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WHO ARE THE MOTHERS WHO NEED SAFE HAVEN LAWS?  
AN EMPIRICAL INVESTIGATION OF MOTHERS WHO KILL,  
ABANDON, OR SAFELY SURRENDER THEIR NEWBORNS

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“There are two ways to be fooled. One is to believe what isn’t true;  
the other is to refuse to believe what is true.”  
Soren Kierkegaard 1813-1855

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have been possible.
I. INTRODUCTION TO STUDY

Who are the Mothers who kill their infants at birth? Why do they kill? How do they kill? Once the infant is disposed of, what becomes of the Mother? Neonaticide is the killing of a newborn within the first 24 hours of birth. In response to the discovery of 13 abandoned newborns, Texas passed the first

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Safe Haven law in 1999. Within 9 years, all states enacted similar laws. The purpose of Safe Haven Laws is to deter neonaticidal behaviors by allowing Mothers who are bearing unwanted pregnancies to legally surrender their newborns with anonymity and immunity from prosecution. The laws are based on the assumption that if these women have the choice between killing their newborns or legally surrendering them, they will choose the latter. This article presents an empirical study of 559 cases of women who killed, abandoned or legally surrendered their newborns at Safe Haven sites. Although the data analyses were subject to statistical analysis, the study’s value lies not in its mathematical precision, but rather, in the portal of observation it provides into a phenomenon that is largely invisible to the public eye. The 559 cases present the largest number of neonaticidal and surrender events studied to date and more accurately portray a forest rather than an individual tree.

A. Neonaticide

Credible studies disparately estimate that between 5% - 45.6% of juvenile homicides occur within the first 24 hours of birth. These frequency rates differ drastically, in part because there are no national and few state databases that...
track neonaticides and, in part, because the rate estimates are wholly dependent on detected events. If, as is generally assumed, many neonaticides are undetected because they are successfully concealed, the true prevalence rates remain unknown and the perpetrators unknowable.

In an effort to understand the perpetrators of neonaticides, in 1970 Dr. Phillip J. Resnick published a study entitled, “Murder of the Newborn: A Psychiatric Review of Neonaticide.” The study found Neonaticidal Mothers to be a distinctly different cohort from mothers who committed other types of infanticides. According to Dr. Resnick, mothers who committed infanticides did so because they were psychotic, or by accident, or for revenge or altruism. In contrast, Resnick found that mothers who committed neonaticide did so primarily because the infant was unwanted due to the shame of a non-marital pregnancy, not because of mental illness, accident, altruism or revenge. Resnick divided Neonaticidal Mothers into two categories:

In the first group are young, immature, passive women who submit to, rather than initiate, sexual relations. They often deny their pregnancy, and premeditation is rare. The women in the second group have strong instinctual drives and little ethical restraint. They tend to be older, more callous, and are often promiscuous.

Since Resnick’s seminal work, additional studies have examined both the act of neonaticide and its perpetrators. Among this research are studies conducted by medical and mental health experts who applied psychoanalytic or forensic methodologies to analyze Neonaticidal Mothers and secondary (1969).


10. Id. at 1415-16.
11. Id. (“The ‘unwanted child’ murders are committed because the victim is no longer wanted by his mother.”)
12. Id. at 1419.
studies that analyzed socio-demographic data from such sources as public health, medical, hospital and police records, media reports, legal documents, and birth and death certificates. Most studies depict Neonaticidal Mothers as prima parous, unwed teens or young adults who are so withdrawn,


15. Prima Parous refers to a Mother’s first pregnancy. Nulli parous refers to a Mother’s first birth. Meyer & Oberman, supra note 5, at 40; Finnegan et al., supra note 14, at 672; Beyer et al., supra note 6, at 526 (62.5% of forty neonaticidal women reported this pregnancy as their first); d’Orban, supra note 13, at 564 (45% of the women in this study were prima parous).

16. Meyer & Oberman, supra note 5, at 22, 40 (only 1 of 37 women in this study had been married); d’Orban, supra note 13 at 561 (all 11 Neonaticidal Mothers in Holloway Prison, Great Britain were single); Beyer et al., supra note 6, at 526 (85% of women in this
immature, and passive that they lack the problem-solving skills necessary to end the pregnancy, relinquish the child, or plan for the birth; many have histories of traumatizing emotional, familial or sexual abuse but do not have histories of mental illness; most have unstable or nonexistent relations with the infant’s father; most do not receive prenatal care; some continue to menstruate, do not gain weight, and do not experience breast or abdominal enlargement; some experience no pain during labor while others mistake labor pains for indigestion or defecation; most deliver alone and unassisted. In study were never married); Spinelli (2010), supra note 13, at 120 (all 17 women in this study were single). See also Sara J. Emerick et al., Risk Factors for Traumatic Infant Death in Oregon, 1973 to 1982, 77 PEDIATRICS 518 (1986).

17. Meyer & Oberman, supra note 5, at 54; Miller, supra note 3, at 90-93; Velma Dobson & Bruce Sales, The Science of Infanticide and Mental Illness, 6 PSYCH. PUB. POL’Y & L. 1097, 1104 (2000); Spinelli (2010), supra note 13, at 120; Beyer et al., supra note 6, at 523; Green & Manohar, supra note 13, at 121-23; Brozovsky & Falit, supra note 5, at 677.

18. Bonnet, supra note 13, at 506-07 (20% of the 22 women in this study had been sexually abused as children; all had traumatic childhood sexual traumas); Spinelli (2003), supra note 13, at 112 (53% of the women in this study reported histories of childhood sexual trauma; 100% reported emotional abuse.); Spinelli (2010), supra note 13, at 122 (all 17 women in this study had experienced abuse and neglect; 9 reported sexual trauma; 9 reported physical abuse; 11 reported sexual or physical trauma, and 7 reported both).

19. Resnick (1970), supra note 1, at 1415 (only 17% of the neonaticidal mothers in this study were diagnosed as psychotic); d’Orban, supra note 13, at 561 (only 1 of 11 Mothers had been previously diagnosed with a psychiatric illness; none were in treatment at the time of the offense; 3 were subsequently diagnosed with psychiatric disorders); Miller, supra note 13, at 87 (“The presence of denial does not necessarily imply a psychiatric disorder or a specific psychological conflict.”); Green & Manohar, supra note 13, at 12.1-22 (in a single case study the Mother had no prior history of mental illness); Beyer et al., supra note 6, at 527 (none of studied offenders were determined to be psychotic at the time of the offense although 12 out of 40 were diagnosed with a psychiatric issue before or after committing a neonaticidal offense).

20. Laura J. Miller, supra note 13, at 89 (“Secure, committed relationships with the father of the fetus are rare among women with known cases of pervasive pregnancy denial.”). See also Cheryl L. Meyer & Michelle Oberman, supra note 5, at 48; Michelle Oberman, Mothers Who Kill: Coming to Terms with Modern American Infanticide, 24 AM. CRIMINAL L. REV. 1 (Fall 1996); Margaret G. Spinelli, supra note 13, at 110; Margaret G. Spinelli (2010), supra note 13, at 121.

21. Marcia E. Herman-Giddens et al., supra note 5, at 1427 (Less that 20.6% of Mothers in study received prenatal care); Sara J. Emerick et al., supra note 16, at 518-522; Laura J. Miller, supra note 13, at 90; P.T. d’Orban, supra note 13 at 570; Sadoff, supra note 13 at 602; K. Drescher-Burke et al., supra note 3, at 7; Michael Craig, supra note 14, at 59.

22. Finnegan et al., supra note 14, at 674 (“It is still unclear whether certain women experience few early physical changes and, therefore, do not realize they are pregnant, or, rather that they suppress the normal physical changes. It is most likely that the majority of these disturbed women, especially in the later stages, do experience physical changes which they then rationalize.”); C. Brezinska et al., Denial of pregnancy: obstetrical aspects, 15 J. PSYCHOSOMATIC OBSTETRICS & GYNECOLOGY 1, 5 (1994).

23. Meyer & Oberman, supra note 5, at 53; Spinelli (2003), supra note 13, at 110; Brozovsky & Falit, supra note 5, at 680.
some cases the physical collusion of the Mother’s body is accompanied by the
collusion of her social network of family, friends and lovers who claim not to
have known of the pregnancy.25 The act of neonaticide occurs either passively
when the Mother fails to take any action to sustain the infant’s life,26 or actively
when the Mother engages in conduct such as stabbing, beating or suffocating
that results in the infant’s death.27 Afterward, many Mothers resume their
normal daily activities as if the pregnancy, delivery and death had never
occurred.28

According to many studies, a primary constant among these Mothers is
that the pregnancy is unwanted,29 usually because the Mother is unwed and
fears ostracism by her social network – her own mother,30 partner, family or
religious community.31 A major focal point in the literature is the manner in
which the Mother copes with the unwanted pregnancy. Most of the literature
attributes the Mother’s behavior to a condition referred to as “pregnancy
denial,”32 a psychological spectrum that ranges from psychotic dissociation33 of

24. Overpeck et al., supra note 5, at 1214 (95% of infants killed on the first day of
birth were not born in hospitals); Meyer & Oberman, supra note 5, at 40; Brozovsky & Falit,
supra note 5, at 677; Spinelli (2010), supra note 13, at 124; Beyer et al., supra note 6, at 531.
25. Brozovsky & Falit, supra note 5, at 673-83 (describes a “community of denial”); Bonnet, supra note 13, at 505 (several women in this study had engaged in sexual activities
hours before delivery with men who did not notice the pregnancy); Spinelli (2010), supra
note 13, at 122 (describes a swimmer whose coach did not know she was pregnant); Finnegan et al., supra note 14, at 674; Meyer & Oberman, supra note 5, at 56-57; Spinelli
(2003), supra note 13, at 109, 113; Beyer et al., supra note 6, at 524.
26. Miller, supra note 13, at 94 (citing Green & Manohar, supra note 13); Dreschler-Burke et al., supra note 5, at 2; Bonnett, supra note 13, at 508.
27. Bonnet, supra note 13, at 507.
29. Resnick (1970), supra note 1, at 1415; Beyer et al., supra note 6, at 523; Steven E.
Pitt & Erin M. Bale, Neonaticide, Infanticide, and Filicide: A Review of the Literature, 23
BULL. AM. ACAD. PSYCHIATRY & L. 375, 377 (1995); Bourget & Bradford, supra note 14, at
235; Herman-Giddens et al., supra note 5, at 1425; Dreschler-Burke et al., supra note 3, at 6.
30. Brozovsky & Falit, supra note 5, at 682 (“The patient does to the infant what she
fears her Mother would do to her.”); Bourget & Bradford, supra note 14, at 235.
31. Miller, supra note 13, at 88 (“Pregnancy is a visible, public marker of having had
a sexual relationship. Such acknowledgement of sexuality can be terrifying when. . .cultural
or familial attitudes forbid sexuality.”); Spielvogel & Hohener, supra note 13, at 220-26; Pitt
& Bale, supra note 29, at 379; Meyer & Oberman, supra note 5, at 44, 50; Spinelli (2003),
supra note 13, at 110; Brozovsky & Falit, supra note 5, at 679; Sadoff, supra note 13, at 602.
32. Everett Dult, Girls Who Deny a Pregnancy Girls Who Kill the Neonate, 25
ADOLESCENT PSYCHIATRY 219, 223 (2000) (according to the “Psychiatric Glossary” of the
American Psychiatric Association, denial is “a defense mechanism, operating unconsciously,
used to resolve emotional conflict and to allay anxiety by disavowing thoughts, feelings,
wishes, needs or external reality factors that are consciously intolerable.”); Spielvogel &
Hohener supra note 13, at 220 (“Denial in psychiatry is defined as the unconscious psychic
process when an observation or established fact is ignored or refused recognition to avoid
anxiety or pain.”); Spinelli (2003), supra note 13, at 108-09, 114 (analogizes pregnancy
denial to pregnancy hysteria where the body of a woman who is not pregnant but believes
that she is pregnant shows signs of pregnancy). It is important to note that all women who
experience pregnancy denial do not commit neonaticide. Spinelli (2010), supra note 13, at

the pregnancy, to intermittent episodes of conscious awareness and denial of the pregnancy,\textsuperscript{34} to highly orchestrated concealment of the pregnancy as a prelude to murder.\textsuperscript{35} The Diagnostic and Statistical Manual of Mental Disorders defines dissociation as “a disruption of the usually integrated functions of consciousness, memory, identity, or perception. The disturbance may be sudden or gradual, transient or chronic.”\textsuperscript{36} In lay terminology, dissociation is a psychological coping mechanism by which the brain blocks a person’s conscious awareness of a fact, usually a highly threatening fact.\textsuperscript{37} As a consequence, dissociation can prevent a new experience from triggering the conscious re-emergence of a past trauma.\textsuperscript{38} As applied to pregnancy, dissociation may prevent a woman who has experienced sexual trauma in the past from being consciously aware of an unwanted pregnancy.\textsuperscript{39} However,

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128 (Neonaticide is an unusual result of pregnancy denial); Brozovsky & Falit, supra note 5, at 678-81; Finnegan et al., supra note 14, at 673-74.

33. \textsc{Am. Psychiatric Assn., Diagnostic and Statistical Manual of Mental Disorders} 477-78 (4th ed. 1994) (hereinafter known as “DSM-IV”).

34. Miller, supra note 13, at 82 (“. . . denial of pregnancy occurs along a spectrum of severity.”); Miller, supra note 13, at 81-102 (proposes three categories of pregnancy denial: pervasive, awareness without emotional attachment, and psychotic); Green & Manohar, supra note 13, at 123 (“The line between conscious and unconscious denial is not a fixed one.”); Beyer et al., supra note 6, at 523; Drescher-Burke et al., supra note 5, at 3 (Denial varies with the individual); Spinelli (2010), supra note 13, at 123-29 (of the 17 women in this forensic study, 5 denied knowledge of the pregnancy until delivery and 12 described intermittent awareness); Spielvogel & Hohener, supra note 13, at 220; Brezinska et al., supra note 22; Meyer & Oberman, supra note 5, at 53.

