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Contemporary Themes

Baby Stealing

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Summary

Analysis of 13 cases of baby stealing by women distinguished four groups of cases. (1) Girls of subnormal intelligence, who stole a baby to play with. (2) Schizophrenic patients, whose offence was motivated by delusional ideas. (3) Psychopathic personalities, characterized by a previous history of delinquency, hysterical personality traits, and a preoccupation with their desire to have children. Their baby stealing seemed motivated by an attempt to compensate for their emotional deprivation, and they usually stole children whom they had previously helped to care for. (4) A "manipulative" group with a milder degree of personality disorder, in whom the motive for baby stealing was an attempt to influence a man by whom they had become pregnant and with whom their relationship was insecure. The offence was precipitated by a crisis such as a miscarriage or the threat of desertion. These women presented the stolen baby to their partner pretending that the child was his.

Baby stealing seems usually to be an attempt to compensate for emotional deprivation or frustrated maternal feelings, and a real or imaginary miscarriage may be a predisposing or precipitating factor. The offence rarely seems premeditated, though there was evidence of previous planning in some cases, particularly in the manipulative group. The stolen babies were well cared for and were usually quickly recovered.

Introduction

Stealing a young baby is a highly unusual offence. Conduct of this kind is strongly in conflict with normal standards of social behaviour. The very nature of the offence suggests the possibility of psychiatric disorder and leads to speculation about the motives that may prompt women to commit such an act. Perhaps because of the rarity of these offences and because the psychiatrist working in a hospital setting is unlikely to see more than an occasional case, there are no reports on child stealing in the psychiatric or criminological literature.

Section 56 of the Offences against the Person Act 1861 defines child stealing as the unlawful taking away or enticing of any child under the age of 14 years with intent to deprive the parent or guardian of possession. Criminal statistics¹ show that during the years 1950 to 1970 there was a gradual increase in child stealing offences "known to the police," rising from an annual average of nine cases in 1950-7 to 43 cases in 1970. The sex of the person responsible is not recorded in these figures. As the law itself makes no distinction between the theft of babies and older children the incidence of baby stealing offences committed by women is difficult to determine. It is only when criminal proceedings are taken that the sex of the person charged is shown in the criminal statistics. During the five-year period 1966-70 the annual number of cases tried in the higher courts varied from 11 to 18. It is interesting to note that most were men. For example, in the years 1968-70 27 men were found guilty at assizes and quarter sessions of child stealing compared with only 10 women. During the same period a further six females were found guilty of child stealing in magistrates courts; of these two were girls under the age of 14 and one was aged under 17. Thus the total number of females found guilty of child stealing in all courts was only 16 during the three-year period.

The present report is based on 13 patients seen during a period of four years (1968-71) at a female remand prison. To prevent recognition of individual cases only the essential circumstances of the offence are described and no detailed case histories are given. Ten patients were seen while remanded in custody charged with child stealing. In the remaining three cases the remand was in connexion with other offences, and a history of a previous conviction for child stealing was discovered during the course of psychiatric interview or from information supplied by the court. In most cases additional information was available from probation officers' reports or psychiatric hospital records.

Patterns of Baby Stealing

In the course of collecting this series it became apparent that baby stealers are not a homogenous group. Several patterns of behaviour were discernible and tended to fall into four clinical groups—(1) subnormal, (2) schizophrenic, (3) psychopathic, and (4) a group of patients with personality disorders who were called "manipulative" child stealers because their offence was motivated by an attempt to influence the emotions of another person.

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SUBNORMAL INTELLIGENCE

There were two patients in this group, both in their late teens, with Wechsler I.Q.s of 61 and 66. They were placid, immature, and childish girls from disturbed family backgrounds. Both had a previous history of petty delinquency.

A girl who was living away from her parents took a baby from a pram. Her explanation was that she missed her infant sister whom she had looked after while at home and that she wanted a baby to play with. Another girl took away the 2-year-old child of a neighbour; her apparent motive was to play with it.

Neither of these girls had any children of their own. Their baby stealing seemed related to feelings of deprivation and loneliness and their desire for comfort and play, in the same way that a child would want to play with a doll. Their offences were committed on impulse and without any real understanding of the implications.

