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Identifying Common Characteristics Among Female Serial Killers and the Role of Early Childhood Abuse

Jill Marie Raichel
Walden University

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Walden University

College of Psychology and Community Services

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Jill Marie Raichel

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Review Committee

Dr. Nancy Blank, Committee Chairperson,
Criminal Justice Faculty

Dr. Marisa Bryant, Committee Member,
Criminal Justice Faculty

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

Walden University
2025

Abstract

Identifying Common Characteristics Among Female Serial Killers

and the Role of Early Childhood Abuse

by

Jill Marie Raichel

MA, California State University, Dominguez Hills, 1989

BA, California State University, Dominguez Hills, 1986

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

Walden University

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Abstract

Approximately 17% of known serial killers in the United States are women, and often their crimes go undetected for years accruing a higher number of victims than their male counterparts. The purpose of this study was to identify common characteristics of female serial killers (FSKs). A multidisciplinary, holistic and developmental approach was used to guide the identification of common characteristics based on theories by Erik Erikson and Carol Gilligan as well as feminist theory. Case studies of 15 FSKs were randomly selected for participation from a list of over 100 known FSKs documented in the Radford Serial Killer database. Common characteristics were identified for this sample of 15 using secondary data including biographies, autobiographies, news articles, and court records and the characteristics were organized using thematic analysis. Key common characteristics identified include having histories of child abuse and exposure to domestic and parental mental health/substance abuse issues as well as a poor mother-child relationship that negatively impacted future development. In most cases the method of killing was strangulation or poisoning, the victim was known to the FSK, and the primary motivation for killing was greed. The common characteristics identified are consistent with previous research on FSKs. Two common characteristics not originally considered that were identified included being a mother and having been married or in a significant relationship. Implications for positive social change are the importance of early identification of risk factors and providing early intervention with the child and her family to prevent future serial murder and the loss of innocent lives.

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Dedication

I dedicate my work to my mother who was always my champion and encouraged me to obtain a higher education. She only completed the eighth grade and she wanted much more for her children when it came to educational goals. My only regret is that she has passed and not able to share this accomplishment with me. I also dedicate my work to my father, who has also passed, encouraged me as well with achieving a higher education. He was a high school dropout, but went onto accomplish much in his life, passing on determination and perseverance to overcome whatever obstacle that may come my way. Lastly, this is dedicated to my children, Brian, Stacie, Steven, Nicholas and Christopher, as well as my grandchildren and great-grandchildren. May you always succeed in the goals you set for yourself, and NEVER give up!

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I would like to acknowledge the support and guidance I received through this long journey from my chairperson, Dr. Nancy Blank. I have been through so much during this process and she has supported not only my academic efforts, but also through my personal disasters which have included COVID, medical problems and two house fires within one year. She has been my coach and cheerleader. Thank you so much!

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Chapter 1: Introduction to the Study

Introduction

Criminal justice professionals and academics have denied that female killers exist (Farrell et al., 2011; Telfer, 2017). In many of these cases, the female serial killer goes undetected for years, accruing many victims during the killing period. Nannie Doss, known as the “Giggling Grandma,” is one example of a female serial killer that started with killing two of her own children (Green, 2019; Hickey, 2010). From there she went on to kill four husbands, her own grandchildren, and other relatives. This killing period lasted approximately 29 years (1929-1954; Green, 2019; Hickey, 2010). Doss is not the first female serial killer; there are other females labeled as such including Jane Toppan (McBrayer, 2020) and Aileen Wuornos (Wuornos, 2006). Even with these notable female serial killers, criminal justice professionals and academics continue to downplay or ignore that female killers exist, allowing for more murders of innocent victims.

One issue that plays a role in acknowledging female serial killers is gender stereotypes in which females are portrayed as nurturers unable to harm others (Vronsky, 2007). From the time the gender of the child is revealed, expectations and socialization of that child begins with what gender the child is. This socialization is marked by the concept of pink for females and blue for males and continues throughout life. It is this socialization and gender expectation that hinders the idea that females are just as capable as males in committing heinous crimes. By acknowledging that females are capable of such crimes, that female serial killers exist, and that they are higher in number than once believed, can lead to early identification of potential female serial killers.

This study provides an in-depth review of case studies on female serial killers to uncover common characteristics present that can lead to early identification. Identifying these female serial killers, and even potential female serial killers, can assist in preventing future murders. Using a multidisciplinary approach including feminist criminological theory, Erikson's psychosocial development, and Gilligan's development theories assisted in understanding how these characteristics relate to the development of female serial killers. The implication of this study for policy and social change includes early identification necessary for prevention or early intervention services to deter future murders. Chapter 1 includes a discussion of the following topics: background of the study, problem statement, purpose, definitions, significance, theoretical framework, nature of the study, types and sources of data, limitations, and challenges and/or barriers.

Background

The idea of studying female serial killers was relatively new in 2002 and due to the lack of research in this area, the existence of female serial killers is not fully accepted even though they have been present in the United States for centuries (Farrell et al., 2011; Telfer, 2017). In fact, Hazelwood (1998), a Federal Bureau of Investigation (FBI) behavioral analyst, spoke at a convention related to serial murder and made a statement that "female serial killers do not exist" (p. 3). Farrell et al. (2011) described the female serial killer as different from their male counterpart in many ways, which has led to females being precluded from the label of serial killer. For example, the initial definition of serial murder, as defined by the FBI, included a component of sexual motive that excluded females from being considered serial killers because female serial killers

typically do not have a sexual motive (Telfer, 2017). When professionals, including the FBI, do not acknowledge that female serial killers exist, this allows women to continue to kill over longer periods of time (Telfer, 2017). Additionally, female serial killers kill more victims compared to their counterpart male serial killers (Telfer, 2017). This leads to a need to acknowledge that female serial killers do exist. Once criminal justice professionals and academics acknowledge female serial killers exist, there is a need to demonstrate the common characteristics among female serial killers. The reason for this need is that it helps to identify potential female serial killers and prevent future killings. A lack of empirical research on female serial killers combined with an incomplete definition of serial killers has led to an underestimation of the number of female serial killers and countless victims (Farrell et al., 2011).

Even though many criminal justice professionals and academics do not accept the existence of female serial killers, a few researchers believe they exist. Kelleher and Kelleher (1998) acknowledged that female serial killers did exist and developed a classification system for them based on motives including revenge murders and financial gains. Farrell et al. (2013) tested the Kelleher and Kelleher classification system and found a need for further in-depth study on female serial killers. Farrell et al. described the classification system as simplistic, with a focus on motive and types of female serial killers. The researchers went on to explain that the Kelleher and Kelleher classification system was missing important characteristics relevant to females including socioeconomic status, prior child abuse, and mental health issues.

In this study, I extended the research by exploring characteristics common to

female serial killers including, but not limited to, prior victimization as a child and poor mother-child relationships, socioeconomic status, and mental health (see Farrell et al., 2013). This study focused on uncovering information on the relationship between the female serial killer and her victims, as well as the method of murder as suggested by Farrell et al. (2013). The characteristics of female serial killers have been found to differ from male serial killers (Farrell et al., 2011; Kelleher & Kelleher, 1998). Past research on serial killers has been conducted on male serial killers and using the findings from these studies, applying them to females in a gender-neutral fashion (Farrell et al., 2011; Kelleher & Kelleher, 1998). The differences between male and female serial killers are important to understand, which includes the differences between victims and means and motive for killing (Harrison et al., 2015; Farrell et al., 2011). The rationale for examining the various concepts and differences/similarities between male and female serial killers is to provide a holistic view of this criminal phenomenon. This study focused on common characteristics and how those characteristics may impact the serial killer's development and their crimes. This study's focus required a multi-disciplinary/holistic method that included an inductive approach to uncover new information on female serial killers from existing data. This study focused on these concepts to achieve a better understanding of female serial killers.

Given that women and men are different biologically, and even socialized differently prior to birth (Santrock, 2015), there is a need to study female serial killers in a gender specific way. When male serial killers are studied and then these findings are attributed to female serial killers, important information specific to female serial killers

can be lost. Sharp and Hefley (2007) argued that when male attributes are applied to females without studying females, there is a reinforcement that the genders commit crimes the same way and for the same reasons. This leads to the notion that females who commit crimes like serial murder are more like men rather than women (Sharp & Hefley, 2007). This idea establishes the importance of this study of female serial killers to identify characteristics that are gender specific and gender neutral. Prior research has focused exclusively on male serial killers, and this has created a gap in our knowledge on female serial killers. This gap then leads to a need to study the female serial killer from a gender specific perspective rather than only from a gender-neutral perspective, assigning male serial killer characteristics to female serial killers.

Problem Statement

Approximately 17% of known serial killers in the United States are women, yet law enforcement and others do not recognize this problem. The crimes these female serial killers commit go undetected for years, if ever discovered (Harrison et al., 2015; Vronsky, 2017). The crimes that have been discovered have indicated that 62 female serial killers have collectively killed between 400-600 victims (Vronsky, 2017). Female serial killers have been in existence since at least the first century in Roman time with Locusta who was known as the “female poisoner” (Vronsky, 2017). These women have existed in the United States beginning in colonial times (Farrell et al., 2011); however, in the United States there is little known regarding female serial killers because the common conception is that they do not exist. Until the case of Aileen Wuornos, the popular

sentiment was that there is “no such thing” as a female serial killer despite evidence to the contrary (Farrell et al., 2011; Harrison, et al, 2015).

One issue present is that female serial killers do not exist in the minds of many as it relates to the historical definition of serial murder. Historically, to be categorized as serial murder, the murders required an element of sexual deviance, and this excluded women from this criminal category because there is typically no sexual component when women commit serial murder (Farrell et al., 2011). There are differences between male and female serial killers that go beyond sexual deviance; for example, women who kill tend to do it for financial gain (Harrison et al., 2019). Their victims are people they know and are most vulnerable such as the people they care for or their children (Harrison et al., 2019). In contrast, male serial killers often kill victims who are strangers to them and their motivation can be sexual (Harrison et al., 2019).

There is one factor, however, that is present with both male and female serial killers and that is having been a victim of child abuse and a poor mother-child relationship. A few studies have indicated a significant correlation between male serial killers and having been abused as a child; however, there are no such studies to date for female serial killers (Farrell et al., 2013; Leary, 2017). There have been references to this idea, but no published research that details childhood factors among female serial killers (Farrell et al., 2013). I filled in the gap in the research with this study and identify common characteristics among female serial killers, including histories of child abuse.

Purpose of the Study

This qualitative case study is unique because it focuses on female serial killers, an under researched topic. In this study, I sought to uncover common characteristics to female serial killers, including histories of child abuse and a poor mother-child relationship. Secondary data were used as the data source, including books, media reports, and public records. I analyzed the data identifying common themes characteristic of female serial killers. The purpose of this study is not limited to identifying characteristics of females who engage in homicide but to include the findings for recommended policy change as well. The identification of common characteristics could be used to create a preliminary profile of women at risk, which then could lead to the development of early intervention services.

Research Question

What are the common characteristics of female serial killers?

Theoretical and/or Conceptual Framework for the Study

In this study, I used a multi-disciplinary and holistic approach on representative case studies to conduct a comprehensive analysis of female serial killers. I used theories from different disciplines including psychology, sociology, and criminology. The rationale for my using the multidisciplinary approach and holistic method is that human beings are complex. The holistic perspective is based on the idea that the whole subject should be studied rather than its parts (Patton, 2015). As Irwin Deutscher (1970) explained that researchers have the tendency to focus on a part of the issue, rather than the system of the person, the whole. The holistic perspective views the female serial killer

as a complex system in which there are many characteristics which interplay with each other that create this person.

By using the multidisciplinary approach, I was able to examine the female serial killer as a whole, using different disciplinary lenses. To accomplish this, I began with Erik Erikson's theory on psychosocial development. A human being begins to develop in utero and continues this process throughout life. This development is impacted by many factors, including demographics and living situation. Erikson's psychosocial development addresses the complexity of development in a gender-neutral manner. Erikson's theory provides an intensive view of human development but does not focus on the manner in which females develop that is uniquely theirs. Erikson's theory provides a foundation but there is a need to examine further into the ways females develop. Carol Gilligan fills that void with her work on female moral development that is missing from Erikson's work. In addition, the eclectic approach to my study provides many more possibilities (Patton, 2015) to explore how the characteristics of female serial killers align together to create this type of person.

While reviewing the literature I noted that the research focuses on one discipline rather than incorporating several disciplines. When only one discipline is used, there is only one general analysis of the issue. For example, when looking at a problem through a psychological lens, the psychologist focuses only on the mind or behavior, rather than using other aspects of the subject's life. This then creates a void of understanding of the female develops into becoming a female serial killer. Using the multidisciplinary approach helps to identify common characteristics shared by female serial killers and

how these characteristics interrelate with each other. To understand why it is important to study female serial killers there is a need to accept that males and females differ biologically, which impacts the way they are socialized throughout the early years (Santrock, 2015). In addition, feminist theory on criminology supports the idea of gender differences existing (Sharp & Hefley, 2007). The issue becomes the idea that these differences mean there is an inequality between men and women, with men being superior to women. It is this confusion that continues to support the idea that women are weaker than men and incapable of heinous crimes (Sharp & Hefley, 2007), including serial murder. If the male dominated criminal justice system sees females as weaker and incapable of such crimes, this leads to female serial killers going undetected (Sharp & Hefley, 2007).

In my study, it was important that I examined gender differences and to understand how each gender is socialized from birth. Given boys and girls are socialized differently, which relates to feminist theory, there is a need to focus on Erikson's psychosocial development theory. Erikson's theory begins with the first stage of development at birth with each subsequent stage and life experience impacting a person's development throughout life. These experiences can include a poor mother-child relationship and child abuse/neglect. For example, if a girl is rejected by her mother, this can cause the girl to feel less worthy and create a low self-esteem (Santrock, 2015). This then leads to the girl developing an unhealthy personal identity that includes her gender specific moral development as theorized by Carol Gilligan. Gilligan (1998) discussed how moral development differs between genders and how child abuse impacts that development.

Gilligan found in her earlier research that males score higher on moral development than females due to the situations posed in that research (Gilligan, 1998). Gilligan found that females approach these situations differently and thus led to the results for females being lower. Gilligan changed this theoretical approach in her research to include the gender differences whereas females find the connections between humans is most important and that females are driven by their need to care for others. Using Gilligan's perspective created a natural connection with feminist theory of criminology. The feminist theory can be used to explore the gender differences between male and female criminals. The feminist theory may help to explore and explain the differences between male and female serial killers as it relates to their gender, characteristics, motives, and victims and how their early development leads them to a life of crime.

Erikson's psycho-development theory begins at birth with the first stage of development, trust versus mistrust. Erikson's theory is a lifespan theory where one stage builds on the next stage until death. If a child does not develop trust in the first year of life, this impacts this child in the child believes the world is not safe of a good place to live (Erikson, 1985; Santrock, 2013). It then leads to an error in emotional expression and social relationships (Santrock, 2013). Self-conscious emotions include shame, guilt, and empathy. This self-conscious emotional development begins in the first year of life and continues throughout the later stages of psychosocial development (Erikson, 1985; Santrock, 2013). In order for a child to develop trust and thus a healthy relationship with the primary caregiver, usually the mother, the child needs to have their basic needs met that go beyond food and shelter (Erikson, 1985; Santrock, 2013).

This concept of trust becomes significant throughout childhood and into adolescence, especially when the child enters the stage of identity versus identity confusion (Erikson, 1985; Santrock, 2013). This is the time that the adolescent searches within to determine who they are as a person. If the adolescent suffers from early childhood emotional abuse, this will compound the identity confusion this child develops (Gu et al., 2020), which leads to unhealthy relationships with others, or to become a loner, unable to provide emotional support to others due to a lack of empathy (Fitzgerald et al., 2020; Santrock, 2013). In addition, this stage of development incorporates not only a sense of self but the adolescent's lack of moral values and empathy (Santrock, 2013). The adolescent may develop antisocial behavioral traits, which lead to engaging in crime (Santrock, 2013). For girls, identity confusion is compounded when the girl grows up in a traditional stereotypic home and enters a world that provides more freedom for males. It is due to this female role confusion that leads some females to question what their role in the world actually is (Santrock, 2013). To add to this confusion is their own ideas on what is right or wrong based on the male definition of morality.