35. Beyer et al., supra note 6, at 530 (“All of the offenders in our study were cognitively aware that they were pregnant.”); d’Orban, supra note 13, at 560-71 (most of the eleven women in this forensic study of neonaticidal Mothers in Holloway Prison, England deliberately concealed their pregnancies); Miller, supra note 13, at 82-86; Spielvogel & Hohener, supra note 13, at 223; Brezinska et al., supra note 22; Meyer & Oberman, supra note 5, at 5.

36. DSM-IV, supra note 33, at 477; Spielvogel, & Hohener, supra note 13, at 220 (“Dissociation is defined as the splitting off of clusters of mental contents such as memory, bodily awareness, affect, or part of identity from conscious awareness.”).

37. Spinelli (2003), supra note 13, at 110 (“Denial is an attempt to avoid an intolerable reality.”); Miller, supra note 13, at 87 (“Denial is an emotional-focused, rather than a problem-focused, strategy; threatening information is actively excluded from conscious awareness.”).

38. Spinelli (2010), supra note 13, at 126 (dissociation allows past traumas to bypass current) See also Spielvogel & Hohener, supra note 13, at 222.

39. Bonnet, supra note 13, at 506 (“. . . the presence of the fetus triggered the re-emergence of traumatic childhood memories connected to sexuality and revealing sexual pleasure . . . rather than confront the traumatic, unthinkable past, they preferred to eliminate the fetus.”); Finnegan et al., supra note 14, at 674 (“Pregnancy is seen as a period of psychological maturation during which old conflicts related to sexuality, aggression, dependency, autonomy and motherhood are rekindled and old solutions reworked. Anxiety associated with these conflicts may threaten the pregnant woman’s ability to cope in an adaptive fashion and may result in denial of pregnancy as a defense.”).
upon delivery the woman is confronted with the reality of the pregnancy and, in a psychotic break with reality, panics and kills the infant.\(^{40}\)

There is considerable variation in the professional use of the dissociation diagnoses of Neonaticidal Mothers. Some studies find that dissociation causes a Mother to deny the pregnancy and eventually kill the infant.\(^{41}\) Other studies find that denial of the pregnancy causes the Mother to dissociate during delivery and kill the infant in a state of amnesia,\(^{42}\) or shock and panic.\(^{43}\) Some studies use the terms dissociation and denial interchangeably.\(^{44}\) Other studies distinguish unconscious dissociation from conscious or recurring episodes of denial because, “[f]or a fact to be denied, prior knowledge of the fact must exist.”\(^{45}\) Some researchers find that dissociation and/or denial cause the Mother to conceal the pregnancy.\(^{46}\) Others find that because concealment requires conscious awareness of the concealed fact, Mothers who dissociate do not and cannot conceal their pregnancies.\(^{47}\) Some recent studies have created the term “neonaticide syndrome”\(^{48}\) to explain the range of pregnancy denial behaviors.\(^{49}\) Other recent studies have formulated a very different explanation of

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40. Brozovsky & Falit, supra note 5, at 682 (“The actual birth of the baby suddenly confronts them with reality; unable to use denial any longer, they suddenly become acutely disorganized and murder the infant.”); Meyer & Oberman, supra note 5, at 55, 66.

41. Spinelli (2010), supra note 13, at 128 (“During labor and delivery, the woman cannot control or manipulate the factors which contribute to the conflict situation. There is no escape from the inevitable. Both the affect and the content of the idea which have been fended off gain mastery over the ego.”).

42. Meyer & Oberman, supra note 5, at 55; Laura J. Miller, supra note 13, at 94; Spinelli (2003), supra note 13, at 107; Brozovsky & Falit, supra note 5, at 677.

43. Meyer & Oberman, supra note 5, at 55, 66.

44. Finnegan, et al., supra note 14, at 674; Pitt & Bale, supra note 29, at 379; Bonnet, supra note 13 at 507; Spinelli (2010), supra note 13, at 117-131.


46. Miller, supra note 13, at 84 (“Pregnancies denied are also pregnancies concealed.”).

47. Miller, supra note 13, at 94 (“. . .women with delusional denial do not usually conceal their pregnancies.”).

48. DSM-IV defines a syndrome as “A grouping of signs and symptoms, based on their frequent co-occurrence, that may suggest a common underlying pathogenesis, course, familial pattern, or treatment selection.” DSM-IV, supra note 34, at 771; Judith Mac Farlane, Criminal Defense in Cases of Infanticide and Neonaticide, in INFANTICIDE: PSYCHOSOCIAL AND LEGAL PERSPECTIVES ON MOTHERS WHO KILL 155 (Margaret G. Spinelli, ed., 2003) (Dr. Spinelli has proposed that the diagnoses of neonaticide syndrome be accepted by the DSM-IV so that it can be used as a legal defense); LITA LINZER SCHWARTZ & NATALIE ISSER, ENDANGERED CHILDREN: HOMICIDE AND OTHER CRIMES 90 (CRC Press 2d ed. 2012) (neonaticide syndrome includes elements of pregnancy denial, concealment and unassisted delivery).

49. It is important to note that neonaticide syndrome, which takes place during the pregnancy, should not be confused with postpartum depression, which occurs a few days to a few weeks after delivery. Unlike post-partum depression, which was recognized in the DSM-III (1980), neonaticide syndrome was not recognized in the DSM-IV (1994). SCHWARTZ & ISSER, supra note 48, at 51.
neonaticidal behaviors. According to these studies, the “offenders are well aware of their pregnancies.”

Whether the Mother dissociates, denies, or malingers, the consequences of her conduct are the same – she kills the infant to save herself. Perhaps because of the unresolved questions of whether dissociation can prevent a pregnant woman from conscious awareness of her pregnancy or cause her to have intermittent awareness and unawareness, the neonaticide syndrome diagnosis has not been recognized as a diagnostic category in the most recent editions of the Diagnostic and Statistical Manual of Mental Disorders. Instead, it is used primarily as a descriptive, and sometimes, legal construct. Nonetheless, the question of whether a Neonaticidal Mother cannot control her behavior due to an unconscious mental condition lies at the crossroads of a major conflict between the mental health and legal systems. With only one case that was a subject of this study, the neonaticide syndrome defense has been uniformly rejected by the criminal law system.

B. Safe Haven Laws

A typical Safe Haven statute provides that a mother, father, or parental agent may legally surrender an uninjured newborn at a safe haven site with anonymity and immunity from prosecution. The age limits for surrendered infants range from 72 hours to 1 year. Places typically

50. Kristen Beyer et al., supra note 6, at 530 (“All of the offenders in our study were cognitively aware that they were pregnant.”); d’Orban, supra note 13, at 560-71 (most of the eleven women in this forensic study of Neonaticidal Mothers in Holloway Prison, England deliberately concealed their pregnancies).

51. AM. PSYCHIATRIC ASSN., DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (5th ed. 2013); DSM-IV, supra note 34.

52. SCHWARTZ & ISSER, supra note 48, at 51 (as a legal construct Neonaticide Syndrome includes pregnancy denial, pregnancy concealment, and unassisted delivery).

53. “Neonaticide Syndrome” defenses include dissociation, pregnancy denial, amnesia, and shock and panic at birth.


56. See 325 ILL. COMP. STAT. 2/1 to 2/999 (2001).


58. See ALASKA STAT. § 47.10.013(c)-(f) (2008); CAL. HEALTH & SAFETY CODE § 1255.7 (Deering 2001); CAL PENAL CODE § 271.5 (Deering 2001); COLO. REV. STAT. §19-3-304.5 (2000); DEL CODE ANN. tit. 11, § 1102A (2003); DEL CODE ANN. tit. 16, § 907A (2003); 16 DEL. CODE ANN. tit. 16, § 902 (2007); FLA. STAT. § 39.201 (2)(g) (2000); FLA. STAT. § 383.50 (2012).


designated as Safe Haven sites include hospital emergency rooms, fire stations, and police stations. The surrendering person may be asked, but not required, to provide identifying information about themselves or background medical information for the infant. Most Safe Haven laws require the surrender site to address the immediate medical needs of the infant before transferring custody to the state child welfare agency, which then commences judicial proceedings to terminate the parental rights of the biological parents and place the infant into foster care or an adoptive home. Most Safe Haven laws were passed without funding. Few states provided resources for implementation programs, public awareness campaigns or administrative oversight to track the numbers of surrendered newborns. Currently, most safe surrenders are not publicly reported. Despite the lack of funding and publicity, the political appeal of Safe Haven laws is easily understood. Safe Haven laws offer a low cost, non-punitive, pro-life, pro-choice, pro-child, pro-Mother, pro-politician solution to an under-detected and complex social problem. Unfortunately, the speed and enthusiasm with which these laws were passed was based on ad hoc media reports of sporadic events rather than systemic research of the underlying nature of the problem. For example, there were no known answers to such questions as: What cohort of Mothers should the Safe Haven Laws target? Are these Mothers capable of using the laws? Are Mothers who commit neonaticide the same cohort as Mothers who legally surrender their newborns? Why do neonaticides and unsafe abandonments occur in a nation where reproductive responsibility is widely encouraged and sex education, contraception, abortion and adoption services are widely available?

64. See LA. CHILD. CODE ANN. art. 1149-60 (2004); LA. REV. STATE. ANN. § 17:81(R) (2012); MD. CODE ANN.CTS. & JUD. PROC. § 5-641(LexisNexis 2002); MASS. ANN. LAWS ch.119, § 391/2 (LexisNexis 2004); MICH. COMP. LAWS SERV. §§ 712.1–2 (LexisNexis 2001); MICH. COMP. LAWS SERV. § 750.135(2) (LexisNexis 2001).
65. See FLA. STAT. §39.201(2)(g) (2000); FLA. STAT. §383.50 (2000).
66. See Buckley, supra note 7.
67. Id.
69. Pitt & Bale, supra note 29, at 380 (“Evidence suggests that a relationship exists between the availability of abortion and neonaticide.”); David Lester, Legal Abortions and Neonatal Homicide after Roe v. Wade, 72 PSYCHOL. REP. 46, (1993) (explaining rates of neonaticide were lower in the 10 years after Roe v. Wade than in the ten years before); Miller, supra note 13, at 92 (“Neonaticide rates have varied according to factors such as availability of birth control, abortion, environmental resources, and child care help. Circumstances in which a women cannot chose not to be pregnant, might be abandoned or punished if pregnant, or has insufficient help or resources to raise a child promote neonaticide.”).
The adoption and mental health professions vociferously opposed Safe Haven laws. Mental health professionals argued that Safe Haven laws were altruistic but meaningless since a truly Neonaticidal Mother would be too subject to dissociation to be capable of using them. Adoption proponents argued that Safe Haven laws provided a “shadow system” of child abandonment that undermined the benefits of adoption such as pre and postnatal care for the Mother and infant, hospital births, informational disclosures to the infant, and legal protections for the infant, biological and adoptive parents. Some opponents argued that Safe Haven laws would encourage Mothers to irresponsibly relinquish their infants without coming to terms with the pregnancy, birth, and nature of their loss.

In sum, Safe Haven proponents assumed that the Safe Haven laws would save infants’ lives. Mental health professionals assumed that the psychological conditions of dissociation and denial would prevent Safe Haven laws from saving infants’ lives because a dissociating Mother would be incapable of using them. Adoption proponents assumed that Safe Haven laws would encourage irresponsible abandonments. This study makes no such assumptions.

II. METHODOLOGY

The data are organized into 9 sections: (II) Methodology, (III) General Maternal Demographics, (IV) Obstetric and Mental Health Histories, (V) Pregnancy, Labor, and Delivery, (VI) Infant Surrenders, (VII) Infant Abandonments and Discoveries, (VIII) Neonaticidal Methods, (IX) Police Investigations, and (X) Legal Outcomes. The author acknowledges limitations in this study due to its reliance on media reports as its primary source of information. Although the media report facts that are known to it, the non-reporting of facts does not mean the non-occurrence of such facts. Consequently, unreported facts may create unknown bias within the study. Since unknown bias is not correctible, if it is strong enough it can distort known information. To minimize unknown bias distortions this study specifies unreported and unknown data as appropriate.

71. EVAN B. DONALDSON ADOPTION INST., supra note 68; ALAN GUTTMACHER INST., supra note 70; Drescher-Burke et al., supra note 3, at 9.
72. ALAN GUTTMACHER INST., supra note 70.
73. Several other studies in this field have also primarily relied on media as their primary source of information: Kristen Beyer et al., supra note 6, at 522-535; Edward Saunders, supra note 13; CHILDREN’S BUREAU, ADMINISTRATION ON CHILDREN, YOUTH & FAMILIES, supra note 6; Michelle Oberman, supra note 20, at 1-110; Cheryl L. Meyer & Michelle Oberman, supra note 5, at 39-67; Lita Linzer Schwartz & Natalie Isser, supra note 48, at 703-718.
A. Case Totals

The study researched newborn deaths, abandonments, and surrenders in all 50 states. It found media reports of 559 events in 41 states but no media reports in 9 states. Figure 2-1 presents the total number of events per state. A finding of 0 means either that no events occurred or, if events did occur, they were not detected or reported. Figure 2-1 shows a high correlation between state populations and the number of events reported per state: The 5 states with the highest number of events are also the 5 states with the highest population levels; the 19 states with the lowest number of events are among the 20 states with the lowest population levels.75

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<tr>
<td>IL</td>
<td>33</td>
<td>OH, OK, MD</td>
<td>12</td>
<td>KY, SC</td>
<td>5</td>
<td>AK, HI, ID, KS, MS, MT, NH, SD, WY</td>
<td>0</td>
</tr>
</tbody>
</table>

B. Case Cohorts

<table>
<thead>
<tr>
<th>Figure 2-2. INFANT COHORTS</th>
<th>MATERNAL COHORTS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAI: Deceased Abandoned Infants</td>
<td>MDAI: Mothers of Deceased Abandoned Infants</td>
<td>235</td>
</tr>
<tr>
<td>SAI: Surviving Abandoned Infants</td>
<td>MSAI: Mothers of Surviving Abandoned Infants</td>
<td>253</td>
</tr>
<tr>
<td>SSI: Safely Surrendered Infants</td>
<td>MSSI: Mothers of Safely Surrendered Infants</td>
<td>71</td>
</tr>
</tbody>
</table>

Figure 2-2 presents the 6 cohorts into which the 559 cases are divided. The DAI (Deceased Abandoned Infants) and MDAI (Mothers of Deceased Abandoned Infants) cohorts consist of 235 cases of infants who were killed by their Mothers at birth or were abandoned by their Mothers shortly after birth. The SAI (Surviving Abandoned Infants) and MSAI (Mothers of Surviving Abandoned Infants) cohorts consist of 253 cases of infants who were abandoned by their Mothers shortly after birth but were discovered alive and rescued. The MDAI, DAI, MSAI and SAI cohorts totaled 488 cases over a 6 year period, for an average of 81 neonaticidal events per year. The SSI (Safely Surrendered Infants) and MSSI (Mothers of Safely Surrendered Infants) cohorts consist of 71 cases of infants who were legally surrendered under Safe Haven laws. The data for the DAI, MDAI, SAI and MSAI cohorts are substantial. The data for the SSI and MSSI cohorts are not. Both the quantity and quality of the safe surrender data are presumed to be distorted by unknown bias because most states do not publicize the surrenders. Nonetheless, even the small amount of SSI and MSSI data provide interesting insights into those cohorts and are applied when available.

