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Masculine Traits in Female Serial Killers: A Qualitative Analysis

Ashley Polk
Walden University

Walden University

College of Psychology and Community Services

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Ashley Polk

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Review Committee
Dr. Eric Hickey, Committee Chairperson, Psychology Faculty
Dr. Jessica Hart, Committee Member, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2025

Abstract

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MS, Walden University, 2021

BS, Fort Hays State University, 2020

Dissertation Submitted in Partial Fulfillment

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Abstract

Female serial killers represent a minority in criminal statistics; their cases offer significant insights regarding broader patterns of serial killing behavior. The purpose of this study is to understand the role masculine traits play in the lives of female serial killers. This study involved using a qualitative research method to understand specific characteristics of female serial killers with common masculine traits and childhood experiences. Common masculine traits researched in this study were lack of emotions, aggression, control, dominance, and manipulation. The trauma control model and the gender scheme theory were the theoretical frameworks for this study. Data were collected by categorizing source types and their relevance to each research question and manual coding. Data were verified for consistency and credibility while highlighting correlations between masculine traits and criminal activity and life history. This study addressed 15 female serial killers between the ages of 14 and 54 via the Radford/FGCU Serial Killer Database. Thematic analysis generated 6 themes: trauma, no trauma, early observation of gender roles, calm, violent tendencies, and homicidal behavior. The results indicate masculine traits, particularly aggression and control, were notably linked to the killers' motives and methods. Female serial killers are often driven by a need for control or power. They manifest violent tendencies toward those viewed as weak, vulnerable, or dependent. Social change implications include shifting expectations as passive-nurturing towards understanding unique motivations, social contexts, and psychological profiles of female serial killers. Providing social awareness and challenging stereotypes about gender and crime, revealing complex realities of violence which transcend gender norms.

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Dedication

To my son, who has always been my rock, my shoulder to cry on, my motivation. Thank you so much for always being the extra push I needed, even when I didn't think I needed it. Thank you for believing in me and being the supportive son any mother could ask for. You are a genuine version of a gentleman, loving, caring, kind, and silly.

To my mother, thank you for the many days and nights working to provide for us. Thank you for always being there for me. Thank you for your faith, grace, and mercy, which have brought us through. You are and have always been a fantastic mother.

To my sisters, thank you both for the talk, laughs, and inside jokes keeping us all going. Thank you for entertainment many nights when I needed an added push to finish my assignments. You are both fantastic sisters, and yes, they need to get them a sister!

To myself, thank you for staying motivated to continue your journey. I am so proud of you!

I thank each of you and appreciate you very much; you are loved!

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Chapter 1: Introduction to the Study

According to the Federal Bureau of Investigation (2018), serial murder is defined as three or more kills over time. Males have been the focal point of serial killing. However, women have committed some killings in history due to detrimental mental conditions. It is a misconception females cannot commit serial murder (Johnson, 2018). Due to their feminine traits, they are thought to be unlikely candidates for serial murder, which allows them to go undetected for a more extended time (Harrison, 2023). Some female serial killers possess masculine traits (Bohn, 2019). Further research is needed regarding these specific women. Chapter 1 includes the background, problem, purpose, and research questions. The chapter also includes the theoretical framework, nature of the study, definitions of key terms, assumptions, limitations, and significance of this research.

Background

Females have been serial killers since before the 1820s (Benkart, 2019). Cases of death were caused mainly by poison, as well as suffocation, stabbing, shooting, and bludgeoning. Poisons were either administered slowly in small amounts or quickly in substantial doses. One poison of choice was arsenic, which is highly toxic and undetectable. The amount of time it takes for poison to impact victims depends on how much poison is given and also wellness of targeted victims (Hickey, 2016). Female serial killers may desire invisibility when killing, resulting in the use of poison, which is difficult to detect when killing victims.

Female serial killers have endured childhood abuse, trauma, and mental disorders which may have led to violence against others (Ponti, 2020). Most female serial killers who committed neonaticide, child murder, or filicide had complex cognitive, social, and individual conditions (Lattanzi et al., 2020). Consolidating research on female serial killers has led to unavoidable speculations and misinterpretations about criminal approaches involving their actions. Examining female serial killers' economic conditions, expectations, and techniques leads to a more significant understanding of their characteristics.

Researchers have investigated female serial killers but have not explored research on the role masculine traits play in the lives of female serial killers. Within history, there is a gap in literature regarding the role masculine traits (lack of emotions, aggression, control, dominance, manipulation, or rejection of femininity) play in the lives of female serial killers. This research will lead to social change by insights regarding traits of this population group for public safety.

Problem Statement

According to Aamodt et al. (2020), 2,888 serial killers living from 1940 to 2022 were female. An estimated 10% of serial killers are women (Aamodt et al., 2020). The specific research problem in this study is lack of information about masculine traits and their roles in the lives of female serial killers. Most research on female serial killers focuses on motives, choice of killing methods, and nurturing characteristics. Research on serial killers tends to focus on male aspects and behavior traits, which has led

investigators to compare male serial killers to females to aid in their capture. There have been studies on female serial killers, but not the role masculine traits play in their lives.

Primarily, there is a lack of research on childhood experiences and masculine traits of female serial killers. With female and male serial killers exhibiting similar traits, variances could determine distinctions in terms of how they carry out violent acts of murder. Masculine traits include lack of emotions, aggression, control, dominance, manipulation, and rejection of femininity. I examined these traits and past research related to female serial killers.

Purpose of the Study

The purpose of this qualitative study was to examine potential roles masculine traits play in the lives of female serial killers. Hostility, self-assuredness, scholarly and proficient accomplishments, certainty, being a boss or director, and displaying assertive personalities are often traits of dominant women (Sumra, 2019). Male serial killers display chattiness, shallow appeal, obsessive lying, control of others, absence of regret as well as culpability, shallow manifestations, absence of sympathy, and inability to acknowledge liability (FBI, 2010). A review of prior research and case study analysis can clarify cases of female serial killers for experts to determine legitimate counteractions, mediation, and risk assessments to keep female serial killings from happening.

Research Questions

Research questions (RQ) for this study are the following:

RQ1: What are the most common masculine traits known in female serial killers?

RQ2: What role did masculine traits play in the backgrounds of female serial killers?

Theoretical Framework for the Study

The trauma control model (TCM) and gender scheme theory (GSM) were theoretical frameworks for this study. The TCM is a framework used to understand the relationship between trauma and criminal behavior (Hickey, 2016). Individuals who experience severe trauma, especially during childhood, may develop maladaptive coping mechanisms that contribute to criminal actions later in life. Hickey (2016) asserted many female serial killers are victims of trauma particularly involving childhood abuse, neglect, and sexual assault, which may act as precipitating factors in the development of violent behaviors. Women who experience early trauma may be more prone to dissociation, emotional detachment, and a need to exert control over their environment through violence (Hickey, 2016). The feminist criminology perspective emphasizes the role of gendered power dynamics and societal victimization in the development of criminal behavior.

Bem (1981) suggested children learn and internalize societal gender roles and expectations, shaping their understanding of gender. According to the GST, individuals develop cognitive frameworks or schemas which influence how they perceive and process gender-related information. These schemas guide behaviors, attitudes, and self-concepts, reinforcing traditional gender roles (Bem, 1981). My research involved childhood experiences, traumas, gender differences, emotions, and mental health concerns.

Nature of the Study

In this study, I used a case study analysis to address the role masculine traits play in female serial killers. According to Lloyd-Jones (2003), case study reviews are used for contemplation and gauging variable information regarding processes following collecting data. A case study analysis involves avoiding repeating research and saving time collecting data. I used a multiple holistic approach to understand the complexities surrounding female serial killers. Research on female serial killers has historically been marginalized within criminology, often overshadowed by studies focusing on male offenders. This oversight has been attributed to the rarity of female serial killings and prevailing gender biases which perceive women as less capable of such extreme violence (Jarrett, 2023; Ornella, 2019). I used existing information to address information as well as individual perspectives.

In this study, a qualitative method approach was used to examine 15 female serial killers. Patton (2015) stated determining a reasonable sample size in qualitative research depends on the study's purpose, research questions, and richness of data. Sample size should be sufficient to achieve saturation, during which no new information or themes emerge from data. It is important to align the sample with the scope and goals of the study, ensuring it is manageable and supports meaningful analysis rather than aiming for representativeness, which is more relevant to quantitative research (Patton, 2015). This approach was necessary to focus on data in more depth without limiting time in terms of actual research of female serial killers. Since I was unable to interview famous female serial killers in person. I used prior and current studies to determine certain masculine

traits such as a lack of emotions, aggression, control, dominance, manipulation, and rejection of femininity. I utilized media sources of the cases to provide multiple sources of information for each case. Relying on more than one source of data enhances the depth, credibility, and generalizability of research findings, while mitigating the risks of bias and error. Using multiple data sources improves both internal and external validity of a study. When different sources converge on the same findings, it strengthens the argument when the results are not due to chance. "The credibility of research findings is increased by the use of multiple sources of evidence" (Yin, 2018). I examined if there were distinct differences in terms of common masculine traits among female serial killers.

Definitions

Angel of Death: A woman who systematically murders individuals who are in her care or rely on her for some form of medical attention or similar support. Motives for these murders may be diverse (Kelleher & Kelleher, 1998, p. 15).

Black Widow: A female who kills more or more of her lovers.

Conformity: Interactions during which individuals change their convictions, perspectives, and activities to even match those of others (Levine, 2020).

Domestic Homicide: Homicide that happens in the context of an intimate relationship. (Kim et al., 2023; Lalonde, n.d.).

Family Violence: According to the Canada Department of Justice (2024), "any form of abuse, mistreatment or neglect that a child or adult experiences from a family

member, or from someone with whom they have an intimate relationship." (Section 2, p. 1).

Homicide: Willful killing of one human being by another (FBI, 2018).

Hybristophilia: Sexual interest in and attraction to those who commit crimes. (APA, 2024).

Mental illnesses: According to the APA (2024,) "Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses can be associated with distress and/or problems functioning in social, work, or family activities" (p.160).

Motives: The impetus that gives purpose or direction to behavior and operates in humans at a conscious or unconscious level (APA, 2024).

Poison: A substance with an inborn injurious property (Staff, 2019).

Assumptions

I assumed all information was precise and honestly detailed as well as unbiased.

Scope and Delimitations

I explored roles of masculine traits in American female serial killers. Females who killed at least three victims and were found guilty of their crimes were explored. All cases occurred in the United States since 1995, and I used secondary sources to address traits beginning in the 1980s. This study did not involve male serial killers or female serial killers from other countries.

Limitations

A limitation of this study was my inability to interview subjects due to incarceration or being already deceased. Incarcerated serial killers were unavailable to be interviewed, leading to me focusing on prior research, police reports, and documentaries for understanding.

Acquiring precise and extensive information on serial killers can be troublesome because of violations, security worries of victims and families, and break-in-case documents. Concentrating on serial killers can lead to moral worries concerning potential reinjury of victims and families. Understanding mental variables leading to serial killing involves addressing emotional welfare, traumatic encounters, and behavioral concerns.

Significance

This study was significant in terms of providing a better understanding of female serial killers. Research must keep up with information about this population. Previous studies compared female traits to male serial killer traits without examining their characteristics. Some female serial killers display masculine traits which are similar to male serial killers, which tend to influence stereotypes in law enforcement. This study may help law enforcement apprehend female serial killers sooner than average. Potential findings may benefit law enforcement, societies, and communities by providing them with knowledge of what to look for. Being aware is necessary for preventing violent actions from reoccurring.

Summary

Female serial killers display traits associated with masculinity, such as emotional detachment, aggression, dominance, and rejection of conventional femininity. These traits enable them to manipulate and control their victims, challenging societal expectations of females as passive or nurturing. Research on this topic is limited, as most known female serial killers are either deceased or incarcerated, restricting direct study and creating potential biases based on secondary or retrospective analyses. To gather research and provide a better understanding of roles potential common masculine traits play in female serial killers, Hickey's TCM and Bem's GST were used.

Chapter 2: Literature Review

The purpose of this qualitative study was to understand roles common masculine traits may play in the lives of female serial killers. Youth trauma, existence of reserved personalities, unusual sexual pleasures, and mental breakdown of female serial killers were addressed in this research. These topics added to information about this population. Information from law enforcement and criminological experts helps with identifying and detaining female serial killers. Prior and current research on female serial killers provides a foundation for determining their masculine traits.

Literature Search Strategy

In this study, I looked at questionnaires, qualitative research data, articles, case studies, documentaries, and public records. The following databases were used: Google Scholar, Radford/FGCU Serial Killer Database, ERIC, JSTOR, DOAJ, PsycINFO, and EBSCO host. The following key terms were used: *angel of death*, *black widow*, *conformity*, *domestic homicide*, *family violence*, *female serial killers*, *homicide*, *hybristophilia*, *masculine traits*, *mental illnesses*, *motives*, *poisoning*, and *psychology of women*. I researched 15 American female serial killers.

Theoretical Framework

Theoretical frameworks were Hickey's TCM and Bem's GST. The TCM was used to understand influences of trauma and its effects on serial killing. The TCM was used to address biological, sociological, and psychological factors as well as impacts of individual emotions.

Hickey (2016) stated serial killers typically experience early-life trauma, which can lead to cycles of emotional repression, disassociation, and eventual development of violent behaviors as a means of controlling internal emotional disturbances. Hickey (2016) emphasized trauma, emotional repression, and the need for control can shape violent behavior. The TCM was applied to female serial killers to explore how emotional distress and trauma may manifest in terms of criminal behaviors, particularly in ways which defy conventional gender roles.

Unresolved trauma interacts with mental health issues, societal pressures, and personal triggers, leading to a loss of control and violent actions (Fox & Levin, 2005). The TCM has been used in rehabilitation studies to explore the potential for addressing trauma as part of offender treatment and prevention. The model is relevant in terms of understanding the interplay between trauma and development of violent behaviors, providing a tool for criminological analysis and intervention.

Sandra Bem's GST was used to describe behavioral traits involving gender from childhood leading to aggressive behaviors later in life. Bem (1981) suggested individuals internalize societal gendered expectations which shape how they think, feel, and behave. The GST is particularly useful in terms of understanding how women who engage in serial killing may exhibit behaviors or emotions which traditionally align with masculine traits, such as aggression, emotional detachment, and control. Women who do not conform to traditional feminine roles may be acting due to internalized conflicts between personal experiences, which are possibly influenced by trauma and societal expectations involving femininity. Bauer et al., (2023) suggested when attaching male opponents,

women are more likely to highlight feminine traits, such as compassion and empathy. This strategy aligns with gender expectations and can enhance the perceived authenticity of their attacks. According to Nelson (2011), males generally have higher levels of testosterone, contributing to muscle mass, body hair, and aggression. While, females have higher estrogen and progesterone levels, which regulate the menstrual cycle and reproductive system.