Gilligan (2006) found that developmental theories constructed by male theorists was based on male development with the findings assigned to females without considering gender differences. In addition, Gilligan found that females compared to males were socialized early in life to be caregivers, putting their needs ahead of the ones they care for, their husbands and children, which impacted their way of thinking and behaving. This may explain why most victims of female serial killers are those known to the killer and have a close, trusting relationship with them.

Erikson's theory provides a solid explanation of psycho-social development, but Erikson's theory is gender neutral, not focusing on gender specific developmental issues. Gilligan (1988) focused on girls and how they develop. Beginning with the young girl, she found that girls learn through the attachment to the mother how humans interact with each other. These interactions can be positive where the mother cares for the child or negative where the mother hurts the child (Gilligan, 1988). If the young girl experiences a close and loving relationship with her mother, this then leads to her to see more equality in herself and less likely to act against social norms (Gilligan, 1988). If the young girl fails to experience a close relationship with her mother with her mother she is unable to develop a caring and nurturing view of the world, a lack of empathy for others (Gilligan, 1988).

Feminist criminal theory emphasizes gender differences between male and female criminals and the crimes each gender commits (Lilly et al., 2015). The gender differences with regard to criminal behavior is that women and men differ in the ways they commit crimes (Butts, 2020). Using Gilligan's viewpoint, it could be argued that because females focus on the relationship with others and the female's need to please, this leads to the criminal act of serial murder to be committed for different reasons. The other primary difference is that women who kill do so because they have been manipulated, coerced, or are a victim of violence while men are more aggressive and dominant over women (Thompson & Ricard, 2009). The latter viewpoint relates to the stereotype that women are subservient to men and are incapable of killing unless a dominant male is involved (Thompson & Ricard, 2009). This may hold true for male-female serial killing teams but

does not support this viewpoint with solo female serial killers. The reason is that female sole serial killers are acting on their own without male domination or control. The feminist theory viewpoint that emphasizes gender differences when committing crimes and that female serial killers exist is the basis for this study.

Sharp and Hefley (2007) presented the idea that males and females differ in the crimes they commit and there is a lack of understanding of this concept. It is because males and females differ, that to understand Erikson's theory it is also important to look at females and how they develop differently than males. Sharp and Hefley argued that the criminologists who study male criminals apply their findings to females without considering gender differences. It is the need to focus on female criminals as females rather than generalizing male findings that helps to understand female crime but how the criminal justice system responds to their crimes (Sharp & Hefley, 2007). As Gilligan (1988, 2006) has stated in much of her research, this issue is present in developmental and psychological theories in which the subjects are male and the findings are applied generally to females.

The multi-disciplinary approach using these different theories was used to assist in organizing the study findings to provide a more in-depth approach to understanding common characteristics among female serial killers. Focusing on feminist theory on a topic that is often ignored and rarely researched allows for inclusion, rather than exclusion of females as serial killers (Daly & Chesney-Lind, 2006).

Nature of the Study

Due to the lack of qualitative research on female serial killers, this study used a structured approach. This approach includes gathering, analyzing, and interpreting the data to answer the research question (Patton, 2015). The reason for using this approach was to uncover common characteristics in which multiple cases are reviewed for similarities and differences. To analyze the data, coding was required. This coding included using a deductive process in which existing theories or data were applied to data analysis (Ravitch & Mittenfelner-Carl, 2016). An inductive process was also used when new and unexpected themes emerged from the data.

Definitions

Angel of death: A lethal caregiver, such as a nurse, whose victims are the vulnerable and weak (Davis, 2001; Kelleher & Kelleher, 1998).

Black widow: A female serial killer that systematically kills spouses/partners, family members or close friends, usually for money (Davis, 2001; Kelleher & Kelleher, 1998).

Holistic perspective: Studying the entire phenomenon as a whole, rather than the sum of its parts, a complex system (Patton, 2015).

Multidisciplinary approach: The approach uses different disciplines to view an issue and apply different theories to address that issue (NC State University, 2020).

Revenge killing: The motivation to kill for perceived wrongs, either real or imagined (Kelleher & Kelleher, 1998).

Serial killer: A person who has committed more than one murder happening at different times and with different events. A mass shooting does not meet this definition (Morton, 2005).

Assumptions

There are different types of assumptions present in this study. Assumptions can be deductive or inductive. Deductive reasoning is based on general assumptions or principles that have been found in previous research (Babbie, 2017). Inductive reasoning uses the general principles that are founded and builds on them (Babbie, 2017). For example, if it is true that female serial killers have mental health issues, then the conclusion would be that these issues lead to their crimes. With induction, the goal is to explain why this phenomenon occurs. I used the inductive method to collect the data, analyze it, and infer conclusions from this data (Babbie, 2017). To ensure reliability triangulation was used. Triangulation is an assumption in that it is assumed using several resources would validate the data (Patton, 2015). One assumption is positionality, the assumption this researcher's past professional work history and education in child welfare, mental health, and criminology had the potential to impact the study (Patton, 2015).

Scope and Delimitations

The focus of this study was on uncovering common characteristics among female serial killers that include how child abuse and a poor mother child relationship impact female development. If these factors exist, it makes this study important in that there are children who have been abused and do not develop a healthy relationship with their

mother. The scope of the study includes 15 cases female serial killers that have committed their crimes within the United States over the past 150 years (Aamodt, 2015). The study results should be transferable to other female serial killers from cultures similar to the United States including Australia, Canada, and Great Britain.

Limitations

There are limitations with the case study method including issues of reliability, validity, and generalizability (Patton, 2015). Reliability focuses on the ability to replicate the case findings (Patton, 2015). In this study, the expectation is the case results can be replicated with different samples of female serial killers given that data analysis continued until saturation is achieved. Validity requires a deep and clear description of the study, the definitions used and how the study was conducted (Yin, 2013). In this study, the issue of validity is a concern due to the use of second and third-hand data via the Radford University Serial Killer Information Center and news stories. Using second and third-hand data may lead to missing information, and/or researcher bias present in the collection process. The initial researcher may report the data in a slanted fashion or omit information, especially when it comes to news stories (Lilly et al., 2015; Yin, 2013). For this reason I used several sources to verify the data reported in the Radford University Serial Killer database. These additional sources of data include books, court records, and media.

Generalizability, the idea that what I study and find can lead to understanding of the phenomenon (Patton, 2015), female serial killers will lead to further research in this area. For this reason, audit trails were needed which included keeping clear and

concise records of the data and analysis of that data (Patton, 2015). In addition, I included all the data I collected to avoid researcher bias and prevent me from providing misinformation (Patton, 2015).

Significance

The lack of research on female serial killers, and the criminal justice professionals and academics belief that such offenders are rare, has impeded investigations when serial murder has occurred (Farrell et al., 2013). The information from this dissertation was used to develop recommendations for prevention and intervention services aimed to prevent female serial homicides. This would then ultimately to help the offender before committing the homicides and to prevent deaths. The findings from this study are expected to provide positive social change through recommending early intervention and prevention services to those identified as high risk to become female serial killers.

Summary

The purpose of this study was to uncover common characteristics among female serial killers including past child abuse victimization and a poor mother-child relationship. There is a lack of research on female serial killers and limited information on common characteristics shared by female serial killers. It is the lack of this information that has supported the assumption that female serial killers do not exist. This has led to longer killing periods and unnecessary victims who lose their lives. In this chapter, I presented the need for a multi-disciplinary approach to identify common characteristics in the hope that early intervention can reduce these crimes in the future.

In Chapter 2, I present the literature review including the current relevant studies on female serial killers and gaps within the literature. Chapter 3 focuses on the research methods including the research design, the research question, ethical considerations, methodology, and the research participants. In Chapter 4, the results of my study are presented and discussed. In Chapter 5, interpretation of recurring themes, the limitations of the study, and implications of what has been observed, and recommendations for policy change are discussed.

Chapter 2: Literature Review

Introduction

Serial killers stalk their prey, lurking out of sight, and their usual prey are young and/or vulnerable (Miller, 2014). The victims of female serial killers are most vulnerable: the young, old, and disabled. Serial murder continues to be committed with an increase in female serial killers in the 21st century (Harrison et al., 2015). One in six serial killers in the United States are women, yet law enforcement and others do not recognize this problem and thus their crimes go undetected if ever discovered (Vronsky, 2017; Harrison et al., 2015). In the United States there is little known regarding female serial killers because the common concept is that they do not exist (Farrell et al., 2011; Harrison, et al, 2015; McBrayer, 2020). Until the case of Aileen Wuornos, the popular sentiment was that there is “no such thing” as a female serial killer (Farrell et al., 2011; Harrison, et al, 2015; McBrayer, 2020). Yet there is evidence to the contrary. One issue present is female serial killers do not exist in the minds of many as it relates to the historical definition of serial murder (Farrell et al., 2011; Harrison, et al, 2015; McBrayer, 2020). In the past, the definition of serial murder had to include an element of sexual deviance associated with the murders (Farrell et al., 2011). This caveat excluded women from this criminal category because sexual deviance does not occur when women commit serial murder (Farrell et al., 2011).

There are differences between male and female serial killers that go beyond sexual deviance. For example, women who kill tend to do it for profit (Harrison et al., 2019). Reviewing the Kelleher and Kelleher (1998) typology on female serial killers

provides an in-depth review of the types of these killers and their victims. Their victims are people they know and are most vulnerable such as the people they care for or their own children (Harrison et al., 2019). In contrast, male serial killers often kill victims that are strangers to them and their motivation can be sexual (Harrison et al., 2019). There is one factor, however, that may be present with both male and female serial killers, which is having been a victim of child abuse and a poor mother-child relationship. A few studies indicate a strong correlation between male serial killers and having a history of child abuse (Leary et al., 2017). Mitchell and Aamodt (2005) studied 80 serial killers and found 36% of the cases had physical child abuse present, and in 50% of the cases there was a history of emotional child abuse. However, there are no such studies to date for female serial killers (Leary et al., 2017). There have been references to this idea, but no published research detailing childhood factors among female serial killers (Farrell et al., 2013). This study attempted to fill in the gap in the research to understand common characteristics regarding female serial killers including histories of child abuse.

The purpose of this exploratory study was to improve the understanding of characteristics common to female serial killers including having been a victim of child abuse and a poor mother-child relationship. Previous research on parental abuse with male serial killers indicates a higher than average frequency as compared to the general population and provides a predictive value (Leary, et al., 2017; Mitchell & Aamodt, 2005). The purpose of this study is not limited to identifying characteristics of females who engage in homicide but to use the findings to recommend policy change. This policy change may include early intervention programs, which could result in decreasing the

number of female serial killers and their victims.

This study avoided a singular disciplinary approach but rather applied an inter-disciplinary approach focusing on several theories. Dealing with a complex issue, a study of female serial killers, requires examination through various lenses, rather than just one perspective in order to obtain a comprehensive understanding of female serial killers.

This multi-disciplinary approach has been seen as holistic, examining the whole person rather than different components separately that make up a person (Patton, 2015).

Academics and professionals tend to work within their own discipline (e.g. psychology, criminal justice, or sociology), focusing only on the event rather than the process (Patton, 2015). The multidisciplinary approach, which may be labelled a holistic process, views the female serial killer from different theoretical perspectives rather than one. In addition, focusing on the process that has led this woman to commit such heinous crimes requires examining interrelated characteristics rather than only as an event in that person's life (Patton, 2015). Even the definition of serial murder is debated with different ideas of what constitutes this crime by the discipline defining it. In addition, theories tend to be gender neutral as viewed in Erikson's psychosocial development and in criminological theories. It is this gender-neutral approach that has led feminists such as Carol Gilligan to delve deeper into how females develop differently than males. The need for gender specific research is needed to fully understand how a female develops into a female serial killer.

The literature review focused on two major theories: feminist theory (based in criminology) and psycho-social development (based in psychology and sociology). Using

these theories as a foundation to provide insight on how child abuse and a poor mother-child relationship can impact a female to the point of becoming a serial killer. With the feminist theory, women who kill, especially the ones they love, leads to another perspective, that women are just as capable of men in killing but have different motives. These motives may be related to the way they interacted with their own mothers and effects their ability to be empathetic. This mother-child relationship can impact the female's view of self and her place in the world. Feminist theory holds that women have been marginalized and are seen as secondary to males, when this occurs women may act out in an aggressive manner, especially if they have been abused as children (Davis, 2001). As Davis (2001) explained, women are viewed as being at the "mercy of their emotions" (p. 371) and thus they only kill because of their mental frail state and in an act of impulsivity. Yet, many female killers plot out their murders, choosing their victims and gaining the victim's trust. This is not an impulsive act, but a fastidious one. In addition, in the studies that are related to serial killers, the ideas presented are based on studies on male serial killers and then applied to females. As Sharp and Hefley (2006) stated, the focus of these studies used gender as a control variable, rather than viewing males and females differently. Sharp and Hefley further explained that research published in criminology journals do not explain how various theories apply to females specifically, rather the journal articles take a gender neutral position.

It is the lack of knowledge specific to females that leads to a gap in the research. Not only do the theories used in research take a gender-neutral approach, they do not examine if common characteristics and factors exist among female serial killers. The case

study approach for this study provides an in-depth examination of each female serial killer participant to uncover any common characteristics among these women and how they may relate to feminist and psychosocial development theories. The need for a gender specific study rather than only a gender neutral one is needed as males and females differ biologically and even as serial killers. Past studies on serial killers have been gender-neutral, focusing on male serial killers and applying the findings to female serial killers without regard to these differences.

Following the search strategy is the literature review, which covers issues related to measuring the prevalence of female serial killers, Kelleher and Kelleher typology of female serial killers, theoretical foundation for current research, psychosocial development: Erikson & Gilligan, feminist criminal theory, feminist theory as an explanation for female serial murder, Erikson's theory and attachment, risk factors that impact a person's psychosocial development and could lead to a female to become a serial killer, parents who abuse drugs and alcohol can affect their child's development, females having been victims of child abuse, lack of social skills and its impact on interacting with others, significant differences between male and female serial killers: victims, killing periods, means, apprehension/conviction, and financial gain, similar characteristics between male and female serial killers, summary and conclusions, gaps in the literature, rationale for studying female serial killers, and social implications for studying female serial killers.

Literature Search Strategy

Using key terms that include *female serial killer*, *serial murder*, *angels of death*,

maternal infanticide, and *black widows*, the first strategy included searching PsychInfo and SocIndex databases for articles published between 2017 and 2024. Furthering the literature research, articles published prior to 2017 were included to identify seminal studies (e.g., Kelleher & Kelleher, 1998) that provided a foundation for more current research.

Issues Related to Measuring the Prevalence of Female Serial Killers

There are those victims who are not identified or counted in criminal statistics, which underestimate the number of actual female serial killers. For example, there are the victims who may live on the fringes of society, including prostitutes or those living in nursing homes, as no one notices they are gone (LePard et al., 2015). When the victims live on the fringe, or are “forgotten,” their murders often are not investigated as serial murder crimes, rather these crimes go unnoticed or are simply labeled “missing persons” (LePard et al., 2015). The problem of labeling a person as a “missing person” is the crime of murder often goes undetected and the murder sites are not uncovered for long periods of time, if ever (Le Pard et al., 2015). For example, the case of Lori Fallow and her two missing children. These children went “missing” in September 2019 and were not considered dead for months. The bodies of these two children were found in June 2020 after relatives pleaded with authorities to further investigate the disappearance of these children (Doudna, 2020). Fallow may not only have killed her children; she also had a connection in the murder of her former husband. This lack of investigating missing people as potential murder victims leads to a lower victim count and some serial murderers going undetected for years, or never being apprehended (Le Pard et al., 2015).

Given this, the number of serial murders and serial killers is lower than what it really is. There may be hundreds of serial murder victims each year that are never discovered (Le Pard et al., 2015). This not only affects serial murder investigations and finding the victims but allows the serial killer to go undetected and continue murdering (Le Pard et al., 2015). Mouzos and West (2007) found similar findings: In Australia, one group of serial murder victims were considered missing persons for years until their bodies were found.