The study also researched the fathers of each infant category but those data were too insubstantial to create meaningful cohorts. Nonetheless, the lack of such information is itself meaningful since its absence reflects the prevalence of most fathers’ absence throughout the pregnancy, birth, abandonment, death or surrender of the infant.

C. Case Time Periods

The case data are divided into two 3-year time periods: PRE (1996, 1997, 1998), before the passage of Safe Haven Laws and POST (2005, 2006, 2007), after the passage of Safe Haven Laws. The purpose of the two time periods is to detect what influences, if any, Safe Haven laws have had on neonaticidal events.

![Figure 2-3 U.S. TOTAL SAI AND DAI EVENTS: PRE AND POST](##)

<table>
<thead>
<tr>
<th>COHORT</th>
<th>PRE EVENTS</th>
<th>PRE %</th>
<th>POST EVENTS</th>
<th>POST %</th>
<th>EVENT CHANGES PRE TO POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAI</td>
<td>164</td>
<td>60%</td>
<td>89</td>
<td>42%</td>
<td>-75 (-46%)</td>
</tr>
<tr>
<td>DAI</td>
<td>111</td>
<td>40%</td>
<td>124</td>
<td>58%</td>
<td>+13 (+12%)</td>
</tr>
<tr>
<td>Total</td>
<td>275</td>
<td>-</td>
<td>213</td>
<td>-</td>
<td>-62 (-23%)</td>
</tr>
</tbody>
</table>
According to Figure 2-3, from PRE to POST there was not only a 23% decrease in the DAI/SAI events, but there was also a significant 12% increase in DAI events. Consequently, an abandoned infant had an 18% higher probability of dying in POST than in PRE. The 23% decrease in events is also notable in light of the 9.7% increase in the U.S. population from 1996 to 2007 since it suggests that as the national population increased, the overall rate of neonaticidal events decreased. However, despite the 23% decrease in events in the POST period, the 12% increase in death rates in the POST DAI period also suggests that even if Safe Haven laws are reducing the total number of neonaticidal events, they are not also reducing the total number of neonaticidal deaths.

III. GENERAL MATERNAL DEMOGRAPHICS

A. Identified and Unidentified Mothers

Figure 3-1 shows the identities of 49% (240) of the combined MDAI/MSAI cohorts, of whom 43% were adults and 6% were juveniles. The identities of the remaining 51% were not reported, either because the Mother’s identity was not known or was known but not disclosed. The fact that a Mother was identified does not mean that her name was also publicly disclosed, although the media did report the names of 37% of the MDAI/MSAI. 11% more MDAI/MSAI were identified in POST than in PRE. The media did not report the names of any MSSI, although 17% (12) left identifying information at the surrender site.

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76. Percentages of .5 or more are rounded up to the nearest number
77. Id.
78. If it is assumed that the 71 SSI should be included in the POST SAI cohort because the Safe Haven laws rescued them from death, then the POST SAI survivorship rate increases from 42% to 56%. This assumption, however, is highly speculative since even if the true numbers of safe surrenders were known, it would still be unknown whether the SSI and SAI cohorts were the same infants. No such proof of this assumption exists.
79. “MDAI/MSAI” refers to combined data of the MDAI and MSAI cohorts. “MDAI/MSAI/MSSI” refers to combined data for all 3 cohorts. “MDAI vs. MDAI” compares the data between the 2 cohorts.
B. Age

The ages of 255 Mothers were disclosed, of whom 54% were MDAI, 40% were MSAI, and 5% were MSSI. The highest age concentrations for MDAI/MSAI were the teens and 20s. The mean and median ages for both cohorts were 21. The shape of Figure 3-2 shows a rapid increase in neonaticidal events in the teen years, followed by a rapid decrease in events in the 20s, after which events began to level off in the 30s until they ended at age 42. It also shows that the combined ages for MDAI/MSAI ranged from 12 to 42.
**Figure 3-2. 255 MDAI/MSAI: AGE DISTRIBUTION**

![Age Distribution Graph](image)

**Figure 3-3** shows no significant differences between the MDAI and MSAI for any age group, which means that the Mother’s age bore no correlation as to whether the infant survived or died.
The youngest mother, *Mother 1*, was a 12 year-old immigrant from Thailand who had spent half of her life in refugee camps. She became pregnant from a sexual relationship with her 13 year-old cousin. She knew of her pregnancy and concealed it to avoid being beaten by her own mother. She delivered alone into a toilet at a YMCA. A maintenance worker discovered the infant’s body ten hours later inside a plastic bag in the bathroom’s garbage receptacle. *Mother 1* was arrested as a juvenile, prosecuted, and convicted of first degree reckless homicide. She was sentenced to 1 year of probation, placed in foster care, and required to make monthly visits to the infant’s grave.

The media reported the ages of only 14 MSSI, of whom 3 were in their teens, 6 were in their 20s, and 5 were in their 30s. Although the MSSI data were too sparse to compare to the MDAI and MSAI cohorts, they suggest that the highest age concentrations for MSSI were the 20s and 30s, making that cohort older than the MSAI and MDAI.

### C. Race/Ethnicity

*Figure 3-4* shows the race/ethnicity of 32% (155) of MDAI/MSAI. Hispanics and Caucasians constituted 72% of the entire demographic. The author notes that since the media tended to report the race/ethnicity of minorities more than Caucasians, it is quite possible that the Caucasian rates are underrepresented.

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81. Id.
82. Id.
Figures 3-5 and 3-6 show the race/ethnicity totals of MDAI/MSAI in the PRE and POST periods. According to Figure 3-5, Hispanics comprised the largest demographic of PRE Mothers: 42% were Hispanic, 24% were Caucasian, 23% were African American, 10% were Asian, and 1% were Native American.

According to Figure 3-6, Hispanics also comprised the largest demographic of POST Mothers: 51% were Hispanic, 30% were Caucasian, 17% were African American, and 3% were Asian.

In sum, from PRE to POST, overall Hispanic rates increased 7%, with a 9% increase in MDAI rates but no change in MSAI rates; overall Caucasian rates increased 6%, with a 14% increase in MDAI rates and an 8% decrease in MSAI rates.

84. Asian includes Asian Indian.
MSAI rates; overall African American rates decreased 6%, with no change in MDAI rates but a 6% decrease in MSAI rates; overall Asian rates decreased 7%, with a 3% decrease in MDAI rates and a 4% decrease in MSAI rates.

These rate changes show no pattern and, hence, do not suggest that Safe Haven laws affected the race/ethnicity demographic.85

Figure 3-7 compares the race/ethnicity demographic to the U.S. race/ethnicity population rates in the PRE and POST periods.87 According to this data, the Hispanic, African American and Caucasian demographics followed similar patterns in both periods. Averaging together the PRE and POST periods, the Hispanic MDAI/MSAI rates exceeded their general population rates by 29%; African American MDAI/MSAI rates exceeded their general population rates by 8%; but Caucasian MDAI/MSAI event rates were 40% lower than their general population rates. However, it is important to reiterate that this study’s Caucasian rates are likely underestimated because of the media’s tendency to report the race/ethnicities of minorities but not Caucasians. The Asian event rates showed more consistency with their U.S. population rates than the other race/ethnicity demographics: Asian rates were 6% higher than their U.S. population rates in the PRE period but were 2% lower in the POST period. The media reported the race/ethnicity of only 7 MSSI, of whom 3 were Caucasian, 3 were Hispanic, and 1 was Guyanese Indian.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>12%</td>
<td>22%</td>
<td>-10%</td>
<td>12%</td>
<td>17%</td>
<td>-5%</td>
</tr>
<tr>
<td>Asian</td>
<td>4%</td>
<td>10%</td>
<td>-6%</td>
<td>5%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>69%</td>
<td>24%</td>
<td>45%</td>
<td>64%</td>
<td>30%</td>
<td>34%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>13%</td>
<td>42%</td>
<td>-29%</td>
<td>16%</td>
<td>51%</td>
<td>-35%</td>
</tr>
<tr>
<td>Native American</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
<td>0%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Figure 3-7 compares the race/ethnicity demographic to the U.S. race/ethnicity population rates in the PRE and POST periods.87 According to this data, the Hispanic, African American and Caucasian demographics followed similar patterns in both periods. Averaging together the PRE and POST periods, the Hispanic MDAI/MSAI rates exceeded their general population rates by 29%; African American MDAI/MSAI rates exceeded their general population rates by 8%; but Caucasian MDAI/MSAI event rates were 40% lower than their general population rates. However, it is important to reiterate that this study’s Caucasian rates are likely underestimated because of the media’s tendency to report the race/ethnicities of minorities but not Caucasians. The Asian event rates showed more consistency with their U.S. population rates than the other race/ethnicity demographics: Asian rates were 6% higher than their U.S. population rates in the PRE period but were 2% lower in the POST period. The media reported the race/ethnicity of only 7 MSSI, of whom 3 were Caucasian, 3 were Hispanic, and 1 was Guyanese Indian.

85. The data do not show causation based on race/ethnicity, only correlation.
87. Id.
D. Religion

Only 15% (73) of the MDAI/MSAI religions were reported. According to Figure 3-8, although Catholics comprised 25% of the U.S. population in 2009 they comprised 84% of the religion demographic. An additional 9% of MDAI/MSAI were also members of religions that banned or disapproved of various types or uses of contraception. This 93% anti contraception-religion rate is consistent with the psychiatric studies that observed the fundamentalist or devoutly religious backgrounds of many Neonaticidal Mothers who suffered from dissociation. According to those studies, one of the primary causes of dissociation in pregnant women is the occurrence of a non-marital pregnancy that so violates the Mother’s religious practices and beliefs and so threatens her familial, social and sexual relationships that she denies its existence.

However, this study’s data does not support the psychiatric dissociation or denial diagnoses of the religion demographic. Instead, this data shows that 40% of the Mothers who were members of religions that opposed reproductive responsibility knew of their pregnancies. For example, after giving birth in a dormitory room at the Baptist College she attended, Mother 2 stated that she had not used contraception or aborted the fetus because both practices were forbidden by her religion and her college. Mother 3, a Mormon, admitted to

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89. Robert Sadoff, supra note 13, at 602 (Neonaticidal Mothers have strict fundamentalist upbringing); C. M. Green and S.V. Manohar, supra note 13, at 121 (Neonaticidal Mothers comes from “strict protestant” families that live in socially isolated communities in North America).

90. Robert Sadoff, supra note 13, at 602; C. M. Green and S.V. Manohar, supra note 13, at 121.

concealing her pregnancy yet asserted pregnancy denial as a defense to the criminal charges.\textsuperscript{92} Mother 4 was an active member of the Church of Christ.\textsuperscript{93} She knew of her pregnancy and did not conceal it because she had wanted the child until she lost her job and was evicted from her home late in the pregnancy. When labor commenced she left her own mother’s home and went into an alley where she delivered the infant. She then put the infant into a plastic bag that she put into a dumpster. The corpse was found twelve hours later by a family member who noticed that Mother 4 was no longer pregnant and contacted the police. At the sentencing hearing Mother 4 acknowledged that she had “made a grave mistake” and that the murder of the infant had been a “horrendous and selfish act.”\textsuperscript{94}

\textbf{E. Marital Status}

The marital status of only 58 Neonaticidal Mothers were reported, of whom 45 (78\%) were single and 13 (22\%) were married:

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|}
\hline
Marital Status & # & \% \\
\hline
Married & 13 & 22\% \\
Single & 45 & 78\% \\
\hline
\end{tabular}
\end{table}

\textbf{F. Persons With Whom Mothers Lived}

The majority of Neonaticidal Mothers (63\%) lived with their parents:

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|}
\hline
Persons With Whom Lived & # & \% \\
\hline
Parents & 86 & 63\% \\
Boy Friend & 18 & 13\% \\
Extended Family & 13 & 9\% \\
Husband & 9 & 7\% \\
Friends & 7 & 5\% \\
Alone & 4 & 3\% \\
\hline
\end{tabular}
\end{table}

\textbf{G. Highest Educational Levels Achieved}

Although the educational levels of only 12\% (58) MDAI/MSAI were reported, Figure 3-11 clearly shows that women of all educational levels engaged in neonaticidal behaviors: All Mothers received some level of

\textsuperscript{94} David Doege, Woman Charged With Homicide in Death of Her Newborn Boy, MILWAUKEE J. SENTINEL, October 21, 1998, at 3.
education; over one-third completed grammar school; the majority completed high school; 5% graduated from college.95

Figure 3-11. 58 MDAI/MSAI: HIGHEST EDUCATIONAL LEVELS ACHIEVED

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>College</td>
<td>5%</td>
</tr>
<tr>
<td>High School</td>
<td>57%</td>
</tr>
<tr>
<td>Grammar School</td>
<td>38%</td>
</tr>
</tbody>
</table>

H. Employment

Only 8% (37) of MDAI/MSAI jobs were reported, the vast majority of which were low-paying. Figure 3-12 categorizes these jobs as follows: Manual Labor includes cooks, childcare workers, factory workers, field workers, food-service workers, and maintenance workers. Office/Store Worker includes bookkeepers, travel agents, food-service managers, store clerks, and one women’s shelter worker. Professional Occupation includes journalists, business owners, teachers, technicians, and insurance claims adjusters.