SCHIZOPHRENIA

Three patients were suffering from schizophrenia. Two of them were older women and the third was a girl in her late teens. All three had a previous history of inpatient treatment for their schizophrenic illness and their offence was committed during a severe relapse. They had no history of previous convictions. They took young babies from prams which had been left unattended. Their baby stealing seemed at first sight a bizarre and impulsive act, but their offences became intelligible in the light of their feelings of "frustrated motherhood." In two patients the offence was clearly related to their delusional ideas.

One patient had a history of repeated hospital admissions for a schizophrenic illness with predominantly paranoid features. Her theft of a baby at first appeared motiveless, but her history showed that she had two grown-up children whom she felt had deserted her, and for some years before the offence she had been preoccupied with her desire to have another child.

Another patient with a chronic schizophrenic illness had had seven children during the course of her two marriages. She had been unable to care for them and they were periodically taken into care because of her repeated hospital admissions. After a hysterectomy she was still anxious to have more children. Her offence was committed in an acute relapse during the course of which she was hallucinated and showed gross thought disorder. Her history showed that for years she had been preoccupied with anxiety about her children. During such phases she would become agitated and depressed, complained that she was being followed by strange men who were trying to harm her children, and believed that they had been taken into care because she was in trouble with the authorities. This patient's feelings of maternal frustration had a realistic basis but had become delusionally elaborated. Thus her baby stealing was intelligible in terms of her history and was not as bizarre and motiveless as it appeared at first sight.

The third patient was a young hebephrenic girl from a disturbed family background who had initially been diagnosed as suffering from a personality disorder with hysterical features; however, during subsequent hospital admissions schizophrenic process symptoms became manifest. She had no children of her own but had a persistent preoccupation with pregnancy and childbirth. She had a previous history of baby stealing but no charge was brought against her at the time and she was returned to hospital. While in hospital she entertained the delusion that she had had a baby. Three months before the second episode of baby stealing she had been admitted to another psychiatric unit where she had the delusion that she had suffered a miscarriage. When remanded in custody for taking a baby from a pram she again believed herself to be pregnant, but examination showed no evidence of pregnancy. She showed gross thought disorder and was unable to give any coherent explanation for her offence. This patient's baby stealing was clearly related to her long-standing wish to have children, which had become a prominent feature of her delusions. Her second episode of child stealing may have been precipitated by her recent delusional miscarriage in an attempt to replace the child she believed she had lost.

PSYCHOPATHIC PERSONALITY

Four patients had severe personality disorders with predominantly hysterical features. All four had a history of delinquency both before and after their conviction for child stealing. At the time of examination two patients were charged with offences against property and one with drunkenness; they were included in the study because they had a history of a conviction for child stealing two, five, and seven years previously. The fourth patient was charged with child stealing at the time of first examination but was seen again subsequently when charged with another offence.

These women all came from severely disturbed family backgrounds. Two of them were members of very large sibships and there was a history of poverty, overcrowding, and a delinquent milieu. The other two came from broken homes. All had experienced emotional deprivation and felt that they had lacked affection and adequate parental care. Two of the four patients had had previous psychiatric inpatient treatment. One was a grossly unstable young alcoholic who had made numerous suicidal attempts; the other had a history of severe hysterical conversion symptoms. The remaining two patients also showed pronounced hysterical symptoms. One of them presented with "blackouts," headaches, phobic anxiety attacks, and grossly histrionic behaviour; the other patient complained of backache and abdominal pain for which she had had repeated hospital investigation without any organic cause being found to account for her symptoms.

The baby stealing in this group of patients appeared to be motivated by an attempt to compensate for their feelings of emotional deprivation. Emotionally deprived delinquent girls who are unable to form secure relationships with adults frequently express their love of children and pets. They would often like to work in occupations (such as children's nurse or kennel maid) where they hope to find an outlet for these feelings. When discussing their baby stealing all the patients in this group expressed such ideas. One girl said she had always had a great fondness for children and liked to look after them; she felt herself unwanted and unloved. Another said she wanted a child in order to have somebody to whom she could give her love. Unlike the subnormal and the schizophrenic patients the girls in this group seemed to have a quite deep emotional involvement with the babies they abducted. Three of them stole children whom they had previously known and looked after. They showed deep concern for the baby's welfare and said their main reason for taking it was that the baby was neglected by the parent and was not being properly cared for. Because of their own deprived background they seemed to identify with the unwanted child.

