



Forensic Psychology

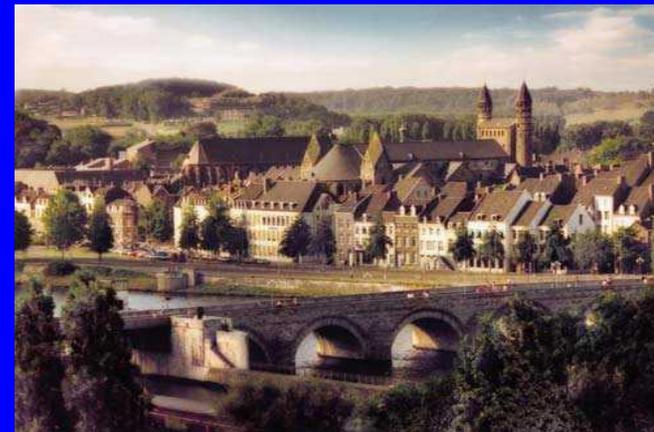
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Maternal Filicide

Corine de Ruiter, PhD

Maastricht University

The Netherlands



Filicide

Greek legend: Medea killed her sons to spite her unfaithful husband Jason



Medea before she kills her two children,
By *Eugene Delacroix*

Filicide

- Different motives:
 - mental illness
 - unwanted child
 - retaliation against a spouse or lover
 - sociocultural factors (e.g., one-child policy in China, shame culture re: out of wedlock children)
 - fatal consequence of child abuse (e.g., shaken baby syndrome)
- In The Netherlands: approx. 30 cases a year, but dark number is unknown and probably large (neonaticide, death of natural causes assumed)

The Bijenkorf case: A long road to justice





What happened?

- **October 22, 2007:** 23-yr old Jane went into the Bijenkorf department store in Amsterdam with her daughter Jelysa (18 months)
- She went to the 4th floor of the atrium
- She dropped Jelysa from the railing
- After this, she jumped herself



Telephone call from Jane's legal counsel (Summer 2008)



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- He questions the accuracy of the forensic mental health reports submitted by the NIFP
- He wonders about the role of somatic factors (e.g., hormonal factors, diet pills)
- Would like a second opinion; would I be willing to perform such?
- Outcome: Investigating judge appoints me and psychiatrist Sanders as expert witnesses to the court



Questions posed by the judge

- ✓ Presence of mental disorder/disability?
- ✓ At the time of the offense?
- ✓ Influence of mental disorders on behaviors during the offense?
- ✓ If yes, in what way? To what degree? Level of criminal responsibility?
- ✓ Recidivism risk for similar offense if disorder remains?
- ✓ Which measures should be taken to diminish the risk of recidivism? Under which judicial measure?



Collateral information received

- Verbatim notes of court session of 22 April 2008 (the session 2 previous expert witnesses were heard)
- Police file, including witness statements, social network research, victim autopsy report, information from several agencies (municipality, housing, family doctor)
- Conclusion previous experts (psychiatrist and psychologist wrote one single report!):
 - Subject was suffering from a psychotic disorder at the time of the offense
 - Her behavior was largely determined by the psychosis
 - She is suffering from borderline personality disorder with narcissistic and histrionic features
 - Symbiotic bond with daughter
 - Severely diminished responsibility > TBS

Relevant functional capacities in relation to criminal responsibility

- ✓ Intoxication
- ✓ Brain damage
- ✓ Learning disability
- ✓ Observable bizarre behavior
- ✓ Anxiety level
- ✓ Amnesia
- ✓ Hallucinations
- ✓ Depressed mood
- ✓ Hypomanic mood
- ✓ Intensity and adaptiveness of affect
- ✓ Formal thought disturbance
- ✓ Planning and preparation
- ✓ Awareness of the unlawfulness of the offending behavior
- ✓ Verbal incoherence
- ✓ Degree of responsible social behavior before the offense

Rogers, R. (1984). *Rogers Criminal Responsibility Assessment Scales*.
Grisso, T. (2003). *Competency assessment*.

Relevant functional capacities in relation to criminal responsibility- cont.