Subsequent research has expanded Bem's theory. Martin and Halverson (1987) stated children develop gendered schemas and these schemas influence memory, preferences, and role adherence. Spence and Helmreich (1983) stated gendered expectations affect career aspirations and performance evaluations. Priess et al. (2009) determined societal pressures shape individual experiences of masculinity and femininity. This theory was used to understand adoption of traits which are traditionally associated with masculinity, such as aggression, dominance, and emotional detachment. Female serial killers may challenge or reject conventional feminine roles due to early exposure to trauma or societal pressures, which contribute to the development of gender schemas which incorporate masculine traits.

I used the GST and TCM to examine emotional dynamics, psychological conflicts, and masculine traits of female serial killers via an integrated perspective. Female serial killers often deviate from traditional nurturing female stereotypes, showing emotionally detached or aggressive behaviors (Harrison, 2023). Childhood trauma may lead to emotional suppression or distortion, and these emotional states may conflict with traditional expectations involving femininity, which emphasize passivity and empathy

(Hickey, 2016). The need for emotional control can create internalized conflicts between victimization women experience and societal gendered expectations (Bem, 1981; Hickey, 2016). Conflicts possibly lead to adopting masculine behaviors such as assertiveness, dominance, and aggression. According to Hickey (2016), the need for control is central to explaining why serial killers may dissociate or repress their emotions to manage trauma they have experienced. Female serial killers adopt strategies to manage their emotional instability while confronting societal expectation which omen are emotionally expressive and caring.

Women who internalize masculine gender schemas may feel empowered by adopting emotional detachment, which in turn allows them to commit acts of violence without being hindered by societal guilt or emotional turmoil. Traditional masculine traits such as assertiveness, dominance, and emotional repression are used by female serial killers to cope with trauma (Malonda-Vidal, 2021). Such behaviors may result from a need to regain power and control over their environments after experiencing victimization. By embodying traits which are culturally associated with masculinity such as aggression and control, female serial killers may distance themselves from the culturally accepted feminine role of victim or nurturer (Harrison, 2023). This deviation was interpreted as a form of rebellion against both personal trauma and gendered expectations. In the case of female serial killers, the trauma they experience in childhood or adolescence pushed them to reject traditional femininity and adopt behaviors which align more closely with masculinity. This trauma-informed, gendered role reversal was

seen as a survival mechanism, an attempt to exert control over a world which has failed to provide safety or support.

Hickey's TCM and Bem's GST were used for understanding complex emotional dynamics and gendered behaviors of female serial killers. This led to more complex perspectives regarding female serial killers, contributing to both criminological theory and understanding of gender, emotions, and violence. This could guide future research on female serial killers, particularly by exploring how gender, emotions, and trauma interact to shape violent behaviors in ways which transcend traditional gender expectations.

Female Serial Killers

Female serial killers have long been a subject of fascination and mystery in criminology and forensic psychology. Officials reported the following statistics - in the 1970s, there were 77.5% serial killers in the US with 673 kills; in 2020, the number of serial killings has dropped to 55.3 % with 20 killers reported; by 2020, 9.3% serial killers were females; 7.8 % tortured their victims; 0.3% drank their blood (Aamodt et al., 2023; Martin et al., 2020). Despite the significant attention given to serial killing in general, female serial killers have mainly been underexplored in comparison to their male counterparts. Uniquely, 10% of murders carried out in the US are by females, who are liable for 17% of every serial killing (Gale, 2022). Early research on serial killers overwhelmingly focused on male perpetrators, as the stereotype of the "male serial killer" often violent, sexually motivated, and socially isolated dominated criminological thoughts. Female serial killers were considered rare anomalies and frequently excluded from broader discussions of serial homicide (Holmes et al., 1991; Gurian, 2011).

Harrison et al. (2019) sought to fill this gap by acknowledging the distinct characteristics of female serial killers, who, while far fewer in number, have been found to exhibit unique patterns of behavior.

One of the first challenges in researching female serial killers is the lack of consensus on how to define "serial murder" (Menshawey et al., 2023). While the FBI's definition of a serial killer focuses on the killing of three or more victims over an extended period with a "cooling off" period in between (FBI, 2010), researchers argue these criteria often overlook the unique patterns of female perpetrators. Some scholars suggest expanding the definition of serial murder to capture better specific characteristics of female serial killers, such as the use of poison or killing within familial or caregiving roles (Reynolds & Hennen, 2004).

Research on female serial killers has also faced the challenge of applying male-dominated standards to understanding female behavior. Much of the early work on serial killing was informed by theories of masculinity, which assumed serial murder was inherently a male phenomenon. Females are viewed as more sympathetic than males (Löffler & Greitemeyer, 2023; Binder, 2021); this assumption led to a break in knowledge about who often do not fit the stereotypical profiles of male serial killers. For example, females are more likely to kill within domestic or caregiving settings and frequently employ methods such as poisoning, which differ from the more overtly violent methods typically associated with male serial killers (Holmes et al., 1991).

In the early stages of research, female serial killers were often pathologized and considered abnormal cases of mental illness (Harrison, 2023). The psychopathology

approach argues female serial killers are similar to male serial killers who must have some form of mental disorder or deviant personality trait (Jarrett, 2023). Studies by scholars such as Ressler et al. (1988) focused on categorizing serial killers based on psychological traits such as narcissism, antisocial personality disorder, or psychopathy. The use of psychological explanations to account for female serial killing has faced criticism for being overly simplistic and for ignoring the related factors which may drive women to commit such violent acts.

Much of the research on female serial killers has relied on case study methods and qualitative analyses (Harrison et al., 2015). Researchers often examine the life histories of known female serial killers to identify patterns of behavior, emotional development, and triggering events which may explain their criminal actions. For instance, case studies of women such as Aileen Wuornos and Dorothea Puente have been instrumental in understanding the diversity of female serial killers and the factors which contribute to their criminality (Reynolds & Hennen, 2004). Researching in-depth investigation of the personal histories and circumstances of female serial killers provides grounded insights into their motivations and behaviors. Awareness of well-known cases can lead to biases in research, as researchers may focus on extreme or high-profile cases, potentially overlooking less apparent patterns.

The problem with obtaining knowledge about female serial killers is not knowing the difference in masculine traits they may hold. Not all female serial killers have the same traits as male serial killers. If we could take a step back for a moment and look a little deeper into female murderers' characteristics, we would find some distinctions

which set them apart. Females, as unequipped to be serial killers, are misconceptions, hence the extended time frame of capture as opposed to male serial killers' capture. Female serial killers have killed around 331 victims and are being overlooked by society's misconceptions (Harrison et al., 2015). Many female serial killer's characteristics were nurturing callings, such as being medical caretakers and sitters. Female serial killers would be better than expected in actual appeal, which might have assisted with causing trust in their victims (Harrison et al., 2015; White and Lester, 2012). Christine Falling, an American female serial killer known for smothering her victims, was a nanny, housekeeper, and babysitter. Falling claimed she loved children, then smothered all but one of her victims, which she claims fell from the crib (Hickey, 2016). Falling, even throwing a stereo at her husband while married for only 6 weeks, shows reason for conducting more research into female serial killers. Hence, this research study's focus on the role masculine traits play in the lives of female serial killers.

Family Violence

Family violence has been identified as a significant contributing factor in the development of violent behavior in various criminal subtypes, including serial killing (Marono et al., 2020). The scale of research on serial killing has focused on male offenders, knowing there is growing recognition of the unique factors that shape female serial killers. Many of these females have histories of family violence, which may play a pivotal role in shaping their behaviors. A significant asset of intuition and violence are adverse influences on children's perspectives. While brutality inside a family framework puts adolescents in danger of a scope of ominous outcomes (Cavanagh et al., 2018);

family violence may influence a child's self-awareness, including hostility from guardians/parents' upbringing toward their self-esteem (Hasselle et al., 2024).

According to the U.S. Department of Justice, family violence typically refers to physical, emotional, sexual, or psychological abuse within the domestic sphere. Family violence often manifests as abuse by parents, intimate partners, or other family members and may be frequently considered a precursor to violent criminal behavior regarding serial killers. Researchers have long argued childhood abuse, neglect, or witnessing domestic violence can leave long-lasting psychological scars which contribute to violent tendencies in adulthood (Widom, 1989).

Family violence is difficult to define in clear-cut terms, particularly when it intersects with gender dynamics. The definition of family violence itself is often contested, particularly concerning its relationship to female violence. Female offenders are usually cast as victims of family violence, which may unintentionally overshadow their role as perpetrators in the context of serial killing. The infamous Aileen Wuornos was sexually assaulted and beaten by her grandfather and impregnated by a family friend who raped her at the age of 14 (Wuornos v. State, 1994). Family violence has often been understood through the lens of victimization rather than an assertive response to trauma (Mueller & Tronick, 2019).

According to Dye (2019), research on childhood trauma, mainly physical, emotional, or sexual abuse by family members, creates deep psychological wounds which contribute to emotional dysregulation, feelings of powerlessness, and a need for control later in life. These unresolved traumas may influence females to commit acts of violence

as a means of gaining control over their environment and coping with their emotional pain (Hickey, 2016). Female serial killers often have backgrounds marked by childhood trauma and exposure to acts of violence (Bosqui et al., 2014). These factors, combined with a need to gain control over their surroundings or to respond to past victimization, may drive some women to commit serial murders, often with a distinct pattern influenced by their life experiences and environment.

The criminological theory of the cycle of violence may make children who experience abuse more likely to become perpetrators of violence later in life (Widom, 1989). Researchers like Holmes et al., (1991) suggested many female serial killers have been victimized within their families, experiencing significant abuse from parents or partners. Such abuse may act as a trigger for violent behavior, and some females may not only kill to escape their victimization but also to exert control over the victims they select, often within familial or caregiving conditions. Dorothea Puente, an American female serial killer, was sexually abused during her childhood after being sent to live at an orphanage when her parents died. Years later Puente kills nine victims while only convicted of three.

The critical role which childhood abuse plays in shaping the behavior of female serial killers, highlighted in Hickey's (2016) trauma control model, provides a clear psychological factor for their actions. By emphasizing family violence as a precursor to violent crime, researchers can better understand the root causes of female serial killing rather than viewing it solely as an expression of inherent pathology.

Sociological and feminist criminology perspectives offer a broader approach to understanding female serial killers of family violence (Marono et al., 2020). These perspectives stress the influence of gendered power structures and socialization in shaping violent behavior. Females who commit serial murder may do so in part as a response to gendered experiences of incarceration, neglect, or abuse, which may be more pronounced in familial circumstances. Which builds upon the gender schema theory, suggesting female behaviors are shaped by internalized cultural beliefs about femininity and the roles females are expected to occupy in family and society. For instance, the notorious Juana Barraza was exchanged for three beers, raped, and impregnated through a mutual relationship with her mother at a young age (Tuckman, 2006). Years later, Barraza's was labeled, “Little of Lady Killer” or “The Lady of Silence.”

Family violence involving females is more likely to experience abuse from male partners or family members. Feminist criminologists argue violence to reclaim power in situations where they have been powerless may drive female offenders (Daly, 1992). Female serial killers with violence within the family may not only be a source of trauma but also an avenue for gaining control over their lives or reasserting dominance. The early experiences of family violence can contribute to the development of deep psychological scars, which may manifest later in violent behavior likely to kill in response to perceived emotional triggers influenced by the patterns of abuse and dysfunction they endured.

Accomplice Killing

Female serial killers who kill as part of a team operate alongside a male partner or another female, with the dynamics of their relationship influencing the crimes (Harrison, 2023). In these cases, the women may play varying roles, from active participants to complicit bystanders. The partnership can be driven by manipulation, coercion, or shared psychological motives and often involves a power imbalance where one partner may dominate the other. These killings are usually premeditated, with the women sometimes serving as accomplices or, in rare cases, instigators.

Jane Toppan, Lisa Nichols, Tina Farmer, Michelle Inman, Espy Pilgrim, and Belle Gunness were female serial killers who worked in collaboration with accomplices, often men, to carry out their crimes. For instance, Jane Toppan, frequently aided by her medical knowledge, killed patients with the help of her position (Aamodt, 2023). Belle Gunness lured victims with the help of her suitors. Lisa Nichols, Tina Farmer, Michelle Inman, and Espy Pilgrim's cases involved complex dynamics where personal relationships and shared motives played crucial roles in their crimes (Aamodt, 2020). In these partnerships, the women's roles varied, with some acting as initiators while others were manipulated or influenced by their accomplices.

Females who commit serial murders for reasons unrelated to sexual attraction or violence may be overlooked or mischaracterized. An example of women who kill as part of a team can also be hybristophilia. Hybristophilia is used to describe a sexual attraction to individuals who have committed serious crimes and is an area of growing interest in the study of criminology and psychology, particularly when it comes to female serial

killers FBI (2005). According to Griffiths (2013), being an aggressive hybristophile can assist their partners in a criminal plan of misleading victims, stowing away bodies, covering violations, or carrying out wrongdoings. Serial killers are drawn due to a result of their unfortunate activities and need to get love, yet they cannot comprehend their partners are sociopaths who are controlling them (Anderson & Kiehl, 2014). This paraphilia has often discussed females accompanying males in serial killing, as well as females who romanticize or are attracted to notorious criminals. An example, female serial killer Karla Homolka acted as an accomplice committing rapes and murders with her husband, serial killer Paul Bernando (Kilty & Frigon, 2016). The relationship between hybristophilia and female serial killers is complex, as it encompasses both emotional/sexual attraction to violent acts and an inherent desire for control, dominance, or notoriety.

Masculine Traits

One area of interest within criminological and psychological research is the role of masculine traits in shaping the behavior of female serial killers. Observance of emotionlessness and muscularity requires concealing fragile feelings like tension and trouble, not outrage (Jansz, 2000). Hostility can be utilized as a feeling evasion procedure for additional intensity (Karppinen et al.,2023). Female serial killers have historically been associated with nurturing and caregiving roles, and an emerging body of research has begun to examine how traits are commonly associated with masculinity, such as aggression, dominance, and emotional detachment, possibly present in female serial killers. Bauer (2017) suggested females who highlighted traditionally masculine

traits were perceived as more competent and capable of handling masculine issues, such as defense and economic policy.