Kelleher and Kelleher Typology of Female Serial Killers

Kelleher and Kelleher developed their typology on female serial killers in 1998. They researched common themes among these women and developed classification tables that include several types of female serial killers: black widows, angels of death, sexual predators, and revenge, for profit, team killer, and non-typical serial killers (Kelleher & Kelleher, 1998). This typology has been used and continues to be used in research studies on female serial killers, where it has been supported by the academic community. The gap in the Kelleher and Kelleher typology is the lack of identifying certain risk factors that could provide insight into the types of female serial killers. Building on the Kelleher and Kelleher research, I analyzed the data for the types of female serial killers and how the type relates to risk factors including child abuse and the mother-child relationship.

Theoretical Foundation

Psychosocial Development: Erikson & Gilligan

Erikson's psycho-development theory begins at birth with the first stage of

development, trust versus mistrust. This stage lasts approximately the first year of life before the child moves into the next stage. Erikson's theory is a lifespan theory where one stage builds on the next stage until death. If a child does not develop trust in the first year of life, this impacts this child in the child believes the world is not safe of a good place to live (Erikson, 1985; Santrock, 2013). It then leads to an error in emotional expression and social relationships (Santrock, 2013). Self-conscious emotions include shame, guilt, and empathy. This self-conscious emotional development begins in the first year of life and continues throughout the later stages of psychosocial development (Erikson, 1985; Santrock, 2013). For a child to develop trust and thus a healthy relationship with the primary caregiver, usually the mother, the child needs to have their basic needs met that go beyond food and shelter (Erikson, 1985; Santrock, 2013). This concept becomes significant throughout childhood and into adolescence, especially when the child enters the stage of identity versus identity confusion (Erikson, 1985; Santrock, 2013). This is the time that the adolescent searches within to determine who they are as a person. If the adolescent suffers from early childhood emotional abuse, this will compound the identity confusion this child develops (Gu et al., 2020). This identity confusion then in the adolescent leads the child to develop unhealthy relationships with others, or to become a loner, unable to provide emotional support to others due to a lack of empathy (Fitzgerald et al., 2020; Santrock, 2013). In addition, this stage of development incorporates not only a sense of self, but the adolescent's lack of moral values and empathy (Santrock, 2013). The adolescent will develop antisocial behavioral traits, which lead to engaging in crime (Santrock, 2013). For girls, identity confusion is

compounded when the girl grows up in a traditional stereotypic home with little freedom but then enters a world that provides more freedom for females. It is due to this female role confusion that leads some females to question what their role in the world actually is (Santrock, 2013). To add to this confusion is their own ideas on what is right or wrong based on the male definition of morality.

Gilligan (2006) found that developmental theories constructed by male theorists were based on male development with the findings assigned to females without considering gender differences. In addition, Gilligan found females were socialized early in life to be caregivers, putting their needs ahead of the ones they care for, their husbands and children, which impacted their way of thinking and behaving.

Erikson's theory provides an explanation of psycho-social development, but Erikson's theory is gender neutral, not focusing on gender specific developmental issues. Gilligan (1988) focused on girls and how they develop. Beginning with the young girl, she found that girls learn through the attachment to the mother how humans interact with each other. These interactions can be positive where the mother cares for the child or negative where the mother hurts the child (Gilligan, 1988). If the young girl experiences a close and loving relationship with her mother, this then leads to her to see more equality in herself and less likely to act against social norms (Gilligan, 1988).

Feminist Criminal Theory

Feminist criminal theory emphasizes gender differences between male and female criminals and the crimes each gender commits (Lilly et al., 2015). The gender differences with regards to criminal behavior is that women and men differ in the ways they commit

crimes (Butts, 2020). Using Gilligan's viewpoint, it could be argued that because females focus on the relationship with others and the female's need to please, this leads to the criminal act of serial murder to be committed for different reasons. The other primary difference is that women who kill do so because they have been manipulated, coerced or are a victim of violence while men are more aggressive and dominant over women (Thompson & Ricard, 2009). The latter viewpoint relates to the stereotype that women are subservient to men and are incapable of killing unless a dominant male is involved (Thompson & Ricard, 2009). This may hold true for male-female serial killing teams but does not support this viewpoint with solo female serial killers. The feminist theory viewpoint that emphasizes gender differences when committing crimes is the focus with this study. The reason being is that the study focuses on solo female serial killers and supports the idea female serial killers exist but differ from male serial killers.

Sharp and Hefley (2007) presented the idea that males and females differ in the crimes they commit and there is a lack of understanding of this concept. It is because males and females differ, the need to understand Erikson's theory as it applies to males and females is important. This study extends Erikson's gender neutral approach to include Gilligan's work on gender differences in psychosocial development. Sharp and Hefley argue that the criminologists who study male criminals, apply their findings to females without considering these gender differences using a gender neutral approach. It is the need to focus on female criminals as females rather than generalizing male findings that will help to understand female crime but how the criminal justice system responds to their crimes (Sharp & Hefley, 2007). As Gilligan (2006; 1988) has stated in much of her

research, this issue is present in developmental and psychological theories in which the subjects are male and the findings are applied generally to females.

The research question, “What are the common characteristics of female serial killers?” is addressed in this study by connecting several theories via an inter-disciplinary approach. There are risk factors that connect feminist theory and psychosocial development in how the theories explain child development. For example, when a mother abuses alcohol she is not able to care for her child properly and this impacts the mother-child relationship negatively. As Child Welfare Information Gateway (2019) states, “Using a controlled substance that impairs the caregiver’s ability to adequately care for the child” (p.3). This inadequate care not only focuses on not providing the level of nurturing a child needs but not meeting the child’s basic needs. Many of the children who have been experienced these risk factors have become serial killers as noted by Williams (2017). These risk factors can include poor socialization; having been a victim of child abuse; and/or a poor mother-child relationship.

Feminist Theory as an Explanation for Female Serial Murder

Feminist theory does not focus on female serial killers in particular, but is an approach to theorize why women commit crimes. Though it does not focus on female serial killers, it can be used to provide a level of understanding as to why a woman may become a serial killer. Feminism focuses on equality between males and females. This translates that men can be nurturers and women can be aggressive. Yet in the United States, which is basically a paternalistic society, the idea is the man rules the home and the woman is subservient to him. This viewpoint does not allow men to be nurturers and

the feelings of aggression by females is suppressed until the female explodes into a killing spree as in the case of Wuornos (Wuornos, 2012). Walker and Gill (2019) explore this issue and discuss the social dichotomy of murderers where males are viewed as capable of such crimes while females are not. If a woman commits murder it is because she is deviant. This is seen with the case of Wuornos where she was nicknamed, “Monster” by the media. A woman who commits murder is testing society’s idea of females and this is seen as a threat to the status quo (Walker & Gill, 2019). This idea begins with early stereotyping of males and females in the United States.

The stereotyping that is present in the United States begins before birth. The idea that there are innate differences between males and females begins prior to birth where the focus is on whether the baby will be a boy or girl. The gender reveal parties observed supports this idea and to announce the gender, the old idea of pink is for girls and blue is for boys is utilized. There is nothing to support this idea that one color is only for a certain gender, it is an example of gender stereotyping. This beginning of gender stereotyping is evidenced in that boys are raised differently than girls (Santrock, 2017). The focus of socialization of babies and young children is based on stereotypical roles that boys are more aggressive and provide protection for their families while girls are raised to be nurturers and submissive (Santrock, 2017). Society views a male who is well-adjusted to be independent, aggressive and powerful while females are to be dependent, nurturing, and uninterested in power (Santrock, 2017). When a female is raised in a stereotypic home this female learns that she must be subservient to males. In the case of Paula Sims, who killed her two daughters but did not kill her son because of the gender

differences, Dr. Diane Sanford, a psychologist explains that certain factors, including gender stereotyping played a role in Sim's murders. Sims had been a victim of childhood sexual abuse, was controlled by her husband to the point he isolated her and would not allow her to connect with others, and felt guilty over the death of a loved one, led her to suffer a form of mental illness. In addition, she was raised in a home where the father and her brother were authoritarian, dominating, displaying typical male stereotypes and led Sims to find the same characteristics in her mate (Becker, 1993). This then led to a downward spiral in which she lost herself and felt her female children were to blame. In addition, Lattanzi et al., (2020) identified that women who killed their own children lacked the ability to read their child and form a healthy attachment. The idea that women are natural born nurturers is not supported with this study. This supports the idea of feminist theory in which these socially constructed views of differences between males and females is central to the development of self as it relates to gender (Belknap, 2007).

Nila et al., (2012) discuss feminist theory as it relates to crime where the female criminal is viewed with a bias. This bias utilizes a masculine approach to explain why women commit crime, that there is an abnormality in the female serial killer's personality. For example, Aileen Wuornos, was observed to emulate several masculine traits such as the weapon she used for her murders and the way she killed her victims (Kester & Gottlieb, 2012). There have been attempts to connect Wuornos' murders to sexual gratification without success (Kester & Gottlieb, 2012). Weare (2013) describes this as the female murderer being viewed by the criminal justice system as being "mad", "bad" or "victim." For those women who are viewed as "mad" would include those that

suffer from battered women's syndrome, having been victims of domestic violence (Weare, 2013). The "Bad" woman and the "victim" describes the woman who kills those they care for, such as women who kill their own children, or have been abused themselves (Weare, 2013). Weare (2013) argues that when the criminal justice system downplays women as capable of murder, it serves as an injustice to these women and their victims.

Even though this explanation of "mad", "bad" or "victim" to describe serial killers, radical feminism supports the idea that men are born more dominant and aggressive than women (Jensen, 2016). It is the descriptive terms of "mad", "bad" or "victim" that supports that men play a role when a woman kills. It is this idea that leads males to subjugate women as sexual objects and provide a source of deviant sexual gratification (Jensen, 2016).) In the case of Wuornos, she did not attempt to rape her victims rather she claims they attempted to rape her. The crime of rape is one in which men commit this against women not only for sexual gratification but to keep them in a state of fear (Lilly et al., 2015). With this perspective, Phyllis Chesler, a leading feminist, wrote regarding Aileen Wuornos' murders, "some feminists believed that you killed for them and you were going to die for what they couldn't do" (Kester & Gottlieb, 2012, p. 2). Them being the women abused by men, including prostitutes. The comment was made in reference that Wuornos, working as a prostitute, killed her victims in self-defense. An argument that Wuornos herself made over the years following her capture and incarceration (Kester & Gottlieb, 2012). This supports the idea that when women continue to be victims of abusive men and when they fight back their behaviors are

viewed as abnormal. Women are supposed to be submissive and nurturers based on their female stereotype, and should not fight back let alone kill.

Reviewing the feminist theory provides one idea on why female serial killers exist, but does not fully address these crimes. Many female serial killers commit serial murder without male subjugation being present and for some types of female serial killers, there is no component of nurturance. Significant to this issue is the gender neutral approach to serial killers. Weare (2013) addresses the issue that women are viewed by the criminal justice system as not being able to commit heinous crimes. This then leads to the need to look at other theories to determine if there are risk factors present early in life they may account for some females to become serial killers that include psychosocial development and attachment theory.

Erik Erikson's Theory and Attachment

When reviewing theories on human development, males and females develop in similar ways according to Scheff (2011) and Erikson (Santrock, 2013). Scheff argues that both males and females that commit serial murder are isolated and have been shamed most of their lives. Alluding to Erikson's theory on development, stage five, where a person in their early adult life either feels a sense of intimacy or isolation, those that feel isolation tend to be at risk to commit serial murder (Santrock, 2013). The sense of intimacy is the desire and need to be with others where the person feels comfortable sharing intimate aspects of their life, it is not sexual intimacy. Serial murder in itself is an isolated activity, where sharing is not part of the criminal act, except in the case of serial killer teams, but that is even questionable. Even if the serial murderer has close friends or

even a significant partner, there is a lack of intimacy in that relationship (Scheff, 2011). This lack of intimacy usually occurs due to being rejected early in life and not having any significant bonds with another person, including the person's mother (Scheff, 2011). This lack of a significant bond leads to unhealthy socialization and development, which then leads to a lack of empathy and disregard for others. This mistrust leads to poor socialization skills and the ability to develop healthy relationships throughout life and maybe a contributing factor that explains female serial murder.

Erikson's model of psychosocial development can provide a foundation of understanding on how people endure life events and how those events affect their psychological well-being (Sarang et al., 2019). If the child has not had a healthy attachment to their mother, or another primary caregiver, the child will not develop trust and this will impact each further stage of development (Santrock, 2013). Erikson's model provides a foundation for how a female serial killer develops both psychologically and socially into a serial killer due to lack of a healthy attachment. It is the unhealthy psychosocial development early in life that continues to lead some people to become serial killers (Mitchell & Aamodt, (2005).

Risk Factors that Impact a Person's Psychosocial Development and Could Lead to a Female to Become a Serial Killer

Parents who Abuse Drugs and Alcohol Can Affect Their Child's Development

When a parent abuses drugs and alcohol this can impact their ability to parent their child appropriately in that they do not develop structure in the home nor do they provide for a healthy-parent child relationship. For example, in one case study, it was

found that both parents of a female serial killer abused tranquilizers (Frei et al., 2006). This female serial killer described her parents as ‘weak’ because they abused drugs and did not discipline her when she did something wrong (Frei et al., 2006). This woman developed no empathy towards others and found ‘enjoyment’ in torturing her victims (Frei et al., 2006). Another example is the case of Aileen Wuornos, who was adopted and raised by her maternal grandparents, both were alcoholics and abused her as a child (Arrigo & Griffin, 2004). The maternal grandmother’s alcoholism was so severe that it led to her death when Wuornos was fifteen years old, providing an abandonment situation for Wuornos (Arrigo & Griffin, 2004). When a parent is under the influence of a substance they are not present for the child and this interferes with the development of the parent-child relationship, primarily between mother and child.

Females Having Been Victims of Child Abuse

There is limited research on having been a child abuse victim and becoming a serial killer, especially with female serial killers. One case study conducted by Schuman-Kauflin (2000) indicated three risk factors for female serial killers. These risk factors include: abandonment, instability, and having been a victim of abuse. Child abuse victims are at higher risk to commit serial murder. This does not mean that all who were abused as children will become serial killers, but it is a risk factor that should be considered especially with parricide cases (Gavin & Porter, 2014). It has been found that children who kill their parents, without a definitive mental health disorder like schizophrenia, are usually abused by their parents (Gavin & Porter, 2014). The studies that exist support the idea that being a victim of child abuse, neglect and/or an unhealthy parent-child

relationship impacts the child into adulthood and becoming a serial killer (Myers, 2004; Harrison et al., 2015; Williams, 2017).

Myers (2004) conducted a case study reviewing six cases of serial murder with both male and female juveniles. Myers (2004) found that 94% of his participants had a history of being abused as a child. Myers (2004) studied the case of Mary Bell, an eleven year old girl who killed two children and attempted a third murder of another child. Mary was rejected by her mother at birth and moved from one relative's home to another. When Mary was in her mother's care, her mother was abusive and neglectful. This abuse included rubbing Mary's face in urine soaked bedding when Mary wet the bed. Mary was a withdrawn child with sadistic behaviors that began before her first murder when she pushed her three year old cousin off a ledge causing injury. Mary had no remorse for this incident nor for the murders she committed (Myers, 2004).

Harrison et al. (2015) conducted a case study on 64 female serial killers. They found that five out of eight had been sexually abused and five out of eight had been physically abused as a child, which is 14.1%, the average rate for the general population is 1% (Harrison, et al., 2015). Harrison et al. also found 31.5% of their participants had been abused in some way as a child, where the average for the general population is 9%. This finding is significant in that child abuse interferes with a health social development of the child and impacts their relationships with others (Arrigo & Griffin, 2004). Mouzos and West (2007) used the Australian National Homicide Monitoring Program (NHMP) data site to collect data on 13 serial killers, 12 males and one female. Mouzos and West found that childhood neglect and abuse was present with three out of the 13 serial killers,

or 23%.

