

CHILD STEALING IN SRI LANKA A CASE REPORT

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SYNOPSIS

A case of child stealing by a woman aged 28 years is reported. Frustrated maternal feelings, stigma of childless marriage and depression for which she was genetically predisposed have all contributed to the offence.

INTRODUCTION

Baby stealing is an uncommon offence and is rarely seen in general hospital practice. When it occurs it indicates seriously disturbed psychopathology in the subject. Courts readily recognise this disturbance and treat the offender leniently. We report here a case of baby stealing. The offender was a medical practitioner and indigenous medicine. The baby was stolen from a government General Hospital in Sri Lanka.

CASE REPORT

S.M. a married woman of 28 years was admitted to General Hospital, Jaffna on 18-3-82 for psychiatric assessment following alleged baby stealing from the maternity ward of the hospital. The baby was recovered from her home 18 miles from the hospital within 48 hours of its loss.

Patient was from a middle class family. Her father is a retired teacher died at the age of 63 of hypertension. Mother a housewife aged 55 is alive and well. She had a post partum mental illness following the birth of patient. Patient was second amongst four other sibs who were reported to be healthy. The patient was a full term baby at birth and the delivery was normal. She reached her milestones at appropriate times. She started schooling at the age of six and reached GCE 'O' Level at the age of 16. She passed eight subjects at the GCE 'O' Level examination. Her menarche was at the age of 16 and the delay was commented upon by her neighbours. This caused much worry and concern. She did not have any boy friends prior to her marriage.

She was admitted to the school of indigenous medicine where she qualified at the age of 21. She married the man proposed by her mother and relations at the age of 23. He was himself a practitioner of indigenous medicine. Patient has not known him before marriage. She has never had premarital sexual intercourse. Husband was two years elder than her. Both set up practice in a district outside Jaffna.

She reported that she was panicky about coitus at the time of marriage and resisted all advances by the husband. She would sweat and have palpitations at the very suggestion of coitus and feared that she might die during coitus and the marriage remained unconsummated for one year. Subsequently the frequency of coitus was reported to be two or three per week. Childless marriage of five years provoked problems with her mother-in-law who abused and insulted her. She was seen by physicians for mainly somatic complaints but her emotional problems remained unrecognised.

Patient said that she left for Jaffna about one month before the alleged stealing, for medical treatment. On the date of admission, she reported her last regular menstrual period to have been on 4-3-82. There is no information to suggest that either she or her husband believed that she was pregnant. There is some information to suggest that the mother-in-law and the neighbourhood believed that she was pregnant.

It was alleged that the patient dressed in the uniform of a hospital attendant, walked up to a delivered mother and took the baby saying that she wanted to take the baby to the baby room. She is said to have walked out of the ward without raising any suspicion and driven away in a prearranged taxi eighteen miles away to her home where she presented the baby to her mother-in-law as her baby delivered in hospital. Newspaper reports raised the suspicion of the neighbourhood and the police was able to recover the baby within a few days.

When interviewed in hospital she was quite orderly and accessible. She spoke in whispers with tears in her eyes. She complained of the hostility of hospital attendants. She was depressed. Her talk was rational and relevant. She denied hallucinations or delusions. Cognitive functions were normal. Absence of abdominal striae or lumps, and normal breasts without secretions or pigmentation was noted recent partus. The reporters were informed by her lawyers

during physical examination. There was no evidence of that a plea of diminished responsibility was accepted by courts on the evidence of another psychiatrist and the patient was discharged with a warning. Patient has not been seen by us since the first referral on 18-3-82.

DISCUSSION

D'Orban (1) in 1972 analysing 13 cases of baby stealing in a female remand prison in London divided them into

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, characterised by previous history of delinquency, hysterical personality traits and preoccupation with their desire to have children.
4. Manipulative group with a mild degree of personality disorder committed with an intention to consolidate an insecure relationship.

The case described falls into the fourth category. There was no evidence of any strong belief of her part that she was pregnant, neither did she present the physicians with symptoms of pregnancy. The features of pseudocyesis were therefore absent. However she appears to have convinced the mother-in-law that she was pregnant and produced the stolen baby as proof. Pseudocyesis has been defined (a) as a condition in which a non-pregnant woman firmly believes herself to be pregnant in which develops many symptoms and signs of pregnancy (2,3). An association between child stealing and pseudocyesis has been reported (4). Frustrated maternal feelings, stigma of childless marriage in oriental culture and depression for which she was genetically predisposed have all contributed to the offence. The stolen child was well looked after during the brief period of care. Her sexual dysfunction needs further investigation. The law on kidnapping from lawful guardianship (5) is dealt under section 352 of our penal code which provides that "whoever takes or entices any minor under fourteen years of age if a male or under sixteen years of age if a female or any person of unsound mind, out of the keeping of the lawful guardian of such is said to kidnap such minor or person from lawful guardianship." The law makes no distinction between an infant and an older child though the psychopathology in the two cases are totally different.

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