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual Labor</td>
<td>20</td>
</tr>
<tr>
<td>Office/Store Worker</td>
<td>12</td>
</tr>
<tr>
<td>Professional Occupations</td>
<td>5</td>
</tr>
</tbody>
</table>

IV. OBSTETRIC AND MENTAL HEALTH HISTORIES

A. Live Birth Histories

According to Figure 4-1, the number of prior live births per MDAI/MSAI/MSSI ranged from 1 to 9. In total, 78 Mothers had 184 live births, of whom 43 were MDAI, 30 were MSAI, and 5 were MSSI. The 73 MDAI/MSAI had a total of 165 live births. The 5 MSSI had a total of 19 live births, including 1 Mother with 6 children. The number of live births was of inverse proportion to the number of Mothers who bore them: 38 Mothers had 1 prior live birth; 6 had 4 prior live births; 1 had 9 prior live births.

Mother 5 was a 17 year-old Mexican immigrant who lived with her eighteen-month old child and her own mother and sister. She concealed her pregnancy from everyone, as she had done with her prior pregnancy. When her family suspected that she was again pregnant, she falsified a pregnancy test out of fear that her mother would force her to leave the family residence. At the commencement of labor, Mother 5 brought two large plastic bags into the family bathroom where she delivered the infant. She then smothered the infant in a towel, placed the body inside the plastic bags and tightly tied them.


WHO ARE THE MOTHERS WHO NEED SAFE HAVEN LAWS?

closed. The following day family members found the corpse inside the Mother’s bedroom. At the beginning of the police investigation, Mother 5 claimed the infant had been stillborn. However, after the autopsy determined the infant had been born alive, she admitted to the live birth. Upon her arrest for capital murder, Mother 5 confessed to the police and then fled. She remains a fugitive.

Mother 6 was a 24 year-old single mother of two children who had been pregnant four times. She placed the third child for adoption and concealed both her third and fourth pregnancies. She delivered the fourth child alone in her bathroom while other people were present within the residence but unaware of the delivery. The live infant was subsequently discovered outdoors inside a carrying bag by a passerby. The infant tested positive for amphetamines. Mother 6 pleaded guilty to felony child endangerment. She was sentenced to 1 year in a drug rehabilitation program and 5 years of probation.

Mother 7 was a 27 year-old single mother of five children. She concealed the pregnancy from her boyfriend. She delivered in her residence and within six hours of the birth abandoned the live infant inside a fast food restaurant bathroom. She was subsequently identified by the restaurant’s

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100. Id.
102. Id.
103. Id.
106. Jaxon Van Derbeken, Henry K. Lee, Attempted Murder Charge Filed In Case Of Abandoned Newborn; Woman Said She Did Not Want Another Child, Investigators Report”, The San Francisco Chronicle (California), February 25, 2007, at D1
107. Bruce Gerstman, Mother To Serve One Year In Jail For Leaving Baby; Woman Will Also Serve Five Years Probation For Child Endangerment, Contra Costa Times (Walnut Creek, CA), May 30, 2007 , at a3.
108. Id.
109. Id.
113. Id.
The police investigation revealed that Mother 7 had been aware of Safe Haven laws. She pleaded guilty to child abuse and received a 5 year suspended sentence, 5 years of probation, and 150 hours of community service.

Mother 8 was a 41 year-old homeless mother of five children with a history of drug abuse. She did not conceal her pregnancy. She delivered alone in an alley and later stated that she had been too drunk and high on drugs to remember the delivery. The infant’s body was found in the alley two days later. Mother 8 pleaded guilty to aggravated manslaughter and was sentenced to 5 years of imprisonment and 10 years of probation.

Mother 9 was a 33 year-old mother of seven children, all of whom had been placed for adoption. She was aware of her pregnancy and delivered alone in her residence. The live infant was found in critical condition within five hours of birth inside a dumpster. Mother 9 pleaded guilty to felony child endangerment and received a suspended 10-year sentence and 3 years of probation.

Mother 10 was a 43 year-old mother of nine children. The live infant was discovered inside a toilet bowl in a Disney World bathroom within one hour of birth. Mother 10 was identified after she returned to the Philippines and was not extradited.

B. Mental Illness Histories

Figure 4-2 presents the mental illness histories of 9% (44) of MDAI and MSAI who suffered from mental illness, drug abuse, alcohol abuse, sexual abuse, domestic violence or low IQs. The data show very low frequency rates

115. Id.
116. Id.
119. Id.
120. Mother Offers No Plea In Baby’s Abandonment, St. Louis Post-Dispatch, Dec. 17, 1996, at 17A.
121. Id.
124. The data of this section, more so than other sections, demonstrate a limitation caused by using media reports as a primary source of information. The media reported that only 4% of Mothers had histories of drug abuse but there were no reports that a Mother did not have a history of illegal drug use. Consequently, it is not possible to conclude from these data that only 4% of Mothers had histories of drug abuse since it is possible that drug abuse was not detected or reported. For purposes of Section IV, it is assumed that the absence of data is as likely to reflect undetected as well as nonexistent facts.
in all mental illness categories and no patterns or distinctions between the MDAI and MSAI cohorts. These low mental illness rates are consistent with the findings of psychiatric studies that most Neonaticidal Mothers either are not diagnosed with or do not suffer from mental illness prior to their pregnancies. However, Figure 4-2 also shows that only 2% (8) of MDAI/MSAI experienced sexual abuse, a finding that is contrary to the psychiatric claims that sexual abuse is a major cause of neonaticide.

Figure 4-3 presents a breakdown of the mental illness diagnoses of 12 MDAI/MSAI. Depression was the most frequent diagnosis and applied to a majority of the cases. Interestingly, 5 of these Mothers raised the neonaticide syndrome defenses of pregnancy denial and/or shock and panic at birth. All of these defenses failed and all 5 Mothers were convicted.

C. Repeat Offenders

Despite the findings of Figures 4-2 and 4-3 that Neonaticidal Mothers are not typically diagnosed with mental illness issues, some Mothers repeatedly engaged in abandonments and murders that clearly demonstrated aberrant behaviors. Specifically, 7 MDAI/MSAI were repeat offenders who had abandoned or killed 14 newborns. Their ages ranged from 15 to 27. Two repeat offenders were Hispanic, 2 were Caucasian, 1 was African American, and the race/ethnicity of 2 others was not reported. All had previously given birth between 1 and 5 times; 6 acknowledged their pregnancies; 5 concealed their

125. See note 19
126. See note 18
pregnancies; 5 delivered alone at home; none received prenatal care. All 7 were arrested; 6 were prosecuted; 5 were convicted of either homicidal offenses if the infant died or child abuse if the infant survived. One repeat offender was not convicted because she died in the course of a prosecution. Another was ordered to attend drug treatment and parenting classes. Sentences ranged from 2 years of imprisonment to capital punishment for homicide convictions, and 2 to 4 years of imprisonment for child abuse convictions. The capital punishment sentence was subsequently reduced to life imprisonment.127

Mother 11 was an unmarried Hispanic with a history of drug abuse who lived with her parents and two children.128 She subsequently bore and abandoned three infants between 2005 and 2006, of whom two survived and one died.129 She knew of her pregnancies and concealed them to avoid her parents’ anger and insistence that she keep the children.130 She delivered alone each time in her bedroom.131 During the criminal proceedings Mother 11 repeatedly stated that she had abandoned the infants in the hope that they would be parented by someone who could provide them with a better life than she could.132 She was convicted of second-degree murder, felony child

127. After the development of this study’s data, another repeat offender was found and identified by the media. From 1996-2006 a Caucasian Mormon woman from Utah is reported to have killed 6 newborns by strangulation or suffocation, all of whose corpses were put inside plastic bags and boxes that were left in her garage. She became pregnant by her husband and gave birth 10 times – 6 newborns were killed, one was stillborn, and 3 became her daughters whom she raised. She acknowledged and concealed the 6 unwanted pregnancies and delivered all 6 alone in her residence. She is currently charged with first-degree murder for all six deaths. Her reported motive was methamphetamine and alcohol addiction. Police Reveal Motive of Mom Charged with Killing Her Newborns, Digital Journal (Blog) July 9, 2014; Motive for Baby Deaths Given, Key West Citizen, The (Key West, FL), July 9, 2014; Police Give Motive in Dead Baby Case, 7/8/14 Associated Press (AP) Newswires 22:33:37, AP Online, July 8, 2014; Police: Utah Mother Accused of Killing Six Babies Was Addict, 7/9/14 dpa Int’l. Serv. in English 03:36:38, July 9, 2014.


131. Id.

132. Id.
endangerment, felony child abuse, and received a sentence of 22 years to life imprisonment.133

Mother 12 was an 18 year-old illegal immigrant from El Salvador.134 She attended high school where she walked with her head down and spoke to no one.135 Her father, a cook, began sexually molesting her when she was 13 years old.136 When she became pregnant at ages 15 and 18 her father threatened to kill Mother 12’s mother (his wife) if she disclosed the incest, pregnancies or deaths of the infants.137 Between 2000 and 2005 she gave birth twice in the toilet at her family residence. The births were attended by her father who made her toss the infants down a garbage chute. One infant died in the garbage pile at the bottom of the chute and was not found for two years. The second infant was discovered when a neighbor heard crying coming from the chute. That infant survived the fall with a fractured skull and blackened eye.138 During the criminal proceedings, Mother 12 was diagnosed with an IQ of 72, depression and stress disorder.139 The father was convicted of aggravated manslaughter, assault, and sexual assault for which he received a 35-year sentence.140 Mother 12 was also prosecuted and pleaded guilty to reckless manslaughter. Her original sentence of 5 years was reduced to 4 years. Afterward she was deported.141

Mother 13 was a 27 year-old Caucasian with three children, a history of drug abuse and two prior abandonments. After giving birth to her sixth child, she walked into a stranger’s home, told the resident she had just found the infant, called 911, and walked out leaving the infant behind.142 The infant’s umbilical cord was closed with a roach clip143 and a medical examination found cocaine in her blood system.144 When arrested in 1997 and charged with child endangerment, Mother 13 fled, leaving behind her three other children.145 Upon
her return, she sought to be reunited with her children, agreed to receive counseling, and was not prosecuted.

**Mother 14** was a 26 year-old Caucasian with a history of drug abuse who lived with her two year-old child. Between 1992 and 1999 she committed three neonaticides. The first infant was found in a river; the second infant was found in a plastic bag in the Grand Canyon; the third infant was found inside a toilet. Seven years after discovery, DNA testing linked the infant found in the river to **Mother 14**. Due to decomposition, autopsies could not determine the cause of death for either that infant or the infant found in the Grand Canyon. An autopsy did determine that the third infant had drowned in a toilet. **Mother 14** was arrested for the first two infants’ deaths but died during the prosecution while giving birth to the third infant.

**Mother 15** was a 26 year-old African American who lived with her husband and three children. She was employed at a day care center and previously had been employed as a prison guard. She had dropped out of high school as a teenager but eventually acquired a GED. **Mother 15** killed one infant in 1998 and abandoned another in 2003. She concealed both pregnancies and delivered both infants while alone in her residence. She killed the first infant by binding and gagging him with duct tape, then placing him inside a plastic bag that she put into a dumpster. The deceased infant was discovered one week later by a garbage scavenger. It took another five years to link the infant to his Mother through DNA testing. The second infant was found alive in a roadside ditch covered with ant bites. **Mother 15** was originally convicted of capital murder and sentenced to death for the 1998 neonaticide. On appeal, her sentence was reduced to life imprisonment.

### V. PREGNANCY, LABOR, DELIVERY

Section V presents data on the pregnancies, labors and deliveries of the MDAI and MSAI cohorts. None of the following analyses are divided between PRE and POST because the data showed no significant differences between those periods. The data on MSSI are referred to when available but were too sparse to be included in the overall analyses.

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145. Michele Fuetsch, *Mother Accused of Child Endangerment*, Plain Dealer (Cleveland, OH), July 24, 1997, at 1B.


147. *Id*.

148. *Id*.


150. *Id*.

151. *Id*.

A. Pregnancy Acknowledgment

135 MDAI/MSAI were questioned about whether they had known of their pregnancies. According to Figure 5-1, 97% (131) acknowledged that they had known of their pregnancies while only 1% (2) did not.

![Figure 5-1. PREGNANCY ACKNOWLEDGMENT RATES OF 135 MDAI vs. MSAI](image)

B. Concealment

Mothers primarily concealed their pregnancies by wearing baggy clothes and misinforming people about the cause of their weight gain. Significantly, 21% (104) of MDAI/MSAI concealed their pregnancies, of whom twice as many were MDAI than MSAI. Accordingly, twice as many infants died than survived when the pregnancy was concealed. It is also notable that 79% of the MDAI/MSAI who acknowledged their pregnancies also concealed their pregnancies, while 9% did not.

