

# Infanticides in Dakar: Medico-Legal Aspects

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## Abstract

Infanticide is a crime that evokes emotion and misunderstanding in the general population. The overall objective was to assess the current situation regarding the killing of new-born children in Dakar. This is a cross-sectional, descriptive study spread over a 12-year period from 1 January 2004 to 31 December 2015. The study population was women accused of infanticide incarcerated in the prison and correctional facility of Liberté 6 and who had either been tried or who were awaiting trial during the study period. The 46 cases tried concerned 47 newborns and one mother having killed both her babies. The victims were found especially in the mother's home (28 cases) For all women in our sample, the murder was motivated by personal, social and economic factors. The average age of the mothers was 25.5 years with the youngest being 17 years old and the oldest 41 years old. These detention periods ranged from 2 to 6 years. The average length of pre-trial detention was 3.26 years, The preventive strategies put in place in some countries are proof that prevention against these acts remains possible.

Keywords: murder, newborn, pregnancy, asphyxia

## Introduction

Infanticide is a crime that evokes emotion and misunderstanding in the general population. Our desire to better understand this issue of maternal child murder stems from the magnitude of the phenomenon. The overall objective was to assess the current situation regarding the killing of new-born children in Dakar. The specific objectives were to describe the epidemiology of infanticides in the general population of the Dakar department; The aim was also to describe the socio-demographic, economic, cultural and psychopathological factors involved in the occurrence of this phenomenon and to propose strategies to prevent such acts.

## Material and Method

The study took place in two sites in Dakar: The Court (Palais de Justice) and the Detention and

Correctional Facility (Maison d'Arrêt et de Correction) of Liberté 6. As of 27 April 2016, there were about one hundred prisoners, including 26 women suspected of infanticide, who agreed to answer our questions. This is a cross-sectional, descriptive study spread over a 12-year period from 1 January 2004 to 31 December 2015. The study population was women accused of infanticide incarcerated in the prison and correctional facility of Liberté 6 and who had either been tried or who were awaiting trial during the study period. We included in this study women convicted of infanticide whose criminal records are exploitable and women accused or detained for infanticide at the Liberté 6 Detention and Correctional Facility and who responded to our questionnaire. The data was collected on the survey sheet. Data entry and analysis were respectively performed on Epidata Entry version 3.1 and Epidata Analysis software.

## Results

The results which follow concern both convicted women and women accused (pre-trial detention) of infanticide. We identified 70 cases of infanticide over the period January 2004 to December 2015 in the Dakar region. Of the 70 cases recorded, we have a group of 46

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women who have been tried and sentenced and another group of 24 women who are in pre-trial detention or awaiting trial. In the latter group, the women concerned were incarcerated in the penitentiary establishment of Liberté 6. Due to the secrecy of the investigation, the study of the group of accused persons concerned only demographic, socio-economic and cultural data. The study of the convicted group covered demographic, socio-economic, cultural and forensic data. The 46 cases tried concerned 47 newborns and one mother having killed both her babies.

The facts were brought to the attention of the police authorities by denunciation of individuals in 35 cases and by judicial reporting of a hospital structure in 11 cases of which 8 of these were due to an immediate postpartum haemorrhagic complication and 3 due to suspicious death reports.

Of the 46 files available, almost all victims were found. In two cases, the bodies of the new-borns were never found. The victims were found especially in the mother's home (28 cases), in a variety of places (closets, bedroom, backyard of the house), in garbage sites near the home (dustbins, rubbish bags or garbage dumps) in 8 cases, in deserted places (forest, bush) in 4 cases, and 4 bodies were discovered in the hospital after suspicious death reports.

The new-born's found had been disposed of in a number of ways. Most victims were placed in plastic bags (88.6%) or wrapped in a cloth (9.1%). In one case, the victim was found naked.

In almost all cases, the women had confessed to their actions (95.7%). Only two of them did not recognize their act.

In the majority of the 44 cases, the women implicated admitted that they had acted alone. The complicity of family members was mentioned in two cases. The mother of one of the perpetrators was identified as an accomplice in one case and in the other, it was the father and the mother-in-law.

For all women in our sample, the murder was motivated by personal, social and economic factors. It was motivated by fear of dishonour in 25 cases (35.7%), despair in 14 cases (20%), social isolation in 10 cases (14.3%), extramarital paternity in 6 cases (8.6%), abandonment of the father in 8 cases (11.4%), social insecurity in 6 cases (8.6%) and for reasons not specified

in 1 case (1.4%). None of the women in our sample had been previously arrested.