In two patients in this group feelings of deprivation were aggravated by their own children having been taken into care.

One patient had a child at the age of 16. She was considered too unstable to look after it herself and the child was cared for by the patient's mother, who wanted to adopt it. The patient resented this and would not agree to the adoption. At the age of 19 she took away a two-year-old child for whom she used to baby-sit. She felt that the father had been ill-treating the child.

Another patient abducted a one-year-old child from a friend who was about to arrange to adopt it herself. She used to baby-sit for her friend and claimed that the child was being ill-treated. When examined two years later she gave a convincing story that the child she had abducted was really her own daughter; in fact she had never had any children.

The third patient also had no children of her own. She took away the three-month-old baby of a friend for whom she used to baby-sit, claiming that the baby had been neglected. She had a previous conviction for child stealing four years before; the offence consisted in abducting her own infant sister. As the eldest daughter of a large family she had helped to look after her sister. At the time of this offence she gave a very similar explanation; she felt that her mother had neglected the baby and she had stolen it with the intention of taking it to a doctor in another town.

The fourth patient in this group had two children who had been

taken into care against her own wishes because of her inability to look after them. Two years later she snatched a baby from an unattended pram. Her offence was planned and deliberate; she had bought new baby clothes in advance in order to prevent identification of the child. A year after the offence she had a miscarriage; following this she felt particularly tempted to steal another child and had thought of taking away a baby from the maternity ward of the hospital to which she had been admitted. The following year she had another child and subsequently had a sterilization operation. After this she had several episodes of pseudocyesis, remained constantly preoccupied with thoughts of pregnancy and having further children, and admitted to frequent thoughts of stealing another baby.

A preoccupation with pregnancy and the desire to have children was characteristic of this group. Three of the four patients were pathological liars whose fantasy life centred on pregnancy and childbirth. Their histories in this connexion were particularly unreliable and were often found to be untrue. They made pathetic attempts to deceive themselves as well as their doctors and probation officers, so that their psychiatric and gynaecological assessment presented great difficulties. On admission to the prison hospital all three patients claimed to be pregnant, but gynaecological examination and pregnancy testing were negative.

One patient was suspected of submitting a sample of urine from another girl who was pregnant, but a second test on a sample provided under supervision was negative. Another patient who was epileptic expressed quite convincing anxiety about the effect that her seizures may have on her "pregnancy." On being told that she was not pregnant she admitted to having had a tubal ligation and knew that she could not conceive. She discussed her feelings about "wanting to be like other women" and her desire to have more children. Another patient gave a history of having had a five-month pregnancy terminating in a miscarriage two months before her child stealing offence, but gynaecological examination failed to confirm this. On a subsequent readmission a year later in connexion with another offence she claimed that she had had a child since she was last seen. Her probation officer thought this was very unlikely to be true and another gynaecological examination confirmed the suspicion that she had, in fact, never had children.

MANIPULATIVE CHILD STEALING

There were four patients in this group. Although they showed evidence of personality disorder characterized by predominantly hysterical features in terms of previous social adjustment they were less seriously disturbed than the women in group 3, and only one of them had a history of petty delinquency as a juvenile. Their child stealing was termed manipulative because the offence appeared to be an attempt to resolve a specific crisis situation. These women were living in a tenuous and insecure relationship with a man and had become pregnant. They hoped that having a child would reinforce their partner's feelings and form a bond between them. A crisis then arose which severely threatened this link and heightened the fear of desertion by their partner. Such a crisis was usually precipitated by the pregnancy terminating in a miscarriage.

Three patients suffered a miscarriage and then stole a baby, presenting it to their partner with the pretence that it was his. One patient had previously suffered rejection by her boy-friend and hoped to regain his affection. Another had married only some months before her miscarriage and feared that her husband may desert her if he found out that she had had a miscarriage. The third patient had suffered from severe anxiety as a result of her partner's suspected infidelity and had hoped that her pregnancy would induce him to remain with her. When she had a miscarriage she felt herself in a desperate situation and tried to solve it by stealing a baby, pretending that it was her own. The fourth patient was six months pregnant at the time of her offence. She feared that her boy-friend had deserted her, wrote to tell him that she had had his baby, and then stole a baby from a pram to cover her story.