- ✓ **Self-reported level of self-control**
- ✓ **Observer rated level of self-control of the suspect**
- ✓ **Relationship between loss of self-control and psychosis (if present)**
- ✓ **Poor judgment**
- ✓ **Poor reality testing**



My assessment of Jane I (August 2008)

- First meeting: Jane still misses 8 front teeth, which makes it harder to understand her
- She can walk now (was paraplegic the first months), but still has tingling sensations in her legs
- Can talk quite coherently about what happened in the weeks leading up to and on the day of the incident
- Has not been using antipsychotic medication since December 2007; no return of symptoms



My assessment of Jane II (August 2008)

- Intoxication?
 - Cannabis use since age 14
 - Effect? Mostly laughing or drowsy
 - In 2007, in the months prior to the offense she smoked 1 or 2 joints after 9 p.m. (Jelysa had to be in bed)
 - Alcohol use since age 14
 - Says she always stopped drinking when losing control (never fainted or vomited): "I knew where my limit was".
 - After Jelysa's birth: maximum 2 glasses of wine in the evening



My assessment of Jane III (August 2008)

- **Observable bizarre behavior?**
 - Jane reports she was sweating a lot, extremely restless, trembling hands, and could not keep food inside in the 5 days before October 22nd
 - When she woke up on the 22nd she was convinced she was going to be murdered by Satanists, that her daughter would be raped; only God could save her. She walked through the city, looking for shelter at a church and a mosque
 - She has a knife with her to protect herself



My assessment of Jane V (August 2008)

- Collateral information about Jane's mental state
 - Her best friend Abigail noted that Jane became increasingly paranoid in the weeks before October 22. She was preoccupied with the number 23.
 - Her aunt Pat says that Jane had said she received a message from God that her husband, her mother and her younger brothers were Satanists
 - On October 21, 2007, Aunt Pat had sent a text message to Jane: "Jane, maybe the delusional ideas are related to quitting with smoking. Keep your head together, let it go Jane, this is getting crazy." On October 22, 2007 at 20.56 p.m., Aunt Pat sent another text message: "Jane, text me, I want to come over to you, I worry and can't sleep." [at this time the incident had already taken place]



My assessment of Jane VI (August 2008)

- **Collateral information about Jane's mental state**
 - One of the eyewitnesses in De Bijenkorf describes:
"She climbed and within a split second she jumped. I did not see any hesitation in the woman. It seemed as if the woman had disconnected her brain. There was no way out for her anymore."
 - Jane had said in the second police interrogation:
"Everything went automatically. Like a robot".



My assessment of Jane VII (August 2008)

- Evidently, at the time of the offense, Jane was in a psychotic state with paranoid delusions, with a religious tone
- She dropped her daughter in the psychotic conviction that she was actually protecting her from extreme danger
- Her behavior was out-of-character (she was a loving, caring mother; confirmed by collateral sources)



What could account for the psychosis and the other somatic symptoms?

- Jane says she started using diet pills she ordered through Tel Sell:
Reduce Fat Fast
- She says she did not read the instructions
- She became restless
- She says she continued to eat normal portions, but lost weight fast
- Her friends said she looked too thin in the hospital; she says she was really exhausted then





I sent a letter to the investigating judge, asking him:

- To examine the content of the diet pills that Jane ingested
- To find out when she ordered the pills by looking at her bank statements, because she doesn't remember exactly when she started using them



Received a letter from the investigating judge that the diet pills were discarded:

- Drs. Wim Best was asked to examine a sample of the pills bought from Tel Sell
- Report of 27 december 2008:
 - The product contained green tea (250 mg), Javanese kidney tea (150 mg)
 - No ephedrine in the tablets (dr. D. de Kaste, pharmacist); there was caffeine in the tablets
 - “I do not support the suggestion of expert De Ruiter that a psychosis could be related to the use of diet pills”



Test results Jane (MMPI-2)

- Validity scales: candid, forthcoming, adequate emotional control, no over- or underreporting
- Clinical scales: Spike 4 profile- impulsive, rebellious, authority problems
- MAC-R = 69 (potential for addiction)
- FAM2: feelings of sorrow about the shortcomings of the family as a source of emotional problems; severing ties in order to cut their losses with family



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Test results Jane (SIDP-IV)

- Does not fulfill diagnostic criteria for a personality disorder



Lit search

- PubMed (search terms: diet pills & adverse events, diet pills & psychosis, herbal diet pills & **)
- Google

What did I find?