The average age of the mothers was 25.5 years with the youngest being 17 years old and the oldest 41 years old. The median was 25 years old, with a standard deviation of 5.3. At the time of the incident, 37 women (52.8%) were single and 20 women (28.6%) were divorced. Eleven women were married (15.7%) and 2 were widows (2.9%).

The women in our sample had a generally low level of education. The majority of these women - 51 cases (72.8%) - were uneducated. None of the women in our study sample had received sexual education. A very low level of knowledge about contraception was found in 2 women (2.9%) and 68 women disregarded contraceptive techniques.

Of these, 57 women were working as domestic workers (81.4%). 8 women (11.4%) were self-employed (food seller, shopkeeper, telecentre manager, seamstress). One woman was employed in the public service (garbage collector) (1.4%). Two women were students (2.9%) and two others were housewives (2.9%) at the time of the incident.

At the time of the incidents, 3 women were living alone (4.3%). Twenty-eight women lived with their children (40%) and they were not in a relationship. Other women lived with extended families (47.1%), or in couples (10%). For the latter, the husband was present in 3 cases (4.3%) and for the other 4, the husband had emigrated.

The women involved were almost all (67 cases) from economically disadvantaged backgrounds (95.7%). Only 3 of them came from an average economic background (4.3%).

The women involved had had an unhappy childhood marked by emotional deficiencies, a lack of communication and a climate of loneliness. They all came from unskilled families.

In the majority of cases, 68 female respondents had an unstable relationship (97.1%) with the alleged father of the victim at the time of the incident.

For the majority of women (n=54) in our sample, the pregnancy was the result of an extra-marital relationship (84.3%). Pregnancy occurred in marriage for 11 cases (15.7%), including 5 pregnancies attributed to the legal

spouse (7.1%) and 6 pregnancies resulting from an adulterous relationship (8.6%). The majority of women (n=65) had not informed their family or father about their pregnancy.

It was the first pregnancy and childbirth for 21 of the women (30%) and the other 49 women had already been pregnant at least once (maximum 6 pregnancies) and had at least 1 child alive at the time of the incident.

The majority of women (n=44) did not have any psychiatric disorders before the event. Two of them (4.4%) had in the past been followed for psychiatric disorders. One presented a table of a stabilized acute psychosis while for the other the mental pathology had not been diagnosed.

Regarding the notion of addictive behaviours, none of the women in our sample presented an addiction to any substance.

Of the 46 accessible files, age was not specified in 2 files and in the in 2 files where the bodies were not found, the age was not determined. As for the 43 cases where identification was possible, 41 cases (95.3%) were neonaticides and 2 cases were infanticides (4.6%). The sex remained undetermined in some victims (6 cases) due to the advanced state of decomposition of some bodies (2 cases), the fact that victims were never found (2 cases), and the fact that the sex was not specified in two cases. Among the victims whose sex was known (41 cases), it was more often than not a girl (24 cases) rather than a boy.

Childbirth occurred in almost all cases in the mother's home (89.1%), either in the mother's bedroom (52.2%) or in the toilet (30.4%). Rarely had it taken place outside: outside the mother's bedroom (veranda, backyard of the house) (6.5%), in the hospital (4.3%) or in a deserted place (6.5%).

Death occurred most often in the mother's home (89.2%), particularly in the mother's bedroom (60.9%), in the toilet (28.3%) and rarely outside in a deserted place (10.9%).

Of the 46 accessible files, an autopsy had been performed in 25 cases. In the other 21 cases, it could not be done, 7 cases due to the advanced state of decomposition of the bodies and in 2 cases because the bodies of the newborns were never found. Almost all of the victims (23 cases) were viable and had breathed

because the hydrostatic docimasia was positive. In 2 cases, the victims were declared non-viable. A congenital malformation anomaly with a type of transposition of large vessels was noted in 1 case. In the other victim, it was reported that the child probably did not breathe and that it was stillborn.

The cause of death was known in 22 of the 25 cases. Most deaths were due to asphyxia (12 cases) by suffocation: manual (1 case), in a plastic bag (2 cases), with a loincloth (1 case) or by burial in the ground (1 case). Manual strangulation (4 cases), or attachment to a piece of cloth (1 case) was also used. Submersion took place in cesspools (2 cases). The other causes of death were related to combined mechanisms (5 cases) by association between polytrauma and internal bleeding (2 cases), internal and external bleeding (2 cases) and internal bleeding with strangulation (1 case). Finally, death rarely occurred as a result of fatal injuries (1 case).