Williams' (2017) study on serial killers, both male and female, reported a high incidence of those that have suffered from child abuse early in age and how these events have an exponential effect on the child. Williams found that it is not the number of events per se, but how these events psychologically effect the child. A child who is severely traumatized through neglect and abuse can sustain continual anxiety, confusion and mistrust which then leads to violent fantasies (Williams, 2017). These fantasies turn to leisure activities for the child and as the child grows, the child begins to act them out, including committing serial murder (Williams, 2017).

Family dysfunction was found in 94% of cases in the Myers (2004) study, with 81% of participants having a history of paternal abandonment and neglect. Elena-Catalina (2014) found serial killers usually come from father absent homes and dysfunctional families where child abuse is present. In 60% of the cases reviewed, very few of these serial killers had friends or other social connections as children which left some of the participants vulnerable to recruitment by cults or extremist groups (Elena-Catalina, 2014). And not only were these two factors found, but they were in the top ten which also include serious school problems, child abuse and history of interpersonal violence (Myers, 2004). For example, five participants had a mother who was absent or deceased; one mother who was a prostitute; and one had a father who was absent. This loss of a parent, especially a mother, may relate to a mother-child relationship being disrupted and lead to psychosocial development issues for that child.

Arrigo and Griffin (2004) used a case study method using an instrumental case

study investigation. In this study, they focused on the issues of attachment theory, psychopathy, and predatory homicide (Arrigo & Griffin, 2004). Using existing data from various sources, including books, news articles, taped interview and television programs they studied one female serial killer, Aileen Wuornos (Arrigo & Griffin, 2004). Arrigo and Griffin found in their study of Wuornos that she experienced abuse and neglect as a child and parent abandonment, which led to her inability to form healthy attachments and relationships with others. The feeling of abandonment and not belonging led her to develop a negative anticipatory effect. This effect led to Wuornos lacking in the ability to develop the capacity for empathy (Arrigo & Griffin, 2004). This lack of empathy coupled with no healthy parent-child relationship led to aggression towards others in order to protect herself (Arrigo & Griffin, 2004). In this case, it indicates those adults that had been abused/neglected as children, and had psychopathic personality traits, laid the ground work for this adult to become a serial killer (Arrigo & Griffin, 2004). These studies support the theory that when a child does not have a healthy parent-child relationship that this can lead to lifelong issues with personal relationships to the point that some of these children develop in adult serial killers.

Lack of Social Skills and its Impact on Interacting With Others

Socialization provides a person the opportunity to learn how to interact with others. This socialization process begins at birth when an infant makes eye contact with another person or smiles (Santrock, 2013). In many cases of female serial murderers, socialization has not occurred and the result is a lack of social skills and no empathy for others (Santrock, 2013). For example, with the case of Mary Bell who killed several

young children, not only did she commit heinous murders against small children, but her affect was inappropriate which included laughing and grinning over the crimes she committed (Myers, 2004). In addition, Mary would taunt the parents of her victims over and over again for her personal enjoyment (Myers, 2004). This is an extreme example of a female who lacks appropriate socialization, including a level of empathy towards others.

Many serial killers, both male and female, have certain factors in common such as the way they were socialized as children, child abuse and parent substance abuse. Though there may be common factors, according to the research (Aamodt & Mitchell, 2005; Farrell et al., 2011; Gurian, 2017), there are also factors that differ between male and female serial killers. These factors include the victims they choose, the methods for killing and the motive for killing.

Significant Differences between Male and Female Serial Killers: Victims, Killing Periods, Means, Apprehension/Conviction, and Financial Gain

One significant difference between male and female serial killers is the victims they choose. Females tend to choose victims they know, including spouses and other family members (Farrell, et al., 2011; Gurian, 2017). The targets of female serial killers tend to be those most vulnerable such as children and the elderly (Farrell, et al., 2011). In addition, women choose victims that are helpless while men choose victims they believe they can render helpless (Farrell, et al., 2011). Women use a disguised persona, a 'mask', to gain the trust of their potential victims. Once that trust is established, they set out to kill. Males rarely put on a 'mask' as building trust is not important in their crimes.

(Farrell et al., 2011). Victims of female serial killers put their trust into their killer, for example, approximately a third of the victims were adults known to the female serial killer (Farrell et al., 2011). When the victims are children, 22% were the female serial killer's own children or grandchildren (Farrell et al., 2011). When a female serial killer murders her own children often times the death is considered a natural occurring event such as Sudden Infant Death Syndrome (SIDs) (Mouzos & West, 2007). For example, in the case of Mary Beth Tinning who had eight of her own children and one adopted child that all died young, the primary cause of death listed for six of these children was SIDS. It was not until she was tried and convicted for her last child to die, that she was suspected of killing the other seven. (Kelleher & Kelleher, 1998).

Male serial killers most often commit their murders under two years until they are caught, while females commit their murders over a four or more year time-period until they are caught. (Farrell et al., 2011; Gurian, 2017). The reason for this extended killing period among females may be due to the fact females are not suspected of such crimes due to them being older, thus more mature, than their male counterparts, and that females are not suspect for serial murder overall (Farrell et al., 2011). According to feminist theory, the stereotype and common belief that men are those most likely to perpetrate such crimes, and that females only kill to protect themselves from an abusive partner.

Females tend to use poison, 81.7% of the time, as the primary method for their murders (Gurian, 2017). The reason for using poison is that it avoids personal harm to the killer and delays capture because the effects of poisoning mimics other medical conditions (Gurian, 2017). Poisoning is subtle mimicking medical conditions such as

stomach pain or diarrhea. This type of medical condition along with existing medical conditions allows for the murder to go undetected. Males tend to use more violent measures to kill including weapons, mutilation, strangulation, and other forms of violence which lead to a quick and violent death (Gurian, 2017). Feminist theory views men as being more aggressive thus why they use more lethal weapons that act quickly (James, 2016).

Apprehension and conviction of male and female serial killers differs as well. Females are more likely to be convicted of second-degree murder versus their male counterparts that are usually convicted of first degree murder (Gurian, 2017). This then leads to a sentencing disparity where males are more likely to be sentenced to death while females receive life imprisonment even for the same crime and severity of that crime (Gurian, 2017).

Financial gain is a driving factor for many female serial killers (Harrison et al., 2019). These females desire a certain lifestyle and are willing to kill for it especially for those women who have lived in downtrodden circumstances. The downtrodden circumstances include poverty and inequality (Farrell, et al., 2013). The female serial killer that is motivated mostly by financial gains are usually labeled “Black Widows” (Farrell, et al., 2013). In comparison, male serial killers are most often motivated by some form of sexual gratification (Farrell et al., 2013). Female serial killers do not kill for sexual gratification (Frei et al., 2006). Mouzos and West (2007) discuss the factors of serial murder that include sexual predatory behaviors that occur in nature. Stating that for some male serial killers the murders are committed to fulfill sexual or emotional

gratification (Mouzos & West, 2007). There are no known female serial killers that have committed their crimes for sexual gratification (Kelleher & Kelleher, 1998).

Similar Characteristics between Male and Female Serial Killers

There are a few similarities between male and female serial killers including a lack of social development. This lack of social development affects the serial killer in several ways. Murray (2017) states that the psyche for serial killers indicates a low self-esteem, rejection, and self-hatred in which the person projects these emotions onto others. Murray's study focused on male serial killers but she indicates that the results could relate to female serial killers as well. She goes on to explain that these early experiences such as rejection relates to both males and females. When a human possesses certain mental health issues, it can impact their ability to socialize and integrate with society (Harrison et al., 2019). These issues can include aggressive behavior, depression, anxiety, self-harm, eating disorders, and psychopathic behaviors that lead others to reject them (Harrison et al., 2019). The concept of low self-esteem and rejection begins in infancy. For those infants that display a disorganized form of attachment they tend to be less prosocial and may not develop any type of empathy for others (Hammond & Drummond, 2019). This rejection can occur early in life beginning in infancy with the mother and/or family continuing through childhood and into adulthood. One explanation of how this rejection impacts the individual is the negative feedback loop. The negative feedback loop is acquired once the person begins to feel rejected during infancy or early childhood by significant family members such as the mother. The child feels this rejection and then acts out to elicit negative attention, the only way the child knows how to get attention.

The negative act then leads to negative attention and thus the negative feedback loop begins to form. As the child ventures out into the world, this same attention seeking behaviors continues with others which leads to being rejected. The rejection by others leads to alienation, a socialization process (Scheff, 2011). Thus, a person who has experienced rejection in the closest relationships will believe that any other relationship will end in rejection and thus the behavior is adjusted to rejection even when this does not occur (Scheff, 2011). Shame plays a strong role in this rejection feedback loop in that the person experiences shame but does not recognize this shame and therefore cannot verbalize it (Scheff, 2011). This supports Erikson's theory on psychosocial development, especially stage 2, autonomy versus shame in that a child who has reached this stage and has not developed normally will experience a higher level of shame and doubt (Santrock, 2013).

Though there is limited research on female serial killers as it applies to rejection and isolation, there is some research on males that can be applied to females based on Erikson's theory on psychosocial development (Martens & Palermo, 2005). Rejection by others can lead to loneliness which can involve excruciating pain and mental suffering (Martens & Palermo, 2005). It is not just about feeling alone, but can lead to various mental disorders, and even medical disorders, somatic and psychosomatic when this person cannot connect to others (Martens & Palermo, 2005). It is a deep feeling of being alone and separate from others, that the person who feels loneliness does not belong (Martens & Palermo, 2005). Another way to think of this is that loneliness provides a distorted sense of reality due to social isolation (Martens & Palermo, 2005). This social

isolation then interferes with psychosocial, emotional and moral development (Martens & Palermo, 2005). Martens and Palermo (2005) reviewed two serial killer cases, Jeffrey Dahmer and Dennis Nilsen, and found a correlation between severe loneliness and antisocial behavior that led to their committing serial murders. These two men were first rejected by their parents which interfered with their development and led to them being alienated from others based on the negative feedback loop, which eventually led them to live in their own isolated worlds (Martens & Palermo, 2005). Living in their own worlds led to more isolation and diminished their ability to bond to others in a healthy manner (Martens & Palermo, 2005). Healthy bonds provide the person with the ability to be understanding, empathy and how their actions impact others (Martens & Palermo, 2005). And, it does not just relate to bonds but the way a person perceives themselves which includes negative self-perception, feeling like they are not good enough or worthy to involve themselves in healthy relationships (Martens & Palermo, 2005). In other cases it has been found that severe loneliness leads to severe antisocial behavior and psychopathy (Martens & Palermo, 2005). This severe loneliness can be observed with both male and female serial killers. For example, Aileen Wuornos possessed low self-esteem, rejection by both her biological and adopted mothers, and had a self-hatred that led her to kill her victims. For other serial killers, the use of daydreams and fantasies are observed, especially in killing teams, in order to compensate for a lack of healthy social relationships. The use of killing provides this person with a way to substitute social connections and provides these killers with a way to rationalize their actions (Murray, 2017).

Summary and Conclusions

According to Farrell et al., (2011), there has been little empirical research conducted in the area of female serial killers. The research that does exist provides limited insight about female serial killers as a group. The existing research focuses on: who the victims are, females having longer active killing periods than males, and other differences as it relates to their male counterparts (Farrell et al., 2011). In addition, the availability of research on female serial killers and their victims is limited (Farrell, et al., 2011). This leads to a misunderstanding, or a complete lack of understanding of why a woman commits serial murder (Fourche et al., 2015). Arrigo and Griffin (2004) make the argument that there is little systematic assessment of female serial killers due to the lack of attention on this subject. Rather the focus has been on women who kill due to being a victim of domestic violence or other 'justifiable' reasons (Arrigo & Griffin, 2004).

There is a lack of empirical research to support an accurate classification of serial killers, especially women (Gurian, 2017). A reliable classification system would allow for law enforcement and others to profile potential serial killers (Gurian, 2017). There is no valid profile for female serial killers to date.

Given the limited research on female serial killers there are no prevention or intervention programs developed to end this crime (Silvio et al., 2006). Research using a multi-disciplinary approach with a team of experts from each discipline needs to be developed to stop these murders (Silvio et al., 2006). These experts should include psychologists, criminologists, law enforcement, social services and others to provide a clear idea of female serial killers rather than focusing on only one aspect such as

psychological or criminal. Using this multi-disciplinary approach in research not only would contribute to a comprehensive understanding of female serial killers, but would have the potential to lead to the development of intensive services (Silvio et al., 2006).

The need to understand female serial killers can lead to early intervention to avoid future murders and even other crimes. In addition, clinical/forensic prevention, diagnosis and treatment can be administered once certain risk factors have been identified (Arrigo & Griffin, 2004).

This proposed study on female serial killers is needed because women are capable of committing serial murder. To not fully accept this idea and ignoring this issue allows female serial killers to commit more murders over a longer period of time without being apprehended (Farrell, et al., 2011). The most serious issue, however, is that these female serial killers continue to kill and their victims are not identified, which then leads to the victims never being discovered (Farrell, et al., 2011). When this occurs, the victim does not receive the justice nor does the family have closure (Farrell, et al., 2011). In addition, research on female serial killers is needed to fully understand the depth and breadth of these crimes and the women.

The lack of empirical research in the area of female serial killers impacts their victims, victim families, and society at large. The serial killer is not instantly born, but develops over a lifetime, usually beginning in childhood and adolescence (Murray, 2017). Given that certain risk factors and characteristics appear before the age of five years, there is a need to identify and treat these factors prior to adulthood (Murray, 2017). By understanding the factors of female serial killers, and under what circumstances which

lead those to kill will help identify ways to reduce the number of people murdered. In addition, it will allow for proper treatment to assist these women, and potential female serial killers from future murders (Harrison, et al., 2015). Further,, identifying those that have been abused or neglected early in life, can prevent future serial murders by providing needed treatment to resolve issues that may arise from these early life experiences (Williams, 2017). Female serial killers is a topic that most do not want to accept as needing to be studied, but there is a need to do so (Telfer, 2017). In addition, those female serial killers that are sensationalized are the ones that gain the most attention in the media. There are other female serial killers that exist where little is known about them because no one wants to acknowledge their existence, excusing or downplaying their crimes (Telfer, 2017). Furthermore, rarely is a female serial killer executed, often times she is released from prison and reenters society (Silvio et al., 2006). By providing services to these women while incarcerated could prevent future murders (Silvio et al., 2006). And this treatment, if successful, could be utilized with other violent female criminals (Silvio et al., 2006). There is a level of moral responsibility to understand these women who kill (Telfer, 2017).

Chapter 3: Research Method

In Chapter 3, I provide an overview of the research design and methodology focusing on the problem statement and research question that were developed from the literature review. The purpose of this exploratory study was to improve the understanding of characteristics common to female serial killers including having been a victim of child abuse and a poor mother-child relationship. The purpose of this study was not limited to identifying characteristics of females who engage in homicide but to use the findings to recommend policy change. This policy change would include early intervention programs, which could result in future crime prevention decreasing the number of female serial killers and their victims. This study did not use a singular disciplinary approach but rather an inter-disciplinary approach focusing on different theories. These theories include feminist criminology theory and Erikson's psycho-social development theory, for which he uses a gender-neutral approach. To complement this gender-neutral approach, Gilligan's developmental theory was incorporated. Gilligan used Erikson's work to develop her theory focusing on female development with a focus on a gender-specific perspective. Dealing with a complex issue, the topic of female serial killers, requires the need to view the issue through various lenses to obtain a complete picture. This multi-disciplinary approach has been seen as holistic, looking at the whole person rather than different components separately that make up a person (Patton, 2015).

Chapter 3 begins with the research design and rationale for the design chosen. It is then followed by the role of the researcher and then the methodology that was used in the study. Issues of trustworthiness and ethical procedures will be addressed and ending with

a conclusion summary.

Research Design and Rationale

Research Question

The study focused on the research question, “What are the common characteristics of female serial killers?” Using case studies, an in-depth examination of each case study was used to identify any common characteristics present across the cases. For example, the characteristic regarding child abuse, previous research with male serial killers indicates a higher than average frequency as compared to the general population and provides a predictive value (Harrison, 2023; Leary, et al., 2017; Mitchell & Aamodt, 2005). The issue is that little is known about parental abuse experienced by female serial killers and the impact of that experience. Due to the impact of child abuse on the male serial killer and the lack of information on females, it appears that this factor should be further explored as well as other factors.