- Systematic review in Am J of Clinical Nutrition (2004), 'Dietary supplements for body-weight reduction' : especially pills with *Ephedra sinica* derivatives show serious adverse reactions, among them: psychosis, heart palpitations, sleeplessness, nausea, sudden death



Lit search (cont.)

What did I find?

- Case study of a 28-yr old woman without prior psychiatric history, who developed an acute psychosis while using herbal diet pills
- RAND report (2003) commissioned by NIH identified sentinel events related to *Ephedra*: myocardial infarctions, cerebrovascular accidents, seizures, psychosis (including delusions, hallucinations, homicidal intent, paranoia and insomnia)
- RR of *Ephedra* 100 x higher than other herbs



Conclusion

- At time of offense: paranoid psychosis
- Symptom complex (including sweating, heart palpitations, nausea) does point at a somatic cause
- The hypothesis that the psychosis was related to the ingestion of diet pills cannot be ruled out (but cannot be confirmed either; the pills are gone, no blood samples taken)
- The alternative hypothesis that the psychosis was related to a personality disorder could not be supported



Court hearing of 5 experts

- Verheugt & Hassing stuck with the BPD
- Best testified that there was no relation between diet pills and psychosis
- Sanders and I testified that a somatic cause for the psychosis was most likely
- **Verdict of March 30, 2009:** sentenced to TBS for first degree murder (no prison sentence)
- Basically, the court followed Verheugt & Hassing



Court of Appeals Amsterdam

- Ordered a second (third) opinion at the Pieter Baan Center (psychiatric observation clinic of Justice Department)
- Ordered an update of their reports from the 4 previous mental health experts
- I saw Jane again on 2 occasions in January and February of 2010
 - Administered MMPI-2 again: open response style, none of the Clinical Scales are elevated now
 - She is confident about the future; has plans for further education
 - Her relationship with her social network is restored; she is still mourning the loss of her daughter, but it is not overwhelming her
 - **CONCLUSION** (same as before): No current psychosis or other psychiatric symptom disorder; no personality disorder



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Court of Appeals Amsterdam (hearing of September 2, 2010)

- All experts testified, including the PBC experts
- Verheugt & Hassing stuck with their BPD diagnosis, also when confronted with the other expert evidence
- PBC: Psychotic disorders NAO, cannabis abuse at time of offense; no PD (diagnosed with SIDP-IV)
- Sanders & De Ruitter: Psychotic Disorder at time of offense, no PD



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Court of Appeals Amsterdam (hearing of September 2, 2010)

- I brought in a new report by the RIVM:



Abstract

Trends in drug substances detected in illegal weight-loss medicines and dietary supplements

