CASE REPORT

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Child Stealing by Cesarean Section: A Psychiatric Case Report and Review of the Child Stealing Literature

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ABSTRACT: A highly unusual case of child stealing by cesarean section resulting in the death of the mother is presented. The judicial proceedings are summarized. The literature on the psychiatric status of perpetrators committing child stealing is presented. Two methods of psychiatrically categorizing these perpetrators are reviewed. The relevance of the literature to this and possible future cases is discussed.

KEYWORDS: psychiatry, forensic psychiatry, pseudocyesis, violence, Ganser syndrome, criminal responsibility, kidnapping, homicide

The stealing of newborns and very young children by nonfamily members with no financial motive is a crime so rare that its very nature suggests the possibility of a psychiatric disorder in the perpetrator [*1*]. When these unusual crimes have occurred, they have attracted the attention of the lay press [*2,3*], security agencies [*4,5*], and attorneys [*6*]. Unfortunately, the incidence of this type of kidnapping is unclear because of the methods used in reporting and compiling crime statistics. The National Center for Missing and Exploited Children (NCME) identified a total of six such cases in the United States from 1952 to 1982. From 1983 to 1990 the NCME identified 57 cases. They estimate on average 12 to 18 of these offenses occur annually [7].

A survey of the scientific literature reveals a paucity of information concerning the psychiatric status of offenders involved in child stealing. The authors report a very unusual case of child stealing by cesarean section and review the extant child stealing literature. Novel forensic pathologic methods employed in this case have been previously reported in the *Journal of Forensic Sciences* [*8*].

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Case Report

The defendant was 19 years old when she committed the crimes. She had been adopted at birth by a stable family. She was not physically abused as a child and in fact felt that she was quite indulged because of her status of being adopted, the only girl and the youngest of three children. She achieved average grades in school. In high school she had the opportunity to travel to South Africa and assist in the operating room on orthopedic surgery cases. As a teenager she accompanied her father on big game hunts. She observed and may have participated in the field dressing (evisceration and butchering) of large game animals.

Her psychiatric history was significant for excessive lying, cheating in school, running away from home, fighting, rebelliousness, violent fantasies, and substance abuse. Her only psychiatric contact had been a brief intervention for an adjustment problem that occurred three years before the crimes.

Following her menarche at age 9, she became preoccupied with thoughts of having a child. At age 13, she suspected she might be pregnant because her period was late. At age 17, she became pregnant for the first time; a hydatidiform mole developed and was surgically removed. A 18, she thought she had become pregnant again and shared this news with her co-workers. After learning otherwise, she continued to tell this story at work hoping she might become pregnant by her husband. She developed the physical appearance of pregnancy. She eventually fabricated a lie to her co-workers that her child had been stillborn.

Later that year she again suspected that she was pregnant. When laboratory testing revealed she was not, she "wanted to be pregnant so badly" that she "hoped the test might be wrong." She recalled experiencing fatigue, lethargy, urinary frequency, breast swelling and a strong feeling that she was pregnant. She misled her husband into believing that she was pregnant and lied about going for prenatal check-ups.

As her due date approached, she desperately needed to produce an infant so her lies would not be discovered by her husband and family. The week prior to the offenses, she considered stealing a newborn from a hospital nursery. On the day of the offenses, she considered stealing an infant from a grocery store.

At her trial for kidnapping and premeditated murder, the defendant acknowledged that she had gone to a local OB/GYN clinic and kidnapped a pregnant woman who appeared close to term. After driving to a secluded area she rendered the pregnant woman unconscious and performed a cesarean section with a pair of ordinary car keys. The infant was delivered alive and the mother exsanguinated. The defendant left the scene with the newborn and drove to a local car dealership. She told an acquaintance there that she had delivered the child by the side of the road. She was conveyed to a local emergency room where she acquiesced to the demands of the on-call physician to allow gynecological examination to ensure absence of delivery complications. She was taken into custody after the examination revealed she had not recently given birth to a child.