Concept of Study

The concept of this research study was to analyze common characteristics among female serial killers to unearth similarities among the women. Using the case study approach, 15 female serial killers were studied to uncover common characteristics present. I also explored how these characteristics relate to the female serial killer’s psychosocial development as it applies to feminist theory.

Research Tradition

The qualitative method of research provides an in-depth analysis of female serial killers in this study. Using the case study method, the data were collected and analyzed

together using a cyclical process. Data analysis was done several times rereading the cases and synthesizing it until saturation occurred (Laudan, 1989). The qualitative method focuses on finding the meaningful patterns and themes with the data acquired within a study (Patton, 2015). For example, in this study the patterns and themes focused on common characteristics with female serial killers and how these characteristics may impact their decision to kill. The data in this study included interviews conducted by others and documents that already exist (Patton, 2015). In this study, the case study method was used by analyzing existing data from various documents and other existing material. The case study method focuses on cases to analyze—in this study the cases were the individual female serial killers selected. This sampling strategy included outlier sampling in which statistically the characteristic may not be recognized yet can reveal a great deal of information (Patton, 2015).

Rationale for Chosen Tradition

Using a narrative inquiry was the best for this study as it provided the individual's story as it relates to how she arrived where she is at. In this study it is the recounting of each female serial killer's life and how her experiences led her to kill. Using an interdisciplinary approach, analysis of each of the female serial killer's narrative, or life story, was analyzed through a multi-disciplinary lens (Ravitch & Mittenfelner-Carl, 2016) that included gender-neutral and gender-specific perspectives.

Role of the Researcher

In this study, my role was interpreter of the data and outside information on each female serial killer. It was important for me to understand my role as researcher in this

process. This role is one of a neutral observer, which required me to be aware of any bias I may have had (Patton, 2015). If I was not aware of my own personal biases, it may lead to ethical concerns. For example, this does not mean I cannot have empathy for the participant, but I must be aware of the empathy and not allow it to cloud my judgement (Patton, 2015).

The data for this study are considered secondary data because the data were collected by other researchers. Examples of secondary data include taped interviews, books, and articles (Patton, 2015). Using secondary data may impact the study in that the primary researcher may have their own biases and thus present the data in a certain light, a conceptual tunnel vision (Wadams & Park, 2018). Reviewing the secondary data includes being aware of researcher bias, both by me and the original researcher. Looking for subjective words or sentences rather than objective ones was essential to discover any bias the original researcher may have had. In this study the focus was on serial killers primarily from the United States or from countries similar to the dominant culture of the United States, which included Great Britain. This allowed for a lower level of cultural bias, though it will limit transferring the results to other cultures.

Ethical Considerations

Ethical considerations need to be considered in any research project. The use of secondary data meant I did not have any personal or professional relationships with the participants as there was no contact with them. The participants, many of whom are deceased, have not been known by me on any level, thus the issue of a personal or professional relationship did not exist. Confidentiality is a major issue in research;

however, confidentiality is not an issue for this study. The information that was analyzed was derived from public resources. The ethical issue when using public resources returns to the concept of researcher bias (Lawrence, 2020), making it important to consider my biases. Respect is also paramount in any research study, which was used when presenting the information on each participant. This respect included data presented without bias. The participants were not judged regarding their personal lives, lifestyle, or crimes. In any research project there is power dynamics and social structures present (Ravitch & Mittenfelner-Carl, 2016). The selection of participants should be impartial in that certain participants were not excluded or chosen because of their class, race, or other discriminatory features. Lastly, the study refers to the participants by a letter assigned to each participant, rather than by the participant's name. For example if Mary Smith is a participant, she was assigned a letter from the first 15 letters of the alphabet to protect her identity, rather than using her name.

Methodology

Participant Selection

The participants in the study are known female serial killers. The selection of participants were randomly selected from the Radford University Serial Killer Information Center. A 2005 report on the Radford University Serial Killer Information Center indicates a total of 4200 serial killers, 541 being female (11.4%; Aamodt, 2016). However, Kolko (2019) stated that there is actually over 5000 serial killers listed in this information center, making it the largest non-governmental database on serial killers in the world.

The selected participants from the Radford University Serial Killer Database met the FBI definition of serial killer, which is “The unlawful killing of two or more victims by the same offender(s), in separate events” (Morton, 2005, p.3). The target number of participants for this study was 15 participants. The selection of the participant group began by choosing only female serial killers at random from the Radford University Serial Killer Database until there were 15 participants to ensure there was enough data that went beyond the database mentioned. This need for additional resources was to ensure trustworthiness and validate the data. The random method included taking the names from the Radford University Serial Killer Database and placing them into an Excel spreadsheet. The selection began with the first 15 participants on the list, and preliminary research was conducted to locate data on these participants that go beyond the database. When there was no additional data beyond the database, the next participant on the list was chosen until the end goal of 15 participants was reached.

The number of 15 participants was chosen to provide reliable results. Too few would not allow for reliability, and too many would make the study not feasible as the study requires a deep review of case records on each female serial killer (Patton, 2015). The use of a low number, including just one case study, can lead to incorrect conclusions and not apply to other cases (Stuart, George, & Bennett, 2005). The number of case studies should be manageable, and this is the trade-off for parsimony and richness (Stuart et al., 2005). Thus, the number of 15 participants was manageable for this study (Patton, 2015). In addition, data collection stopped once saturation occurred. Saturation occurs when the information obtained and analyzed becomes redundant (Patton, 2015).

Instrumentation

The case study method was used to collect and analyze data on female serial killers. A case study, for this study, is a collection of individual cases, which provided an in-depth analysis of each participant. The case study method provided the opportunity to process the information case by case in order to identify recurring themes common to all cases (Ravitch & Mittenfelner-Carl, 2016). Reviewing the material and coding it for themes was utilized. The case study approach provides the opportunity to synthesize various aspects of the participant, rather than focusing on one or two variables as found in quantitative studies. It allows for the participant's story to be told in-depth and to allow for specific themes to be discovered in the data and analyzed for the group of female serial killers selected (Ravitch & Mittenfelner-Carl, 2016).

In qualitative data analysis the researcher serves as the instrument. In this study, I was the primary instrument by analyzing secondary data from the Radford Database and identifying and external research on each participant and further analyzing these data.

Secondary Data Base Used: Radford University Serial Killer Information Center

The Radford University Serial Killer Information Center is a collaboration between Radford University and Florida Gulf Coast University to collect data on serial killers. The goal of this database is to obtain and share information on known serial killers within the academic and law enforcement communities (Radford University Serial Killer Information Center, n.d.). Resources used to gather information for the database include: online prison records, vital statistics, social security information, census data, journal articles, scholarly textbooks, newspaper articles and Internet sources (Aamodt,

Leary, & Southard, 2020). The database began with the names of serial killers from outside sources and continues to grow with new data on existing serial killers and the addition of new serial killers as they are identified. The database includes over 5000 known serial killers.

The Radford University Serial Killer Information Center available through Radford/Florida Gulf Coast University (FGCU). It is considered to be a reliable source used by many researchers, including academics and law enforcement, in the area of serial killers (Radford University Serial Killer Information Center, n.d.). The sources in the database are analyzed, confirmed, replaced, or additional information is added on a specific serial killer (Aamodt, Leary, & Southard, 2020). The use of several confirmed resources for each serial killer provides a higher level of confidence in the data (Aamodt, Leary, & Southard, 2020).

To ensure the data within the database are accurate there are four safeguards in place. The first safeguard is that multiple sources are used; second, when these resources contain conflicting information, official resources such as vital statistics or court records are used to confirm the data. The third safeguard in place uses a peer review concept in reviewing the data used in the database. This peer concept begins with trained Florida Gulf Coast University graduate students under the auspice of Dr. Aamodt, the facilitator of the database, to corroborate the data by using multiple sources (Fridel & Fox, 2018). Further, the graduate students cleanse the data when validity or reliability issues are identified (Fridel & Fox, 2018). If needed, corrections are then made and reviewed by the Radford University database committee. This committee includes members of law

enforcement, including the FBI Behavioral Analysis Unit, who utilize the database, and report any errors in the data to Dr. Aamodt and his team for correction (Fridel & Fox, 2018). Fourth, there is a peer review conducted via member researchers who provide new information and report any data errors (Aamodt, Leary, & Southard, 2020). Once the information obtained from the database is verified, Florida University graduate students code the information based on 184 pre-existing variables which include: demographics, childhood information (child abuse, adoption, substance abuse, etc.), education/I.Q., vocation and military history, criminal record, information on crimes including victim information, motive, location, and methods used (Aamodt, Leary, & Southard, 2020). The information is then converted into tables using Infographics based on the above variables. The database continues to grow with ongoing analysis and data collection (Aamodt, Leary, & Southard, 2020).

The database includes an extensive bibliography, reference list and a book list for each known serial killer, when available. This book list was used in my study and includes respected and known authors who have interviewed and written biographies on female serial killers as well as the autobiographies of serial killers. These books provide an in-depth view of the female serial killer participant that may not be present in a news story or court record. In addition, while reviewing the books listed on the database book list, other books may be referred to within the initial book. For example, a book about Mary Smith may include another book on Mary Smith that provided additional data and another viewpoint. This allowed for additional data that was analyzed for validity and reliability.

Access to the Radford database is through application. There is no cost to apply but the database may only be used for research purposes, and is not open for public use. In addition, the user agrees not to share the data or use it for financial gain, e.g. commercial purposes (Aamodt, 2019).

Data Collection Process

The data collected from this study was obtained through secondary resources beginning with the Radford University Serial Killer Database. This type of data has been utilized in published literature on serial killers (Lawrence, 2020; Arrigo & Griffin, 2004). The data collection process consisted of several steps. The first step in the process began with identifying female serial killers who have killed two or more people on different occasions. The use of the Radford University Serial Killer Information Center assisted in the identification of various female serial killers. Once a list of all female serial killers was developed, the next step was to randomly select 15 participants. Participants were excluded if there was no other information or data on them outside of the database. Outside resources were necessary to ensure trustworthiness (the ability to triangulate the information within the database). The rationale for this exclusion is the need for verifying what is presented through the Center and to include information that may not be present through the data base. For example, if participant A is listed in the database but there is no other information such as news articles or books available about participant A, then she was excluded from the study. For a deep case study analysis, the information needs to be present and analyzed that goes beyond simple yes or no classification.

The second step included using various search engines including Google Scholar,

Google Search for news articles and interviews, Lexus Nexus for court records, and the Walden University library to locate more in-depth articles on each case was conducted. Once there were at least three verifiable resources for each of the selected 15 female serial killers, the exploration for participants stopped and the data analysis began. . This process allowed for a generalized representation of female serial killers.

The third step in the process was obtaining the information through documentary data that include news articles, books, and other media resources. The reliability of these resources were checked and rechecked via the use of several sources using the triangulation method. For example, using a news article was verified by reviewing several different news articles on the same participant rather than using just one news article. Reading books on various female serial killers, including ones written by the female serial killer herself, provided additional information and insight into the mind of that person. As I read and reviewed the data, a 'field journal' was used to make notes on each of the female serial killers. For example, participant A states she was beaten with a whip as a child, this would be noted as child abuse in the journal with a notation regarding the beating. Other areas were viewed and noted include demographics, education, victims and crimes to determine if there were any similarities with the identified characteristics and the female serial killer group.

The fourth step involved analyzing the content of the data for common patterns and themes across cases according to Lincoln and Guba (1985). Using the data gathered, including books, the data was gleamed for specific words that the participant has used. The data were coded beginning with in vivo coding in which the actual words of the

participant used rather than my interpretation of what the participant means (Patton, 2015). For example, if the participant describes being hit with a pan, I used those words rather than saying she was abused. In vivo coding decreases the level of researcher bias. The goal of this study is to identify common characteristics that include, but are not limited to being a victim of child abuse and a poor mother-child relationship by using a qualitative inductive analysis. The rationale for these two characteristics as a starting point is because these characteristics are present among male serial killers (Mitchell & Aamodt, 2005) and are the impact in the psychosocial development of a person.

The manner in which the data were coded focused on specific characteristics that include having been a victim of child abuse and a poor mother-child relationship. These two characteristics are not conclusive and other common characteristics emerged during the course of analysis. For those cases in which there were no data on the participant's early childhood, this was disclosed but did not eliminate that participant from the study. The goal was to determine not only these two characteristics but if other characteristics were present with the group of female serial killers selected. The fifth step is uncovering and summarizing common themes using the constant comparative method (Lincoln & Guba, 1985).

The goal in this process was to ensure that saturation had occurred on the selected participants. Until saturation had occurred, additional names were randomly selected using the Excel spreadsheet designed eliminating the names already drawn from, and the use of the same Excel formula until 15 participants were identified and enough data was available on each one. As this study used existing data and the participants were not

contacted in anyway by me, there was no debriefing required.

Data Analysis Plan

The data analysis plan used the qualitative case study method to describe each participant's specific story and to answer the research question (Patton, 2015). The case study allows for in-depth study and comparison of the characteristics between each of the participants in the study (Patton, 2015). Once the data were collected a case record was developed which went beyond the raw data (Patton, 2015). The completed study included 15 cases comparing and contrasting each case. In addition, the comparative method of data analysis provided a deeper understanding of the differences and similarities between two or more cases (Pickvance, 2005). The comparative method has two features that include 1.) An interest into why the similarities and differences exist; and 2.) The collection of two or more cases with a common framework (Pickvance, 2005). There are software programs that can exist in coding for themes and patterns such as NVIVO, but due to the voluminous amount of material used, this was too time consuming for this study. Instead the field journal and case records were used to narrow down the data into workable themes.

To identify common themes, coding and analyzing the data at the same time allowed me to identify relationships between the various factors and characteristics (Patton, 2015). This was not a one-time process but needed to be done several times to scrutinize, check and recheck my interpretations (Patton, 2015). For example, if a participant states she has been abused as a child, this would be a theme. The need to decipher what type of abuse and what the participant means by this was considered.

The coding process involved finding meaning in the data (Ravitch & Mittenfelner-Carl, 2016). For example, the characteristic of having been a victim of child abuse was one theme, living in poverty another theme. The coding process for these characteristics goes beyond the actual word child abuse, to include words that may include ‘beatings’, whuppings’ and so forth. Often times a person describes a situation without labeling it child abuse. The same for poverty and other characteristics, it is looking for key words and to see if these words exist across participants as a group.

Issues of Trustworthiness

Lincoln and Guba (1985) explain how trustworthiness is established through four factors: credibility, transferability, dependability, and confirmability. Credibility centers on the ‘truth’ of the findings (Lincoln & Guba, 1985). In order for me to ascertain that I have achieved credibility, I needed to ask myself certain questions that include: “How am I going to connect what I found into a clear picture that answers the research question?” (Patton, 2015). To achieve transferability, the study needed to have findings that are applicable to other settings (Lincoln & Guba, 1985). Asking myself questions that included “Am I describing the factors including the setting, participants, and specifics that provide enough understanding to my readers?” (Patton, 2015). Dependability allows for the research findings to be consistent and allows for repetition (Lincoln & Guba, 1985). For dependability I needed to ask myself, “Does the focus on my research methods relate to my research questions? And can the methods be repeated with similar results?” (Patton, 2015). Lastly, confirmability is needed in which the study is free of researcher bias. A question I asked myself, “Am I influencing the data analysis and the

subsequent findings?” (Patton, 2015). .