The patients who gave a history of a miscarriage had not had any medical attention at the time and their history was unconfirmed, as they had concealed their miscarriage from others. In two cases physical

examination was not inconsistent with the history, and the third was not examined. In one case the possibility of a pseudocyesis or of deliberate deception of her partner could not be excluded.

Three patients had had children and two of them expressed feelings of "maternal frustration" similar to the feelings of patients in groups 2 and 3.

One of them was an emotionally deprived girl whose children had been taken into care. She was very preoccupied with her inadequacy as a mother and her desire to care for babies. The other patient's children had been brought up by her mother and she felt that she had never been able to fulfil a maternal role.

The patients in this group showed pronounced neurotic traits, with anxiety and depressive and hysterical features. They were prone to react to stress with dissociative mechanisms, particularly with regard to the child stealing episode and subsequent events. One of the patients after her arrest developed an acute hysterical psychotic reaction with clouding of consciousness, hallucinations, and a complete amnesia for the offence. In the circumstances it was often difficult to decide whether the offence had been an impulsive act committed in an emotional crisis and a state of panic or whether it had been carefully planned in advance. In some of the cases both elements seemed to be present simultaneously. Evidence of deliberate planning included in one case arrangements being made to falsely register a birth before stealing a baby.

Although in all the cases in this group the stolen baby was well cared for the patients seemed less emotionally involved with the baby than the women in group 3. The baby was being used for a manipulative purpose and the personal relationship with it was of secondary importance.

The behaviour of these patients is reminiscent of a quotation by Lombroso and Ferrero² from the *Scandales de St. Pétersbourg* written by an anonymous nineteenth century Russian author:

"A still more common offence among Russian women is simulation of birth or the substitution of one infant for another—and here the cause is that for various social and legislative reasons marriage is costly and difficult—consequently even moral women have to consent to unions where they have no other guarantee—a feeble one for the most part—than the love and loyalty of the man. Very often the latter after some years grows weary of his companion, and especially if there are no children he is ready to avail himself of the absence of a legal tie. Then it is that the woman conceives the idea of avoiding desertion by simulating a birth which may revive her husband's love by awakening the paternal sentiment in him. There was a celebrated law-suit in St. Petersburg, wherein the parties were an extra-legal wife and a very rich, very avaricious banker, who so cruelly ill-treated his companion that she sought to soften her lot by pretending to make her husband a father. She managed the ruse so well as to deceive him completely, and he made her a handsome donation. This great success induced a feeling of remorse in her, and she imprudently made a full confession of the deception she had practised. Her husband was furious and brought action against her, of which he was himself the chief victim, since it covered him with public ridicule."

The anecdote suggests that the lady concerned may have derived some satisfaction from the eventual outcome. In three of the patients in group 4 there was some secondary gain from the baby stealing, as the dramatic nature of the offence and the consequent court proceedings resulted in the rallying of support for the patient by the family or by the man whose affection she had hoped to retain.

Discussion

PSYCHOPATHOLOGICAL ASPECTS

The four groups of patients showed fairly characteristic behaviour patterns and motivation. In the subnormal group the baby stealing could hardly be regarded as purposeful in character

and was more in the nature of play activity. In the schizophrenic group the baby stealing occurred during a relapse and seemed motivated by delusional ideas. The psychopathic group was characterized by a previous history of delinquency, hysterical personality traits, and a constant preoccupation with their desire to have children. Their baby stealing seemed motivated by an attempt to compensate for feelings of deprivation. Characteristically they tended to steal babies whom they had already known and looked after. In the manipulative group the motive for child stealing was an attempt to influence their partner's feelings, and tended to be precipitated by a crisis such as a miscarriage and the threat of desertion.

Emotional deprivation, frustrated maternal feelings, and a real or imaginary miscarriage seem predisposing factors which featured in the history of patients from several groups. In five patients more than one of these predisposing factors seemed relevant.

Emotional Deprivation.—An attempt to compensate for feelings of deprivation seemed to be a predisposing factor in 8 of the 13 patients. It was most obvious in the subnormal and psychopathic groups but it was relevant also in one of the schizophrenic patients and one of the patients in group 4.