At trial, the defense raised a plea of not guilty by reason of insanity. The psychiatric expert for the defense testified that the defendant suffered from atypical dissociative disorder, somatization, factitious disorder, borderline personality disorder, and narcissistic personality disorder. The defense expert opined that her dissociation qualified the defendant for "insantity" because she could not refrain from her act. The prosecution's psychiatric expert testified that the defendant had antisocial personality disorder, borderline personality disorder, and narcissistic personality disorder. In his opinion these personality disorders did not qualify as a mental disease for the purpose of an insanity defense. This expert also offered the opinion that these disorders impaired neither her cognition nor her volition in regard to the crimes.

The jury found the defendant guilty of the charges, but mentally ill (GBMI). She was incarcerated in prison and will be eligible for change in status in 30 years.

Literature Review

Markman [9] (and Godwin [10]) reported a similar case in the popular literature. An obstetrics nurse reportedly felt she needed a child to cement a failing relationship with her common-law husband; she could not become pregnant because she had previously had a hysterectomy. She befriended a single, young woman in the early stages of pregnancy. The nurse was very supportive during the pregnancy. At one point she offered to induce labor and deliver the baby at home if her friend got tired of waiting to go to the hospital. Late in the pregnancy, the nurse subdued the young woman and restrained her. The nurse administered an anesthetic, muscle relaxants, and labor-inducing medication. She then cut the woman's throat and made a "classical cesarean incision." The baby was delivered alive and the woman exsanguinated.

After her arrest, the nurse exhibited Ganser syndrome. Although initially she was found incompetent to stand trial, seven months later competency was attained. Markman examined this woman as part of her pretrial evaluation. He concluded that her behavior stemmed from her relentless obsession to have a baby, which, in turn, resulted from hysteria. He believed these two states were severe enough to diminish her capacity to formulate the intent necessary for a conviction of first degree murder. He also noted, however, that she was able to act in a goal-directed manner and "had no qualms or remorse." She was found guilty and remained incarcerated at the time the case was published.

These two cases of child stealing are extreme examples of the measures some women have taken to obtain a newborn. Child stealing with associated homicide appears to be exceptionally rare but the stealing of newborns and very young children by nonfamily members with no financial motive appears to be increasing. The first collection of child stealing cases of the latter type was reported in 1972. In his seminal paper [1], P. T. d'Orban analyzed a series of 13 cases of child stealing by women offenders seen at a prison. He classified the offenders into four groups:

> "(1) Girls of subnormal intelligence, who stole a baby to play with. (2) Schizophrenic patients, whose offense was motivated by delusional ideas. (3) Psychopathic personalities, characterized by a previous history of delinquency, hysterical personality traits, and a preoccupation with their desire to have children. Their baby stealing seemed motivated by an attempt to compensate for their emotional deprivation, and they usually stole children whom they had previously helped to care for. (4) A 'manipulative' group with a mild degree of personality disorder, in whom the motive for baby stealing was an attempt to influence a man by whom they had become pregnant and with whom their relationship was insecure. The offense was precipitated by a crisis such as a miscarriage or a threat of desertion. These women presented the stolen baby to their partner pretending that the child was his" [1].

In a 1976 follow-up article, d'Orban reported 11 additional cases and offered a different typology for his entire series [11]. He proposed categorizing the offense according to motive, rather than clinical diagnosis. He suggested three categories of child stealers: 1) the comforting; 2) the impulsive psychotic; 3) the manipulative. He offered the following description of these offense patterns:

> "(1) Comforting offenses—committed by young girls from deprived backgrounds with immature, hysterical personality traits, sometimes associated with mild mental handicap.
> (2) Impulsive psychotic offenses—committed by schizophrenic patients who are in acute relapse. Characteristically they are women in the mid-life who have had a number of children but have been unable to care for them because of their chronic illness and repeated hospitalizations: the offense is unpremeditated and impulsive, and they usually believe that the stolen child is their own.