In this study there is an issue of credibility and trustworthiness that needs to be recognized as it relates to the use of secondhand data such as newspaper articles and books. The most problematic would be bias by the author of these sources. The author may interpret or present the facts differently than what actually occurred. The use of triangulation provided trustworthiness by using multiple data sources rather than one (Patton, 2015). The issue of trustworthiness of the participant may be an issue. For example, with Aileen Wuornos, she states in one of her books in her own words several times that she was not abused as a child (Kester & Gottlieb, 2012). In another book she tells of being abused as a child many times (Wuornos & Berry-Dee, 2006). It is discrepancies like this that leads to an issue of trustworthiness from the participant and thus incorrectly analyzing the data. By checking several sources and analyzing what the person says rather than just taking their word for it when there was a question regarding the trustworthiness of the participant was used. For example, Wuornos describes being severely disciplined with physical force by her father, yet she says she was not abused as a child. The behavior of the father with the physical discipline would be interpreted as physical abuse. To increase validity, I kept an audit trail of all discrepancies and my decision making process to resolve the discrepancies.

Another issue with trustworthiness is dependability and confirmability. Using triangulation ensured to a certain degree that the data collected was dependable, that it was consistent and could be transferred to other studies (Lincoln & Guba, 1985).

Ongoing awareness of my personal bias and being objective as I coded and analyzed the

data from start to finish assisted in trustworthiness in that I am confirming that I am not demonstrating researcher bias (Patton, 2015). This was achieved by asking myself questions that include ‘Am I selecting only certain participants that will support my ideas or are there other characteristics that I am not looking at that may impact my findings that could lead to researcher bias?’ (Patton, 2015). The idea is to continually review these questions to ensure that I maintain objectivity (Patton, 2015).

The use of a field journal contained notes on the participant and the author to determine if bias exists. One way to determine author bias is the way the information is presented. If an author writes, “Mary Ann was a caring person until she was abused” demonstrates a writer’s bias in the subjective term “caring”. The use of subjective wording rather than objective will provide insight into the author’s bias. In addition, my own feelings on the data presented and other ideas, including connections that I recorded as I went through the process was part of the notes in the field journal (Patton, 2015). Though I did not go into the field, I observed the participant through the works that were written and the ideas presented (Ravitch & Mittenfelner-Carl, 2016). This required me to make inferences such as noted above with Aileen Wuornos and her idea that she was not physically abused though she described such abuse occurring to her.

Rigor can lead to trustworthiness. To achieve rigor in this study means I was transparent in every aspect of the study. Rigor means that I was aware of my own personal biases as I went through the study process.

Ethical Procedures

Archival data used for this study was collected from public records and other

sources that are available without the consent of the participant, for example, the Radford University Serial Killer Information Center. Even though this data is obtained from public records, the data will be upheld with confidential procedures. The procedures included securing the data and not sharing it with anyone that was not connected to this study, for example not putting the information on social media. The data used for this study will be secure in my home, this includes my field journals.

Summary

The lack of research on female serial killers, and the need for this research is due to an increasing number of female serial killers (Farrell, Keppel, & Titterington, 2013; Harrison, 2023). The purpose of the study was to uncover common characteristics among female serial killers including having been a victim of child abuse and a poor mother-child relationship as well as other characteristics that arose during the course of the study. The previous research on serial killers has primarily focused on males and has indicated a higher-than-average frequency of having been a victim of child abuse and a poor mother-child relationship (Leary, et al., 2017). The purpose of this study was to use the characteristics identified to provide recommended policy changes to interrupt a cycle that may lead to female serial murders.

This study used a multi-disciplinary approach in that this issue is complex and requires different disciplinary lenses to focus on ways to develop the policy changes required. Female serial killers are complex with different types of female serial killers and thus the need to look at this group in a holistic manner. A person is made up of many components that include their social and familial backgrounds as well as their

psychological make-up which requires this holistic approach (Patton, 2015). It is the need to look at the whole person, the criminal activity, and the motivation behind that criminal event requires the multi-disciplinary approach.

Chapter 4: Results

Introduction

Approximately 17% of known serial killers in the United States are women, yet law enforcement and other professionals have historically denied their existence. It is due to the lack of acknowledgement of female serial killers existing that leads to the crimes going undetected for years, if ever discovered (Harrison, et al., 2015; Vronsky, 2017). The purpose of this qualitative case study was to address this issue by identifying female serial killers over the past 150 years and identify common characteristics among these female serial killers. In order to identify female serial killers and their common characteristics secondary data were utilized. The data were collected, coded, and analyzed to identify common characteristics that emerged during data analysis. The rationale for identifying common characteristics is to provide professionals the ability to profile young women at risk to commit serial murder, leading to early intervention services.

The research question for this study is “What are the common characteristics of female serial killers?” To answer this question, identification of certain characteristics present in the early lives of the females that were identified in prior research were analyzed in the current study. These characteristics include substance abuse and mental health issues with the female serial killer and her parents, prior child abuse history as a child, and the lack of social skills. In addition, demographic information for each woman was reviewed which included: socioeconomic status, race, birthplace, and education level. While reviewing the data, unanticipated common characteristics emerged including

the female serial killer having her own children and marital status. The common characteristics found, types of serial killer, victims, motives, and demographics are presented in Tables 1-5 in this chapter. The results, which include the participants' data, and evidence of trustworthiness are discussed in Chapter 4. Appendix A provides a case summary of each participant for further clarification on the results as described in each table.

Setting

The study was conducted in a home office setting using a computer for assessment of data collected via the Radford University Serial Killer database and secondary sources. There was no type of contact with the participants, participant families, or any other person.

Demographics

Reviewing the data collected in Table 1, it was noted that all 15 participants were White. The female serial killers selected for this study were born between 1856 and 1959. Participant B's birth year varied between sources, and this is why there are two different birth years reported. The participants covered a 100-year period, which allowed for a varying time period to draw similarities among the women with and without regard to specific time period time period cohorts. For example, women who killed their husbands did not differ much across the time cohorts while the type of method for murder was dependent on cohorts (arsenic poisoning versus shooting the victim). Reviewing cohorts is important in that social norms and customs change over time and this may impact the participant's view of the world and their crimes. The time periods assessed were random

due to the participant's random selection for inclusion in the study. There are female serial killers born prior to 1856 and after 1959 that are excluded from the study due to the random selection process or because they were not identified as female serial killers at the time this study was conducted. For example, Lori Vallow was born in 1973 and in 2023 she was found guilty of two different murders on two different occasions. Her guilty verdict occurred after completion of recruitment for the study, and therefore, she is not included as a potential participant.

The place of birth varied but there were two regions of the United States with more female serial killers than other regions. A significant number of female serial killers were born in the southern United States, six out of 15 participants. Second to Southern United States was the Northeast region, which had five out of the 15 participants. The other two participants were born in California and Missouri. One participant was born in England and committed her crimes there. Another participant was born in Norway but immigrated to the United States as a young woman, committing her crimes in the United States.

Educational levels ranged from a fifth-grade education to college graduate. Five out of the 15 participants had less than a high school education. Five completed some high school while one participant earned a high school diploma. Two participants completed some college, and two earned a college degree. As a note, Participant I had some education, the level was not fully determined due to her young age when she entered the criminal justice system, and thus she was placed in the less than high school category (Sereny, 1998).

Table 1*Demographic Information*

Participant	Year of birth	State of birth	Education	SES	Race
A	1868 or 1873	Connecticut	College	Middle Class	White
B	1959	Missouri	1 year community college	Working class	White
C	1880	Louisiana	Some high school	Wealthy; upper class	White
D	1932	South Carolina	Some high school	Poor	White
E	1946	New York	Some high school	Working class	White
F	1929	California	Some high school	Poor	White
G	1942	New York	H.S. diploma	Working class	White
H	1891	Mississippi	College grad.	Wealthy	White
I	1957	England	Limited	Poor	White
J	1937	North Carolina	9 th grade	Poor	White
K	1905	Alabama	6 th grade	Poor	White
L	1937	North Carolina	9.5 grade	Middle Class	White
M	1928	Pennsylvania	5 th grade	Poor	White
N	1859	Norway	Some high school	Poor	White
O	Circa 1856	Massachusetts	Nursing school-not completed	Poor	White

(Radford University Serial Killer Database, n.d.; see Appendix B for additional list of resources).

Data Collection

Using the Radford University Serial Killer database a list of all female serial killers within this database were entered onto an Excel spreadsheet. Using an Excel randomization formula, each serial killer was assigned a number by the program and then randomized by the Excel program. Beginning with the first participant listed, the participant was reviewed to determine if they met the criteria for the study. This criterion for serial killers was based on the FBI criteria, a serial killer is one who has killed two or more victims on different dates with a cooling off period. Female serial killers with co-offending partners were eliminated from the study. The research on each participant utilized external research cited in the Radford Database as well as additional sources for further analysis identified via the internet, media, books, and court records.

Data Analysis

The data analysis began with reading and reviewing all materials including books, court records and news articles for the randomly selected participant. The next step was to develop a “journal” on each participant with notes from each resource. These notes were reviewed and highlighted which led to the development of categories and themes. Quotes within the journal notes assisted in developing the categories and themes. The themes were identified and placed into tables described in the next sections.

Results

Living Situation Characteristics

Table 2 provides an overview of the living situation characteristics for each participant as they relate to their own childhood home. The characteristics in the tables include parental substance abuse/mental health issues, having been a victim of child abuse, the mother-child relationship, domestic violence in childhood home and who raised them (parents vs. others). Living situation experiences varied among the participants with ten participants being raised by both parents and five by someone besides their own parents, including relatives or orphanages.

In this study, nine of the 15 participants had parents who suffered from substance abuse and/or mental health issues, six were unknown. For example, Participant O had a father with severe mental illness that led participant O to be placed in an orphanage (McBrayer, 2020). The other children and staff at the orphanage knew about the father’s mental illness and teased her incessantly about it. This teasing led Participant O to develop fantastic stories about her life prior to her placement at the orphanage which

included her birth mother dining in Kensington Palace with the Queen (McBrayer, 2020). The adults at the orphanage found these stories to be lies and punished her severely, rather than providing her with the help she needed. In another case, Participant B's mother suffered from severe depression, which impacted the way she parented Participant B and her siblings (Becker, 1993). Her mother's depression also impacted this mother-child relationship as the mother was not present emotionally during Participant B's childhood.

Substance abuse was found in five of the participants' families. The remaining nine families' substance abuse history was unknown. Participant E grew up in a home where her father abused alcohol and he suffered from anger management issues (Firstman & Talan 1997; Hickey, Lighty & O'Brien, 1996). These issues led him to abuse Participant E and her older brother (Firstman & Talan, 1997; Hickey, Lighty, & O'Brien 1996). In a similar case, Participant J grew up with parents who were mentally unstable and abused alcohol (Pence, 2001). Her father, an alcoholic, abused her physically, and when her mother was hospitalized for mental health issues, her father turned to Participant J as a substitute wife (Pence, 2001). Participant J abused drugs and alcohol in her own adult life (Pence, 2001).

The mother-child relationship for the participants indicated that 11 out of 15 participants had a poor relationship with their mother. There was no information on this relationship for the remaining four participants. In the case of Participant B, her mother suffered from depression and was not emotionally present for her three children, including Participant B, during their childhoods (Becker, 1993). On one occasion,

Participant B asked her mother for parenting tips in which her mother responded that she did not remember Participant B's childhood or how she parented her (Becker, 1993).

Participant K blamed her mother for the abuse Participant K sustained from her father even though her mother was a victim of domestic violence (Green, 2019).

Domestic violence was present in the home of origin in six of the 15 cases; no data were available on domestic violence for nine participants. For example, Participant D's father abused her mother and abused Participant D both physically and sexually (Barfield, 1985; Bledsoe, 1998). Participant F lived with her parents early in life and domestic violence was present in that home (Green, 2019).

Most participants were raised by both parents, 10 out of 15. The other five participants' situations differed among this group. For example, Participant F lived with her parents until around 3–6 years of age, at which time she became an orphan (Blackburn, 1990; Green, 2019). She was moved into an orphanage, then was adopted by relatives. Participant I lived with her mother and stepfather, whom she believed was her father until she was institutionalized at age 11 (Sereny, 1998; Veysey, & Becker, 2020). Participant L was raised by her grandparents until age 5.5 years (Rule, 1992). She believed her grandmother was her mother until her mother came into the grandparents' home and took her away, informing her that she was her mother (Rule, 1992). Participant M lived with both parents except for periods of time when her father left the home and when she was placed in an orphanage due to extreme domestic violence in her birth home (Glatt, 2000). Participant O lived with her parents until her mother died of tuberculosis when she was a year old (McBrayer, 2020). Then her father took her and her older sister

to live in an orphanage, a few years later participant O was sent to a home to live her life as an indentured servant until her mid-20s (McBrayer, 2020).

Table 2

Childhood Living Situational Factors

Participant	Family's Substance Abuse/Mental Health Issues	Abused as child	Mother-Child Relationship	Domestic Violence in Childhood Home	Grew up with Both Parents
A	Yes	Unknown	Unknown	No	Yes
B	Yes	Yes	Poor	Yes	Yes
C	Unknown	Unknown	Unknown	No	Yes
D	Yes	Yes	Poor	Yes	Yes
E	Unknown	Unknown	Poor	No	Yes
F	Yes	Yes	Poor	Yes	No
G	Unknown	Yes	Unknown	No	Yes
H	Unknown	Maybe	Poor	No	Yes
I	Yes	Yes	Poor	No	No
J	Yes	Yes	Poor	Yes	Yes
K	Unknown	Yes	Poor	No	Yes
L	Yes	Maybe	Poor	No	No
M	Yes	Yes	Poor	Yes	No
N	Unknown	Unknown	Unknown	Yes	Yes
O	Yes	Yes	None	No	No

(Radford University Serial Killer Database, n.d.; see Appendix B for additional list of resources).

Table 3 provides data on each of the female serial killer and how these characteristics are present in their adult lives. Substance abuse issues was present in six out of the 15 participants, with three unknown and one was a maybe. It was unable to be determined if Participant A had a substance abuse problem. It was first mentioned by Participant A's daughter when the daughter testified in court that her mother was addicted to morphine (Phelps, 2010). This testimony was suspect given there was no indication or mention of any addiction prior to trial which led the court to not consider the issue of substance abuse in this case (Phelps, 2010). Substance abuse for the

participants ranged from one case where marijuana was abused to alcohol abuse.

Participant B smoked marijuana on a daily basis to cope with life and to bond with her husband over this shared activity (Becker, 1993). Participant F & M abused alcohol but for different reasons. Participant F hung out at the local bars to find potential victims (Blackburn, 1990; Green, 2019). While participant M also hung out at local bars to engage in sex with strange men and as a way to bond with her husband (Glatt, 2000). Two participants abused prescription drugs and (N=3) were polysubstance substance abusers. An example of polysubstance abuse was present with Participant J abusing both alcohol and prescription drugs, which included a high level of diet pills/stimulants (Pence, 2001). While Participant D was being arrested, she not only consumed prescription pills to deal with the stress of what was to occur but put a bottle of the pills in her handbag to take at the police station (Barfield, 1985; Bledsoe, 1998). Eight of the participants' substance abuse history was not mentioned and thus were coded unknown.

A participant's mental health can be difficult to determine, especially depending on the time period and local social norms. For example, Participant O informed the court she did not suffer any mental illness, but the court and jury found her insane (Jane Toppan's Moral Insanity, 1904; McBrayer, 2020). Mental health professionals testified that Participant O displayed "a delusional state in the course of moral insanity" (Jane Toppan's Moral Insanity, 1904) which led her to be sentenced for life in a mental institute. Moral insanity was a psychiatric diagnosis coined in the 19th century by Philippe Pinel to describe those that possessed 'strange and unrealistic ideas' (Ozarin, 2001). This diagnosis was dropped by the medical profession in the mid-20th century

(Ozarin, 2001). With another case, Participant B there was no mention of any mental illness during her trial, was found guilty and was incarcerated for thirty-one years. During this incarceration mental health professionals found her to have suffered from post-partum depression and an appeal was filed. The appeal was denied based on the lack of evidence to support mental illness (Wilder, 2021). In 2023, Participant B was released on parole due to her being past child-bearing age and having suffered from post-partum depression (O'Neill, 2021; Wilder, 2021).