Frustrated Maternal Feelings.—Seven of the 13 patients had had children of their own, and six of these (two each in groups 2, 3, and 4) expressed feelings of frustration due to separation from their children. Childlessness by itself did not appear relevant to baby stealing; on the contrary, nearly half of the sample were "experienced" mothers who had been separated from their children, and their histories suggested that the separation, by aggravating their feelings of deprivation, was an important predisposing factor in their offence. It is interesting to contrast this with animal behavioural studies. Spencer-Booth³ reported that female rhesus monkeys who had had live young were less likely to show maternal behaviour towards the young of other females, whether their own infants were separated from them or not, than females who had not had live young.

Miscarriage.—A miscarriage between the fourth and sixth months of pregnancy was the immediate precipitating factor in three of the patients in group 4. It posed a severe threat to the already insecure relationship with the father of the child they were expecting, and they attempted to solve the crisis by stealing a baby and substituting it for the one they had lost. Although the miscarriage had obviously aggravated their emotional turmoil there was no evidence that it had precipitated a serious depressive illness. The attempt to compensate for a miscarried pregnancy appeared to contribute to the motivation for baby stealing in two other patients. One girl in group 3 had had a hysterical pseudocyesis and seemed convinced that this had ended in a miscarriage two months before her offence. One of the schizophrenic patients had a "delusional" miscarriage three months before stealing a baby. In addition another patient in group 3 gave a history of feeling especially tempted to repeat her child stealing after a miscarriage, although she did not carry out her plans. The time interval between the miscarriage (real or imaginary) and the offence was one to three months.

CRIMINOLOGICAL ASPECTS

Baby stealing occurred in four different situations. (1) The commonest type of offence (eight cases) was the snatching of a baby from a pram which had been left unattended, usually outside a supermarket. The baby or its parents and the offender were not previously known to each other. In six of these cases the offender was schizophrenic or belonged to group 4. (2) In three cases (all in group 3) the baby was taken away from home and the offender was a friend who had helped to care for the child and used to baby-sit for the parent. (3) In one case the victim was a newborn infant in a maternity ward. The patient who had felt tempted to repeat her child stealing after her miscarriage had also thought of taking a child from a maternity ward. Both

these patients had at one time worked in hospitals. (4) In one case the victim was a neighbour's child who had been left unsupervised.

Not surprisingly, none of the patients in this series had thought of applying to a local authority or an adoption society to adopt a child. Apart from the patients in the first two groups who were suffering from major psychiatric disorder, the patients in group 3 were far too unstable and socially disorganized to consider such a possibility, while in group 4 the need for a baby was immediate.

In most cases the offence seemed to have occurred quite impulsively and without any evidence of premeditation. In group 4, however, there was definite evidence of previous planning in two cases. Another patient in group 3, when seen five years after the offence, admitted that she had planned it in advance. The measures taken may include an attempt to falsely register a birth before stealing the baby or buying new clothing or a cot beforehand in order to prevent identification.

The missing baby was usually recovered within a few hours, particularly in the cases in groups 1 and 2, where the offender was suffering from obvious psychiatric disorder and took no action to conceal the offence. In group 3 detection was facilitated by the fact that in three of the four cases the offender was known to the victim's parent as she had helped to care for the child. In view of their previous history of delinquency they were also known to the police. It was in group 4 that recovery of the stolen baby presented difficulties, as none of these women had any criminal record and they were not known to the baby's parents. Since they were not psychotic their behaviour was not likely to attract attention, and they were liable to take elaborate measures to attempt to conceal the offence. Detection in these cases resulted from the suspicion of friends or neighbours or through an attempt to register the birth. It is reassuring to note that in all the cases in this series the missing baby had been well cared for and was recovered unharmed.

In some cases there may be a danger of repeating the offence. One patient in group 2 and another in group 3 had a previous history of baby stealing. In both cases the pattern of the second offence was similar to the previous one. In the case of another patient there appeared to be a strong risk of repetition.

One of the schizophrenic patients under the influence of her delusions twice snatched babies from prams. Another patient in group 3 abducted the child of a friend for whom she used to baby-sit. Four years previously she had been sentenced to Borstal training for abducting her own infant sister. On both occasions she had been involved in caring for these babies and her excuse was that they were being neglected.

In the case of another patient in group 3 it was felt that there was a risk of repetition. When examined five years after her offence she still remained preoccupied with thoughts of stealing a baby and had felt herself particularly tempted after a miscarriage.