Masculine traits often include aggression, dominance, emotional detachment, and a tendency to be assertive or domineering in social situations. Such characteristics have historically been linked to male behavior, particularly in the context of violent crime (Malonda-Vidal et al., 2021). The recognition of these traits in female serial killers' challenges stereotypical gender norms which depict females as passive, nurturing, and emotionally expressive. Females can conquer this perception by underlining manly characteristics yet underscoring masculinity, leading to a prompt reaction from individuals for neglecting to adjust to female stereotypes (Bauer et al., 2022). Aileen Wuornos and Elizabeth Báthory de Ecsed exhibited masculine traits in their behaviors and motivations, which set them apart from typical female serial killers. Wuornos displayed aggression, violence, and a strong sense of independence, rejecting traditional female roles by targeting men in violent encounters, often in self-defense or perceived retribution (Aamodt et al., 2023). Similarly, Báthory, known for torturing and killing young women, demonstrated a commanding presence and an obsession with power, cruelty, and control, traits commonly associated with masculine aggression Radford/FGCU Serial Killer Data base. Both women defied conventional gender expectations, using dominance and violence as tools to assert power in a patriarchal world. Suggesting people with elevated degrees of indifference or commotion participate in genuinely brutal demonstrations of behavior would increase torment resistance and lessen the fear of death (Perry et al., 2022).

Many of the studies on masculine traits in female serial killers are based on case studies of high-profile offenders, such as Aileen Wuornos, Dorothea Puente, and Ilse Koch. These case studies often highlight the presence of potential masculine traits, such as aggression, detachment, and dominance, in the actions and behaviors of these females. For instance, Juana Barraza, a former wrestler, overpowered elderly victims, reflecting a need for physical dominance (Cervantes, 2019). An example of emotional detachment is Mary Ann Cotton, a 19th-century poisoner murdered for insurance payouts, demonstrating cold calculation and disregard for her victims (Tikkanen, 2024). By examining the life histories and criminal behaviors of such females, researchers can gain insights into how gendered traits may manifest in female serial killers.

Feminine Traits

Being a woman is a multifaceted experience, encompassing biological, social, psychological, and identity-based elements. Biological markers are largely defined from the concept of womanhood—such as the presence of female reproductive organs and chromosomes (XX). However, this view has evolved significantly to incorporate broader understandings of gender and identity. Biologically, women are typically characterized by the ability to bear children, but this capacity is not universally experienced by all women due to factors such as infertility, age, and choice. Women also undergo puberty, during which they experience hormonal changes which affect their physical development, such as the growth of breasts and the onset of menstruation (Fausto-Sterling, 2000). Biological sex is an important component, gender identity is an internal sense of being male, female, or something else (Butler, 2006). Transgender women, for example, may

have been assigned male at birth but identify and live as women. Gender expression, the way one expresses their gender through behavior, appearance, and interests, can vary widely among women (Rosenberg, 2009). This fluidity highlights being a woman is not confined to a fixed set of traits but can be experienced and expressed in diverse ways. Social roles, expectations, and the intersection of race, class, and sexuality can impact a woman's experience.

Historically, women have been put down to specific roles in society—often as caregivers, homemakers, and nurturers—though these roles have been challenged and redefined over time. Today, women's roles continue to evolve, with many women pursuing careers, leadership positions, and breaking barriers in fields traditionally dominated by men. Psychologically, women may navigate a range of experiences and societal pressures, such as the expectation to balance career and family, or struggles related to body image due to societal standards of beauty (Grogan, 2008). The psychological construct of womanhood is also impacted by personal and collective experiences, including trauma, resilience, and empowerment. Women's emotional experiences are often shaped by the expectations placed upon them, yet they also foster strength and solidarity through shared experiences.

It is essential to acknowledge the theory of intersectionality, which posits various aspects of identity, such as race, class, sexuality, and disability, intersect to create distinct experiences for women (Crenshaw, 1989). The experience of womanhood cannot be generalized, as women from different backgrounds face unique challenges and

opportunities. The definition of womanhood continues to expand, embracing a diversity of experiences and perspectives which reflect the changing social landscape.

Psychological Research

Female serial killers often exhibit traits such as manipulation, emotional detachment, and a propensity for deceit. Many are skilled at gaining trust, frequently using nurturing roles (e.g., caregivers or authority figures) to lure victims. They tend to kill in more calculated, less spontaneous ways compared to their male counterparts, often targeting vulnerable individuals (Harrison et al., 2015). Some display signs of psychopathy, with a lack of empathy or remorse, while others may be driven by personal gain, revenge, or deep psychological trauma (Harrison, 2023). Most of the psychological research on female serial killers has focused on the following key aspects: mental illness, personality disorders, attachment trauma, and the role of gender in shaping violent behavior (Hickey et al., 2018). Sometimes, forming complex relationships with their victims or accomplices, which further complicates their motives and actions.

A predominant psychological approach to studying female serial killers has been to examine the role of mental illness, particularly antisocial personality disorder (ASPD) and psychopathy (Hickey et al., 2018). These disorders are commonly associated with violent behavior, lack of empathy, and emotional detachment. Some female serial killers exhibit traits such as unkindness, manipulativeness, impulsivity, and lack of remorse. The Psychopathy checklist, developed by Robert Hare in the 1970s, discusses how female serial killers who exhibit psychopathic traits may show low emotional reactivity, a lack of empathy, and an inability to categorize their violent actions.

Robert Hare's Psychopathy Checklist-Revised (PCL-R) is a widely used tool to assess psychopathic traits and behaviors, such as lack of empathy, manipulativeness, impulsiveness, and superficial charm (Hare, 1991). Initially developed for studying male offenders, researchers have applied it to female offenders, including serial killers, to explore similarities and differences in psychopathy across genders. Studies such as those by Vitale et al. (2002) and Salekin et al. (1997) found female offenders with high PCL-R scores often exhibit traits traditionally associated with masculinity, such as dominance, aggression, and emotional detachment. These traits play a significant role in their ability to manipulate and control victims, as well as in their rejection of societal expectations of femininity. The PCL-R provides a framework for understanding how psychopathic traits align with masculine characteristics. Some female serial killers exhibit psychopathic traits (Perri et al., 2010). For example, their emotional detachment and lack of empathy enable calculated, remorseless actions, while their manipulative tendencies often reflect dominance and control. Research using the PCL-R highlights how these traits are not inherently gendered but become labeled as "masculine" due to societal expectations.

The attachment theory, developed by John Bowlby in the 1950s, has also been used to explain female serial killings, particularly early life trauma. Insecure attachment, particularly to primary caregivers, can lead to abnormal emotional and behavioral responses in adulthood (Dagan, 2021). Female serial killers have histories of severe childhood abuse or adverse childhood experiences (Marono et al., 2020). This trauma often manifests in dysfunctional relationships, emotional dysregulation, and violent

behavior, with some women engaging in serial killing as a form of revenge or emotional release (Poovarasan & Jain, 2023).

Psychological research on female serial killers also explores how gender differences influence the expression of violence. Female serial killers tend to use more covert or indirect methods of killing, such as poisoning, asphyxiation, or neglect (Hickey, 2016). The serial killer is also a unique image of relationships between injury and violence, exhibiting the fear related to violence overall, compelling, deliberate, and frequently frightful demonstrations of homicide (Jaber, 2021). Some researchers argue these differences may be due to socialization and gender norms.

In addition to examining individual psychological traits, many researchers have emphasized the importance of sociocultural factors in understanding the psychology of female serial killers. Schug (2022) suggested these factors include the societal expectations of women, their social roles, and how these roles may influence criminal behavior. Women's engagement in serial killing may be a response to socialization processes which encourage passivity, compliance, and victimization when violated, can lead to the adoption of more aggressive or dominant behaviors (Simon, 2015).

Summary and Conclusions

The study of female serial killers remains a developing field, with many unanswered questions regarding gender, trauma, emotions, and violence. With significant progress continuously being made regarding recognizing potential traits of female serial killers, there is a lack of information regarding underlying psychological, social, and cultural factors which drive women to commit serial murder. Research should continue to

explore intersections of gender, family violence, and violent behavior among females while also considering factors such as personality traits, mental health, and opportunity. Future studies could benefit from integrating multidisciplinary approaches which combine psychology, sociology, and gender to understand motivations of female serial killers who have masculine traits. Researchers must continue to challenge traditional gendered assumptions about violence and gender roles, ensuring the study of female serial killing moves beyond pathologizing explanations and considers broader societal contexts.

In Chapter 3, the case study methodology is discussed, as well as case selection and the rationale for this study. Chapter 3 also includes data collection procedures, issues involving trustworthiness, and ethical procedures.

Chapter 3: Research Method

The purpose of this study was to understand roles potential masculine traits play in the lives of female serial killers. I focused on well-documented female serial killers using case study analyses, court records, psychological evaluations, and interviews to identify traits such as aggression, dominance, and emotional detachment. Hickey (2016) stated psychological factors contribute to violent tendencies in female serial killers. Bem's GST and Hickey's TCM guided analysis. This chapter includes information about the methodology of this study and case studies. The research design and rationale are addressed, as well as my role, methodology, trustworthiness issues, and ethical procedures.

Research Design and Rationale

The following qualitative RQs guided this study:

RQ1: What are the most common masculine traits known in female serial killers?

RQ2: What role did masculine traits play in the backgrounds of female serial killers?

My goal was to gather and analyze prior research on masculine traits of female serial killers and influences on their behavior. According to Patton (2015), researchers seek to understand phenomena in their full complexity and richness by considering cultural, social, and political contexts. Despite prior research, there has been a lack of information regarding specific characteristics. Previous research addressed of masculine and feminine traits of female and male serial killers, but not specifically for females only.

Case study analysis is a qualitative research approach which involves in-depth explorations of specific individuals, groups, or phenomena. I used a multiple holistic approach to incorporate qualitative data, theoretical perspectives (psychological, sociological, criminological), and sources (interviews, case files, media, court records). This method reflects the reality female serial killers do not fit easily into one profile or framework. Many female offenders commit crimes over long periods, use convert methods such as poisoning, and target vulnerable individuals (Harrison et al., 2015). According to Creswell and Poth (2018), holistic approaches allow for the exploration of the subject matter in its full complexity, resisting the urge to simplify or essentialize human behavior. Many female serial killers have histories of abuse, neglect, or other traumatic experiences. Understanding these backgrounds is important, as they often intersect with societal expectations of femininity and caregiving roles. For example, Dorothea Puente, exploited societal trust in women by assuming roles as a caregiver, which facilitated her crimes. A holistic approach considers these gendered dynamics, offering insight into how societal norms can influence criminal behavior. Existing theories of serial killing often fail to account for motivations and methods of female offenders, while a holistic approach better understands these patterns.

Yin (2014) emphasized using case studies to answer how and why questions by analyzing real-life contexts. Merriam (1998) stated this generates rich and detailed understandings of complex situations. Using Yin's approach is particularly valuable for this research because of the strengths and rigor of the case study methodology outlined in his framework. Yin's case study method provides a deep understanding of contemporary

phenomena in depth. Yin emphasizes design quality and validity. Yin's case study design can be used to test existing theories or build new ones, offering greater methodological flexibility versus grounded theory. Researchers such as Ching et al., 2019; McLeod et al., 2021; Felman, 2003, and Melegati and Wang, 2020, are examples of the versatility and applicability of Yin's case study research method. This approach supports qualitative data and is excellent for refining existing theories in real-world contexts. Including being one of the most widely cited authorities on case study research. Other methodological approaches are good for breath, but not for depth in context, hard to apply in real-life settings and are more interpretive or narrative, less focused on structured design and replication logic.

An advantage with Yin is providing a clear match between research questions and case type, aiding design validity. Other frameworks, such as Stake's (1995) intrinsic vs. instrumental, are more interpretive and less oriented toward causality or theory-testing. While Stake focuses on interpretation and meaning, Yin's method is stronger for analytical generalization. Utilizing replication logic in a multiple-case design to strengthen external validity and connect findings to theoretical propositions. Therefore, multiple sources of data and triangulation are essential in Yin's (2014) case study approach. They are a core principle of ensuring research rigor and validity. "The need to use multiple sources of evidence far exceeds that in other research strategies" (Yin, 2014, p.120). To ensure a balanced and thorough understanding I used academic journals, scholarly articles, books, court documents, media sources, interviews, crime reports, and databases as contributing insight and data for each case. Peer-reviewed journals in

criminology, psychology, and sociology provide theoretical frameworks, case studies, and statistical analyses. For instance, Frei et al., (2006), completed a literature review on examining female serial killing, highlighting common motives such as material gain and the rarity of hedonistic or sexual motivations among female offenders. These sources offer evidence-based interpretations of behavior, motives, and patterns specific to female serial killers. Books, particularly those written by criminologists, investigative journalists, or psychologists offer in-depth narratives and analysis of specific cases. For instance, *Hell's princess: the mystery of Belle Gunness*, Schechter (2018), explores the life and crime of Bell Gunness, offering insights into her motivations and methods. Official records, including arrest reports, trial transcripts, and sentencing documents, provide information which is critical for establishing timelines, methods, and legal outcomes. These sources help verify information and add credibility to the research. Media, newspapers, documentaries, and news websites offer real-time or retrospective accounts of cases. While these can influence bias, they are useful for understanding public perception and how media portrayal may differ based on gender. Resources such as the Radford/FGCU Serial killer database, provides data on tends, frequency, and demographic patterns. Interviews with criminologists, law enforcement officials, or psychologists provide expert interpretations and context. For example, Ann Burgess, a pioneer in trauma assessment, collaborated with the FBI's behavioral science unit to develop psychological profiles of serial killers, offering valuable insights into the behavioral patterns of female offenders. Other methods such as quantitative would not be appropriate because they either do not adequately capture real life context, are too narrow

or too broad, or fail to account for the complexity of the phenomenon. For example, if the "how" and "why" of behavior within the specific real-world system are important, phenomenology may be too narrow. Yin's approach embraces real-life complexity.

Case study analysis was suitable for research on female serial killers because it is used for complex examinations of backgrounds, behaviors, and roles. This approach is accommodating in terms of addressing the complexity of individual experiences, leading to insights quantitative methods may overlook. Other techniques such as large-scale surveys and experiments were not suitable for this research due to the rarity of female serial killers and difficulty of generalizing findings across this small and unique population. Case study analysis involves focusing on depth rather than breadth, enabling a more personalized and contextually rich understanding of phenomena.

