliba -CEU and "ESERP Business and Law School, Barcelona, Spain, Tel: 650402838; E-mail: tiffon@psicologialegal.com

Copyright: Copyright: © 2021 Tiffon BN. This is an open-access article distributed under the terms of the creative commons attribution license which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Received: September 14, 2021; Accepted: September 28, 2021; Published: October 5, 2021

the accused from the window; as stated by the police officers in their statements during the trial held and explaining that the victim "went to the bathroom and that her family was in the dining room, that had the birth and got so scared that she threw it out the window" [10].

The jury also considered as proven the intentionality of the facts so that the accused, when proceeding to the arrest, stated that "she had done it alone (the delivery) in the bathroom and that everything that came out she threw it out the window because she got scared" [11].

It was also considered as proven the intentionality of the facts as a result of the extraction of data from the victimizer's cell phone so that the same states that her ex-boyfriend left her pregnant and that she would solve the problem [12]. In a later conversation the victimizer says that "everything is solved" and to the question of her ex-boyfriend "what is solved?", she answers "the baby", and to the question "is it already out?", she answers "yes". In another subsequent chat, she says that she has a pretty big problem, that she is pregnant, and that there are times when she "thinks about killing herself " or that "they run her over to lose it" [13].

From the psychological point of view, the victimizer was examined by mental health professionals, while she was still a pretrial detainee awaiting trial, in order to evaluate her psychological state and to obtain some justification for her criminal behavior [14]. However, the sentence did not find any type of circumstance modifying criminal responsibility due to psychopathological causes and, therefore, the victimizer was considered to have acted with malice aforethought and was sentenced accordingly as the person responsible for her acts.

After some time, she was psychologically evaluated again and was administered the MCMI-IV, whose scores related to the validity modifying indexes are within the statistical normality and can grant reliability to the psychological profile obtained, being compatible with the genuine personality traits of the defendant [15]. Likewise, and following the line of clinical personality patterns, statistically significant scores were obtained in the scales "Avoidant" (TB=89), "Melancholic" (TB=83), "Compulsive" (TB=80), and "Dependent" (TB=75). Moreover, from the subclinical point of view, the scales "Paranoid" (TB=69), "Masochistic" (TB=68), and "Tempestuous" (TB=67) are also significant shown in Figures 1 and 2.

The set of scales described above, come to be compatible with a personality characterized by an acute and singular fragility, weak and sensitive psychoemotional instability, avoidant-dependent-melancholic, who weakens in situations interpreted subjectively and paranoily as critical and/or acute [16].

The personality profile described suggests as compatible that the victim was feeling acutely and emotionally overwhelmed by her own situation of motherhood [17], with feelings of low tolerance to frustration and could have originated the perpetration of the criminal and lethal behavior shown in Figures 3 and 4.

INVENTARIO CLINICO MULTIAIXIAL DE MILLON-IV
RESUMEN DE LAS PUNTUACIONES Y PERFIL

CÓDIGO DE PUNTUACIONES MÁXIMAS =2A 2B 7
AJUSTES DE LAS TASAS BASE = Ninguno

INVALIDEZ (V) = 0
INCONSISTENCIA (W) = 2

VALIDEZ	Puntuación			Perfil de las tasas base			
	PD	PC	TB	0	35	75	100
Indices modificadores				Bajo	Medio	Alto	
Sinceridad	X	47	58	[Bar chart]			
Deseabilidad social	Y	15	67	[Bar chart]			
Devaluación	Z	11	54	[Bar chart]			

PERSONALIDAD	Puntuación			Perfil de las tasas base				
	PD	PC	TB	0	60	75	85	115
Patrones clínicos de la personalidad				Estilo	Tipo	Trastorno		
Esquizoide	1	5	26	33	[Bar chart]			
Evitativo	2A	18	84	89	[Bar chart]			
Melancólico	2B	21	81	83	[Bar chart]			
Dependiente	3	12	63	75	[Bar chart]			
Histriónico	4A	9	50	60	[Bar chart]			
Tempestuoso	4B	15	71	67	[Bar chart]			
Narcisista	5	0	10	0	[Bar chart]			
Antisocial	6A	0	11	0	[Bar chart]			
Sádico	6B	4	37	40	[Bar chart]			
Compulsivo	7	21	96	80	[Bar chart]			
Negativista	8A	6	33	40	[Bar chart]			
Masoquista	8B	13	73	68	[Bar chart]			
Patología grave de la personalidad								
Esquizotípico	S	6	34	36	[Bar chart]			
Límite	C	8	49	60	[Bar chart]			
Paranoide	P	10	68	69	[Bar chart]			

Figure 1: Results and psychological and psychopathological profile of the subject obtained from the Millon Clinical Multiaxial Inventory (MCMI-IV, version 4, 2018).