The risk of repetition seems most likely in schizophrenic patients during the course of a relapse and in the deprived and highly unstable psychopathic patients who have a continual desire to have children. Repetition seemed least likely in group 4, as their offence arose in the setting of an almost unique combination of circumstances which were unlikely to recur.

The outcome of the cases in court is shown in the Table.

Hospital treatment included informal admission in one case, compulsory admission (Section 60 and Section 25 of the Mental

Outcome of Cases after Appearance in Court

Group	Hospital	Probation	Prison	Community Care	Total
1. Subnormal ..	1			1	2
2. Schizophrenic ..	3				3
3. Psychopathic ..	1	2	1		4
4. Manipulative ..	1		3		4
Total ..	6	2	4	1	13

Health Act) in three cases, and inpatient treatment as a condition of a probation order in two cases. A "medical" disposal (including community care in one case) occurred in all the schizophrenic and subnormal patients. In contrast, three of the four patients in the manipulative group were given a prison sentence.

It is apparent from the criminal statistics that men commit child stealing offences nearly three times more often than women. Although there are no published reports about male child stealers, it appears that most of these cases concern men who abduct older children rather than babies and that at times a sexual motive may be involved. Some male child stealers are presumably suffering from severe mental disorder, as the criminal statistics show that they are not infrequently dealt with by the courts under Sections 60 and 65 of the Mental Health Act. Only one case of baby stealing from a pram by a man has come to attention. The patient was reported to be an epileptic with an immature personality. The offence seemed impulsive but unrelated to postictic automatism. He was unable to give any explanation for his action and his motive remained obscure. Thus the nature of male child stealing offences, including the

age of the victim and the presumed motivation, is probably entirely different from the baby stealing offences of women. It would be of interest to gather systematic data on male child stealers.

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Clinical Problems

Going Abroad

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Large numbers of people leave Britain each year for all parts of the world, for a variety of reasons and for varying lengths of stay. Often they seek advice on what they should do to comply with health regulations and to prevent ill health while they are away.

Travellers overseas may encounter diseases which are absent from Britain or less common here than in countries which they may visit; they will want to be protected from such illnesses as far as is possible. These will, of course, vary from country to country and will also depend on the circumstances under which the traveller lives and the duration of his stay. Thus the risks are quite different in a rural area of Africa, a congested city in the Orient, a desert area in the Middle East, and a crowded holiday resort in Europe; they are different if the journey is made overland to Nepal and sleeping in a tent or by fast aircraft to an air-conditioned hotel in Tokyo or Rio de Janeiro.

Protection against illness may be affected by: (1) avoidance of infection, as by the use of a mosquito net or boiling drinking water; or (2) combating acquired infection by immunization or suppression.

Malaria

Malaria has been eradicated from large areas of the world but there are still many parts of the world, especially in Africa, where it remains. Prophylaxis, meaning protection from

infection, cannot be achieved because there is no non-toxic drug capable of destroying sporozoites, the infective form of the parasite injected by the biting mosquito; protection therefore depends on causal prophylaxis and suppression. There are drugs available which destroy the pre-erythrocytic form of *Plasmodium falciparum*, the species of parasite responsible for malignant tertian malaria, infection with which may kill; they therefore destroy the source of the blood forms giving rise to the clinical attack and are referred to as "causal prophylactics"; proguanil (Paludrine) and pyrimethamine (Daraprim) are such drugs. Schizonticides are those compounds having an effect on the asexual forms of the parasite developing within the red cells, and regular treatment with such drugs may keep the level of infection in the blood below that at which clinical manifestations are present; they are known as "suppressives" and include proguanil and pyrimethamine and the more powerful schizonticides, quinine, nivaquine and chloroquine, camoquine and mepacrine.

Persons returning to Britain from malarious areas frequently give a history of malaria while on suppressive drug treatment. So often a blood film was not taken at the time of the febrile attack so that the diagnosis may be in question. Even if parasites are seen in the film it is possible that suppressives were not taken regularly; finally possibly the parasite is truly resistant to the blood concentration of drug resulting from the particular suppressive regimen.

RESISTANT PARASITES

Undoubtedly in some parts of the world *P. falciparum* parasites are resistant to blood levels of drug produced by standard courses of treatment; this is a quantitative phenomenon rather