Role of the Researcher

My role was to objectively analyze and interpret psychological, social, and criminological factors which contribute to female serial killings. I did not have any personal or professional relationships with participants in this study. There was a thorough review of existing literature, case studies, and psychological profiles of female serial killers in order to identify patterns, motivations, emotions, and behaviors. To avoid risks, I contacted my dissertation committee to guarantee legitimate exploration techniques. I remained neutral, balanced, and ethical while maintaining a critical awareness of gendered and sociocultural dimensions of serial killing. According to Yin (2014), researchers must carefully design studies, select cases, collect data from multiple sources, and maintain objectivity to ensure validity and reliability. Stake (1995) stated

researchers are responsible for interpreting context and meaningful patterns, providing rigorous and contextually rich findings.

It is crucial to avoid biases which may result from societal stereotypes or preconceived notions regarding gender roles. I considered these traits in circumstances rather than as definitive markers of criminal behavior. I remained unbiased while recognizing complex interplays between gender, societal expectations, and personal experiences, as it was essential to understanding female serial killers' lives and crimes. Additionally, care was taken to rely on diverse and credible sources to mitigate biases. It is important to contextualize behaviors within psychological and social frameworks in order to avoid oversimplified conclusions (Herman, 1997; van der Kolk, 2014). This ensures findings reflect significant understanding rather than reinforcing harmful stereotypes or assumptions about gender and crime.

Methodology

I used a qualitative approach to examine roles of potential masculine traits in the lives of American female serial killers. Research involved selecting well-documented cases with available psychological profiles, court records, and interviews. Data were gathered from primary sources such as court documents and the Radford/FGCU Serial Killer Database as well as secondary sources such as academic articles and media reports. While the Radford/FGCU Serial Killer Database is an essential source especially for female serial killers, multiple supplementary sources are essential for a well-rounded, accurate, and critical understanding of female serial killers. For instance, databases do not engage with criminological theories or discuss societal factors contributing to female

serial killing. I used thematic analysis to identify masculine traits such as aggression, dominance, control, manipulation, and emotional detachment in order to explore how these traits influenced criminal behavior and motivations. My goal was to understand how masculinity shapes actions and victim selection of female serial killers.

Participants were randomly selected based on case documentation regarding female serial killers with verifiable and available public records, including secondary sources. Secondary sources including psychological profiles were prioritized to provide a comprehensive understanding of factors influencing female serial killers. Participants were identified as serial killers if they committed multiple murders over time with a clear pattern or motive. Cases were chosen which occurred in the United States since 1995.

Patton (2015) suggested selecting a range of participants with varying experiences, backgrounds, and roles which were relevant to the research topic. This ensures data reflects a broad spectrum of insights, allowing for a comprehensive understanding of issues.

Saturation occurs when additional data collection no longer leads to new insights or themes. Yin (2014) emphasized in case study research, the goal is achieving theoretical saturation, where no new insights or patterns emerge from data. It is important to select cases strategically based on their relevance to RQs rather than striving for a large sample, as the goal is depth of understanding rather than generalizability. As sample size increases, the likelihood of reaching saturation grows, but this depends on complexity of the research topic (DiStefano & Yang, 2024). A larger sample size typically allows for more comprehensive data, but once saturation is reached, further data

collection becomes redundant, and no significant new information is gained. Thus, saturation is a guiding principle to determine appropriate sample sizes for qualitative research.

Data Collection and Analysis

All data collected was from secondary sources. Once permission was obtained, the primary source of data collection was from the Radford/FGCU Serial Killer Information Center, a comprehensive database maintained by Radford University and Florida Gulf Coast University. It compiles extensive information on serial killers, including demographics, psychological traits, crime details, and victim profiles. The center is a valuable resource for researchers and law enforcement, offering insights into patterns and behaviors of serial killers to aid in analysis and prevention efforts. The Freedom of Information Act was utilized when gathering documents from federal agency records. Data was collected from media sources as public perception and media framing of female serial killers differed significantly from male counterparts. Media sources and content analyses help to understand gender bias awareness, reporting and prosecution of these crimes. For instance, Aileen Wuornos was portrayed in ways which shaped both public opinion and judicial outcomes, an aspect not captured in the Radford/FGCU Serial Killer Database.

The potential masculine focus traits were a lack of emotions, aggression, control, dominance, and manipulation. These questions focus on exploring the prevalence and influence of masculine traits in shaping the identities and actions of female serial killers.

First, the data was collected by categorizing the source types and their relevance to each research question and manually coding. According to Corbin & Strauss (2015), data is analyzed using a three-step process: open coding to identify initial themes, axial coding to refine and link these themes, and selective coding to highlight key patterns. Glaser & Strauss (1967) emphasizes a systematic approach to coding in qualitative research, where researchers start with open coding to identify initial categories. Similarly, Linneberg and Korsgaard (2019) suggest codes should evolve as the data is analyzed, with continuous comparison to ensure emerging themes are grounded.

Next, I identified recurring masculine traits and categorized them into criminal behavior and personal background. I compared data across sources to verify consistency and credibility while highlighting the correlations between masculine traits and roles in criminal activity or life history. I included a timeline from the 1970s with an age range between 14 to 54 years while manually coding to illustrate the findings. Coding helps researchers organize, analyze, and visualize unstructured data like interviews, surveys, and case studies, enabling easier identification of patterns and themes.

Finally, I utilized charts, tables, or graphs to represent trait patterns visually. All data gathered was saved and stored on a secure thumb drive and a cyber folder on a personal computer.

Issues of Trustworthiness

Within any qualitative research, ensuring trustworthiness is critical to the integrity of the study. Such factors on trustworthiness include credibility, transferability, dependability, confirmability, and intra- and intercoder reliability (Lincoln & Guba,

1985). I focused on ensuring transparency and rigor while collecting data throughout this research process to uphold the overall trustworthiness of this study.

Patton (2015) outlines several key criteria, including credibility, which ensures the findings accurately reflect the participants' experiences. Credibility in qualitative research refers to the accuracy and truthfulness of the findings, ensuring they reflect participants' perspectives (Morse et al., 2002). I utilized various strategies when collecting data, such as multiple sources of information to ensure the credibility and accuracy of the information gathered. Using multiple sources of data, often referred to as data triangulation, is important in enhancing the credibility, validity, and reliability of research findings. Triangulation not only strengthens the internal validity of a study, it also helps uncover inconsistencies or variations which could otherwise be overlooked (Denzin, 1978). Moreover, it provides a framework for drawing conclusions by ensuring findings are not the result of methodological limitations or specific sample characteristics (Patton, 1999). In qualitative research in particular, triangulation data enhances trustworthiness by reinforcing themes and patterns through corroboration (Creswell and Poth, 2018).

Transferability is also essential, referring to the extent to which findings can apply to other contexts, which can be supported by providing thick descriptions of the research setting (Patton, 2015). According to Morse (2015), transferability is the extent to which research findings can be applied to other contexts. Morse (2015) suggests researchers can enhance transferability by providing detailed descriptions of the research context, participants, and processes, allowing readers to assess the applicability of the findings to

different settings. To ensure transferability, I documented evidence of my findings through triangulation using multiple data collection methods such as previous interviews and case study documentation.

Plummer-D'Amato (2008) stresses dependability, which refers to the consistency of the research process over time. This can be ensured through clear documentation of methods and decisions. Morse et al. (2002) suggest maintaining an audit trail to document decisions and procedures, while Lincoln and Guba (1985) emphasize the importance of ensuring the research process is logical, traceable, and transparent. I provided proper documentation, including data collection methods, interpretations, and member checking, to ensure thoroughness and accuracy throughout the research process.

Confirmability, defined by Lincoln and Guba (1985), relates to the study's objectivity, ensuring findings are based on the data rather than researcher bias. Confirmability can also be achieved by techniques like audit trials and reflexive journaling. As Patton (2015) suggests, detailed documentation and reflexive practices should be used to ensure the findings are grounded in the data.

Pearson et al., (2015) highlights the significance of intracoder reliability in data analysis, referring to the consistency of a single coder over time. Throughout this study, I was the only coder. Continuous coding was used throughout the process to ensure consistency and accuracy.

Ethical Procedures

Ethical procedures in qualitative research are essential to protect participants and ensure integrity. Researchers must respect participants' dignity and autonomy, ensuring

their comfort throughout the process. Creswell and Creswell (2018) stress confidentiality and the need for clear communication about how participants' identities and data will be protected. Due to limitations on not being able to interview female serial killers imprisoned or deceased, a confidentiality agreement was not required. There was no contact made with participants throughout the study.

Additionally, transparency is essential for researchers to acknowledge their own biases. (Pearson et al., 2015). Research does not harm participants and maintains transparent, open communication about the research goals and how data will be used (Patton, 2015). According to the Institutional Review Board (IRB), there are four steps to obtaining ethics approval before collecting data on a doctoral study. I completed and submitted a description of data sources and a partner site form to initiate the review process and gain approval. Once approval was received, I maintained ethical responsibility and trust through the research process while completing this qualitative analysis using secondary data sources.

Summary

In this chapter, I addressed the methodology of this qualitative case study. My purpose and RQs were restated, and the rationale and my role were discussed. I explained participant selection, instrumentation to collect data, and data analysis. Trustworthiness issues were addressed, including credibility, transferability, dependability, confirmability, and reliability. Lastly, ethical procedures and the importance of ensuring integrity were addressed in this chapter. In Chapter 4, the results are discussed.

Chapter 4: Results

The purpose of this qualitative study was to examine potential roles masculine traits play in the lives of female serial killers. I explored presence and significance of masculine traits in female serial killers, examining how social expectations of gender influence their criminal behaviors. I used a case study analysis to explore common traits such as lack of emotions, aggression, control, manipulation, and dominance.

In this chapter, I described how selection of cases was chosen, demographics, data collection, data analysis, evidence of trustworthiness, and results. This chapter includes findings from data. RQs that guided this study were:

RQ1: What are the most common masculine traits known in female serial killers?

RQ2: What role did masculine traits play in the backgrounds of female serial killers?

Setting

Secondary data analysis was used via preexisting data collection and public records. There were no personal or organizational conditions or influences affecting this research. All research was conducted in my home in a quiet place with no distractions. There were no changes in terms of personnel or budget during research.

Demographics

In this study, participants were 15 American female serial killers. The IRB granted approval #02-28-25-1047413 to conduct this study. Information was gathered to determine common masculine traits female serial killers have and roles in their lives.

Female serial killers randomly selected were between 14 and 54, born in the United States, and committed killings beginning in the 1970s.

Out of a total of 5890 total serial killers in the Radford/FGCU Serial Killer Database, 29 (0.49%) were in the United States and were female. To narrow down the search, I randomly selected every other serial killer out of the 29, resulting in 15 female serial killers. All 15 selected preexisting case studies included status (deceased or incarcerated), methods of killings, number of victims, and motives. All case studies included female serial killers who committed three or more murders in the United States. Five female serial killers did not have any known traumatic childhood histories to research.

Six case studies had previously worked in the healthcare field. Eleven were currently incarcerated, two were deceased, and one had a status which was still unknown. Five cases involved killing of elderly victims, eight infants, and two adults. Out of 15 randomly chosen female serial killers, 12 participants were White, two Black, and one Hispanic, and all resided in the United States. There were no biases in terms of race.

Data Collection

This study included secondary data collection from public records, archived data, and the Radford/FGCU Serial Killer Database. All 15 participants were randomly selected using this database. Not all participants had readily available information. All data was retrieved from archive data, internet searches, and published books which were available to the public. Most cases were in the news, so I used newspaper sources to collect more details, as well as articles and reports with additional information related to

participants. Newspaper and media articles provide real time updates, local perspectives, and qualitative narrative which may not be included in formal datasets. Media coverage often highlights elements such as victim profiles, investigative developments, public reactions, and judicial proceedings which add depth and context to otherwise structured data (Simons, 2013). Furthermore, media reports can help identify lesser-known cases or regional patterns not yet captured by law enforcement or academic sources. All information was assessed and coded manually as addressed in Chapter 3 after six reviews to ensure accuracy. All information was coded to address RQs.

Cases

Denise Dianna Buchanan

Denise Dianna Buchanan, who was born in 1966 in Reno NV, is a convicted American woman known for the deaths of three out of five of her sons between 1989 and 1993. Buchanan became a mother at 21 with the birth of her first son, Joseph, in 1987. In 1988, Denise gave birth to Joshua, and in 1991 Jeremiah was born. Buchanan's relationship with Francisco Leal began in 1987; while Joseph was not Leal's biological child, he raised him as his own. The couple had two sons together, Joshua and Jacob. From 1989 and 1993, three of Buchanan's infant sons died under suspicious circumstances (Estephe, 2019). Denise was disappointed when she gave birth to her second son Joshua, as she wanted a girl. Denise was very close to Joseph, her first son, and he could do no wrong in her eyes (Buchanan v. State, 2003). Denise would send Joshua to school without eating. At four months old, Jeremiah died with the initial cause of death as sudden infant death syndrome (SIDS). The officer testified due to the

condition of the body and the appearance of a brown and white substance around the mouth and nose, he suspected the child had vomited and aspirated. However, Denise reported the child died of SIDS. At three months old, John died after coming home from the hospital with an apnea monitor. The morning of John's death Buchanan woke up from a sound from the apnea monitor, and Leal began CPR while the paramedics were called. Denise informed the police John was breathing improperly; reset the monitor, turned it off and John stopped breathing. The officer testified Leal was distraught, and Buchanan was very calm upon arrival (Rosin and Vobejda, 1998). A pathologist observed capillary bursts in his lungs, suggesting possible suffocation. The cause of death was listed as undetermined. Jacob died just days before his first birthday. According to reports, Buchanan turned off Jacob's apnea monitor, left to see why the dog was barking, and upon return Jacob was blue and no longer breathing (Buchanan v. State, 2003). Further investigation proves the apnea monitor arrived at home hours after Jacob was already dead. Buchanan's reactions to his death were notably calm, raising suspicions among authorities (Estephe, 2019).