All women in the study either accused or awaiting trial had been subjected to pre-trial detention. Among the 46 cases that were judged, variations in the length of detention were noted.

These detention periods ranged from 2 to 6 years. The average length of pre-trial detention was 3.26 years, the median was 3 years with a standard deviation of 0.855. None of the women involved in our investigation had been placed in a psychiatric centre.

The final decision regarding the women involved in our study population was as follows: of the 46 women involved, 41 were sentenced to prison terms, while the other 5 were dismissed and the charges against them dropped. Sentences ranged from 6 months to 7 years. The most common sentence was 5 years of hard labour (31 cases).

## Discussion

This typical profile is contrasted in our study. We found women with similar profiles but with certain specificities. Indeed, the young age reported as one of the common characteristics is neither validated in recent studies nor in our cases. Shelton et al<sup>8</sup> and Tursz and Cook<sup>1</sup> had found an average age of between 21.7 and 26 years, and in our study the average age was 25.5 years. In addition, Beyer et al have shown in their work that there are both young women and women in their 30s and 40s<sup>2</sup>. The same is true for our cases. These women were in contrasting couple situations<sup>2,3,4</sup>. As in our

study, these women had already had previous children or pregnancies<sup>5</sup> and were predominantly employed as domestic workers.

The women involved in our study, as well as those described in a number of studies<sup>2,4,5,6</sup> had no psychiatric history themselves, nor in their parent's generation, and had no criminal record. As for the psychopathological profile of these women, it remains unknown in our cases because no expertise was carried out. But it is noted, with considerable consensus, that a psychiatric disorder affects only a minority of women who have committed an infanticide (neonaticide). Several authors<sup>5,6,7</sup> reported in their work that the women concerned did not have an obvious psychopathological or psychopathic profile at the time of the crime.

In the literature, the common characteristic concerning women who commit this crime was an unwanted pregnancy hidden from close family and friends<sup>2,8</sup>. This is the case in our study. This could be explained by the fact that these pregnancies occurred under conditions subjectively disadvantageous for these women. Tillier<sup>9</sup> in his historical study reported that the women concerned buried the body or threw it into the bush. Neonaticide was traditionally considered in a sociological context but it is still relevant today. In the literature<sup>5</sup>, as in our study, the neonaticide act was dominated by psycho-social factors associated with socio-cultural and economic constraints (fear of dishonour, despair, fear of social rejection, abandonment of the father, extramarital paternity, social insecurity).

Despite the introduction of new reforms, prolonged pre-trial detention continues to be a reality in prisons in Senegal. In neonaticide cases, very few studies focus on criminal decisions<sup>10</sup>. The sentences for infanticide have varied widely throughout history and continue to do so, ranging from the greatest tolerance to the greatest rigour<sup>11</sup>. Much more, juries and the court show leniency towards mothers who acknowledge the facts<sup>9</sup>.

Many preventive strategies have been used around the world to reduce the number of neonaticides. Legislation is evolving slowly but not always in the direction of decriminalization of abortion.

### Conclusion

Early infanticide is a crime that has existed since ancient times. In the Senegalese social context, particularly in Dakar, this crime appears to be the act

of distress of a woman from a physically, economically and culturally vulnerable environment. She is faced with the stigmatization of an illegitimate birth against the backdrop of a lack of education, the inaccessibility of contraception, as well as the prohibition of abortion. In our study, 70 cases were identified during the study period but only 46 trial cases were available. With regard to the social profile of these women, there is no typical, classical profile as described in the Anglo-Saxon literature. Despite the difficulties that neonaticide presents in terms of forensic liability, it is a largely avoidable tragedy. The preventive strategies put in place in some countries are proof that prevention against these acts remains possible. Multidisciplinary coordination between health and justice professionals as well as social actors would be necessary to set up preventive strategies and avoid such tragedies in the future.

Conflict Interest: I certify, Pr Mohamed Maniboliot Soumah, that this article is a personal work. It has not been proposed to another scientific magazine. This study is not sponsored by any organization. I submit this article Indian Journal of Forensic Medicine & Toxicology in conformity with the rights transferred to the journal.

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