![Figure 5-2. FROM WHOM DID 104 MDAI vs. MSAI CONCEAL THEIR PREGNANCIES?](image)

Figure 5-2 shows that 89% of 104 MDAI/MSAI concealed their pregnancies. Most primarily concealed from family and everyone although 22% more MDAI than MSAI concealed from everyone. Otherwise, there were
no major differences among the persons from whom MDAI and MSAI concealed and, therefore, no correlation as to whether an infant survived or died based on the persons from whom the Mother hid her pregnancy. The fact that 17% of MDAI/MSAI concealed their pregnancies from their husbands or boyfriends suggests that those men either did not want the child or were not the father of the child.

Figure 5-3 lists the reasons for concealment provided by 37 MDAI/MSAI. Most Mothers gave multiple reasons for their concealments. Three constants run throughout the list — fear of family rejection, an unwanted child, and self-protection.

<table>
<thead>
<tr>
<th>FIGURE 5-3. REASONS FOR CONCEALMENT</th>
<th>37 MDAI/MSAI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of Family Rejection</td>
<td>19</td>
</tr>
<tr>
<td>Child Unwanted</td>
<td>11</td>
</tr>
<tr>
<td>Shame</td>
<td>6</td>
</tr>
<tr>
<td>Adultery</td>
<td>4</td>
</tr>
<tr>
<td>Fear of Child’s Father</td>
<td>4</td>
</tr>
<tr>
<td>Unable to Care for Child</td>
<td>4</td>
</tr>
<tr>
<td>Did Not Want Others to Know</td>
<td>1</td>
</tr>
<tr>
<td>Fear of Deportation</td>
<td>1</td>
</tr>
</tbody>
</table>

C. Labor

Information about labor was reported for only 8% (41) MDAI/MSAI, of whom 33 said they knew when they had been in labor and 8 said they had not known. Of the 33 who knew they had been in labor, 18 were MDAI and 15 were MSAI. Seventeen Mothers experienced labor pains, 1 did not; 9 said their labors were brief; 2 reported having no memory of their labors, 1 claiming to have passed out and 1 claiming to have been high on drugs. Of the 8 Mothers who did not know they were in labor, 2 mistook their labor for defecation, 2 for stomach pains, and 1 for constipation.

The dearth of information about labor suggests an investigative blind spot. Of the 41 MDAI/MSAI whose labor experiences were investigated and reported, 36 delivered alone. Yet there were no reported inquiries about why these Mothers did not seek help if they were in pain. Knowledge and concealment of an unwanted pregnancy explain solitude during labor but do not explain solitude if the Mother does not know she is pregnant or in labor. From both forensic and mental health perspectives, it makes sense to investigate awareness, pain, duration, and reasons for solitude during labor—yet media reports, criminal records, and mental health literature provide scant information about this issue.153

153. Research studies that did investigate the labor experience of Neonaticidal Mothers include Margaret G. Spinelli (2010), supra note 3, at 117-131 (Dr. Spinelli attributes that lack of labor pains to dissociation that blocks awareness of the labor
D. Delivery\textsuperscript{154}

Figure 5-4 shows the delivery sites of 177 Mothers, of whom 62\% (110) were MDAI and 38\% (67) were MSAI. According to this data, more infants died than survived when delivered in a Mother’s residence, bathroom, toilet, hotel or college dorm. The media also reported that 6 of the 71 MSSI delivered at the Mother’s residence, 1 delivered in her workplace bathroom, and 1 delivered at a Safe Haven site.

According to Figure 5-5, the vast majority of 136 Mothers delivered alone, of whom 88\% were MSAI and 97\% were MDAI. Consequently, 9\% more infants died than survived when a Mother delivered alone and 10\% more infants survived than died when the delivery was assisted. Of the 136 Mothers who delivered alone, 74 delivered in locations, such as their residences, where other people were present but unaware of the delivery. Interestingly, more infants died than survived when other people were in close proximity to the delivery site. The media also reported that 2 MSSI were assisted in their deliveries and 2 delivered alone.

\textsuperscript{154} This study excludes “boarder babies,” infants who were born in and then abandoned in hospitals or medical facilities.

\textsuperscript{experience.}; Michelle Oberman, supra note 20, at 24-25 (in a study of 47 Mothers, all experienced cramping and stomach pains that they attributed to defecation.)
Mother 16 was a 20-year-old Asian college student who had previously placed an infant for adoption. She knew she was pregnant and concealed the pregnancy from her parents by wearing baggy clothing. She delivered the infant in a flower bed next to a McDonald’s parking lot. After delivery, she placed the infant inside a plastic bag that she put into a trashcan. She then removed the plastic bag and placed it inside another trashcan farther away from the restaurant. Her actions were observed by a passerby who contacted the police. The live infant was discovered with skull injuries from being tossed into the garbage cans. Mother 16 was convicted of second-degree assault and sentenced to 3 years of incarceration.

Mother 17 was a 41 year-old Caucasian who lived with her common-law husband and six children. She knew she was pregnant but did not conceal the pregnancy. She delivered the infant at her residence in a bath tub filled with water. Shortly afterward, a neighbor noticed that although Mother 17 was no longer pregnant, there was also no infant. During the police investigation, Mother 17 acknowledged having given birth but claimed the infant had been stillborn. She led the police to the shallow grave in her yard where she had buried the corpse. She was arrested for capital murder and received a sentence of life imprisonment without parole. The conviction was reversed on appeal, in part because decomposition prevented a second autopsy from determining the

infant’s cause of death. To avoid retrial, Mother pleaded guilty to manslaughter, at which time she admitted that the infant had been born alive.

VI. INFANT SURRENDERS

A. State Totals

The data on Safe Surrenders is presumed to be underestimated because the media reported only 71 surrenders from 2005 to 2007 although there were hundreds of unverifiable claims of surrenders throughout the country. For example, the California government site www.babysafe.ca.gov stated that 407 infants had been surrendered in California between 2001 and 2012. However, only 21 Safe Surrenders were reported in California from 2005 to 2007. Nonetheless, this study has developed data on the available information in the hope that it may shed some light on the MSSS cohort. The media reported 21 Safe Surrenders in 2005, 20 in 2006, and 30 in 2007. Figure 6-1 shows the number of reported surrenders in 20 states from 2005-2007.

<table>
<thead>
<tr>
<th>Figure 6-1. 71 REPORTED SURRENDERS 2005-2007</th>
<th>SSI TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td>21</td>
</tr>
<tr>
<td>FL</td>
<td>8</td>
</tr>
<tr>
<td>CO</td>
<td>5</td>
</tr>
<tr>
<td>IL, NY, SC, TX</td>
<td>4</td>
</tr>
<tr>
<td>CT, OK</td>
<td>3</td>
</tr>
<tr>
<td>IN, LA, MA, NJ</td>
<td>2</td>
</tr>
<tr>
<td>AZ, IA, MD, OH, PA, TN, UT</td>
<td>1</td>
</tr>
</tbody>
</table>

B. Physical Condition of SSI at Time of Surrender

The media reported the physical condition of 49 SSI at the time of surrender. The majority (46) were surrendered in good condition; 1 had a low body temperature; 1 had minor injuries due to lack of medical care; and 1 weighed only 1 lb. 12.8 ounces.

C. Ages of SSI

The media reported the ages of 28 SSI at the time of surrender. Figure 6-2, shows that 92% (26) were surrendered within the first week of birth and more than half (16) were surrendered within the first day of birth. Two other infants were surrendered two and three weeks after birth. The two delayed surrenders suggest that those Mothers were either undecided about relinquishing custody or uninformed about Safe Haven laws until after the infant’s birth.

161. Ex Parte Colby, 41 So.3d 1, 1999. Supreme Court of Alabama.
162. See FN 158.
Figure 6-2. AGES OF 28 SSI AT TIME OF SURRENDER

<table>
<thead>
<tr>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 minutes</td>
</tr>
<tr>
<td>1-2 hours</td>
</tr>
<tr>
<td>4-7 hours</td>
</tr>
<tr>
<td>18 hours</td>
</tr>
<tr>
<td>1 day</td>
</tr>
<tr>
<td>3 days</td>
</tr>
<tr>
<td>6 days</td>
</tr>
<tr>
<td>2 weeks</td>
</tr>
<tr>
<td>3 weeks</td>
</tr>
</tbody>
</table>

D. Surrendering Persons

Figure 6-3 lists the categories of 39 persons who surrendered infants at Safe Haven sites. The majority (95%) of surrenderers were relatives, 79% of whom were the Mother. Mother 18 concealed her pregnancy from everyone except the father. When he refused to support the infant, she researched the Safe Haven law on the internet. The morning her contractions started she delivered the infant in a bathroom at work, left through the back door, and walked a mile to the nearest fire station where she legally surrendered the infant. Contrarily, not all attempted surrenders were successful. In one case, a 31 year-old man claiming to have found an infant in a park tried to surrender the child at a hospital. After it was determined that the man was the infant’s father and the Mother was 13 years-old, the man was charged with rape and the surrender failed.

Figure 6-3. 39 SURRENDERING PERSON FREQUENCY

<table>
<thead>
<tr>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
</tr>
<tr>
<td>Possible Mother</td>
</tr>
<tr>
<td>Father</td>
</tr>
<tr>
<td>Parent</td>
</tr>
<tr>
<td>Grandmother</td>
</tr>
<tr>
<td>Friend</td>
</tr>
<tr>
<td>Unidentified Man</td>
</tr>
<tr>
<td>Unreported</td>
</tr>
</tbody>
</table>


164. Id.

165. “Baby Girl’s Mom Is Located” copyright 2006 Rochester Democrat and Chronicle (New York) April 4, 2006 SECTION: NATIONAL Pg. 1A by Lauren Stanforth staff writer

166. “Man Who Left Baby Charged With Rape” copyright 2006 Rochester Democrat and Chronicle (New York) April 5, 2006 SECTION: NATIONAL Pg. 1A by Victoria E. Freile and Greg Livadas staff writers
WHO ARE THE MOTHERS WHO NEED SAFE HAVEN LAWS?

E. Assisted Surrenders

Figure 6-4 shows the persons or resources that assisted 10 MSSI with their surrenders. The number of assisters exceeds 10 because some Mothers received assistance from multiple sources.

F. Surrender Sites

Safe Haven laws designate specific sites where an infant can be legally surrendered. Most states choose surrender sites that are equipped with emergency medical resources to assist the newborn. Figure 6-5 shows the sites utilized in 70 of the 71 cases. Interestingly, 20% of these surrenders were treated as legal even though they did not conform to statutory requirements. Non-conforming Surrenders occurred when infants were left near but not within designated sites, or were not handed over to designated persons, or were left at non-designated locations that were followed by phone calls to the police. For example, Mother 19 delivered at home and then called the local fire station to pick up the infant. They did.167

167. “Few Mothers Use Safe Haven Laws For Newborns” copyright 2005 Capital City Press The Advocate (Baton Rouge, Louisiana) April 21, 2005SECTION: NEWS Pg. 1-B; 2-B by Emily Kern
G. Were Surrendered Infants Ever in Danger of Abandonment or Death?

This study can only ask but cannot answer this question. The data identified only 1 MSSI who may have abandoned rather than surrendered her newborn. When *Mother 20* told her grandmother that she had found the infant on their doorstep, the grandmother took *Mother 20* and the infant to a Safe Surrender site.\(^{168}\) It was not until after the surrender that the grandmother learned the infant had been her great grandchild. Other than this one case, the data identified no SSI who showed evidence of physical endangerment. All reported SSI were surrendered in healthy condition, many dressed in infant clothing, wrapped in blankets, or left in baskets with formula or toys. The purpose of the Safe Haven laws is to save newborns from death and unsafe abandonments. With only one possible exception, there was no evidence that any of the 71 SSI were ever in danger.

Although sparse and possibly affected by unknown bias, the MSSI data suggest some interesting insights into this cohort: Most MSSI were in their 20s and 30s, making that cohort older than the MDAI/MSAI cohorts; of 7 MSSI, 3 were Hispanic and 3 were Caucasian; only 1 of 6 MSSI lived with her parents; 5 of 5 MSSI had between 1 and 6 prior live births resulting in 19 children; 6 of 8 MSSI delivered at home; 7 of 9 MSSI surrendered their newborns because they could not afford another child, 1 because she could not bear the shame of a non-marital pregnancy, and 1 because she was overwhelmed. The majority of surrenders complied with statutory requirements. More infants were surrendered by their Mothers than by any other person. In sum, the MSSI cohort bore some similarities to the MDAI/MSAI cohorts but overall appear to have born more children, been older, and lived more independently than the MDAI/MSAI.

VII. INFANT ABANDONMENTS AND DISCOVERIES

A. Infant Discovery Sites

Discovery sites are not necessarily abandonment sites since many infants are abandoned in one place but discovered in another. For example, infants delivered indoors may be discovered outdoors; infants disposed of in garbage receptacles may be discovered in landfills or waste facilities; infants born in one county may be discovered in another county.\(^ {169}\) According to Figure 7-1 there were substantial similarities between the DAI and SAI discovery sites in both PRE and POST and approximately two-thirds of all infants were discovered outdoors in both periods.


\(^{169}\) A total of 185 DAI/SAI were discovered in the same county as their Mother’s residence. Although 128 MDAI/MSAI delivered at their residences, 19 infants were discovered in counties outside their Mothers’ residences.
WHO ARE THE MOTHERS WHO NEED SAFE HAVEN LAWS?

<table>
<thead>
<tr>
<th>Figure 7-1. DISCOVERY LOCATIONS: PRE vs. POST</th>
<th>SAI %</th>
<th>DAI %</th>
<th>LOCATION</th>
<th>PRE%</th>
<th>POST %</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTDOOR</td>
<td>70%</td>
<td>67%</td>
<td>OUTDOOR</td>
<td>69%</td>
<td>68%</td>
</tr>
<tr>
<td>INDOOR</td>
<td>30%</td>
<td>33%</td>
<td>INDOOR</td>
<td>31%</td>
<td>32%</td>
</tr>
</tbody>
</table>

Figure 7-2 presents the 10 sites where SAI and DAI were most frequently discovered. The majority of DAI (85%) were discovered in or near garbage receptacles (37%), inside the Mother’s residence (20%), and in bathrooms (15%), or throughout the miscellaneous outdoors (13%). The majority of SAI (58%) were discovered in or near another person’s residence (14%), garbage receptacles or miscellaneous buildings (12%), hospitals (11%), or churches (9%).