Following the death of Jacob in 1994, further investigations revealed inconsistencies, such as Buchanan's unemotional reactions and conflicting accounts regarding the incidents. Forensic pathologists concluded the infants died from asphyxiation, leading to Buchanan's indictment on charges of murder by asphyxiation and child abuse (Buchanan v. State, 2003). In 1999, Buchanan was convicted of two counts of first-degree murder for the deaths of John and Jacob. Buchanan was acquitted

of Jeremiah's death due to insufficient evidence. Buchanan received two consecutive life sentences with the possibility of parole.

Tammy Corbett

Tammy Corbett-Eveans was born in Illinois in 1965. In 1987 to 1989, she killed her three children. From a young age, she demonstrated assertiveness being a high school cheerleader and president of her freshman class. By the time she was a junior in high school, she became depressed, didn't graduate, started drinking, had an abortion, received a head injury in a pool, and was involved in a car wreck which led to headaches and nightmares (People v. Eveans, 1995). Corbett gave three versions of being raped in her childhood, leading to heavy drinking and a life of violence.

Tammy was married to Richard Eveans who saw her as no other than a loving mother to their children. Including, disclosing Tammy having some nightmares in her sleep from time to time when he couldn't wake her (People v. Eveans, 1995). Richard admitted while gone on a trip, Tammy calls telling him she was doing laundry and either Ricky pulled Robert off a table or Robert had fallen. "Robert died from a skull fracture and resulting meningitis when his brother pulled him down from a table" (Harrison, 2016). Upon Richard returning home a few days later Robert stopped breathing and was taken to the hospital. Richard returned to work after taking some days to console and Robert died in the hospital the same day (UPI, 1984). Serving 20 years in prison for murdering her 1st son, Tammy admitted to suffocating her daughter Amy and laughed her husband Richard did not wake up as she was killing her (People v. Eveans, 1995).

According to Harrison (2023), there were reports of Tammy having mood and thought disorders, impaired judgment, and trauma but not clinically deemed insane enough to stand trial. Tammy displayed a high degree of aggression and dominance, traits frequently attributed to masculinity. Her capacity to assert control over her victims, often through violent and calculated means, mirrors the aggressive tendencies which are typically associated with male serial killers (Canter, 2003). Corbett demonstrated a notable lack of empathy, often disregarding the well-being of her victim's using manipulation and psychological control to exploit her victims, a trait linked to the stereotypical masculine desire for power and dominance (Hickey, 2016). By creating situations where she could maintain authority over others, she exhibited a calculated approach, further reinforcing her ability to embody traditionally masculine traits of control. She demonstrated strategic thinking with her ability to plan, execute, and evade capture for an extended period reflecting a rational, detached mindset, eschewing emotional impulse for a calculated, methodical approach.

Bobbie Sue Dudley

Bobbie Sue Dudley lived in St. Petersburg, Florida as a registered nurse. She was born in 1952 and 23 years old at the time of the crimes. She killed a reported 10 victims between 1984 and 1985. Her first of many killings was in 1984 when she used her career in the health field to poison and strangle her victims (Beine, 2003). Growing up she was overweight, myopic, and reportedly grew up in an abusive environment (Frei et al., 2006). Suggesting, she endured both physical and emotional abuse during her childhood.

Traumatic experiences can contribute to a lack of emotional development and feelings of anger or resentment, which may have been carried into her adulthood.

She was in and out of mental health institutions for schizophrenia and Munchausen's syndrome, including cutting her vagina with scissors out of anger due to being infertile (Feldman et al., 2018). Learning she couldn't have children, she and her husband Danny Dudley adopted a son. Sometime later she gave him her personal schizophrenia medication causing him to overdose. According to Artingstall (2021), abuse may have escalated to a level of deadly violence or caused bodily harm to the victim, either permanently or temporarily. Following losing custody in her divorce to Danny Dudley, Bobbie lands a supervisor position at North Horizon Health Center graveyard shift. Bobbie began administering insulin to the residents at the home killing them one by one, leading to her being labeled the "angel of death" (Farrell et al., 2011). It wasn't until Bobbie gave Anna Larson insulin which nearly killed her when red flags began to rise. Anna Larson, nondiabetic, was 94 years old at the time of her death. Bobbie was the only person with the key to the medication cabinet on graveyard shift (Feldman et al., 2018). High dosages of medications and poisons are commonly used as a means of murdering by female serial killers which Bobbie did not hesitate to administer.

Kristen Gilbert

Kristen Heather Gilbert also known as the "Angel of Death," was born on November 13, 1967, in Fall River, Massachusetts. In 2001, Gilbert was found guilty of murdering at least four patients and attempting to kill several others by injecting them

with lethal doses of epinephrine working at the Veterans Affairs Medical Center in Northampton, Massachusetts between 1995 and 1996 (McGivern et al., 2002).

As a teenager, Kristen had a habit of lying and manipulating people by faking suicide attempts (Farragher, 2000). She was ordered to a psychiatric facility for her inappropriate behavior. Shortly after Kristen's release, she transferred to Greenfield Community College where she obtained her nursing diploma (Emsley, 2008). She attended the University of Massachusetts and became a registered nurse in 1991. Kristen was very popular at work before the killing began interacting with all her coworkers, buying flowers, and having beers after work (Farragher, 2000). Gilbert worked at the VA Medical Center, where she began her pattern of lethal behavior, injecting patients with epinephrine—an adrenaline-like substance that could cause heart attacks and other fatal events (Phelps, 2003). Kristen would often be present during these emergencies and appeared to enjoy the attention of her colleagues when resuscitating patients (Burgess & Holmstrom, 1974). Suspicion surrounding Gilbert's behavior grew as the number of unexplained cardiac arrests and deaths increased at the hospital. The nurses would tease Kristen with how so many residents died on her watch, hence the name given, "Angel of Death". "She was charged with killing Henry Hudon, 35, Stanley Jagodowski, 66, Kenneth Cutting, 41, and Edward Skwira, 69 all of whom suffered fatal heart attacks" (Tynan, 1999). Other allegations were assaulting someone with a kitchen knife, attempted murder using poison, removing a breathing tube from a patient, leaving a patient under cardiac arrest, and forcing another nurse who was not trained to help in an emergency (Tynan, 1999). Throughout the trial, it was revealed Gilbert had a history of inappropriate

behavior, including making statements such as, “liked the attention” she received when patients collapsed.

Gilbert’s method of violence contrasts with the more emotionally driven violence often seen in female serial killers, who tend to act out of personal grievances or to fulfill a caretaking role (Daly, 1992). Gilbert’s ability to distance herself from her victims and view them as objects to manipulate aligns with masculine traits of control and detachment (Hickey, 2016). Gilbert displayed an apparent sadistic pleasure in causing pain and suffering. Reportedly quick to intervene in emergencies, often being the first to administer treatment after a patient’s collapse, even though her presence was not always necessary. The positioning allowed her to maintain control over the situation and her victims. Her actions indicate a desire for power and influence over life and death (Daly & Wilson, 1988); reflecting the masculine ideal of asserting control in violent situations. Gilbert's behavior displayed emotional detachment and lack of empathy, showing little to no remorse or emotional response. In her interactions with colleagues, she appeared unaffected by the gravity of the deaths occurring around her. This detachment is consistent with the emotional detachment typically linked with male serial killers, who often view their victims as objects to be used rather than human beings (Hare, 1999). Finally, Gilbert’s willingness to take risks in her role as a nurse shows a masculine trait of risk-taking behavior. Her actions were certainly calculated. Gilbert killed in a setting where she could easily be caught, suggests a high level of boldness and disregard for consequences—traits commonly found in male serial killers who engage in criminal activities despite significant risks (Hickey, 2016).

Kristen was sentenced to life in prison without the possibility of parole in 2001. Her case raised significant concerns about the ability of healthcare professionals to exploit their positions of trust to commit crimes. Her actions brought about increased scrutiny of hospital protocols, especially concerning the handling of medications and the supervision of medical staff.

Vickie Dawn Jackson

Vickie Dawn Jackson was born February 13, 1966, in Montague, TX. She was 34 years old at the time of her first kill. Growing up her father was absent, and her mother's relationships with men were often tumultuous, leading to a sense of neglect and abandonment. Experiencing childhood trauma, particularly neglect and abuse, can have lasting effects on an individual's ability to form healthy relationships and regulate emotions (Hare, 1999; Daly & Wilson, 1988).

Between 2000 and 2001, Vickie worked at Nocona General Hospital where she killed a reported 10 victims by injecting them with mivacurium (a muscle paralytic drug). Vickie worked as a licensed vocational nurse treating patients in nursing homes and hospitals before her criminal behavior took off at Nocona General. Jackson was reported as soft-spoken, sweet, and nurturing (Jacobs, 2011). Psychiatrist Dr. Lisa Clayton evaluated Jackson and diagnosed her with mixed personality disorder, exhibiting antisocial, narcissistic, and histrionic traits. Dr. Clayton noted, Jackson displayed a grandiose sense of self-importance, lacked empathy, and viewed people as objects, traits consistent with individuals capable of committing such offenses (Brown, 2005). She initially took care of her residents, feeding them, tending to their wounds, and even

holding their hands attending their bedside as a form of comfort (Hollandsworth, 2007). It wasn't until later when Vickie experienced a change of heart. Hospital administrator, Charles E. Norris, noticed a vast number of patients dying suddenly on one specific shift and a shortage of mivacurium in the hospital inventory. Following a report of his suspension, the FBI and Texas Rangers launched an investigation due to 20 patients all dying from mivacurium poison at Nocona General (The Clarion-ledger: Mississippi and Jackson Metro's news source, n.d.). Throughout the investigation, patient Donnely Reid, 61, claimed Vickie injected his IV bag with a drug. Expressing another nurse coming to his aid, saving him from passing at that moment (The Clarion-ledger: Mississippi and Jackson Metro's news source, n.d.). Jackson's actions were not driven by spur-of-the-moment emotional outbursts, but rather by a cold, calculated need for control and personal gain, characteristics often associated with male serial killers (Hickey, 2016). Throughout her trial and subsequent interviews, Jackson displayed minimal emotional response to the suffering and deaths she caused. Her indifference to the consequences of her violence, along with her apparent enjoyment of control she exerted over her victims, reflects the masculine trait of emotional detachment, which is often observed in male serial killers (Fox & Levin, 1998).

Vickie targeted victims she knew personally and was willing to engage in violent acts even though the risks of detection and punishment were significant. Her calculated approach to murder, coupled with her disregard for the potential consequences, highlights a level of ruthlessness and boldness typical of male offenders who often continue their criminal behavior despite the risks (Hickey, 2016).

Genene Anne Jones

Genene Anne Jones was born July 13, 1950, in San Antonio, TX. Jones was indicted on five charges of murder while convicted of murdering Chelsea McClellan, 15 months old, and suspected of killing over 60 babies. Genene was 33, at the time she injected succinylcholine (muscle relaxant) into Chelsea (UPI, 1984). She worked at Bexar County Hospital on the afternoon shift before moving to Kerrville, TX where 8 babies suddenly stopped breathing under her care (Elkind, 2020).

Reports indicate Jones had a troubled childhood, including a difficult relationship with her mother and various incidents of personal trauma. She was originally a beautician before attending nursing school. Genene was reportedly adopted at a young age by a nightclub owner and his wife (UPI, 1984), which could have contributed to feelings of abandonment and identity struggles. Childhood trauma, including neglect and the absence of secure attachments, has been shown to significantly affect emotional regulation and can contribute to violent behavior in adulthood (Hare, 1999; Daly & Wilson, 1988). Previous coworkers say Jones was aggressive, loud, and made inappropriate jokes (UPI, 1984). Genene worked at numerous hospitals over the years, even leaving mysterious reports of killing 10 children after leaving the Medical Center hospital in San Antonio. United Press International reported, “The babies, along with seven others who survived unexplainable emergencies, seemed to stop breathing, bleed from old puncture marks or suffer seizures in Ms. Jones’ care” (UPI, 1984).

Jones' criminal behavior involved lethal injection of children with harmful substances such as digoxin and other drugs, was methodical, calculated, and

premeditated. Her actions were driven by a desire for attention and a need to assert control over life and death. Jones's ability to act methodically without emotional outbursts reflects the detached nature often seen in male offenders (Hickey, 2016). Jones's ability to inject children with life-threatening doses and watch as they struggled before they died was likely a manifestation of this sadistic impulse (Burgess & Holmstrom, 1974). Her need for control and power she feels over life and death mirrors the psychological makeup of male serial killers, who often kill to establish dominance and manipulate situations to their advantage (Hickey, 2016). Jones was able to convince her colleagues and supervisors she was simply a well-meaning nurse who cared deeply for her patients. By maintaining this facade, she was able to gain trust and, in turn, manipulate those around her into not suspecting her of any wrongdoing. The ability to manipulate others and deceive them into believing one is trustworthy is a psychological tactic frequently used by male offenders to continue their criminal activities undetected (Fox & Levin, 1998).

Jones was sentenced for killing Chelsea McClellan in 1985, with 99 years in prison. In May 2017 she was indicted on charges of killing Joshua Sawyer, 11 months old, in which she pleaded guilty in January 2020 (Zavala, 2018). Jones was sentenced to life in prison.

Diana Lumbrera

Diana Lumbrera at age 17 married Lionel Garza in 1974. With turmoil early in their marriage, the couple had three children together, Melissa, Joanna, and Jose. Joanna, three months old, died from strangulation and convulsions (UPI, 1984). In 1978, Diana

brought two-month-old Jose to the hospital with similar circumstances of convulsions and stopped breathing. Eight months later Diana brought three-year-old Melissa to the hospital for convulsions and then a rapid death (Flowers & Flowers, 2018). Years later Diana had three more children who all died before kindergarten.

In October of 1980, Diana took her cousin's daughter for a drive and within 30 minutes ended up in the hospital for convulsions and Ericka dead on arrival ("Garden City Police Department," n.d.). In August 1982, two-year-old Melinda was pronounced dead from acute heart failure at her home. In March 1984, Daniel arrived in the emergency room dead on arrival due to septicemia (a fatal blood infection). In May 1990, Jose, four years old, was taken to the hospital, dead-on arrival with the normal complaint of convulsions. Diana told authorities a former mother-in-law had put a curse on her which all of her children would die young.