The socioeconomic status (SES) for the participants as adults improved somewhat as adults with one participant reportedly in the upper middle class, two middle class, nine working poor and three poor. For example, Participant O began her life as an indentured servant, then became educated and a nurse/caregiver (McBrayer, 2020). Participant D was born and raised in poverty which caused her to be teased due to way she dressed to her lunch items which consisted of a biscuit and fried meat (Barfield, 1985). The occupation for the majority of the participants was caregiver/housewife (N=13). Housewives were included in the caregiving category as the housewife's primary duty were to provide care to the husband and family. The remaining two occupations were social worker and farmer. These two women used their occupations to obtain their victims. The social worker had access to babies and children which were her victims (Bisantz-Raymond, 2013; Tollett-Austin, 1993) and the farmer used her farm to recruit her victims. The latter used newspaper advertisements to recruit potential employees who later became victims which were included in the Schechter (2018, p. 35) biography.

Domestic violence was present in the majority of the participants' lives either as a

victim, perpetrator, or both. Three were described as a domestic violence victim, five as a perpetrator, and two as both victim and perpetrator. There were four cases where there was no domestic violence reported. Being a perpetrator of domestic violence included women who killed their partners. The issue of Battered Woman's Syndrome was presented as a defense with the two participants who were both victim and perpetrator. The outcome of both defenses was unsuccessful even though there were substantial reports that Participant J was severely abused by several of her husbands and suffered mental health problems from this abuse (Pence, 2001) and participant B was emotionally abused by her husband. This emotional abuse included not being allowed to leave the house without permission, having to answer the house phone when the husband called, and belittling (Becker, 1993). In one case, Participant G poisoned her husband, but no charges were ever filed (Egginton, 1990).

Table 3*Adulthood Living Situational Factors*

Participant	Substance Abuse	Mental Health Issues	SES	Occupation	Domestic Violence Victim	Domestic Violence Perpetrator
A	Maybe	Yes	Middle class	Caregiver to the elderly & disabled	Unknown	Yes
B	Yes	Maybe	Working class	Cashier, housewife	Yes	Unknown
C	Unknown	Unknown	Middle class	Housewife	Unknown	Unknown
D	Yes	Yes	Poor	Caregiver	Yes	Yes
E	Unknown	Yes	Working class	Housewife	Unknown	Unknown
F	Yes	Yes	Working class	Caregiver	Yes	Unknown
G	Unknown	Maybe	Working class	Housewife	Unknown	Yes
H	Unknown	Unknown	Upper middle class	Social worker	Unknown	Yes
I	Yes	Yes	Poor	Mother/Housewife	Unknown	Unknown
J	Yes	Yes	Working class	Housewife	Yes	Yes
K	Unknown	Yes	Poor	Housewife	Unknown	Yes
L	Unknown	Yes	Working class	Caregiver	Unknown	Unknown
M	Yes	Yes	Working class	Housewife	Yes	Unknown
N	Unknown	Unknown	Working class	Farmer	Unknown	Yes
O	Unknown	Yes	Working class	Nurse & caregiver	Unknown	Unknown

(Radford University Serial Killer Database, n.d.; see Appendix B for additional list of resources).

The participants' crimes and victims differ as well as their motive and methods used to commit those crimes. Table 4 provides an overview of the victims, crimes, methods, and motives.

The number of total known confirmed victims is 98 though the number of suspected victims is in excess of 300 for all 15 participants. The reason for this large difference is that the exact numbers are not known. For example, Participant O provided

a list of 31 victims, but confessed to killing at over 100 people (McBrayer, 2020). The killing periods for the 15 participants range from 3 months to 27 years. The three-month period was with Participant I who killed her victims within a short period of time and was arrested soon after the death of the second victim. Participant H killed her victims through medical neglect and abuse. Given these victims were babies living in an orphanage, the deaths went unnoticed for over two decades (Bisantz-Raymond, 2013; Tollett-Austin, 1993). The most popular method of murder was poisoning (n=7), followed by smothering the victims (n=4). Smothering was found to be prevalent in the cases where the mother killed her own children, N=4. Participant J killed her victims by shooting them while they slept. Participant C killed her victims in the back of their heads (Anthony, 1999). In one case, the victims were killed due to severe medical and nutritional neglect. And Participant I killed by strangling her young victims with her hands.

Motives for killing were varied, but financial gain was most prevalent with eight of 15 participants. Munchausen's by proxy was considered a motive for three of the participants, those that killed their own children. Motives were unknown for four participants. The location for the crimes occurred in the victim's own home in 14 out of 15 cases, though one participant killed in both the victim's home and in the hospital setting. One participant killed in the local play areas, and because this was a poor neighborhood these play areas included an abandoned home and a junk yard (Sereny, 1998; Veysey & Becker, 2020).

Table 4*Crimes and Victims*

Participant	Victims	Killing Period	Method Used	Motive	Location of Murders
A	5 verified; suspected of 48+	1910-1917 (7 years)	Arsenic-poisoning	Financial gain	Own home
B	2	1986-1989 (3 years)	Smothered	Unknown	Own home
C	3 victims' suspected of 3 more	1911-1944 (33 years)	Handgun	Financial	Own home
D	4 known; suspected of 7 others	1971-1978; (7 years)	Arsenic poisoning	Financial	Own home
E	Five	1965-1971 (Six years)	Smothered	Attention; possible or Munchausen's by Proxy	Own home
F	6 known; suspected of 24 others	1982-1988 (Six years)	Poison/Drugged	Financial	Own home
G	Convicted of 1; suspected of 8	1972-1985 (13 years)	Smothered	Attention or possible Munchausen's by Proxy	Own home
H	100s; actual numbers unknown	1924-50 (26 years)	Medical neglect & abuse	Financial	Receiving home
I	2 & attempted at least 1 more	May-July, 1968	Strangled	Unknown	Neighborhood child hangouts
J	2 & attempted one other	1981-1983 (2 years)	Shooting	Financial	Own home
K	4; suspected of at least 11 others	1927-1954 (27 years)	Poison	Unknown	Own home
L	3; attempted 2 others	1974-1991 (17 years)	Arsenic poisoning	Financial gain	Victim's own home
M	8	1949-1968 (19 years)	Smothered	Attention	Victim's own home
N	15 confirmed; suspected of more	1896-1908 (12 years)	Poisoned or bludgeoned	Financial gain	Victim's own home
O	Convicted of 3; confessed to 31	1880-1901 (11 years)	Poisoned	Unknown	Victim's own home or in hospital

(Radford University Serial Killer Database, n.d.; see Appendix B for additional list of

resources)

Patterns Emerging but not First Considered

Marriage or long-term committed partnerships were not considered at the start of the study. Neither the literature review nor any other resources reviewed uncovered this characteristic as prevalent, yet the data indicates otherwise. Twelve of the 15 participants were married, some several times; two were involved in a long-term committed relationship and one was single her entire life.

Another significant factor that had not been addressed in the literature review is the female serial killer as a mother herself. Fourteen out of 15 participants were mothers, either biological or adoptive. Only one participant did not have any children of her own. Six of the 15 participants killed their own children; one participant killed children under her care (foster children) through neglect and abuse; and one participant killed her foster daughter and was suspected of killing three of her own children.

The age of the participant when she first became pregnant was also not described in the literature review. Seven of the 12 participants who had been pregnant in their teens from age 15 to 19. Noteworthy is the age of marriage in that eight of the 13 married participants were married in their teens from age 15-18. There were additional factors that were not considered at the beginning of this study which included Participant H killing children through severe medical and nutritional neglect. Another factor related to age of the participant when she engaged in the killings. Participant I was age 11 years when she killed her two preschool age victims (Sereny, 1998; Veysey & Becker, 2020). These factors are indicated in Table 5.

Table 5*Patterns Emerging but not First Considered*

Participant	Married	Age at first marriage	Number of Marriages	Children	Age at 1 st pregnancy	Relationship to Victims
A	Yes	23	2	Yes	25	Husbands & boarders
B	Yes	22	1	Yes	23	Own children
C	Yes	16	2	Yes	36	Friends & acquaintances
D	Yes	17	2	Yes	19	Husbands & family members
E	Yes	17	1	Yes	18	Own children
F	Yes	17	4	Yes	23	Boarders
G	Yes	22	1	Yes	24	Own children
H	Yes-long term partner	Unknown	0	Yes	N.A.	Foster children
I	Yes-long term partner	N.A.	1-long term partner	Yes	N.A.	Neighborhood children
J	Yes	15	5	Yes	16	Husbands
K	Yes	16	5	Yes	17	Husbands & family members
L	Yes	15	2	Yes	15	Patients & in-laws
M	Yes	18	1	Yes	19	Own children
N	Yes	25	2	Yes	17	Boyfriends & husbands; own foster child; & suspected of killing her three of her own children
O	No	N.A.	0	No	N.A.	Patients & friends

(Radford University Serial Killer Database, n.d.; see Appendix B for additional list of resources)

Evidence of Trustworthiness

Trustworthiness focuses on the quality of the study. In order to ensure trustworthiness, the study must achieve credibility, transferability, dependability, and confirmability (Ravitch & Mittenfelner-Carl, 2016). Achieving credibility for this study included considering all patterns identified, whether or not they can be explained

(Ravitch & Mittenfelner-Carl, 2016). Transferability focuses on generalizability in which the results of the study can be applied or transferred to a broader context (Ravitch & Mittenfelner-Carl, 2016). In order to obtain dependability, the data must be stable and consistent over time (Ravitch & Mittenfelner-Carl, 2016). Lastly, confirmability is achieved when the researcher acknowledges that researcher bias may be present and explains how this bias will not interfere with the results of the study (Ravitch & Mittenfelner-Carl, 2016). Confirmation of the results by other researchers on the same topic should be obtained.

With this study credibility was ensured by reviewing the material several times and identifying the various patterns discovered. For example, the theme of having been married was not first considered, yet this was prevalent in twelve of the fifteen participants. To ignore this theme, even though the relevancy is unknown, would not allow for credibility. The idea of credibility is to examine every factor, not just the ones the researcher finds to be important. In addition, the resources used, whether they were primary or secondary, need to be credible resources.. To provide credibility of the resources used in this study, the researcher made sure that they were used in other academic works or were verified through triangulation. Triangulation includes using various resources to increase confidence in the finding reported (Patton, 2015). In this study, the way triangulation was utilized was to use different data sources that included biographies, court records, and various forms of media. By using a variety of sources, the accuracy of the findings presented were verified. For example, with Participant A having two different birth years, instead of relying on one or two sources, several sources were

used to determine if there was an accurate birth year. In this case, there were several sources that reported the two different birth years and no other birth years. Therefore, both years of birth were reported in the results. Triangulation also helped to address the issue of researcher bias by the authors presenting the data. In one case, the author appeared to be biased in favor of the participant attempting to present her in a more favorable way (Sereny, 1998), than other authors. If only one author or resource is used, the data presented may not be accurate and will reduce the study's credibility. To further ensure credibility, results were verified by using two or more sources. Consistent with Harrison (2023), the use of secondary data used in this study presents its own issue of trustworthiness. That issue being researcher bias and interpretation of the data. When there was conflicting information presented, such as the two different birth years for Participant A, I provided the reader with all conflicting data. The goal for the researcher is to remain neutral in the analysis and presentation of all data. Credibility was achieved by providing rich and thick descriptions of the data which was achieved by ensuring that the research on each participant was in-depth and diligent (Patton, 2015).

Transferability was ensured by using female serial killers found in the Radford database as a start and randomly selecting cases until saturation was achieved. This method increases the generalizability of the results though it remains limited given the small sample size (Patton, 2015). Random selection allowed for a variety of participants to be used with different backgrounds and even the murders they committed.

This study achieved dependability by documenting all phases of the study using an audit trail (Patton, 2015). The use of verifiable resources was key to this study and for

the achievement of dependability. This included reviewing the data for any researcher bias.

In this study secondary resources were used, and this could lead to researcher bias among the researchers who authored these publications. As a researcher myself, I maintained credibility by remaining cognizant of the writer's potential biases and reviewed the data in a neutral manner. For example, with one of the participant's data, beginning on page one, the author sets the tone for her book on this participant by stating, "The trial I watched then gave me serious misgivings about a judicial system that exposed young children to bewildering adult court proceedings" (Sereny, 1998). The use of the words, "serious misgivings" sets the tone by judging the court system. A more objective, less bias way for this author to address this would be to state something like, "questioned the understanding of the court proceedings by the child" then provide an example. By being aware of that bias allows for a more neutral interpretation of the data. Reviewing the writer's background and stance on the topic is a way to assess any researcher bias that may be present (Patton, 2015).

Chapter 5: Discussion, Conclusions, and Recommendations

Historically serial killers have been viewed as male only perpetrators, which has led female serial killers to go undetected for years and in some cases, decades (Farrell et al., 2011; Telfer, 2017). For example, in the current study, Participant M, who killed eight of her children over two decades, went undetected for several more decades. If this case had been identified early on as a serial murder case, perhaps lives could have been saved. This is the reason why research into female serial killers is necessary, to identify them early on and to prevent future victims. In order to further understand the psyche of female serial killers the research question was posed, “What are the common characteristics of female serial killers?”

To answer this question, 15 different female serial cases were reviewed using the case study method. The participants were females assigned this gender at birth; transgender females and non-gender specific females were not included. The data were collected and analyzed for common characteristics among these 15 women. The common characteristics identified included, but are not limited to, having been a victim of child abuse, having a family history of substance abuse, and/or mental health issues. In addition, during the data collection and analysis, two common characteristics not originally considered were identified, which included being a mother and having been married or in a significant relationship. Out of the 15 participants, only one was single and not a mother. For females, the most common type of victims were significant others and family members with the most frequent method of killing being poisoning and strangulation.

In the section that follows, the findings of the current study are examined for female serial killers within the context of previously conducted research. In addition, a comparison of the findings for the 15 female participants are compared to the research on male serial killers. Topics described in the sections include females from families with mental illness and/or substance abuse; females having been victims of child abuse/family violence; and significant differences between male and female serial killers: victims, killing periods, means, apprehension conviction, and financial gain.

Females from Families with Mental Illness and/or Substance Abuse

Substance abuse and mental health issues impact the family in many ways. One way is with the child/children in that family and the relationship between parent and child. When a parent suffers from mental health issues and/or has a substance abuse problem, that parent is unable to parent and develop a healthy relationships with that child (Smith & Wilson, 2016). In this study nine of the 15 participants had parents with substance abuse issues, which is consistent with previous research studies. Parental substance abuse and mental health issues are important characteristics to consider when studying female serial killers and have been identified in previous research on female serial killers (Harrison, 2023; Kelleher & Kelleher, 1998).

Females Having Been Victims of Child Abuse/Family Violence

A form of family violence, child abuse, was present in nine of the 15 cases where the participant was a victim. There is limited research on having been a child abuse victim and becoming a female serial killer. However, in previous studies on serial killers (male, female and both genders together) having been a victim of child abuse has been

shown to lead to antisocial personality traits and behaviors that include those individuals to be considered psychopaths or sociopaths (Harrison, 2023; Simons, 2001).

A second form of family violence, domestic violence, was found in six cases where the participant was either raised in a home where domestic violence occurred and/or was a victim herself. In several of the cases in this study, both child abuse and domestic violence were present. Domestic violence has not been identified in previous research on serial killers regardless of gender, but the results of this study indicate the need for it.

Early Socialization Leads to the Development of Poor Social Skills

In this study 14 participants lacked a healthy socialization process early in life. The socialization process begins at birth when an infant makes eye contact with another person or smiles, usually with the first significant relationship with the mother (Santrock, 2013). Socialization continues throughout childhood with the child learning how to interact with others and developing their own moral compass. This socialization includes development of self, which is a cornerstone to Erik Erikson's theory of psychosocial development. To add to Erikson's theory, Lawrence Kohlberg proposed his theory on socialization, which consisted of three stages of development (Santrock, 2013). Carol Gilligan, a colleague of Kohlberg's, took his theory further focusing on the differences between males and females in developing socialization (Santrock, 2013). The common thread with these theories is that socialization affects the way a person interacts with others (social skills) and how they identify themselves (Santrock, 2013).