(˄) Refers to Sites that overlap with other Sites, such as when an infant was discovered in a garbage receptacle in a hospital bathroom. In total, there was a 20% overlap among sites

(⁎) Includes inside or within close proximity

(⁎⁎) “Waste Facility” includes Recycling Plants and Landfills
Figure 7-3 shows the likelihood of survival for each of the 10 most frequent discovery sites. Places of high visibility that are frequently trafficked by the public such as churches, hospitals, another person’s residence, and vehicles show the highest likelihood of rescue. For example, 23 of 24 infants abandoned in or near churches were rescued in time to survive. Places of low visibility such as garbage receptacles, waste facilities, and inside the Mother’s residence corresponded with lower survival rates.

<table>
<thead>
<tr>
<th>Figure 7-3. LIKELIHOOD OF SURVIVAL BY DISCOVERY SITE</th>
<th>LIKELIHOOD OF SURVIVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church*</td>
<td>96%</td>
</tr>
<tr>
<td>Hospital*</td>
<td>93%</td>
</tr>
<tr>
<td>Other Person’s Residences</td>
<td>80%</td>
</tr>
<tr>
<td>Vehicles*</td>
<td>69%</td>
</tr>
<tr>
<td>Miscellaneous Building*</td>
<td>68%</td>
</tr>
<tr>
<td>Miscellaneous Outdoors</td>
<td>39%</td>
</tr>
<tr>
<td>Bathroom</td>
<td>36%</td>
</tr>
<tr>
<td>Inside Mother’s Residence</td>
<td>30%</td>
</tr>
<tr>
<td>Garbage Receptacle/Dumpster*</td>
<td>26%</td>
</tr>
<tr>
<td>Waste Facility</td>
<td>0%</td>
</tr>
<tr>
<td>(*) Includes in or near Discovery Site</td>
<td></td>
</tr>
</tbody>
</table>

Figure 7-4 shows the sites with the highest probabilities of discovery in the PRE and POST periods. Significantly, the discovery rates of infants found in or near garbage receptacles or hospitals decreased from 31% in PRE to 22% in POST while the discovery rates of infants found inside the Mother’s residence, bathrooms and vehicles increased from 22% in PRE to 34% in POST.

| Figure 7-4. LIKELIHOOD OF DISCOVERY BY SITE: SIGNIFICANT DIFFERENCES PRE vs. POST |
|-----------------------------------------------|-------------------|
| PRE %                                         | POST %            |
| Garbage Receptacles & Hospital                | 31%  22%          |
| Mother’s Residence/ Bathroom/ Vehicle         | 22%  34%          |

B. Containers

Figure 7-5 presents the containers in which 260 infants were discovered, of whom 48% (126) were SAI and 52% (134) were DAI. The data clearly show that plastic bags were the primary death weapon used by Neonaticidal Mothers. Significantly, 49.6% (129) of the 260 infants were discovered inside plastic bags, of whom two-thirds died and one-third survived. More DAI were discovered in or near outdoor garbage receptacles while more SAI were discovered with no container, or inside a carrying bag, box/crate, car seat, stroller or vehicle.
WHO ARE THE MOTHERS WHO NEED SAFE HAVEN LAWS?

(˄) These Containers are not exclusive. For example, many infants who were found in Garbage Receptacles were also inside Plastic Bags.

(*) “No Container” includes blankets and clothing

(**) “Outdoor Garbage” includes dumpsters, cans, and garbage piles

(***) “Carrying Bag” includes backpacks, duffle bags, and purses

(****) “Toilet” includes bowl, septic tank, and outhouse

(*****) “Other” includes bassinets, baskets, bathtubs, buckets, and envelopes

Figure 7-6 shows the likelihood of an infant’s survival when abandoned inside specific containers. Infants were more likely to die than survive when found inside unsafe containers that caused death by asphyxiation or drowning such as toilets, garbage receptacles, closets/cabinets/bureaus, or plastic bags. Infants were more likely to survive than die when found inside safe containers such as infant carriers or vehicles. Interestingly, 56% of infants abandoned with no container survived, 87% of whom were found in locations that people frequented such as street corners, residential doorsteps, public parks, in or near hospitals, churches or apartments buildings. Conversely, the 44% who were
found with no container but died were found in sites such as graves, dumpsters, wooded areas, and bodies of water.

<table>
<thead>
<tr>
<th>Figure 7-6. CONTAINERS</th>
<th>LIKELIHOOD OF SURVIVIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Carrier</td>
<td>100%</td>
</tr>
<tr>
<td>Vehicle</td>
<td>71%</td>
</tr>
<tr>
<td>Unreported Container</td>
<td>67%</td>
</tr>
<tr>
<td>Box/Crate</td>
<td>66%</td>
</tr>
<tr>
<td>Carrying Bag</td>
<td>62%</td>
</tr>
<tr>
<td>No Container</td>
<td>56%</td>
</tr>
<tr>
<td>Indoor Garbage Container</td>
<td>36%</td>
</tr>
<tr>
<td>Plastic Bag</td>
<td>29%</td>
</tr>
<tr>
<td>Closet/Cabinet/Bureau</td>
<td>27%</td>
</tr>
<tr>
<td>Outdoor Garbage Container</td>
<td>25%</td>
</tr>
<tr>
<td>Toilet</td>
<td>25%</td>
</tr>
</tbody>
</table>

C. Length of Time from Birth to Discovery

The following data are based on medical determinations, autopsies and coroner’s reports of an infant’s age when discovered. Figure 7-7 shows that significantly more infants were discovered within 24 hours of birth than at any other time. There was also a direct correlation between the infant’s age when discovered and survival rates: More infants survived when discovered within the first day of birth and more infants died when discovered after the first day of birth. However, 25% of infants discovered after the first day of birth did survive, suggesting that those infants were abandoned several days after birth and found shortly thereafter.
D. Discoverers

Abandoned infants survive only if they are found. **Figure 7-8** presents the discoverers of 416 DAI and SAI. Although most infants were discovered coincidently by passersby, site workers, and residents of the building near where the infant was abandoned, the discoverers of DAI and SAI notably differed: 72% of DAI were found by site workers, police, hospitals, maintenance workers, family members and garbage scavengers; 55% of SAI were found by passersby, residents of the building near where the infant was abandoned, children, or by Mothers who faked the abandonments by claiming to have found the infant.

(*) “EMS” refers to Emergency Medical Service providers
(**) “Child” refers to a stranger, not a family member
E. Physical Condition of SAI at Discovery

Figure 7-9 presents the physical condition of 204 SAI at the time of discovery. The majority (74%) were discovered in good health; 23% were discovered hypothermic or cold; at least 25% were discovered with multiple physical conditions such as hypothermia, dehydration and blood loss; 3% were determined to have drugs in their systems such as methamphetamines, cocaine or marijuana.

<table>
<thead>
<tr>
<th>Figure 7-9. PHYSICAL CONDITION OF 204 SAI WHEN DISCOVERED*</th>
<th>CASE TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy</td>
<td>151</td>
</tr>
<tr>
<td>Hypothermic/Cold</td>
<td>46</td>
</tr>
<tr>
<td>Critical</td>
<td>12</td>
</tr>
<tr>
<td>Dehydrated</td>
<td>10</td>
</tr>
<tr>
<td>Physically Injured</td>
<td>8</td>
</tr>
<tr>
<td>Other*</td>
<td>8</td>
</tr>
<tr>
<td>Premature</td>
<td>7</td>
</tr>
<tr>
<td>Illegal Drugs</td>
<td>7</td>
</tr>
<tr>
<td>Blood Loss</td>
<td>4</td>
</tr>
<tr>
<td>Naked</td>
<td>4</td>
</tr>
<tr>
<td>Respiratory Problems</td>
<td>3</td>
</tr>
</tbody>
</table>

(*There is an overlap among these categories because many infants were discovered with multiple physical conditions

(*) “Other” includes rash, syphilis, blood infection, brain damage, sunburn, insect bites and unresponsive

F. Mother’s Intent

The following data posit that it may be reasonable to infer whether a Mother intended an abandoned infant to be rescued and survive or die without rescue based on the location and conditions of the discovery site.170 Examples of the former are discoveries in frequently trafficked public places such as hospitals, churches, stores, restaurants, and residential doorsteps. Examples of the latter are discoveries in toilets, closets, drawers, garbage receptacles, wooded areas, railroad tracks, bodies of water, and plastic bags.

According to Figure 7-10, 67% of the infants whose Mothers may not have wanted them to be rescued were discovered in locations that decreased their likelihood of discovery, yet 33% survived—possibly due to the happenstance of unanticipated discoverers.171 Conversely, 93% of the infants

170. This analysis is included because three data analysts who worked separately on these data and did not consult with each other independently drew the identical inference that the abandonment/discovery location of the infant may have correlated with the Mother’s Intent.

171. Figure 7-10 is based on 80% of all DAI/SAI cases and excludes 20% because a reasonable inference of Mother’s Intent could not be made due to insufficient facts or ambiguities within known facts.
whose Mothers may have wanted them to be rescued were discovered in locations that increased their likelihood of discovery, but 7% died. For example, *Mother 21* telephoned the police to inform them that she had abandoned an infant outside a particular building.\(^\text{172}\) *Mother 22* resuscitated her infant before leaving him on church steps.\(^\text{173}\) *Mother 23* initially put her infant inside a garbage can but then removed him and handed him to a doorman.\(^\text{174}\) *Mother 24* left her infant outside an American Legion Hall and, as she drove out of the parking lot, honked her horn until someone came to the door to retrieve him.\(^\text{175}\) *Mother 25* left her infant inside a Department of Children and Family Services bathroom.\(^\text{176}\) *Mother 26* was 12 years old when she left her newborn son outside a hospital, wrapped in a blanket inside a crate with a note that said, “This is Jacob. Please help him. I can’t keep him. I’m only 12. He’s a very good baby.”\(^\text{177}\) Her age was later confirmed by a handwriting expert.\(^\text{178}\)

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\(^{172}\) Brian Barber, *Phone Tip Leads To Abandoned Baby*, Tulsa World (Oklahoma), Feb. 21, 1998.


\(^{175}\) Abandoned baby left at veteran’s post; hunt on for mother, Whittier Daily News (California), September 15, 2006.


\(^{178}\) *Id.*
VIII. NEONATICIDAL METHODS

A. Active and Passive Kills Cohorts

This section subdivides the MDAI cohort into Active and Passive Kills cohorts. Active Kills refers to cases where a Mother committed an act that resulted in an infant’s death such as stabbing, strangulation, beating, drowning, abandonment or asphyxiation inside a plastic bag. Passive Kills refers to cases where infants died from medical neglect. The data consist of 74 Active Kills Mothers in PRE and 61 in POST; 2 Passive Kills Mothers in PRE and 10 in POST.

B. Active Kills

Figure 8-1 shows the neonaticidal methods used by 135 Active Kills Mothers. Asphyxiation and blunt force trauma frequently occurred together when an infant was placed inside a plastic bag that was tossed into a garbage receptacle. Abandonments occurred when a Mother discarded an infant at a location other than the place of birth such as on a railroad track, along a roadside, in a dumpster, alley or field, or under a bush or car.

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179. The media did not report the specific homicidal methods used in 12% of the Active Kill cases.
WHO ARE THE MOTHERS WHO NEED SAFE HAVEN LAWS?  

C. PRE vs. POST Active Kills

Figure 8-2 compares 74 Active Kills Mothers in PRE and 61 in POST. The two most frequently used methods, blunt force trauma and asphyxiation, also had the highest increases from PRE to POST: blunt force trauma increased by 10% and asphyxiation increased by 6%. However, abandonment, the third most frequent Active Kills method, decreased by 14% from PRE to POST.

Mother 27 was a 15 year-old African American high school honors student. After giving birth in her family apartment she stabbed and then threw the infant out a fourth floor window. A few hours later, children playing behind the apartment building found the live infant who died on the way to the hospital.

Mother 28 was a 19 year-old Asian college student who, after delivering alone in a dormitory bathroom, strangled the infant with her Victoria’s Secret underwear, put the body inside a plastic bag, and tossed the

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180. The media reported only 2 Passive Kills Mothers in PRE and 10 in POST. Consequently, the Passive Kills data were too insufficient to permit a meaningful comparison between the PRE and POST periods.


bag down a garbage chute. The body was eventually found in a dumpster by a cleaning service. Mother 29 was a 20 year-old Caucasian who lived with her parents and nineteen-month-old son. She delivered alone in her family bathtub where she drowned the infant while family members were present in the residence but unaware of the delivery. After the infant’s body was discovered in garbage outside her home Mother 29 claimed the infant had been stillborn. When she eventually confessed to drowning the infant she also stated that she did not believe in abortion. Mother 30 was a 22 year-old Mexican immigrant who had lived with her boyfriend until she informed him of the pregnancy. After delivering in her trailer she slammed the infant against a cabinet, put the body inside a plastic bag, and tossed the bag into a dumpster. The corpse was found by a garbage scavenger. Mother 30 eventually confessed to the police that she felt rage and hatred toward the infant because the pregnancy was the reason her boyfriend had abandoned her.

IX. POLICE INVESTIGATIONS

A. How Mothers Were Found

66% (321) MDAI/MSAI were found or identified in the course of police investigations. Figure 9-1 presents the means by which 62% (200) were found. It does not distinguish between PRE and POST or MDAI and MSAI because the data showed no significant differences between those time periods or cohorts. In total, 41% of MDAI/MSAI were found through police investigations, frequently instigated by anonymous tips, a few of which were made by the Mother; 22% were found by hospital staff members who contacted the police after a Mother who had denied giving birth was diagnosed as postpartum; and 19% were found by family members or friends who then contacted the police.