Over several years Diana continued to have children who all died at such early ages with hospitals ruling out murder. It wasn't until Jose's death when the hospital staff contacted authorities while unable to find a cause of death. Kansas authorities indicted Diana on Jose's death; Palmer County indicted her on the deaths of Joanna, Melinda, and Melissa; and Castro County indicted her on Ericka Aleman's death (Diana Lumbrera murders, n.d.; UPI, 1984). Diana's interactions with law enforcement and her confessions showed little to no emotional reaction to the murders she committed. Emotional detachment is when offenders often view their victims as objects rather than people (Hickey, 2016). Lumbrera's lack of empathy for her victims and her inability to express guilt or remorse for her actions aligns with the behavioral patterns of male serial

offenders, who commit their crimes with little emotional investment in the suffering they cause (Fox & Levin, 1998). Diana's actions, including emotional detachment, violent behavior, and sadistic tendencies, deviate from gendered expectations for female criminals. Diana was sentenced to life in prison in Kansas and Texas for suffocating six of her children (Joanna, three months, Luis two months, Melissa three years, Melinda two years, Christopher five months, and Jose four years) and cousin (Ericka six weeks).

Reta Mays

Reta Mays is a convicted female serial killer who gained notoriety for the murders of at least seven elderly veterans while working as a nursing assistant at the Louis A. Johnson Veterans Affairs Medical Center in Clarksburg, West Virginia (Geppert, 2021). Her crimes, which took place between 2017 and 2018, were initially difficult to detect due to the setting in which they occurred—patients in a medical facility are often in fragile health, and their deaths can sometimes be attributed to natural causes (Slack et al., 2021). Mays systematically injected her victims with lethal doses of insulin, causing their deaths.

Mays was born June 16, 1975, in West Virginia (Harvey, 2021. Little is publicly known about her early childhood, her adult life appears to have been marked by a series of personal challenges. Mays struggled with mental health issues, however, detailed information regarding her upbringing is not widely available (Geppert, 2021). Mays worked as a nursing assistant which allowed her access to vulnerable patients, an opportunity she exploited for her purposes. Originally, she worked as a correctional

officer where there were reports and an investigation of her and other officers beating inmates (Carpenter, 2020).

In July 2017, Mays was working at Veterans Medical Center in Clarksburg, West Virginia on the night shift when patients' blood sugar levels began to drop (Slack et al., 2021). Many of the patients who suffered were not insulin dependent. Patient Archie Edgell, 84, blood sugar dropped to an alarmingly low level, leading to his death. The autopsy showed he was injected four times with insulin (Slack et al., 2021). Mays' ability to access insulin and use it as a weapon against patients suggests a deliberate and planned approach to killing, rather than impulsive or emotional outbursts, which is often more characteristic of female offenders. Mays pleaded guilty and was convicted of seven counts of second-degree murder and one count of attempted murder (Rein & Born, 2020). Mays admitted to being stressed in her personal and work life and killing her victims provided her with a sense of control (Raby, 2021).

Sandra K. Pankow

Sandra K. Pankow killed three infant victims by suffocation between 1980 to 1985 while babysitting. Pankow was charged with three counts of second-degree murder (State v. Pankow, 1988). Sandra was born in 1949, in Appleton, WI. Pankow was born in a household of trauma, enduring both physical and emotional abuse from her father (Dutton, 2007). Her parents' relationship, combined with neglect, led to an unstable home environment. Pankow was accused of suffocating Tyler Kloes, six months old, died October 25, 1984, Shawn Bloomer, nine months old, died August 19, 1982, and Kristin Hamilton, 14 months old, died December 29, 1980 (UPI, 1984). Pankow's victims were

often vulnerable, targeted for their isolation or perceived weakness. The methodical way she targeted her victims suggests premeditation and a deep-seated need to exert dominance and control (Hickey, 2016). Her ability to remain unremorseful and calculated murder is typically fueled by power and control rather than emotional motive (Dutton, 2007). The original diagnosis of the infant's death was SIDS (sudden infant death syndrome) until autopsy reports came back leading to an investigation. Pankow claims her son Christopher may have been the cause of death to the victims when on trial (State v. Pankow, 1988).

At the trial, several children (who previously were babysat by Pankow) testified how Pankow handled the infants in her care (State v. Pankow, 1988). Jeremy testified Pankow would tie a towel around the children's mouths when they cried; Deanna testified Pankow made the children sleep in the basement with clothespins in a blanket; David testified the babies' hands were tied while in the crib in the basement (State v. Pankow, 1988). She was highly manipulative, assertive, and demonstrated a need for control over her victims, particularly in the way she lured them into trusting her (Vronsky, 2004). Her violent tendencies, coupled with her childhood trauma and masculine traits of dominance and aggression, paint a clear picture of a woman whose life was shaped by early abuse and a desire for control.

Brittany Pilkington

Brittany Pilkington (born Brittany Renee Cummins) was born in 1991 in Ohio. Pilkington experienced a strained relationship with her mother and was also a victim of emotional abuse. Between 2014 and 2015 Pilkington killed her three young children—

two sons and a daughter—by suffocating them. The fourth child was not harmed and lives in foster care (Breaking News Staff, 2019). The murders were allegedly carried out in moments of frustration and anger, and she later claimed her actions were in response to her husband's infidelity, though there is no definitive proof this was a primary motivator ("US woman killed sons to put focus on daughter, police say, 2015"). Pilkington was jealous of the relationship and attention her husband had with the children (News5Cleveland, 2019; Rasmussen, 2019). The deaths of her children were a tragic result of her psychological instability and apparent need for control.

As a child, Brittany suffered from brain damage from lead poisoning, and physical and sexual abuse (News5Cleveland, 2019). The emotional trauma she endured may have contributed to the psychological conditions which led to her crimes (Hickey, 2015). Brittany became pregnant by her husband at 17 years old, following a romantic relationship he had with her mother (News5Cleveland, 2019). In July 2014, Niell died, following Gavin in April 2015, then Noah four months later. Pilkington originally called the police asking for assistance to resuscitate her children, then later confessed to smothering them (Rasmussen, 2019). To avoid the death penalty, Brittany took a plea deal. The way Pilkington executed the murders—by suffocating her children—suggests a desire to maintain absolute control over the lives of those who were completely dependent on her, a sense of control killing people without remorse (Dutton, 2007).

Kimberly Clark Saenz

Kimberly Clark Saenz was born on November 3, 1973, in Lufkin, Texas, and killed five victims between 2008 and 2009. Saenz's crimes took place while she was

employed as a licensed vocational nurse at a dialysis center in Lufkin, Texas. She was arrested and charged with the murder of at least five patients, while some estimates suggest she may have been responsible for more deaths (Person, 2012). Saenz killed her victims by injecting bleach into their dialysis lines, which caused them to experience heart attacks or other fatal complications (Smith, 2024). Her modus operandi—using bleach, a substance which cause immediate distress and death—suggests Saenz was calculating and deliberate in her actions. A series of suspicious deaths eventually led to an investigation, where it was found she had been on duty during the deaths of several patients. It was revealed Saenz may have been seeking exercise control over the lives of her patients (Dutton, 2007). Saenz's willingness to repeatedly kill in her professional setting, where she had a direct, authoritative role, reflects a desire to control life and death, mirroring masculine traits often associated with serial killers.

In junior high Kimberly became pregnant and dropped out of high school. She eventually went on to obtain her diploma or equivalent, then attended college to get her nursing license. She abused prescription medication and had a criminal history of public intoxication and trespassing (Smith, 2019). Knowingly being fired four times as a nurse, she was hired at a dialysis clinic in Lufkin. During her time there, EMS was called 30 times in April from patients going into cardiac arrest (Smith, 2024). Things began to look unusual as dialysis patients rarely code (Oxygen, 2019). Two patients later testified they witnessed Kimberly inject bleach into a syringe before injecting them into two patients' dialysis lines. Saenz claimed she was using the bleach to clean the syringes. She was fired, and her nursing license was suspended (Person, 2012). Saenz was convicted of

killing five patients: Clara Strange, Thelma Metcalf, Garlin Kelley, Cora Bryant, and Opal Few (News, 2015). She was sentenced to life in prison without parole, including injuring five other patients.

Diane Louise Spencer

Diane Louise Spencer was born October 23, 1967, in Wayland, MI, and was 15 at the time of her first kill (Sanchez, 2019). Diane ran away from home before turning 15, leading to four pregnancies (first born given up for adoption) and a history of crime. Spencer's criminal behavior began to manifest during her adulthood. She had a troubled history with the law, including charges related to theft and violent behavior, which may have been indicative of underlying psychological issues. Spencer's early criminal history, marked by petty crimes, may suggest a pattern of increasing violence, an early desire for control, and the development of violent tendencies (Hickey, 2016).

Diane had three remaining children (Joyce, six weeks, Autumn, 15 days, and Aaron, six months) whom she confessed to killing in 1990 (UPI, 1984; Clearfield, 1992). Diane confessed to killing Joyce with a towel or blanket, Autumn with a blanket and Aaron with a pillow; she cradled Joyce and Aaron in her arms while killing them; and killed Autumn while the baby fussed in her crib (Sanchez, 2019). Smothering is a personal and often emotionally detached method of killing, which contrasts with other violent or physically aggressive forms of murder.

Spencer was able to kill her children in the privacy of her home, and the murders were carried out in moments of frustration and anger. Her decision to smother her children suggests a significant degree of control and a need to assert dominance over

those who were entirely dependent on her (Hickey, 2016). Taking the lives of her children also points to the profound emotional detachment she exhibited, a characteristic often seen in male serial killers who view their victims as objects or tools to satisfy their psychological needs (Dutton, 2007). She claimed the children did not care for her. Her method of smothering her children—an act requiring close physical proximity and intimate control—reveals a certain power dynamic and suggests Spencer may have sought to control her victims' lives and deaths. Spencer's actions appear to be motivated not by emotional turmoil, but by a desire to assert control over her victims (Dutton, 2007). Diane was convicted of first-degree murder and sentenced to life in prison for killing her three children.

Debra Sue Tuggle

Debra Sue Tuggle was born in 1958, in Little Rock, AR. She was convicted of killing five victims: Thomas Bates, two years old, William Henry, 21 months old, Ronald Johnson nine months old, her boyfriend's daughter Tomekia Paxton, two years old but not charged for the death of the fifth child. Originally Tuggle claimed the children all died from SIDS and pneumonia (UPI, 1984). Two years following Ronald's death in 1976, Debra attempted suicide by shooting herself in the stomach. She was admitted to a mental facility for treatment (UPI, 1984). It wasn't until a few years later Debra attempted to give herself an abortion and was re-admitted to a state hospital when Dr. Alexander Merrill found suspicion in several children's deaths linked to one mom ("Around the nation: Coroner assails in deaths of 4 children," 1984). The odds of all deceased children passing from SIDS were rare, especially with all different fathers. In custody, Tuggle

admitted to killing the children, including suffocating Tomeika to stop her from crying or drowning her.

Debra Tuggle's criminal history is marked by a series of violent murders committed in the 1990s. Tuggle's method of killing was highly violent and involved extreme brutality, including the use of physical force. One of the most chilling aspects of Tuggle's crimes was her apparent emotional detachment. Many female serial killers are driven by motives such as jealousy, revenge, or a desire to protect their families (Hickey, 2015), but Tuggle's killings appear to have been more systematic and methodical, driven by a need to exercise power over others. Tuggle was charged with first-degree murder in the deaths of her four children and boyfriend's daughter.

Dorothy Williams

Dorothy Williams was convicted of killing three elderly individuals between 1987 and 1990. She was born on December 24, 1954, in Chicago, IL. Her originally sentenced was death, then later changed to life in prison for her kills (Keller, 2015; People v. Williams, 1994). In which she strangled Lonnie Laws, 79, and Mary Harris, 97, and stabbed Caesar Zurell, 64. Following the killings she would rob the victims then purchase heroin (her drug of choice).

On July 25, 1989, Williams visited victim Mary Harris at her home. Following a brief chat Mary asked Willams to purchase something at the store for her. Mary gave Williams the money and as she turned to walk away Williams grabbed her and started squeezing her from the back. Williams grabbed a scarf from Mary's head and put it over her mouth, strangling Mary to death (People v. Williams, 1994). Then, Williams robbed

Mary and took the money to buy heroin. Each murder appeared to be premeditated, with Williams carefully selecting her victims and attempting to cover up the crimes afterward (Keller, 2015). However, Williams managed to evade suspicion for some time, partially due to her ability to blend in with the community and her unassuming demeanor. As the number of victims grew, law enforcement began to notice a pattern linking the murders, which led to an investigation.

On December 6, 1988, police arrived at the apartment of the deceased and decomposed body of Caesar Zurell (People v. Williams, 1994). He had three stab wounds to his chest. Williams claims Caeser invited her over to have intercourse, and he would pay her $50. Upon arrival with a bottle of whiskey, Caesar refused to pay, and Williams began fighting with him, going in his pockets for the money (People v. Williams, 1994). She grabbed Caesar by his wrist and stabbed him in the chest, took $80, and left.

On December 5, 1987, police found the body of Lonnie Laws. Williams wrapped a belt around his neck, strangled him, robbed him, and left his body lying on the floor in his apartment (People v. Williams, 2002). William's behavior displayed a chilling lack of remorse and a predatory nature which ultimately led to her conviction.

Aileen Wuornos

Aileen Wuornos was born (Aileen Carol Pitman) on February 29, 1956, in Michigan. She is one of the most notorious female serial killers in American history. Her early life was marked by trauma and instability. At four years old Aileen and her brother were abandoned by their mother. They were adopted by their grandparents who are alcoholics (Aileen Wuornos Crime Files, n.d.). Her father, Leo Dale Wuornos, was

convicted of child molestation and committed suicide before she was born. By the time Aileen turned 11, she was sexually active, including with her brother, and selling herself for drugs, food, and cigarettes (Howard, 2007; Clary, 1991). Wuornos suffered from sexual abuse by her grandfather, which left lasting psychological scars. While living with her grandparents Aileen had to remove her clothing and was sexually assaulted, and physically abused by her grandfather (Silvio et al., 2006). By the age of 14, Aileen became pregnant, gave the child up for adoption, then dropped out of school (Silvio et al., 2006). At 15 years old, she became a prostitute from being kicked out of the home (Howard &Smith, 2004). Then on, Aileen life of crime took off to a more drastic turn. As a teenager, Wuornos was involved in various criminal activities, including petty theft. These early life experiences, coupled with a history of abuse and neglect, contributed to her later violent actions (Seidman, 1991).