A 2002-2007 survey and health risk analysis

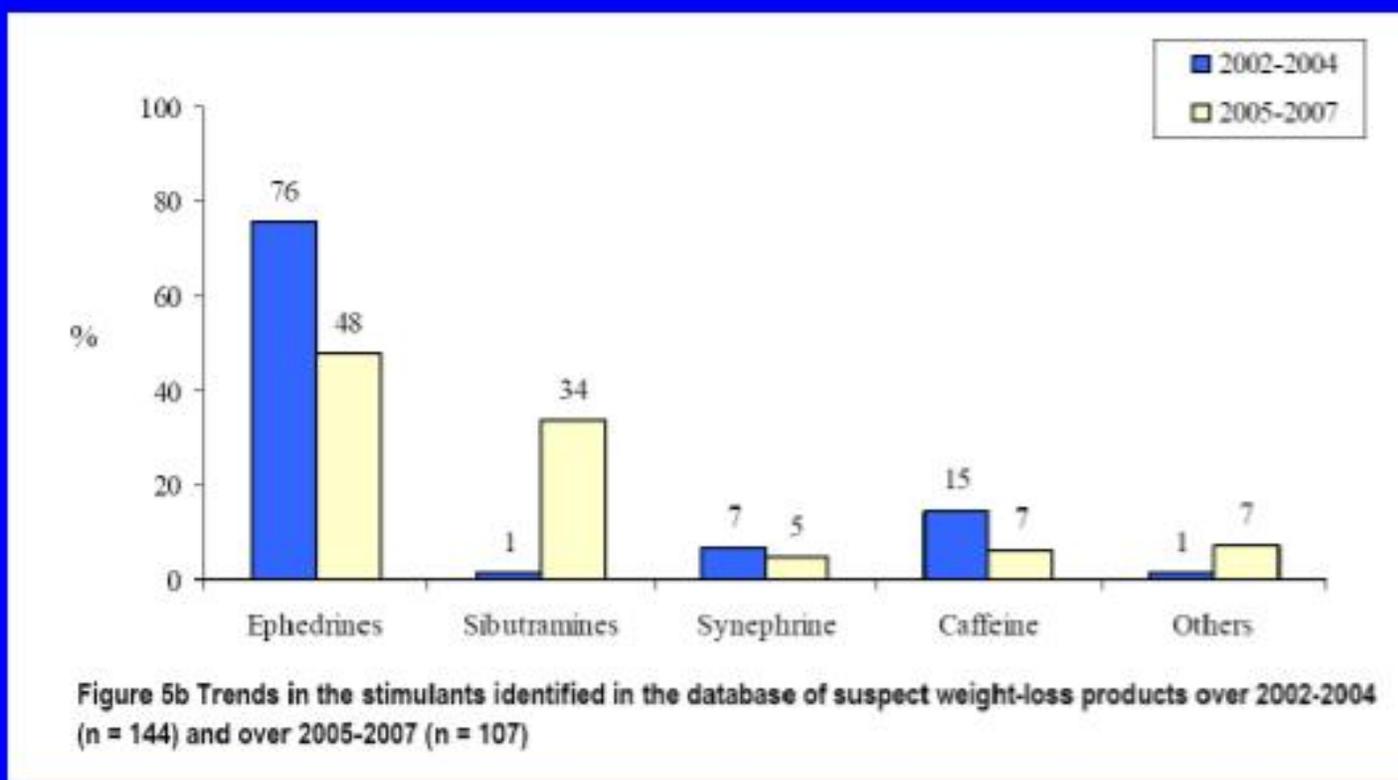


Illegal weight-loss products identified in the Netherlands have become increasingly dangerous from 2002-2007. Analyses showed increasing numbers of counterfeit medicines and of dietary supplements adulterated with drug substances. In addition, herbal ingredients that were banned for safety concerns are being replaced by pharmaceutical drugs. Unknowing use of these products may lead to psychosis, cardiovascular problems and even to death. This is shown by a trend analysis on 256 suspect samples gathered by four national laboratories in the Netherlands, including the RIVM.

Internationally, the use of illegal weight-loss medicines and dietary supplements has led to many cases of serious health damage and occasionally even to death. Because the active ingredients detected in the Netherlands are largely the same as those found in other countries, similar events may occur in this country. It is therefore recommended to register such health complaints in order to gain insight into the scale and severity of the problem.

Adulterated dietary supplements pose the highest health risks. Because the medicines used in the product are not mentioned on the labels, consumers are kept unaware of the risks. Consumers assume they are taking a natural product but are unwittingly exposed to dangerous medicines. If adverse effects cannot be readily attributed to an adulterated dietary supplement, adequate medical treatment may be delayed. Health risks are also high for counterfeit medicines because their composition and quality are unreliable and they are taken without prescription.

Ephedrines were forbidden after 2004 in The Netherlands, but prevalence of other stimulants increased after 2004



Verdict (Amsterdam Appeals Court, September 17, 2010)

- Acquitted of first degree murder; verdict = manslaughter while insane
- Not criminally responsible due to a single paranoid psychotic episode; no personality disorder
- Art 37a of the Criminal Code is not met, i.e. no danger to society
- Jane is dismissed, no prison sentence, no TBS



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No punishment for 'Bijenkorf mother'

Dutch Newspaper *Trouw*-

The mother who killed her daughter in De Bijenkorf department store in 2007 by throwing her down in the atrium will not be punished. According to the Court of Appeals in Amsterdam, the woman- who also jumped herself- was criminally insane at the time. Since she has fully recovered from her psychosis and there is no risk of recurrence, she will also not receive a mandatory treatment order.

www.corinederuijter.eu



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