(3) Manipulative offenses—committed with the intention to consolidate an insecure relationship with a man and influence his feelings, by pretending to him that he is the stolen child's father" [*11*].

In a later article, d'Orban maintained his revised typology and discussed the judicial decisions in his series of 27 offenses. He noted that most women who steal children suffer from mental illness or severe personality disorder; their offenses are impulsive and unpremeditated. His group of manipulative child stealers were not suffering from serious psychiatric disorders and their offenses demonstrated premeditation through careful planning. Evidence of premeditation in the absence of any gross psychiatric disorder tended to attract greater judicial severity in sentencing.

Paradoxically, he believed that the manipulative child stealer had the least likelihood of repeating the offense. In his view, these offenses occur in response to a unique crisis in an interpersonal relationship. Discovery and exposure are sufficient to resolve the crisis. Resolution made the possibility of recidivism remote; therefore, imprisonment to protect the public would not seem to be necessary. Punishment is unlikely to act as a deterrent because these bizarre offenses often occur in response to overwhelming emotional factors. He believed that the prison sentences were somewhat harsh when applied to such emotionally disturbed women [*12*].

Discussion

The extreme nature of the murder in this case report may initially obfuscate the purpose of the crime. Extensive investigation demonstrated the defendant's real goal was to obtain an infant. While one might think cesarean section homicides for such purposes would be extremely rare, the authors learned of two other cases (neither published) that have occurred within the past 20 years.

The factual distortions introduced by litigation impede complete understanding of this case and make it difficult to determine precisely how this case fits into d'Orban's typologies. The defendant never conceded premeditation with regard to her goal of obtaining an infant, probably because of the legal ramifications of such an admission. This makes classification by motive problematic. One might expect classification by diagnosis to be more objective; however, as this case demonstrates, the adversarial system can produce relatively divergent diagnostic opinions. Nevertheless, the well-established trend in psychiatry toward developing reliable diagnostic classification systems (for example, *Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised* [*13*], should produce less discrepant diagnostic opinions in the future. Given this trend, and the persistent difficulties inherent in inferring motivation, the authors feel that d'Orban's first typology [*1*] based on diagnosis is more meaningful and may be looked to for guidance in future cases.

Child stealing is occasionally associated with the uncommon phenomena of deliberate simulation of pregnancy or pseudocyesis. d'Orban identified several examples of presumed pseudocyesis (based on retrospective patient accounts that could not be verified) in cases that involved subsequent child theft [*1,11,12*]. He used his motivation based typology to describe these offenders [*14*]. Interestingly, d'Orban observed that there was often a history of miscarriage preceding the offense, as well as deliberate pregnancy simulation or pseudocyesis [*14*]. In this case, the lost pregnancy (mole) was followed by deliberate simulation of pregnancy and pseudocyesis before the child stealing.

The child in this case [*8*] was recovered in good health and returned to its natural father. Of the 52 children involved in the cases collected by NCME from 1983 to early 1990, 46 (88%) were found in good health [*15*]. In d'Orban's series of 27 child stealings (24 children), only one child was killed; the perpetrator in that instance was acutely

psychotic. He also noted a report of one stolen child who suffered from exposure [*11*]. Thus, deliberate harm to the child was a very infrequent occurrence.

The defendant in this case [*8*] had considered stealing an infant from a hospital nursery or a grocery store (where she presumably hoped to find an unattended child in a carriage or basket). d'Orban [*1*] identified four different situations that facilitated child stealing: 1) babies left in unattended prams (carriages) outside supermarkets; 2) babies taken from homes in which offenders had helped to care for them; 3) newborn infants taken from maternity wards; 4) neighbors' children who had been left unsupervised. The 57 cases identified by NCME contained a significant number of newborn thefts from hospitals [*7*]. Litigation regarding the adequacy of security [*6*] has prompted interest in improving hospital security for newborns [*5*].

In view of the unusual nature of this crime, the authors would be interested in hearing from others who have encountered cesarean section as a method of child stealing.

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