



Neonaticide/Infanticide Media Conference *Trainee Guide*

Contributor

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Overview

Popular media frequently touches on issues germane to reproductive psychiatry, such as postpartum depression, stress in pregnancy, and breastfeeding. Well-known celebrities such as Gwyneth Paltrow and Chrissy Teigen have voiced their experiences with maternal mental health to millions of people worldwide. However, the tone of the messages arising from the media can be tinged with stigma. The ability to field patient questions arising from popular culture is an important professional skill for trainees to develop. In particular, trainees should be able to explain data and statistics cited in the lay media in an accurate, reassuring, and clinically relevant manner. Thus, the goal of this module is to have residents build communication skills that enable them to serve as knowledgeable and thoughtful representatives of reproductive psychiatry to a lay audience.

Each session consists of three parts: 1) reviewing and critiquing a piece from the popular media (such as from newspaper articles or social media); 2) appraising the comparable medical literature; and 3) role-playing a psychiatrist/patient interaction about how to communicate this topic to a lay audience.

The aim of reviewing the medical literature is to compare its findings with the information portrayed in the media. For the purposes of this exercise, the most relevant parts of medical literature are the abstract, the introduction, and the discussion. The aim is not to have an in-depth, “journal-club” analysis of the article (which is an important skill for residents to master elsewhere in their training), but rather to delineate in broad strokes the gaps between the information presented by the media portrayal and by the medical literature. Sessions usually last 50 minutes but can be modified, depending on the number of media items and articles selected. The media conference is tailored for PGY-4 psychiatry residents but can be modified for any resident trainee group. A small group setting with time and space to work within break-out groups is recommended. After review of the media items and the medical literature, the group will divide into small groups of 2-3 residents to role-play the clinical interaction.

Learning Objectives

By the end of this module, participants will:

1. Critique media coverage of maternal infanticide
2. Discuss research articles related to maternal infanticide and media coverage
3. Communicate thoughtfully and accurately with a lay audience, including medical colleagues

Session Structure

1. Presentation of the media items (10-15 minutes): Faculty and residents together will review the media items
2. Review and discuss medical literature (15 minutes): Faculty and residents together will briefly assess the comparable medical literature

3. Role-play with case example (10 minutes): Small groups of residents with role-play a psychiatrist/colleague discussion
4. Large group discussion (10 minutes)
5. Wrap-up and Q&A (5 minutes)

Resources Required

1. A faculty moderator
2. Samples from the media
3. Relevant reference article
4. Laptop (with internet access) and projector

Required Pre-Reading

Easteal P, Bartels L, Nelson N, Holland K. How are women who kill portrayed in newspaper media? Connections with social values and the legal system. Women's Studies International Forum. 2015 July; 51:31-41.

Cavaglioni G. Bad, mad, or sad? Mothers who kill and press coverage in Israel. Crime Media Culture 2008; 4(2): 271-278.

Presentation of Media Items + Critique of Media Coverage

1. YouTube video clip: ABC News: "Andrea Yates Video, ABC News"
<https://www.youtube.com/watch?v=KhWwj4oDORc>
2. YouTube Video Clip: HLN Nancy Grace: "Women Who Kill: Susan Smith"
https://www.youtube.com/watch?v=ijqtCivuY_Q

Discussion Question: In reviewing the older news clips related to Andrea Yates and Susan Smith, what are the central themes you notice? How do these representations compare to your past learning on motives for filicide?

3. YouTube Video Clip: Law & Crime Network: “Nurse Accused of Strangling Her 3 Kids Before Trying to Kill Herself Jumping Out Window”

<https://www.youtube.com/watch?v=URf-7EC8ti4>

4. YouTube Video Clip: WFAA: “Who is Shamaia Hall? North Texas woman arrested after allegedly stabbing, killing 3 of her kids”

<https://www.youtube.com/watch?v=izYrfRObJSI&t=1s>

Discussion Question: In reviewing the news coverage of more recent cases of alleged filicide (at the time of this publication), what similarities and differences do you see in the early coverage of Lindsay Clancy and Shamaia Hall?

Discussion Question: How do these media pieces influence (and potentially bias) the lay reader?

Appraisal of Scientific Literature

Source Material:

Easteal P, Bartels L, Nelson N, Holland K. How are women who kill portrayed in newspaper media? Connections with social values and the legal system. *Women's Studies International Forum*. 2015 July; 51:31-41.

<https://www.sciencedirect.com/science/article/abs/pii/S0277539515000710>

Cavaglioni G. Bad, mad, or sad? Mothers who kill and press coverage in Israel. *Crime Media Culture* 2008; 4(2): 271-278. <https://journals.sagepub.com/doi/pdf/10.1177/1741659008092332>

1. In the Easteal (2015) and Barnett (2006) articles, what were the different ways that women who commit murder are portrayed in the media? What themes did you identify?
2. In the Cavaglioni (2008) article, what themes related to filicide and the perpetrator arose? Were there differences in how a perpetrating mother was portrayed? What possible influences affected these portrayals?
3. How can we appraise media portrayals of violent acts by mothers? What are important considerations for us to keep in mind?

Role-Playing Exercise

Trainees should separate into groups of 2 or 3 with one trainee playing the role of psychiatrist and one or two trainees playing the role of a colleague who has a question about an article they recently saw in the news.

A colleague in the OBGYN department approaches the psychiatrist in the clinic about a recent case he saw in the media. He was concerned after seeing a recent news report about a woman who killed her two toddler children and asked if the psychiatrist had seen it. Distressed, he says to the psychiatrist: “any mother who kills her children is obviously mentally ill – what mental illness led to this?”