PSICOPATOLOGÍA	Puntuación			Perfil de las tasas base				
	PD	PC	TB	0	60	75	85	115
Síndromes clínicos					Presente	Prominente		
Ansiedad generalizada	A	7	45	53	[Bar chart]			
Síntomas somáticos	H	3	35	30	[Bar chart]			
Espectro bipolar	N	11	84	75	[Bar chart]			
Depresión persistente	D	14	55	66	[Bar chart]			
Consumo de alcohol	B	0	34	0	[Bar chart]			
Consumo de drogas	T	2	61	62	[Bar chart]			
Estrés postraumático	R	10	73	69	[Bar chart]			
Síndromes clínicos graves								
Espectro esquizofrénico	SS	7	39	47	[Bar chart]			
Depresión mayor	CC	9	55	64	[Bar chart]			
Delirante	PP	1	38	30	[Bar chart]			

Figure 2: Results and psychological and psychopathological profile of the subject obtained from the Millon Clinical Multiaxial Inventory (MCMI-IV, version 4, 2018).

INVENTARIO CLÍNICO MULTIAIXIAL DE MILLON-IV
FACETAS DE GROSSMAN CON LA PUNTUACIÓN MÁS ALTA

FACETAS DE GROSSMAN	Puntuación			Perfil de las tasas base				
	PD	PC	TB	0	35	75	100	
Evitativo	2A				Interpretable			
Interpers. aversivo	2A.1	5	63	75	[Bar chart]			
Autoimagen alienada	2A.2	7	92	90	[Bar chart]			
Contenido vejatorio	2A.3	4	65	75	[Bar chart]			
Melancólico	2B				[Bar chart]			
Cognitivamente fatalista	2B.1	6	61	60	[Bar chart]			
Autoimagen inútil	2B.2	8	97	96	[Bar chart]			
Temperamentalmente afligido	2B.3	4	58	75	[Bar chart]			
Compulsivo	7				[Bar chart]			
Expresivamente disciplinado	7.1	8	99	100	[Bar chart]			
Cognitivamente constreñido	7.2	7	59	60	[Bar chart]			
Autoimagen responsable	7.3	9	99	85	[Bar chart]			

Figure 3: Grossman Facets. Results and psychological and psychopathological profile of the subject obtained from the Millon Clinical Multiaxial Inventory (MCMI-IV, version 4, 2018).

PUNTUACIONES DE LAS FACETAS DE GROSSMAN									
	PD	PC	TB		PD	PC	TB		
1 Esquizoide				6B Sádico					
1.1 Interspers. desvinculado	3	55	60	6B.1 Expresivamente precipitado	2	42	40		
1.2 Contenido escaso	8	93	85	6B.2 Interspers. desagradable	2	63	64		
1.3 Temperamentalmente apático	1	27	20	6B.3 Arquitectura erupiva	0	25	0		
2A Evitativo				7 Compulsivo					
2A.1 Interspers. aversivo	5	63	75	7.1 Expresivamente disciplinado	8	99	100		
2A.2 Autoimagen alienada	7	92	90	7.2 Cognitivamente constreñido	7	59	60		
2A.3 Contenido vejatorio	4	65	75	7.3 Autoimagen responsable	9	99	85		
2B Melancólico				8A Negativista					
2B.1 Cognitivamente fatalista	6	61	60	8A.1 Expresivamente resentido	4	66	68		
2B.2 Autoimagen inútil	8	97	96	8A.2 Autoimagen descontenta	6	68	70		
2B.3 Temperamentalmente afligido	4	58	75	8A.3 Temperamentalmente irritable	0	15	0		
3 Dependiente				8B Masoquista					
3.1 Expresivamente pueril	7	88	85	8B.1 Autoimagen desmerecedora	8	85	75		
3.2 Interspers. sumiso	5	90	85	8B.2 Arquitectura invertida	3	49	60		
3.3 Autoimagen inepta	5	70	75	8B.3 Temperamentalmente disforico	4	44	48		
4A Histriónico				S Esquizotípico					
4A.1 Expresivamente dramático	0	31	0	S.1 Cognitivamente circunstancial	3	35	45		
4A.2 Interspers. buscador de atención	5	58	65	S.2 Autoimagen disociada	5	65	66		
4A.3 Temperamentalmente inconstante	6	60	64	S.3 Contenido caótico	2	46	60		
4B Tempestuoso				C Limite					
4B.1 Expresivamente impetuoso	6	78	71	C.1 Autoimagen inestable	4	61	65		
4B.2 Interspers. enfático	3	46	60	C.2 Arquitectura disgregada	7	85	85		
4B.3 Autoimagen sobrestimada	3	43	45	C.3 Temperamentalmente líbil	0	16	0		
5 Narcisista				P Paranoide					
5.1 Interspers. explotador	0	26	0	P.1 Expresivamente defensivo	4	70	68		
5.2 Cognitivamente expansivo	3	40	45	P.2 Cognitivamente desconfiado	2	50	60		
5.3 Autoimagen admisible	0	26	0	P.3 Dinámicas de proyección	1	36	30		
6A Antisocial									
6A.1 Interspers. irresponsable	0	21	0						
6A.2 Autoimagen autónoma	1	37	30						
6A.3 Dinámicas de irreflexión (paso al acto)	0	27	0						

Figure 4: Grossman Facets. Results and psychological and psychopathological profile of the subject obtained from the Millon Clinical Multiaxial Inventory (MCMI-IV, version 4, 2018).