186. Id.
188. Id.
B. Did Mother Deny Giving Birth?

<table>
<thead>
<tr>
<th></th>
<th>MDAI</th>
<th></th>
<th>MSAI</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>6</td>
<td>24%</td>
<td>4</td>
<td>27%</td>
</tr>
<tr>
<td>Yes, But Later Admitted Giving Birth</td>
<td>19</td>
<td>76%</td>
<td>11</td>
<td>73%</td>
</tr>
</tbody>
</table>

Figure 9-2 compares 40 MDAI and MSAI who denied giving birth in the course of the police investigation. The data show no significant differences between the two cohorts: 76% of MDAI and 73% of MSAI initially denied giving birth but eventually admitted to the birth, whereas 24% of MDAI and 27% of MSAI denied giving birth throughout the investigation. For example, Mother 31 was 20 years-old when she went to a hospital emergency room because of stomach pains. \(^{191}\) While waiting to be admitted she delivered an infant in the hospital toilet and then returned to the waiting room. \(^{192}\) Less than an hour later the infant’s corpse was discovered by a patient. \(^{193}\) Mother 31 denied knowing that she had been pregnant. \(^{194}\) She was arrested for negligent homicide but not prosecuted. \(^{195}\)

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192. *Id.*
193. *Id.*
194. *Id.*
195. *Id.*
C. Did Mother Acknowledge Giving Birth to a Live Infant?

<table>
<thead>
<tr>
<th>Figure 9-3. MDAI vs. MSAI WHO ACKNOWLEDGED LIVE BIRTH</th>
<th>MDAI #</th>
<th>MDAI %</th>
<th>MSAI #</th>
<th>MSAI %</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>15</td>
<td>22%</td>
<td>5</td>
<td>9%</td>
</tr>
<tr>
<td>Yes</td>
<td>30</td>
<td>44%</td>
<td>47</td>
<td>80%</td>
</tr>
<tr>
<td>Yes, Eventually</td>
<td>23</td>
<td>34%</td>
<td>7</td>
<td>11%</td>
</tr>
<tr>
<td>Totals</td>
<td>68</td>
<td></td>
<td>59</td>
<td></td>
</tr>
</tbody>
</table>

Figure 9-3 presents the responses of 127 MDAI and MSAI who were questioned about whether they had given birth to a live infant. The data show that 84% (107) admitted giving birth to a live infant, although 28% (30) initially claimed to have miscarried or given birth to a stillborn infant. The primary reasons for the initial denials were evasion of arrest and the exchange of the admission of a live birth for a plea bargain. All the MDAI stillbirth claims were rebutted by coroners’ findings of live births and all the MSAI claims were rebutted by the infants’ survival upon discovery. Significantly, twice as many MSAI as MDAI acknowledged giving birth to a live infant and three times as many MDAI as MSAI who initially denied the live birth eventually admitted to it. Another 16% (20) denied giving birth to a live infant throughout the investigation.

Mother 32 was a 35 year-old Caucasian who lived with her husband and three children in an affluent suburb. At the time of her infant’s death she was a successful owner of her own business. When Mother 32 became pregnant by her lover she concealed the pregnancy from everyone by wearing baggy clothing and lying. She told her husband that her expanded stomach was caused by a fibroid tumor. On the day of delivery she went with her husband and children to a race track where she gave birth alone in a public bathroom. After the birth she placed the infant into a plastic bag inside a garbage receptacle, cleaned herself and rejoined her family. The infant’s body was found several days later by a maintenance worker. After media reports of the infant’s discovery, Mother 32 made several phone calls to the police to inquire about the investigation. Once the police turned their attention to her, Mother

197. Id.
198. Id.
199. Id.
200. Id.
203. Id.
32 denied both the pregnancy and birth. However, once DNA linked her to the infant she admitted that she had given birth but claimed the infant had been stillborn and that she had concealed the pregnancy because it was the result of a rape. At trial, her lover testified that he and Mother 32 had been involved in a long-term sexual relationship. His testimony was confirmed by professional colleagues who had observed the couple engaging in sexualized conduct at bars and clubs. Mother 32 asserted miscarriage as a defense despite a coroner’s ruling of live birth and death by homicide. She was convicted of first-degree murder, sentenced to 2 years of imprisonment and fined $10,000. During the sentencing it was disclosed that her husband had received a vasectomy several years earlier but that Mother 32 had had three more pregnancies after the vasectomy, the deceased infant being the third.

X. LEGAL OUTCOMES

A. Summaries

Figures 10-1 and 10-2 summarize the arrest, prosecution, conviction and acquittal data of the combined MDAI/MSAI cohorts. According to Figure 10-1, 37% (180) of the 488 MDAI/MSAI were arrested, 24% (116) were prosecuted, 20% (97) were convicted, and 1% (3) were acquitted.

204. Id.
205. Id.
According to Figure 10-2, of the 37% MDAI/MSAI who were arrested, 64% were prosecuted, 84% were convicted, and 3% were acquitted.

Figure 10-3 compares the MDAI and MSAI arrest, prosecution, conviction and acquittal rates. MDAI were twice as likely to be arrested and prosecuted, and four times more likely to be convicted than were MSAI. Conversely, MSAI had three times more acquittals than MDAI, which had none. These rate differentials clearly show that the criminal system more aggressively prosecuted MDAI than MSAI.

The next two charts separate out the MDAI and MSAI arrest, prosecution, conviction and acquittal rates into the PRE and POST periods. Figure 10-4
shows substantial increases in the MDAI arrest (13%), prosecution (17%), and conviction (16%) rates from PRE to POST but no acquittals in either time period.

**Figure 10-4. MDAI LEGAL OUTCOMES: PRE vs. POST**

<table>
<thead>
<tr>
<th></th>
<th>PRE %</th>
<th>POST %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrested</td>
<td>44%</td>
<td>25%</td>
</tr>
<tr>
<td>Prosecuted</td>
<td>25%</td>
<td>42%</td>
</tr>
<tr>
<td>Convicted</td>
<td>23%</td>
<td>39%</td>
</tr>
<tr>
<td>Acquitted</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Figure 10-5** shows that MSAI arrest (8%), prosecution (8%), conviction (4%) and acquittal (1%) rates also increased from PRE to POST but only about half as much as the MDAI rates.

**Figure 10-5. MSAI LEGAL OUTCOMES: PRE vs. POST**

<table>
<thead>
<tr>
<th></th>
<th>PRE %</th>
<th>POST %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrested</td>
<td>31%</td>
<td>23%</td>
</tr>
<tr>
<td>Prosecuted</td>
<td>19%</td>
<td>11%</td>
</tr>
<tr>
<td>Convicted</td>
<td>7%</td>
<td>11%</td>
</tr>
<tr>
<td>Acquitted</td>
<td>1%</td>
<td>2%</td>
</tr>
</tbody>
</table>

**B. Prosecution Charges**

The media reported that 64% (115) of the 180 MDAI/MSAI who were arrested were also prosecuted. **Figure 10-6** summarizes the 6 categories of prosecution charges for 80 MDAI, of whom 28 were PRE and 52 were POST. According to the data, MDAI were prosecuted primarily for homicides, concealment offenses, abuse-neglect offenses and public

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211. Homicidal Offenses include Child Specific Homicides (such as Child Abuse Resulting in Death), Manslaughter (such as Involuntary Manslaughter, Aggravated Manslaughter and Negligent Homicide), and Murder (such as Capital Murder, First Degree Murder and Second Degree Murder).

212. Concealment Offenses includes Obstruction of Justice, Tampering with Evidence, Lying to Police Officers, and Filing False Police Reports.

213. Abuse-Neglect Offenses includes Child Cruelty, Injury to a Child, Reckless Endangerment, and Failure To Secure Medical Care For An Injured Child
health violations.214 Between PRE and POST, manslaughter and abuse-neglect prosecution rates more than doubled, murder prosecution rates decreased by 12%, and the less severe prosecution charges showed no significant changes.

The media reported that 35 of the 65 MSAI who were arrested were also prosecuted and the prosecution charges of 28, of whom 12 were PRE and 16 were POST. According to Figure 10-7, in both the PRE and POST periods MSAI were primarily prosecuted for abuse-neglect offenses and attempted murder.215 Only 1 PRE MSAI was prosecuted for abandonment. From PRE to POST, abandonment prosecutions ceased while prosecution rates for attempted murder increased 18%, abuse-neglect offenses increased 10%, and assault-battery increased 4%. Once again, the increase in the most severe prosecution charge, attempted murder, shows that MSAI events were more aggressively prosecuted in POST than in PRE.


215. Attempted Murder includes Suspicion of Attempted Murder
C. Verdicts: Convictions and Acquittals

Figure 10-8 shows the very high conviction and very low acquittal rates of 100 MDAI/MSAI in both the PRE and POST periods. 98% of the arrested MDAI/MSAI were convicted, of whom 75% were MDAI and 23% were MSAI. From PRE to POST, the MDAI conviction rate increased by 21% but there was no significant change in the MSAI conviction rate between the two periods. No MDAI were acquitted of all charges although 3 MSAI were so acquitted, 1 in PRE and 2 in POST. For example, Mother 33 faked her abandonment by contacting the police and claiming to have found an infant on her front porch.\footnote{Danielle Zielinski, Mental Evaluation Delayed, Daily Press (Newport, VA), Dec. 6, 2006, at C7.} She was prosecuted for child abuse-neglect and filing a false police report.\footnote{Danielle Zielinski, Woman Who Claimed She Found Infant Is Acquitted, Daily Press (Newport News, Va.), May 10, 2007, at B1.} Once acquitted, she was reunited with the child.\footnote{Nicolas Zimmerman, Charges Dismissed Against New Mom, Daily Press (Newport News, Va.), July 17, 2008, at A4.} Mother 34 claimed throughout the criminal proceedings that she had not known of the pregnancy and was acquitted at trial after successfully asserting a pregnancy denial defense.\footnote{Briefly: Jury clears woman who left newborn in toilet at home, Portland Press Herald, May 25, 1999, at 1B.} Mother 35 knew of her pregnancy and purposefully concealed it from others.\footnote{Christine L. Pratt, found not guilty woman who left newborn baby on doorstep avoids conviction, The Daily Record (Wooster, OH), Dec. 14, 2007, http://www.the-daily-record.com/local%20news/2007/12/14/found-not-guilty-woman-who-left-newborn-baby-on-doorstep-avoids-conviction.} After giving birth in a hotel room she abandoned...
the infant on a stranger’s doorstep. She was tried and acquitted of child endangerment charges.

Figure 10-8. MDAI vs. MSAI: 100 VERDICTS PRE AND POST

Figure 10-9 shows the 6 categories of conviction offenses of 71 MDAI, of whom 30% (22) were PRE and 69% (49) were POST. Not only did the quantity and severity of MDAI conviction verdict increase significantly from PRE to POST but every conviction verdict except murder increased as well. For example, conviction rates for public health violations increased 8%, child-specific homicides and concealment offenses increased 7%, and abuse-neglect offenses increased 4%. The majority of MDAI were convicted of murder or manslaughter in both periods despite the 8% decrease in murder convictions from PRE to POST. These conviction rate increases are notable because there were 25 more MDAI convictions in POST than in PRE but there were also 18 fewer MDAI cases in POST than in PRE.

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221. *Id.*

222. *Id.*

223. The media reported that 75 MDAI had been convicted but reported the Conviction Charges of only 71 MDAI.
Figure 10-9. 71 MDAI CONVICTION OFFENSES: PRE vs. POST

Figure 10-10 shows the 3 categories of conviction offenses for 22 MSAI, 12 of PRE and 10 of POST. Although the data are sparse, they suggest some interesting differences in MSAI conviction offenses between the two periods. For example, abuse-neglect convictions decreased from 67% in PRE to 20% in POST while assault-battery convictions increased from 8% in PRE to 20% in POST.

Figure 10-11 summarizes the arrest and conviction rates of MDAI and MSAI in the PRE and POST periods: 49% of all MDAI were arrested, 91% of whom were convicted; 26% of all MSAI were arrested, 55% of whom were convicted. Consequently, MDAI were 88% more likely to be arrested and 65% more likely to be convicted than MSAI. Nonetheless, there were no significant differences between MSAI and MDAI arrest and conviction rates in the PRE and POST periods. For example, 30% of MDAI/MSAI were arrested in PRE,
of whom 41% were convicted; 35% of MDAI/MSAI were arrested in POST, of whom 46% were convicted. In sum, the conviction rates of both MDAI and MSAI increased from PRE to POST although 31% of MDAI but only 9% of MSAI were arrested and convicted in both periods.

**Figure 10-11.** MDAI vs. MSAI: ARREST vs. CONVICTION RATES

PRE vs. POST

<table>
<thead>
<tr>
<th></th>
<th>MDAI</th>
<th>MSAI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrest Rate</td>
<td>49%</td>
<td>26%</td>
</tr>
<tr>
<td>Conviction Rate</td>
<td>91%</td>
<td>41%</td>
</tr>
</tbody>
</table>

### D. Sentences

The incarceration sentences for 61 MDAI ranged from 30 days (1 MDAI) to life imprisonment (2 MDAI), 9 of which were sentence ranges (e.g. 9-20 years) rather than specific time periods. Consequently, the incarceration median was 7 to 8 years. Other types of sentences included probation periods for 12 MDAI that ranged from 1-10 years; fines for 3 MDAI that ranged from $1500 to $10,000; and counseling services for 2 MDAI.

The incarceration sentences for 14 MSAI ranged from 1 year (2 MSAI) to 20 years (1 MSAI). The MSAI incarceration median was 3 years. Other types of sentences included probation periods that ranged from 6 months to 10 years (12 MSAI), drug rehabilitation (1 MSAI) and parenting classes (1 MSAI).