Wuornos's killing spree began in 1989. She murdered seven men between 1989 and 1990, all of whom were either soliciting her for sex or were in the vicinity of her prostitution work. The investigation into her murders began after the bodies of her victims were found along highways in Florida. In January 1991, Wuornos was arrested after her car was linked to the crime scenes through forensic evidence, including fingerprints and ballistics matching her gun. She confessed to the murders but gave conflicting accounts of the events. At times, she described the killings as acts of self-defense, while at other times, she admitted to killing for financial gain (Seidman, 1991). Despite her inconsistencies, Wuornos was charged with six counts of first-degree murder. Her first victim, Richard Mallory, was a 51-year-old man whom Wuornos claimed had

tried to rape her during their encounter. She later admitted to killing him in self-defense. Over the next year, Wuornos killed six more men- David Spears, Charles Carskaddon, Peter Siems, Walter Antonio, Troy Burress, and Charles Humphreys. Wuornos was convicted of six of the seven murders and sentenced to death. Aileen spent over a decade on death row before being executed by lethal injection.

Data Analysis

I manually coded all details of the cases included in this study to address the research questions. The focus of this research was guided by a grounded theory process. I focused on the commonly known masculine traits in this study which include lack of emotions, aggression, control, dominance, and manipulation. First, I created an excel file of the cases included in this study. Then compile a list of initial codes using the masculine traits included in this study. Next, I generated categories to address the research questions, including TCM and GST. Then, arranged them alphabetically and grouped them within the respective codes. Finally, I was able to visualize the codes, review them six times for accuracy, and display the findings. According to Creswell and Creswell (2018), repeatedly reviewing data by taking notes and adding descriptions of the codes ensures reliability and validity in research. All cases included demographics such as age, status, number of kills, methods, motives, and choice of victims. Demographic information was gathered utilizing the Radford/ FGCU Serial Killer Database on each participant.

Per each case two to six out of seven codes total were generated to describe possible masculine traits. The codes and (themes) include childhood experiences (trauma,

early observation of gender roles), lack of emotions (calm), aggression (violent tendencies, homicidal behavior), control, dominance, and manipulation. (see figure 2)

Denise Buchanan generated four codes (lack of emotions, aggression, dominance, and manipulation) and three themes (calm, violent tendencies, and homicidal). Reta Mays generated four codes (childhood experiences, lack of emotions, aggression, and control) and three themes (unknown trauma, violent tendencies, and homicidal). Based on available history the codes were generated to address the research questions.

Evidence of Trustworthiness

To establish trustworthiness as stated in Chapter 3, I ensured to provide clear data processing and transparency in analysis while maintaining an unbiased approach to clear documentation of how themes and patterns were identified. Including using peer-reviewed published sources and reliable sources to ensure the data was cross-verified for consistency. Peer review and the replication of studies further strengthen credibility by confirming results are reproducible and consistent (Merton, 1973). By using public sources, if an inconsistency of data was found, I made sure to examine multiple sources for accuracy. According to Creswell and Creswell (2018), providing details of importance in research ensures the credibility of a study. Credibility in research is crucial to ensure the reliability and validity of findings. Additionally, the use of triangulation was utilized, while ensuring to establish trust in this study and its findings.

Transferability is a method of concept used to transfer knowledge from one person, place, or time to others unstudied. Ensuring to maintain transferability all information was provided in detail throughout this study. The details about the

methodology of the study are provided in Chapter 3. I discussed the process of collecting data and search engines: Google Scholar, Walden Library archive data, Radford/ FGCU Serial Killer database, and psych info. Including previously in Chapter 3 are the key terms used in the study to gather information. The findings of this research may be used in other research on female serial killers and their masculine traits. My research can be recreated by readers.

Dependability is the consistency and reliability of research findings over time. By ensuring dependability I documented every step to the research process. According to Schwandt (2015), this allows for replication and evaluation by others. Ensuring the findings are supported by multiple data sources, verifying the accuracy of interpretations and conclusions (Creswell & Poth, 2018). In this study, I cross-checked all sources multiple times and reviewed the results six for accuracy in the findings.

Credibility refers to the trustworthiness of the research findings, ensuring the results are accurate, truthful, and reflect the participants' reality. Triangulation was utilized to provide a more reliable understanding of the phenomenon (Patton, 2015). I keep all documentation consistent while providing details on the coding process for readers to interpret and understand.

Results

The research questions (RQ) of this study are the following:

RQ1: What are the most common masculine traits known in female serial killers?

RQ2: What role did masculine traits play in the backgrounds of female serial killers?

Findings of Cases

The results indicate masculine traits, particularly aggression and control, with notable links between these traits and the killers' motives and methods. These findings contribute to ongoing discussions in criminology and gender studies by highlighting how masculine norms may intersect with violent criminal behavior. For instance, in the case of Denise Dianna Buchanan, there were no known documented childhood experiences. Denise, after giving birth to her son, decided to end their lives one by one. Denise was disappointed when she gave birth to her second son Joshua, as she wanted a girl. Buchanan turned off Jacob's apnea monitor, left to see why the dog was barking and when she returned Jacob was blue and no longer breathing. Buchanan possesses dominance with her control over her children's lives and deaths, reflecting a desire for power. Her indifferent reactions to her children's deaths suggest a lack of empathy and the method of her killings indicates a capacity for violence. Based on the available information gathered Denise generated four codes: lack of emotions, aggression, dominance, and manipulation; including 3 themes: calm, violent tendencies, and homicidal behavior.

In the case of Tammy Corbett, at a young age, she demonstrated assertiveness and leadership as class president. In her junior year she became depressed, started drinking, was in an accident, and had an abortion (People v. Eveans, 1995). Tammy claimed being raped in her early childhood, which could have been the cause leading to her depression and criminal path in life. As an adult, Tammy displayed mood swings and misjudgments (Harrison, 2023). Tammy Corbett's serial killing behavior revealed masculine traits,

including aggression, dominance, emotional detachment, manipulation, and strategic thinking. Based on the information gathered Tammy generated six codes: childhood experiences, lack of emotions, aggression, control, dominance, and manipulation; including four themes: trauma, early observation of gender roles, violent tendencies, and homicidal behavior. In addition, Tammy displayed organized and methodical planning.

In the case of Bobbie Sue Dudley, there was a lack of information on her childhood besides growing up in an abusive environment and being overweight (Artingstall, 2021). Bobbie frequents mental health facilities, as she has mental health issues and attempts to harm herself with scissors. Bobbie showed anger after finding out she could not bear her children. Learning she couldn't have children she and her husband Danny Dudley adopted a son whom she later gave her personal schizophrenia medication causing him to overdose (Artingstall, 2021). Bobbie Sue Dudley displayed violent aggression with her ability to engage in brutal acts of violence and her willingness to use force to dominate her victims. She showed a significant lack of empathy and emotional sensitivity toward her victims, including being detached and unemotional during her crimes. Her crimes demonstrated a strong desire for control and power over her victims, also manipulating and inflicting terror. Bobbie planned and executed each murder among her elderly victims. Based on the information gathered Bobbie generated five codes: childhood experiences, lack of emotions, aggression, control, and dominance; including three themes: trauma, violent tendencies, and homicidal behavior.

Figure 1

Victims

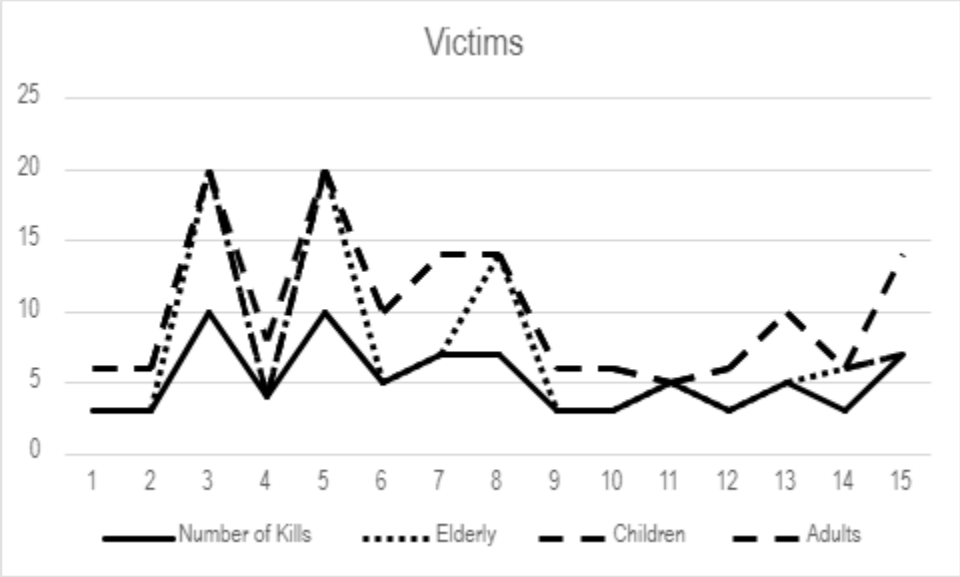


Table 1

Codes in Selected Female Serial Killers

Offenders	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6
Buchanan, Denise		x	x			
Corbett, Tammy	x	x	x	x	x	x
Dudley, Bobbie	x	x	x	x	x	
Gilbert, Kristen	x	x	x	x	x	x
Jackson, Vickie Dawn	x	x	x	x		x
Jones, Genene Anne	x	x	x	x	x	x
Lumbrera, Diana	x	x	x	x	x	x
Mays, Reta	x	x	x	x		
Pankow, Sandra K.	x	x	x	x	x	
Pilkington, Brittany	x	x	x	x	x	x
Saenz, Kimberly Clark	x	x	x	x	x	x
Spencer, Diane Louise	x	x	x	x	x	x
Tuggle, Debra Sue	x	x	x	x	x	x
Williams, Dorothy	x	x	x	x	x	x
Wuornos, Aileen	x	x	x	x	x	x

Note. The description of the above codes generated on female serial killers are as follows: childhood experiences (Code 1), lack of emotions (Code 2), aggression (Code 3), control (Code 4), dominance (Code 5), and manipulation (Code 6).

Themes

There are six themes generated within this study including trauma, unknown trauma, early observation of gender roles, calm, violent tendencies, and homicidal behavior. The randomly selected (by choosing every other one) female serial killers in this study either experienced trauma, did not experience trauma or any childhood trauma experiences were unknown and undocumented. Having traumatic experiences growing up could lead to a criminal path later in life (American Academy of Experts in Traumatic Stress, 2020). Including having early experiences of abuse whether interpersonal, physical, or within the community.

The violence of female serial killers, therefore, can be seen as a reaction to being denied control or agency in a patriarchal society (Dutton & Karakanta, 2013). Female serial killers are often driven by a need for control or power. This drive can manifest violent tendencies toward those viewed as weak, vulnerable, or dependent. As nurses, caregivers, or mothers, many female serial killers are in positions where they can dominate their victims without suspicion, which provides a sense of authority and mastery over others. Medus and Green (2004) argue female serial killers may view their homicidal actions as an extension of caregiving or protection, twisted by their need to exert dominance and control over their victims.

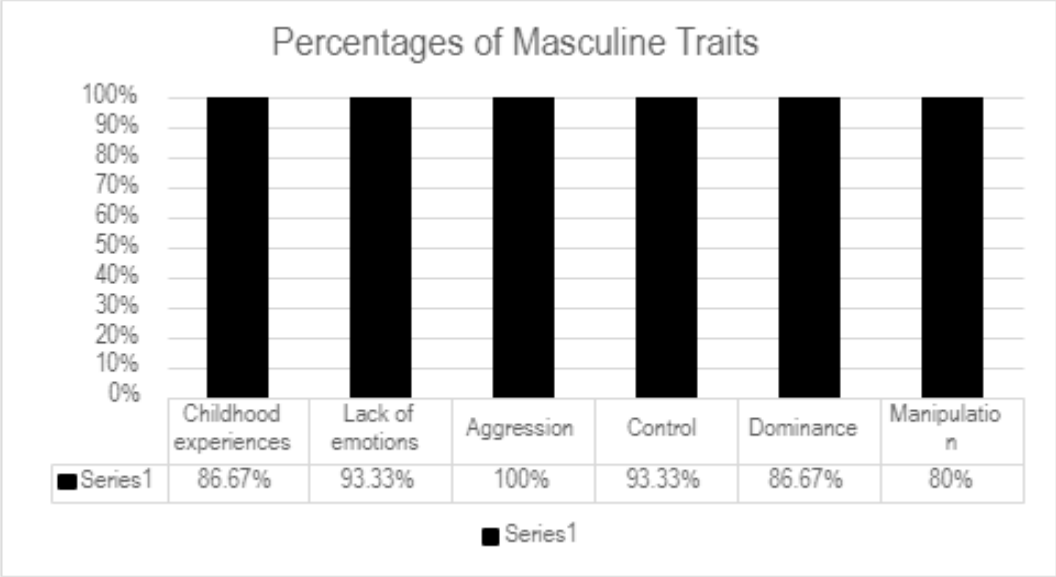
Table 2

Themes in Selected Female Serial Killers

Offenders	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5	Theme 6
Buchanan, Denise				x	x	x
Corbett, Tammy	x		x		x	x
Dudley, Bobbie	x				x	x
Gilbert, Kristen		x			x	x
Jackson, Vickie Dawn		x			x	x
Jones, Genene Anne		x			x	x
Lumbrera, Diana	x				x	x
Mays, Reta		x			x	x
Pankow, Sandra K.	x				x	x
Pilkington, Brittany	x				x	x
Saenz, Kimberly Clark	x				x	x
Spencer, Diane Louise	x				x	x
Tuggle, Debra Sue	x				x	x
Williams, Dorothy	x				x	x
Wuornos, Aileen	x				x	x

Figure 2

Percentages of Masculine Traits



Summary

This study included an analysis of masculine traits and roles they play in female serial killers. I collected and analyzed data from public sources, published books, internet searches, and the Radford/FGCU Serial Killer Database. After analyzing data, I was able to create a list of codes and themes to categorize findings. These were childhood experiences, lack of emotions, aggression, control, dominance, and manipulation. Themes were trauma, unknown trauma, early observation of gender roles, calm, violent tendencies, and homicidal behavior. I determined masculine traits are early warning signs for female serial killers. Out of the 15 randomly selected female serial killers in this study, 10 offenders experienced some form of trauma in their childhood which may have led them to a life of crime. All 15 offenders had masculine traits in terms of lack of

emotions, 15 demonstrated aggression, 14 demonstrated control, 13 demonstrated dominance, and 12 demonstrated manipulation.