Conclusion

A unique case of neonaticide of a young mother with a dysfunctional personality and suffering from acute psycho-emotional instability is described.

In this particular case, it is difficult to describe psychologically what was the real will of the mother to perpetrate the facts, since only the victimizer knows what her most intrinsic motives were (and as it seems to be clear from the clinical interview, she herself does not know it and even manifests the desire to be a mother again). For this reason, and from the basis of Criminal and Forensic Psychology and the psychometric results obtained, it does not appear that the victimizer presents serious psychopathology or mental dysfunction; but neither does it appear that the itercriminis of the crime committed does not seem to be compatible with her having committed it from a vengeful posture (or "medea syndrome").

As can be seen in the sentence, all the experts who testified regarding the mental state of the victim agreed that the victim did not present any type of serious mental disorder for which she could benefit from an exonerating circumstance or an attenuation of the criminological penalty. Thus, and following the ruling of the sentence, this meant the consideration of being the responsible author of the crime of murder with the aggravating circumstance of kinship to the penalty of twenty years of imprisonment.

Likewise, and in order to develop preventive strategies in cases of neonaticides and filicides, it is notoriously difficult to establish and apply due to the heterogeneous dynamics between the perpetrator and the victim.

References

- Tiffon, Bernat. "Estudio de un Caso: Doble Filicidio, Depresión Mayor Psicótica y Trastorno de la Personalidad" *Sociedad Española de Psicología Jurídica y Forense (SEPJF)* (2017) pp: 419-421.
- Raymond, Sophie, Marie-Victoire Ducasse, Marion Azoulay and Ivan Gasman. "Maternal Filicide and Mental Illness: A Descriptive Study of 17 Women Hospitalized in a French Secure Unit Over a 24-year Period." *J Forensic Sci* 66 (2021): 1818– 1828.
- Orban, DPT. "Women Who Kill Their Children." *Br J Psychiatry* 134 (1979): 560-71.
- Resnick, Phillip J. "Child Murder by Parents: A Psychiatric Review of Filicide." *Am J Psychiatry* 126 (1969): 325-334.
- Hellen, Florence , Sandra Verhülsondonk, Birgit Janssen and Stefanie Ritz-Timme, et al. "Filicidios: análisis de unaserie de casos, Australian Journal of Forensic Sciences" (2021).
- Bourget, Dominique, John MW Bradford JM. "Homicidal Parents." *Can J Psychiatry* 35 (1990): 233-238.
- Theodore, Millon, Davis Roger and Millony Carrie. "Inventario Clínico Multiaxial de Millon-III." *Madrid Pearson Educación* (2011).
- Tiffon, Bernat. "Manual de Consultoría en Psicología y Psicopatología Clínica, Legal, Jurídica, Criminal y Forense. Colección Bosch Penal." *ditorial Bosch SA Barcelona* (2008).
- Tiffon, Bernat. "Manual de actuación profesional en Psicopatología Clínica, Criminal y Forense. Unadimensión Jurídico-Legal". *Colección Bosch Penal JM Bosch Editor-Librería Bosch SL Barcelona* (2009).
- Tiffon, Bernat. "Los Crímenes de Perejil". *JM Bosch Editor Barcelon*.(2015).
- Tiffon, Bernat. "Archivos Delictivo-Criminológicos". *JM Bosch Editor Barcelona* (2016).
- Tiffon, Bernat, colsY. "Atlas Práctico-Criminológico de Psicometría Forense (Volumen II): Tentativas de Asesinatos". *JM Bosch Editor Barcelo* (2019).
- Tiffon, Bernat. "A Propósito de un Caso: Filicidio Pordecapitación de Unamenor y Trastornopsicótico breve, Agudo y Transitorio vs. Ausencia de Trastorno". *Revista de Derecho y Proceso Penal. Thomson Reuters-Aranzadi. Cizur Menor Navarra* 50 (2018): 421-444.
- Tiffon, Bernat. "Double Filicide for Extended Suicide (frustrated) of a Subject with Major Psychotic Depression and Dependent Personality Disorder". *South Florida Journal of Development.2* (2021): 4552-4562.
- Tiffon, Bernat. "Doble Filicidio Porsuicidio Ampliado (frustrado) de un Sujetoafecto de Depresión Mayor Psicótico y Trastorno de la Personalidad Dependiente". *South Florida Journal of Development 2* (2021): 5519-5530.
- Tiffon, Bernat. "Criminal and Forensic Psychology of a Case of Filicide by Decapitation of a Minor". *J Forensic Med* 6 (2021): 1-5.
- Tiffon, Bernat, González F. "Desperation In Major Serious Depressive Disorders and Extended Suicide Risk: A Case Of Double Filicide". *Asean Journal Of Psychiatry* 22 (2021): 1-5.

How to cite this article: Tiffon, Bernat-N. "A Case of Neonaticide with Homicidal Defenestration of the Minor." *J Forensic Med* 6 (2021) : 148.