Sample responses include:

Not all cases of maternal filicide are because of mental illness in the mother. There are five potential motives for filicide, including fatal child maltreatment, an unwanted child, partner/ex-partner revenge, altruism (murder out of love), and acute psychosis. The most common is actually fatal child maltreatment, which is not necessarily related to mental illness. While there have been studies purporting to show an elevated risk of child abuse by mothers with mental illness, these studies often have methodological limitations.

Studies have also shown a predominance of unemployed mothers with economic/financial stressors. They may also be single mothers and/or be victims of interpersonal violence themselves. It is important that we provide social support to vulnerable mothers we see in our practice settings.

Attributing all cases of filicide to mental illness creates significant stigma, leading to avoidance of getting diagnosed and seeking necessary treatment when they are experiencing mental health concerns.

The OBGYN colleague is surprised to hear this information. He asks the psychiatrist “how can I help in my work?”

Sample responses include:

Prevention and intervention efforts depend on the potential motives and how we can best intervene. It is important to inquire with all mothers about social supports, childcare, parenting problems, and feelings of being overwhelmed.

To prevent fatal child maltreatment, it is important to be aware of risk factors. Asking about family violence, mental health concerns, substance use, and parenting concerns is vital. All healthcare providers are mandated reporters when it comes to concerns about child maltreatment, including abuse and neglect. Child Protective Services (CPS) may play a pivotal role in prevention because they can be involved in early interventions.

With respect to filicide related to an unwanted child and its prevention, it is critical to screen for unwanted pregnancies and provide social supports. Asking neutral questions about planning for pregnancy, feelings about the pregnancy, and involvement of social supports is important.

In concerns about partner revenge, it is important to be aware of conflicted breakups and acrimonious custody battles, as well as history of interpersonal violence.

The OBGYN colleague notes “I also want to make sure I am intervening where there is potential for maternal mental illness. What should I be aware of, and how can I help?”

Sample responses include:

Approximately a third to two thirds of mothers who commit infanticide experience psychiatric disorders. For prevention, it is important to screen for maternal mental illness and provide resources to access treatment.

Screening for suicidal ideation in the mother is critical. Follow up questions about thoughts to harm their children should also be pursued.

Discussion of potential thoughts of harm to children is vital. 41% of mothers with postpartum depression and infants/toddlers report experiencing thoughts of harming their child, many of which are ego-dystonic and cause feelings of distress and shame. Similarly, 26% of mothers with colicky infants admit to infanticidal thoughts during colic episodes. This does not mean that they are all at risk of harming their child.

Similarly, it is important to keep in mind that thoughts of harm to the child may have different origins. The treatments for conditions that may contribute to these types of thoughts are different, and because of these distinctions, it is important to tease them apart.

In further discussion, the colleague was concerned after seeing a recent news report about a woman who killed her two toddler children and asked if the psychiatrist had seen it. The colleague noted that people interviewed discussed concerns about potential maltreatment, but it was never reported. She asks the child psychiatrist, “how often does something like this happen?”

Sample responses include:

Official rates of Child Abuse are approximately one-tenth the rates of self-report studies, meaning that the vast majority of cases are undetected.

Anyone can report concerns about child maltreatment. However, health professionals are mandated reporters in every state regarding suspicion of child abuse or neglect. However, barriers to reporting do exist. Barriers to reporting include reluctance, prior bad experiences, worries of losing a therapeutic alliance.

The OBGYN notes that in past experiences, when screening for possible maltreatment, families react negatively to the mention of CPS. While she recognizes that she is a mandated reporter, she is unsure how to discuss this with families. She asks the psychiatrist, “do you have any advice on how to have these difficult conversations?”

Sample responses include:

“I am a mandated reporter – this means that I am required by law to report concerns for potential abuse or neglect. I am not assessing blame or predicting outcomes, just raising concern for the well-being of your child.”

“As a result of a report, you may be contacted from Child Protective Services (CPS) and/or law enforcement to further investigate and gather additional information. I am unable to predict how these agencies will respond. Sometimes, CPS can provide additional resources to your child and your family that you are not currently receiving.”

“I am here to support you and your child moving forward. I am available to answer any questions I can about this process, with the well-being of your child in mind.”

It is important not to promise how an investigation may go, as we are unable to predict the outcome(s) of an investigation. Being frank and direct is helpful for a parent or guardian to understand what has happened and what next steps may be.

Wrap-Up & Q&A

1. For the learner role-playing the reproductive psychiatrist in example one: what was challenging about this interaction? What information do you wish you had to add to the discussion?
2. For the learner role-playing the colleague: what was it like to be on the “colleague” side of the discussion? Did you learn anything new during this discussion?

Optional Additional Readings

1. Barnett B. *Medea* in the media: narrative and myth in newspaper coverage of women who kill their children. *Journalism* 2006; 7(4): 411-432.
2. Sparks B, Vione K, Fido D. Bad parents? Evaluating judgments of infant homicides. *Psychiatry, Psychology, and Law* 2033
3. Motz A. *The psychology of female violence: crimes against the body*. 2001. Philadelphia, PA: Brunner-Routledge.
4. Bissler DL, Connors JL (eds.). *The harms of crime media: essays on the perpetuation of racism, sexism, and class stereotypes*. 2012. Jefferson, NC: McFarland & Company, Inc. Publishers.
5. Jones LM, Finkelhor D, and Halter S. Child maltreatment trends in the 1990s: Why does neglect differ from sexual and physical abuse? *Child Maltreatment* 2006; 11(2):107–120.
6. Saint-Jacques MC, Villeneuve P, Turcotte D, Drapeau S, Ivers H. The role of media in reporting child abuse. *Journal of Social Services Research* 2012; 38(3): 292-304.

Optional Additional Media

YouTube Video Clip: KEZI News: “50 Years of KEZI News: The Diane Downs Case”

<https://www.youtube.com/watch?v=FdtTDUJyhwY>