### E. Legal Dispositions: Plea Bargain or Trial

**Figure 10-12** shows the legal dispositions of 96 MDAI/MSAI cases. Interestingly, the rates of the cases that were resolved by trial rather than plea bargain were almost identical: 32% MDAI and 33% MSAI entered plea bargains while 68% MDAI and 67% MSAI were resolved by trial. More interestingly, the 67% to 68% trial rates significantly exceeded the national criminal trial rate of 5%\(^2\) and suggest that most Neonaticidal Mothers were not offered plea bargains.

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WHO ARE THE MOTHERS WHO NEED SAFE HAVEN LAWS?

F. Appeals

Nine of the 97 convictions were appealed, 3 of which resulted in partial reversals.\textsuperscript{225} One sentence was reduced from capital punishment to life imprisonment and another was reduced from 5 to 4 years. One capital murder conviction was reversed because an amended autopsy report could not confirm that the infant had been born alive. Rather than go to trial again, the Mother pleaded guilty to manslaughter in exchange for admitting that the infant had been born alive.

G. Successful and Unsuccessful Defenses

The media reported nine defenses that were raised in 26 cases.\textsuperscript{226} According to Figure 10-13, three defenses succeeded in exculpating the Mothers, but only one time each: dissociation/denial, failure to prove live birth, failure to prove cause of death.

\begin{tabular}{|c|c|c|c|}
\hline
\textbf{Figure 10-12.} & \textbf{MDAI\%} & \textbf{MSAI\%} & \textbf{DIFFERENCE} \\
\hline
\textbf{96 LEGAL DISPOSITIONS} & & & \\
\textbf{MDAI vs. MSAI CASES} & & & \\
\hline
\textbf{Plea Bargain} & 32\% & 33\% & +1\% \\
\textbf{Trial} & 68\% & 67\% & -1\% \\
\hline
\end{tabular}

\begin{tabular}{|c|c|c|}
\hline
\textbf{Figure 10-13.} & \textbf{UNSUCCESSFUL} & \textbf{SUCCESSFUL} \\
\hline
\textbf{SUCCESSFUL and UNSUCCESSFUL DEFENSES} & & \\
\textbf{Dissociation/Denial} & 10 & 1 \\
\textbf{Shock/Panic at Birth} & 7 & 0 \\
\textbf{Failure to Prove Live Birth} & 4 & 1 \\
\textbf{Death Due to Medical Cause} & 2 & 0 \\
\textbf{Miscarriage} & 2 & 0 \\
\textbf{Low IQ} & 1 & 0 \\
\textbf{Insanity} & 1 & 0 \\
\textbf{Death Due to Natural Causes} & 1 & 0 \\
\textbf{Failure to Prove Cause of Death} & 0 & 1 \\
\hline
\textbf{TOTALS} & 28 & 3 \\
\hline
\end{tabular}

\textsuperscript{225} Eight of the appealed cases were MDAI, 1 was MSAI, 3 were PRE, and 6 were POST.

\textsuperscript{226} The defenses were raised in 11 PRE cases and 14 POST cases; 21 MDAI cases and 4 MSAI cases.
and failure to prove cause of death. The unsuccessful defenses were dissociation/denial (10), shock/panic at birth (7), failure to prove live birth (4), death due to medical cause and miscarriage (2), low IQ, insanity, and death due to natural causes (1), and failure to prove cause of death (1). Although dissociation/denial and low IQ failed to protect three Mothers from conviction the courts did regard those defenses as a mitigating factor in reducing the severity of their sentences.

Seventeen MDAI/MSAI raised neonaticide syndrome defenses by which they claimed that dissociation/denial during pregnancy and/or shock/panic during delivery caused them to murder or abandon their newborns. However, 13 of these Mothers eventually conceded knowledge of their pregnancies and 12 also admitted to purposely concealing their pregnancies. The courts rejected the 13 neonaticide syndrome defenses and all 13 Mothers were convicted. The fact that most of these Mothers knew of and concealed their pregnancies yet asserted neonaticide syndrome defenses raises the question of whether dissociation/denial and knowledge of pregnancy can co-exist. Assuming the validity of the dissociation/denial diagnoses, the legal system has yet to accept their truth or relevance when determining criminal culpability.

For example, Mother 36 was a 21 year-old Caucasian who lived with her parents while attending college and working as an insurance claims adjuster.227 When she became pregnant through consensual sex with her boyfriend he offered to pay for an abortion.228 She responded in a letter stating, “Neither of us have any obligation because she is going to die.”229 Despite her efforts to conceal the pregnancy many people became aware of it, including co-workers whose offers of assistance she also refused.230 After delivering alone in a bathroom at her parents’ residence Mother 36 put the infant inside a plastic bag and put the bag into a dumpster.231 At the beginning of the police investigation, she denied having given birth. Once she admitted to the birth she claimed the infant had been stillborn.232 At trial she unsuccessfully asserted the defenses of pregnancy denial and stillbirth.233 She was convicted of second-degree murder and sentenced to 19 years to life imprisonment.234

231. Id.
232. Id.
234. Carol De Mare, Mother Gets 19 To Life For Killing Baby, Albany Times Union (Albany New York), April 1, 2000.
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Mother 37 was a 24 year-old Hispanic immigrant from Mexico. She lived with her three children and common-law husband, a convicted drug dealer who had had a vasectomy. She claimed that she became pregnant by her husband but concealed the pregnancy for fear that he would accuse her of adultery. After giving birth in her backyard, Mother 37 put the infant into a nearby garbage pile. Later that day, she went to the hospital where she was diagnosed as post-partum although she denied having given birth. When the hospital staff contacted the police, she was questioned about the infant’s location. She misdirected the police twice by sending them to two false locations. Two days later the police found the corpse inside the garbage pile at her residence. An autopsy determined the infant had died of asphyxiation. Initially, Mother 37 raised pregnancy denial as a defense but eventually pleaded guilty to voluntary manslaughter and was sentenced to 3 years of imprisonment.

Mother 38 was a 17 year-old Caucasian high school student who lived with her parents. She knew of her pregnancy and concealed it from her family and boyfriend. One of the people who learned of the pregnancy informed her about Safe Haven laws. She delivered alone at her parents’ residence while other people were present in the house. The infant was discovered within the first day of birth inside a garbage can outside the

235. Jose Luis Jimenez, Mother please not guilty in baby’s death; Woman is accused of abandoning boy, The San Diego Union-Tribune, May 19, 2006 at B-3.
237. Id.
239. Jose Luis Jimenez, Mother Plead Not Guilty In Baby’s Death; Woman Accused Of Abandoning Boy, The San Diego Union-Tribune, May 19, 2006, at B-3:S,C; B-4:E.
241. Id.
242. Id.
243. Jose Luis Jimenez, Mother please not guilty in baby’s death; Woman is accused of abandoning boy, The San Diego Union-Tribune, May 19, 2006 at B-3.
244. Id.
245. Joy Powell, Newborn baby found dead at Oakdale home, Star Tribune (Minneapolis, MN), April 12, 2007, at 4B.
247. A teen’s dark dread, a baby’s lost life, Star Tribune (Minneapolis), April 9, 2007, at 10A.
residence. She had been stab 135 times. Mother initially denied having given birth. At trial she raised stillbirth and shock and panic at birth as defenses but was convicted of first-degree murder and sentenced to life imprisonment. The conviction was reversed on appeal due to prosecutorial misconduct. At her second trial she again raised stillbirth as a defense and was again convicted.

Mother, Dana Deegan, was a 25 year-old Native American. She lived on an Indian Reservation in a trailer with her drug-addicted common-law husband and three children. She delivered the infant in her shower, dressed and fed him, wrapped him in a blanket, and placed him inside a basket. She then left the trailer with her three children and did not return for two weeks. When she returned she placed the corpse in a plastic bag that she put inside a suitcase that she buried in a ditch. The body was found thirteen months later; it took another nine years to identify Deegan as the Mother through DNA testing. During the nine year period she told no one about the pregnancy or the infant’s death.

At the beginning of the FBI investigation, Deegan initially denied that the infant was hers. Once she admitted to the birth she claimed the infant had been stillborn and that she had suffered from dissociation throughout the pregnancy. Eventually she admitted to intentionally abandoning the live infant inside her home, knowing he would die. During the criminal proceedings, Dr. Phillip Resnick, the seminal researcher and foremost authority on neonaticidal behaviors, appeared as an expert witness on Deegan’s behalf. He affirmed her dissociation defense, which he said was caused by the extensive sexual and domestic abuse she had suffered throughout her life, first

250. Id.
252. Jim Anderson, *Judge hears appeal in baby’s death*, Star Tribune, February 20, 2010. As of the printing of this article there were no reports about the outcome of the appeal.
254. *Id.; United States v. Deegan*, 605 F.3d 625, 627-28 (8th Cir. 2010).
255. *Id. at 644 (8th Cir. 2010); Dana Deegan sentenced for second degree murder*, US Fed News Service, May 12, 2008.
258. *United States v. Deegan*, 605 F.3d 625, 627 (8th Cir. 2010).
261. *Id.*
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from her father and then from her husband. He also testified that her failure to acknowledge this pregnancy was due in part to three prior pregnancies and miscarriages during which she had experienced regular menstrual spotting. Despite Dr. Resnick’s testimony, Deegan was convicted of second-degree murder and sentenced to 10 years of imprisonment. Her conviction and sentence were affirmed on appeal. When asked why she had abandoned her infant to die, she replied:

I couldn’t take anymore. I couldn’t handle it. I had everything on my shoulders. I couldn’t even help myself. I had nobody to help me. I had no job, no nothing. I had all my babies to care for, a welfare mom. I had the feeling of being worthless. What could I do? I was overwhelmed and depressed. I didn’t want to live through any more of it anymore. I didn’t want to be there anymore, as a spouse, as a mother, as a daughter.

XI. CONCLUSION

This study identifies many of the primary characteristics of Neonaticidal Mothers. Four of the most significant data points are the 97% pregnancy acknowledgment rate, the 89% concealment rate, the 94% unassisted delivery rate, and the 93% anti contraception-religion rate. The data also showed that most Neonaticidal Mothers were in their late teens and early 20s; lived with their parents; concealed their pregnancies for reasons including fear of family rejection, an unwanted child, and self-protection; most completed high school; few received prenatal care; few had histories of drug, alcohol, sexual or domestic abuse, mental illness or low IQs; most had not previously given birth; most abandoned their infants outdoors; most admitted to having given birth but many initially denied the birth or that the infant had been born alive.

The data identified only a few significant differences between the MDAI and MSAI cohorts: Twice as many MDAI as MSAI concealed their pregnancies; twice as many MSAI as MDAI acknowledged giving birth to a live infant; and three times as many MDAI as MSAI initially denied giving birth to a live infant but later admitted to it. Other differences between the two cohorts included the higher MSAI assisted delivery rate and education levels and the higher MDAI prior live birth, labor awareness, and unassisted delivery rates. Otherwise, with only one speculative exception, the data suggest that although the consequences of their conduct differed, the MSAI and MDAI are the same cohort. The one exception hypothecates that a subset of MSAI may

263. United States v. Dana Deegan, 605 F.3d 625, pages 24, 25, 32 (8th Cir. May 25, 2010).
264. Id. at 32.
266. Id. at 28.
have purposefully abandoned their infants in locations and under conditions that would increase the possibility of their rescue rather than death.

Similarly, there were only three statistically significant data points that distinguished the PRE and POST periods. First, despite the 23% decrease in overall events from PRE to POST, the 12% increase in DAI events in POST shows that Safe Haven laws have not increased infant survival rates. Consequently, if Safe Haven laws are deterring neonaticidal behaviors there is no indication that they are also reducing the number of neonaticidal deaths. Second, during the POST period, 9% fewer infants were discovered in or near garbage receptacles and through hospital diagnoses of post-partum Mothers who initially denied giving birth, whereas in the PRE period 12% more infants were discovered in or near vehicles, inside the Mother’s residence or in bathrooms. Third, although there were significant increases in arrest, prosecution and conviction rates from PRE to POST, such data suggest changes in law enforcement and prosecutorial behaviors, not neonaticidal behaviors. Other interesting differences from PRE to POST were the increases in Hispanic and Caucasian rates, the decreases in African American and Asian rates, the increases in blunt force trauma and asphyxiation rates, and the decrease in abandonment rates.

The lack of information about the MSSI cohort leaves unanswered the question of whether these Mothers would have endangered their infants’ lives but for the Safe Haven option. If so, then Safe Haven laws are successfully saving infants’ lives by decriminalizing child abandonments. However, if higher rates of MSSI than MDAI/MSAI give birth to more children whom they parent, live more—Independently of their own parents, are older than MDAI/MSAI and are more capable of or willing to legally surrender their newborns, then the Safe Haven laws are being used but not by the target population of Mothers who endanger their unwanted infant’s lives.

This study also leaves many questions about Neonaticidal Mothers unanswered. For example, do either the mental health or legal system truly understand the neonaticide phenomenon? Both systems analyze neonaticide differently because both are informed by opposing operational values. The mental health system places high value on therapeutic treatments to enable people to achieve their human potential. The legal system places high value on human accountability to punish people for conduct that is illegal and harmful to others. While the mental health system seeks insight and behavioral awareness, the legal system seeks control. Is the mental health system, which places a premium on helping people without judging them, correct in its diagnosis that Neonaticidal Mothers are so threatened by an unwanted pregnancy that they are incapable of acknowledging its existence? Or, is the legal system, which places a premium on judging people without helping them, correct in its high conviction rates and low acceptance rates of neonaticide syndrome defenses? Do defense attorneys understand that neonaticide syndrome defenses are a direct route to conviction because the Mother is inevitably impeached by evidence that she knew of and concealed her pregnancy? Do politicians understand that Safe Haven laws may not be saving infants’ lives if the women who need them don’t know about them and the women who use them would...
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not otherwise kill or abandon their infants? Do state governments understand that without tracking systems there is no way to know if the laws are reaching their intended population and that Safe Haven information can be publicized with little cost on social network sites, in churches in Hispanic parishes, high school locker rooms, college dorms, grocery stores, at bus stops, on local television and radio news programs? Are they all in denial, blinded by their own perspectives?