In Chapter 5, I discuss results of the study and interpretations of findings. I discuss limitations of the study and further research. Finally, I provide an overall conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative study was to understand the role common masculine traits may play in the lives of female serial killers. Hostility, self-assuredness, scholarly and proficient accomplishment, certainty, being a boss or director, and assertive personalities are often used to characterize dominant women (Sumra, 2019). A qualitative method approach was used to focus on data involving female serial killers. With female and male serial killers exhibiting similar traits, variances between them could determine distinctions in terms of how they carry out violent acts of murder. Finding out these distinctions led me to research female serial killers with masculine traits.

I conducted research using public sources, scholarly books, secondary data, and the Radford/FGCU Serial Killer Database. I was able to generate six codes, and six themes related to this topic. Codes included were: childhood experiences, lack of emotions, aggression, control, dominance, and manipulation. The code for childhood experiences was used to ensure addressing backgrounds of this population. Themes were trauma, unknown trauma, early observation of gender roles, calm, violent tendencies, and homicidal behavior. All results were manually coded.

Interpretation of the Findings

The 15 randomly selected female serial killers in this study all exhibited at least one masculine trait. Out of 15 cases, 10 female serial killers had traumatic childhood experiences. According to Van der Kolk (2003), children who experience abuse, neglect, and violence often have dysregulated stress responses due to alterations in brain areas like the amygdala, which is involved in fear processing, as well as the prefrontal cortex,

which is responsible for decision-making and impulse control. Early signs of criminal behavior include anxiety, aggression, and depression (Ross & Arsenault, 2017). Individuals who experience childhood trauma have increased chances of mental issues, aggression, recidivism, and engaging in violent and criminal behavior (Altintas & Bilinci, 2018; Moffitt, 2013). In the case of Aileen Wuornos, she was sexually assaulted and beaten by her grandfather, then became pregnant by being raped by a family friend at the age of 14. Dysregulation at an early age can make it harder for individuals to control aggressive impulses, leading to a higher risk of engaging in violent or antisocial behaviors. In the case of Dorothy Williams, her childhood experiences were unknown. After searching numerous sources, I was unable to find any reported or documented information on her childhood. Also, there were five cases which did not have any reported or documented childhood experiences.

All 15 cases included evidence of a lack of emotions. Denise Buchanan exhibited calmness at the time of killing. Detachment from emotions is a characteristic often considered masculine, especially in the context of violence and aggression. According to Bem (1981), lack of emotions can result from socialization into gender schemas which value emotional repression and see emotional expression as a weakness. Female serial killers who exhibit lack of emotions may show little to no remorse or empathy toward their victims. This allows them to carry out violent acts without the emotional turmoil typically associated with such crimes. Serial killers are often emotionally void and detached, both as a result of their traumatic histories and as a means of maintaining control over their environments (Hickey, 2015). For women, societal expectations often

limit expressions of anger, but when they suppress or deny emotions, they may turn to violence as a form of control or power. According to Dolan and Anderson (2003), emotional detachment can lead to dehumanization of victims, making it easier for killers to view their actions as justified or neutral.

All 15 cases showed evidence of aggression at some point. Female serial killers often demonstrate high levels of aggression, which they may channel in ways less overtly violent, such as poisoning or passive-aggressive manipulation. In the case of Bobbie Sue Dudley, she used her career as a nurse to poison and strangle her victims. Men may express aggression through physical force, women often use aggression more subtly, targeting their victims in ways to allow them to maintain control and minimize risk (Nascimento et al., 2023). According to Bem (1981), serial killers who internalize these masculine gender schemes may be more prone to acting out aggression and dominance in extreme forms. Those who use poisoning or suffocation often rely on this form of aggression to manipulate and control their victims, which reflects the aggressive potential in women which can be shaped by societal expectations involving passivity.

Out of 15 cases, 14 involved evidence of control. Control is a key trait in terms of serial killers' behavior, regardless of gender. According to Yardley and Wilson (2015), control is dominant in terms of masculine traits among female serial killers. These women often exhibit behaviors traditionally associated with masculinity, such as dominance, aggression, and emotional detachment, to assert power and maintain control over their victims and environments (Yardley et al., 2013). This need for control challenges stereotypical perceptions of femininity and highlights how gendered

expectations influence criminal profiling (Miller, 2014). Psychological and physical control becomes a tool for asserting identity and agency, particularly in cases where female offenders deviate from conventional gender roles (Schurman-Kauflin, 2000). Female serial killers often manifest their need for control in ways which align with masculine behaviors. They may seek to control their victims physically, emotionally, or psychologically. The desire for control among female serial killers may stem from a need to assert dominance or power in a world where women have historically been subjugated. Use of control may be particularly evident in cases where women kill those in positions of dependence, such as children, elderly relatives, or intimate partners, as a means of asserting dominance and superiority over vulnerable individuals (Dolan & Anderson, 2003). In the case of Debra Sue Tuggle, she showed control by murdering her five vulnerable victims as she attempted to cover it up with an allegation of SIDS.

According to Bem (1981), early observation of gender roles involves actions and observations of others which lead to behavioral differences. Mullen et al. (2001) stated trauma survivors may exhibit emotional numbness as a defense mechanism. For some women, detaching from their emotions may be a way to survive both psychologically and physically in abusive environments, and this may extend into adulthood and lead to criminal behaviors. By dissociating from their emotions, they may become capable of murder without experiencing the emotional turmoil which typically accompanies such acts. Gendered expectations of women may push them to suppress their emotions or act in ways which align with stereotypical notions of women as caretakers. When these

emotions or needs are repressed, some women may exhibit aggression to assert their autonomy or cope with inner turmoil.

Thirteen cases involved dominance. Dominance plays a crucial role in the motivations and behaviors of female serial killers. Women who exhibit dominant traits might manipulate situations, people, or their environment to achieve their goals or maintain power. The desire to dominate may drive women to commit serial killings, especially if they feel marginalized or powerless in other aspects of their lives. For instance, female serial killers may assert their dominance over their victims, often targeting individuals who are weaker or more vulnerable, thus reasserting control over their environment (Heidensohn, 2006). The pursuit of dominance is often rooted in personal histories of trauma, abuse, or victimization, which may have cultivated a desire to regain power and control.

Twelve cases generated manipulation. Manipulation is an essential trait for many female serial killers, often employed as a tool for control and dominance (Yardley et al., 2013). This masculine-associated trait involves using charm, deceit, and psychological tactics to manipulate others into trusting them or becoming victims. Tammy Corbett, Diana Lumbrera, and Kimberly Clark Saenz all manipulated their victims before murdering them. The TCM suggests manipulation may develop as a coping mechanism for serial killers who have learned to use deception and manipulation to control their environment, especially when they were powerless as children (Hickey, 2015). Female serial killers, particularly those who kill through poisoning or other covert methods, tend to manipulate those around them by gaining trust and luring their victims into vulnerable

positions. According to Daly and Wilson (1988), manipulation is particularly effective in female serial killers because of societal expectations of women as nurturing and trustworthy, which allows them to exploit their roles as caregivers or partners to carry out their crimes.

Stereotyping is both a product and a reinforcement of societal expectations. By playing a critical role in shaping public, legal, and academic perceptions of female serial killers. Gender stereotypes, contribute to the widespread belief women are inherently nurturing, passive, and emotionally driven (Eagly & Wood, 2012). These assumptions create conflict when women engage in violent, premeditated crimes such serial killing (an act contradicting the normality of femininity). As a result, female serial killers are often underrepresented in crime data, underreported in the media, and misunderstood in psychological profiles (Harrison et al., 2015). While female aggression is stereotypically viewed as reactive or emotional female serial killers are categorized using narratives which minimize their rationality. For example, researchers have noted female offenders are more likely than males to be portrayed as acting out of love, revenge, or desperation, rather than from motives such as power, control, or sexual gratification (Cunha, 2011). This framing reinforces gender roles by hiding the nature of their crimes. Thus, revealing how sociocultural biases shape not only the perception of female offenders but also the structural responses to their actions.

Biological differences between males and females are rooted in genetic, hormonal, anatomical, and physiological distinctions. These differences influence development, health outcomes, and to a degree behavioral tendencies. While considerable

overlap exists between the sexes, average differences are well-documented in the scientific literature. Hormonal differences, particularly in testosterone and estrogen levels, drive many of the physical and reproductive distinctions between the sexes. Males generally produce higher levels of testosterone, associated with increased muscle mass, body hair, and certain behavioral traits, such as competitiveness. In contrast, females produce more estrogen and progesterone, which regulate the menstrual cycle and reproductive function (Nelson, 2011).

Brain size and structure show average sex-based differences, males typically have greater total brain volume and females displaying enhanced interhemispheric connectivity. These findings are averages and do not equate to cognitive superiority in either sex. Studies suggest structural differences may influence patterns of information processing, through the functional implications remain complex (Ingalhalikar et al., 2014).

While biological sex differences shape general patterns of behavior and physiology in males and females, some female serial killers display characteristics more commonly associated with masculine traits, such as aggression, dominance, and lack of empathy. These traits are frequently linked to higher testosterone levels and neurological profiles associated with diminished emotional reactivity (Nelson, 2011). However, females typically produce lower levels of testosterone and exhibit stronger empathetic and nurturing tendences, which are traits tied to estrogen and oxytocin regulation (Klein & Flanagan, 2016). Those who commit serial murders may exhibit atypical neuroendocrine profiles or psychological adaptations which mirror masculine behavioral

patterns. Research on brain function suggests lower interhemispheric communication, more common in male brains, correlates with compartmentalized thinking and a reduced capacity for emotional processing (Ingalhalikar et al., 2014). If present in female serial killers, it may help to explain their ability to carry out violent acts while maintaining superficial emotional detachment. In this way, certain biological predispositions, while rare among women, may facilitate the expression of traits culturally coded as masculine such as predation, control, and violence in the context of serial homicide.

Limitations of the Study

There were a few limitations to completing this study. One limitation was the inability to interview the subjects due to incarceration and being already deceased. Due to the incarcerated serial killers being unavailable to interview, I depended on secondary data analysis. This led to a select amount of data including public records, documentaries, internet searches, and archived databases. Many studies do not account for how gender expectations influence the behaviors and traits of female killers, resulting in a limited scope of analysis for women. Additionally, women's violent crimes are often underreported or misclassified due to biases in both law enforcement and media portrayal. This lack of data complicated this study of masculine traits in female serial killers, as there were minimal information on cases to examine.

There were limited information on some of the serial killers who were not so famous for their crimes. For those female serial killers' childhood experiences were unknown, not reported, and not documented. Including the delicate nature of the violations and security worries, acquiring precise and extensive information on the

offenders was difficult and unable to obtain. Gathering research on female serial killers can be mentally perplexing, and I did my best by attempting to avoid emotional welfare, traumatic encounters, and biases.

Recommendations

The focus of this study is the roles common masculine traits play in the lives of American female serial killers. Therefore, further research could be gathered on exploring gender, family violence, and violent behavior in female serial killers including their personality traits. This study focused on American female serial killers beginning in the 1970s, as researchers should look outside the United States and search years before the 1970's.

Further research could be towards a multidisciplinary approach combining psychological, sociological, and gendered factors in understanding the motivations behind female serial killers, who include masculine traits and criminological perspectives. This study solely focused on common masculine traits of lack of emotions, aggression, control, dominance, and manipulation in female serial killers.

Finally, researchers should continue to challenge traditional gendered assumptions about violence and gender roles, ensuring the study of female serial killing moves beyond pathologizing explanations and considers the broader societal context. Many female serial killers operate within roles traditionally accepted for women (e.g., caregivers or nurturers), making their violence less conspicuous or more methodical.

Implications

This study encourages positive social change by understanding masculine traits do play a role in the background of female serial killers. By focusing on specific common masculine traits, I was able to determine childhood experiences turn into the masculine traits which lead to a life of crime. Also, there are numerous masculine traits in female serial killers, but the most common are lack of emotions, aggression, control, dominance, and manipulation.

Also, by challenging existing gender norms, increasing awareness of gender-based violence, and encouraging more significant and defined criminal justice approaches. Female serial killers are often underreported or misunderstood due to societal biases minimizing a women's capacity for violence. Research on female serial killers can shed light on the hidden nature of female aggression and promote greater awareness of women engaging in violent and criminal behavior. This could lead to more effective prevention, intervention, and treatment strategies for women who display violent tendencies, thereby reducing harm in society.

The theoretical framework for this study utilized Hickey (1997) trauma control model and Bem (1981) gender scheme theory. These theories help understand the relationship between trauma, societal gender roles, and criminal behavior. The trauma control model helps understand traumatic childhood experiences manifest masculine traits leading to criminal behavior. The gender scheme theory helps understand experiences as a child may develop certain gender roles from early observation. Incorporating both frameworks helps to better understand trauma and individual

childhood experiences is so important in developing masculine traits later in life. Those traits lead to criminal actions.

Finally, research on the intersection of masculinity and female violence can also influence how society views women's roles. It can highlight women are not confined to passive or traditional roles and behaviors such as aggression or criminality which do not invalidate a woman's gender or identity. The focus on masculine traits in female serial killers can drive more in-depth psychological and sociological research into the motivations and behavior of female offenders. This may encourage the development of more tailored, effective mental health and rehabilitation programs for women, leading to better outcomes in the prevention of violent crimes.

Conclusion

Female serial killers often exhibit traits which challenge gender norms, displaying characteristics typically associated with masculinity. The common masculine traits include lack of emotions, aggression, control, dominance, and manipulation which play a significant role in the lives of female serial killers. These traits often manifest in ways which defy societal expectations of women's behavior, allowing female serial killers to carry out their crimes with a calculated and strategic mindset. Societal expectations often cast women as nurturing and passive, while many female serial killers adopt behaviors and mindsets which defy these stereotypes. Understanding these traits in the context of female criminality now provides insight into the complex intersection of gender, power, and violence. These traits are not inherently gendered, their manifestation in female serial

killers underscores the adaptability of these behaviors in women who seek to assert power and control violently and systemically.

By examining these masculine traits, scholars can argue the gender of serial killers does not necessarily determine their methods or motivations, but social roles assigned to men and women can shape how female killers commit their crimes. In many cases, the adoption of masculine traits in female serial killers can be seen as a survival mechanism or a response to environmental and societal pressures forcing them into roles traditionally dominated by men. Furthermore, societal expectations and stereotyping are mutually reinforcing how societal norms shape stereotypes, and stereotypes, in turn, help maintain those norms by rewarding conformity and punishing deviation. Breaking this cycle requires both individual awareness and structural change in how roles and behaviors are culturally framed.

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