Social skills are the skills each person needs to successfully interact with others

and communicate effectively. When a person lacks social skills, it is due to the lack of socialization (Santrock, 2013). The lack of social skills can include the lack of empathy or care for others (Santrock, 2013; Smith & Wilson, 2016). This lack of empathy can indicate a personality disorder such as antisocial personality disorder (Santrock, 2013). This lack of empathy and remorse leads a person to act out on their own impulses irrationally (Smith & Wilson, 2016). For example, with the case of Participant I, who killed several young children, her laughing and grinning over the crimes she committed indicates she had no empathy or remorse for these murders (Myers, 2004). This leads to the need for further research in understanding how to change the course of a person who has not been effectively socialized and therefore not developed the social skills needed to navigate interactions with others.

Significant Differences between Male and Female Serial Killers: Victims, Killing Periods, Means, Apprehension/Conviction, and Financial Gain

Many serial killers, both male and female, have common characteristics as previously described. In contrast, according to the research (Aamodt & Mitchell, 2005; Farrell et al., 2011; Gurian, 2017), there are characteristics that differ between male and female serial killers. These characteristics include the victims they choose, the methods for killing, and the motive for killing (Aamodt & Mitchell, 2005; Farrell et al., 2011; Gurian, 2017; Kelleher & Kelleher, 1998). These topics are detailed in the following sections.

The Victims

In this study, out of the 15 participants, 14 of the victims were known to the

participants. This result supports prior research where the victims are known to the female serial killer as opposed to the victims of male serial killers who are primarily strangers (Aamodt & Mitchell, 2005; Farrell et al., 2011; Gurian, 2017; Kelleher & Kelleher, 1998). The one remaining participant, Participant H, did not have a personal relationship with her victims; they were children under her care with more than hundreds of victims over the killing period. The results of this study are similar to the results found in other studies on female serial killers and their victims—that is, females tend to choose victims they know, including spouses and other family members (Farrell, et al., 2011; Gurian, 2017). As with the current study, the targets of female serial killers tend to be those most vulnerable such as children and the elderly. In contrast, for males, they choose victims who are strangers they can render helpless (Farrell et al., 2011).

Killing Periods

Twelve out of the 15 participants had killing periods that exceeded 2 years, with the average being 12 years overall. According to this study, the shortest killing period was 2 months with the longest being 33 years. This finding is supported by previous research that the killing period for female serial killers exceeds 2 years (Farrell et al., 2011; Gurian, 2017; Harrison, 2023). In contrast, male serial killers most often commit their murders under 2 years until they are caught, while females commit their murders over a 4 or more-year time-period until they are apprehended (Farrell et al., 2011; Gurian, 2017). The reason for this extended killing period among females may be because they are not suspected of such crimes because they are older and thus more mature than their counterparts (Farrell et al., 2011).

Methods of Killing

In this study, seven of the participants used poison as their primary method of killing, with one of these participants using both poison and bludgeoning her victims. Five participants smothered or strangled their victims, two used firearms, and one engaged in severe medical neglect. These results do not support the prior research findings that women rarely use violent methods of death compared to males who are more likely to use violent means (Gurian, 2017). Instead, in the current study the method of killing seemed related to the type of victims. For example, when the victim was the participant's own children, smothering was used. When the victims were patients or family members, poison was used most often. A gun was used by one participant who knew her victims but was not related to them by blood or marriage. Gurian found that females tend to use poison 81.7% of the time as the primary method for their murders. Males tend to use more violent measures to kill including weapons, mutilation, strangulation, and other forms of violence which lead to a quick and violent death (Gurian, 2017). In the current study while women used poisoning, in about half of the cases they used violent means similar to males in the remaining cases. Even though the means were violent like the males, there was no sexual gratification involved for the female serial killer (Harrison, 2023; Kelleher & Kelleher, 1998).

Motive for Killing

In this study, eight of the participants killed for financial gain, which supports previous research on female serial killers that they kill for financial gain (Farrell et al., 2011; Gurian, 2017; Harrison, 2023; Kelleher & Kelleher, 1998). Based on the data

collected in this study, the female serial killers who killed for financial gain, especially those that were raised in poverty (four of the eight women who killed for financial gain), seemed to want more from life in the way of material goods. In comparison, male serial killers are most often motivated by some form of sexual gratification; this is not present with solo female serial killers (Farrell et al., 2013) nor in this study. Three of the women were suspected of killing their children due to Munchausen's by Proxy syndrome. There was no research discovered during the literature review that points to males who kill children and their relationship with Munchausen's.

Apprehension and Conviction Differences

Thirteen out of the 15 participants were not apprehended for more than 2 years after they committed their first crime, while most males are apprehended within two years (Gurian, 2017). Out of the 15 participants, four were found guilty of first-degree murder and were executed by the state. This is counter to what has been found in previous studies. For example, Gurian (2017) found that females are more likely to be convicted of second-degree murder versus their male counterparts who are usually convicted of first-degree murder (Gurian, 2017).

Interpretation of the Findings

Theoretical Framework: Multidisciplinary and Integrated Holistic Approach

Using an interdisciplinary approach, which includes psychological, sociological and criminological theories, provides an integrated holistic approach for analyzing the findings of this study. The theories that were chosen include Erik Erikson's psychosocial lifelong development (psychology), Carol Gilligan's moral development theory

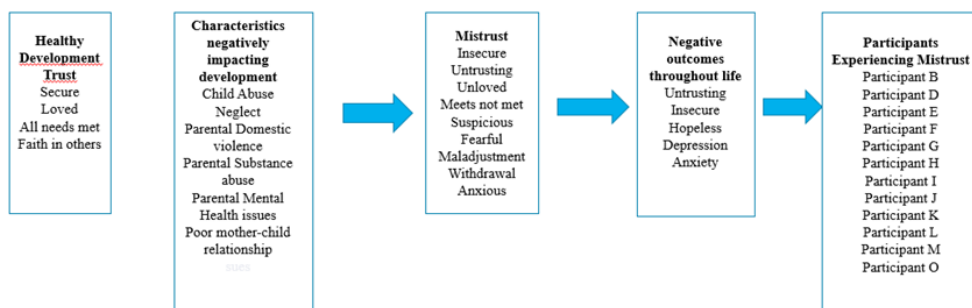
(sociology) and feminist theory (criminology). These theories are reviewed as they relate to understanding findings on common characteristics among female serial killers. Each theory provides substance that is missing from the previous theory and assists in a better understanding on how a woman may become a serial killer. For example, Erikson takes a general approach to psychosocial development applying his theory to both males and females. This theory ignores the differences between the way males and females approach a situation and act on their decisions. Gilligan addresses the limitations of Erikson's work by examining how females and males view and respond to certain situations differently. Feminist theory argues that Gilligan's theory supports the stereotype of women as caregivers and nurturers. Adherence to this stereotype contributes to the notion that females are capable of serial murder. Feminist theory offers a different approach than Gilligan's by dismissing the stereotype role of females as nurturers and caregivers, moving past this misconception and focusing on women as being equal to men in many activities, including heinous crime.

Erik Erikson's Lifelong Psychosocial Development Theory

Erikson theorized that people, both male and female, develop in the context of society in which they live. Development goes beyond just biology or psychology but is intertwined with how the child interacts with others from birth throughout adulthood (Knight, 2017; Maree, 2021; Mcleod, 2024). This theory is a type of sociocultural perspective in which individuals begin life by being dependent on others to meet basic needs (Harrison, 2023). As a person grows and develops from birth through death, that person learns from their experiences with others regarding appropriate behaviors. As will

be discussed further, the ability to develop appropriate behaviors leads to making better decisions and taking responsibility for one's actions (Harrison, 2023). Erikson's psychosocial approach covers a person's lifespan, with eight distinct stages building expanding on Freud's psychosexual development theory (Erikson Institute, 2023). Erikson's stages are diametric, which means that the person will either complete a stage successfully or will not. If the person does not complete a stage successfully, they will not be able to complete further stages, which leads to arrested development (Erikson Institute, 2023). In the current study most of the participants, 12 out of 15, failed to complete Stage 1 of development. The importance of failing to achieve mastery of Stage 1 is discussed in further detail in the next section.

Stage 1: Infancy versus Mistrust. To understand Erikson's Stage One, Infancy vs. Mistrust, Figure 1 is presented to show how female serial killers who are exposed to certain environmental characteristics, including parental substance abuse, parental mental health issues, domestic violence, and/or child abuse contributed to mistrust, which then contributed to negative outcomes throughout life (Knight, 2017; Maree, 2021; McLeod, 2024; Orenstein and Lewis, 2022). A summary of Erikson's stage as reflected in the data is presented in Figure 1. Due to the lack of data on the remaining three participants, it is unknown if they were successful in mastering this stage.

Figure 1*Erikson's First Stage of Psychosocial Development (Infancy): Trust Versus Mistrust*

In stage one, issues that interfere with a child developing trust can include parental substance abuse and/or mental health issues, domestic violence, or child abuse. For example, Participant B had her basic needs of food and shelter met and had a mother who was in the home but was absent emotionally due to the mother's severe depression. As a consequence (at least in part) of this 'absence' it is likely that Participant B never learned to trust and this impacted her development. Erikson's theory indicates when a child does not meet a stage in development, that person becomes stuck and cannot complete the next stage successfully (Knight, 2017; Maree, 2021; McLeod, 2024). According to the research, the lack of a positive caregiver role model, her mother, contributed to Participant B's inability to parent her own children and this lack of parenting skills may have led to her killing her own children. To demonstrate this, at one point while parenting her first baby, Participant B asked her mother about parenting children in general. Her mother responded that she did not remember anything about her children or how she raised them. Her mother was unable to assist Participant B, which

may have indicated to her that she was not present mentally during Participant B's childhood. Without anyone to turn to for parenting advice or mentoring, along with having a husband who was emotionally abusive and adhering to the expectation that Participant B should be the perfect wife and mother, likely contributed to Participant B's killing of her two babies. Given that Participant B had no one to depend on to meet her emotional needs to develop the capacity for trust combined with her husband pressuring her to be the perfect parent, likely played a part in her killing her own baby girls.

Even though there was no previous research on Erikson's theory as it applies to serial killers, it is important to view this theory when reviewing the characteristics of serial killers to develop a deeper understanding of how traumatic experiences may impact a person's development. When traumatic experiences that include child abuse and neglect, parental substance abuse, family violence occur these can lead to psychopathy and lethally violent behaviors even though that person is cognizant of right from wrong (Harrison, 2023). In Harrison's research on female serial killers, she found that it is these traumatic experiences which can cause mental health issues that lead certain women to become serial killers as illustrated in Figure 1. Given that most women in this study did not succeed in completing stage one, further stages are discussed only to demonstrate how the participant did not succeed in passing through those stages and to highlight how early intervention possibly could have changed the outcome for that participant's life.

In this dissertation it was found that family issues including parental substance abuse/mental health issues, domestic violence, and child abuse within the nuclear family were present in nine out of 15 cases. Nine participants were reportedly abused as children

and six participants grew up in homes where domestic violence was present. Research demonstrates the cumulative effect of the various stressors. The more stressors that are present as indicated in Figure 1, the more serious of an impact it has on the child's development (Knight, 2017; Maree, 2021; McLeod, 2024). Reviewing this study's results, there were seven participants that had two of these stressors and of these seven, five had experienced all three as children. It is due to these stressors and the lack of a healthy mother-child relationship that, according to Erikson, would lead that person to develop unsuccessfully and experience arrested development. This arrested development can become permanent unless intervention takes place to assist that child to work through the issues that led to her arrested development (Knight, 2017; Maree, 2021; McLeod, 2024; Orenstein & Lewis, 2022). In none of the cases reviewed for this study, was an intervention identified. Unsurprisingly, none of the participants reviewed in the current research included a person who successfully mastered any of Erikson's early stages. Mastery would have required a loving and supportive environment. Consequently, these women were not able to master stage one and subsequently experienced arrested development as indicated in Figure 1 above. The data analyzed found that none of the participants moved successfully into further stages of development and this lack of success impacted their lives moving forward even more. The selected stages below are presented to illustrate the participants' stunted development post stage one.

Stage 4: Industry versus Inferiority. Stage four begins when children enter school and is identified as industry vs. inferiority (Erikson Institute, 2023; Knight, 2017; Maree, 2021; McLeod, 2024; Orenstein & Lewis, 2022). In this study, five out of the 15

participants had less than a high school education and five completed some high school, indicating that the participants continued to have difficulties in many areas relevant to stage four which resulted in continued unsuccessful development. Those children who are stuck in this stage are unsuccessful in school and have difficulty with peer and adult relationships (Erikson Institute, 2023; Knight, 2017; Maree, 2021; Mcleod, 2024) as illustrated with the participants in this study. For example, Participant J suffered from a severe hearing disability and a learning disability combined with other family issues that led her to drop out of high school with limited education (Pence, 1985). The participants in this study failed to achieve mastery of stage 4 four which was further compounded in stage 5 five as illustrated below.

Stage 5: Identity versus Role Confusion. As the 15 participants entered into adolescence and stage five, identity vs. role confusion, these participants struggled with personal issues and their place in the world due to the lack of healthy relationships. The inability to develop such relationship stems from the lack of success of previous stages of psychosocial development. Peer relationships are vital to young people and can either support or hinder their ability to engage in their present world, including the educational and employment systems. Those who are unable to achieve this stage simply move through life without a purpose or direction (Knight, 2017; Maree, 2021; McLeod, 2024). This is found with Participant O who was never adopted and remained an indentured servant until her adult life, not being able to develop into her own person. This lack of developing her own self and identity, along with her inability to develop close relationships may have contributed to her killing her own patients and even her foster

sister whom she claimed to be close to. In addition, when a person develops their own self and knows who they are, they go onto becoming more successful in life. This success includes healthy relationships with others, success in school and in work life. For those that do not develop themselves, they flounder through life engaging in unhealthy and unhappy relationships, lack proper education or training to obtain satisfying jobs (Erikson Institute, 2023; Santrock, 2014). This leads to life dissatisfaction and often the need to obtain material things without the means to gain them legally. Ten of the 15 participants did not complete high school and worked menial jobs.

An example of role confusion, characteristic of stage five, is found with Participant J, who undertook the role of being the mother to her younger siblings and ‘wife’ to her father (Pence, 1985). Participant J did not experience the typical adolescence where she went to school, socialized with friends or engaged in school activities. Instead, she became parentified and did not develop into her own person. She did not have the opportunity to explore who she was, what she wanted to do with her life, or just be a teen. The beginning of her parentification began when Participant J was 13 years old when her mother was admitted to a psychiatric hospital. Even when her mother returned home, she continued to play wife and mother, and this was cemented in her assigned role when her mother was hospitalized again when participant J was 15 years old (Pence, 2018). Her role as wife included being sexually abused by her alcoholic father. At this age, Participant J decided to escape this life and married at age 15 thinking that she could escape all of these responsibilities and the abuse. The issue is that this young couple had six children together, one following the next. The relationship was also

impacted by domestic violence. It appears that Participant J was lost and trying to find who she was engaging in several serial marriages that were also abusive demonstrating stage five, identity versus role confusion. This indicates how close relationships beginning in infancy, stage one, have an impact in later life and the inability to master stage one and subsequent stages contributes to maladaptation. As for all people, life moves forward as Participant J and the other fourteen participants move onto stage six, Intimacy vs. Isolation.

The women remained stagnant in their development due to incarceration, death or both, preventing them from entering further developmental stages or addressing issues from their earlier lives. In actuality it appears that 12 of the participants never moved past the first stage of development with the remaining three coded as unknown due to missing data. Erikson, however, would argue that not only did these women remain stagnant, but all women are incapable of reaching the last two stages of development due to the inherent limitations of the female gender (Gilligan, 1998 & 2006). This viewpoint was debated by Carol Gilligan, who co-taught with Erikson at Harvard University. This debate led Gilligan to develop her own developmental theory that focused on female development rather than assigning male traits to females (Gilligan, 1998 & 2006). Applying Gilligan's theory offers a different way to understand why women may become serial killers building on Erikson's theory. Gilligan supported Erikson however she added to his work by incorporating a female perspective. The section below provides an interpretation of this study's findings within the context of Gilligan's theory.

Carol Gilligan's Theory

Gilligan developed three stages of moral development that apply to all females. She did not study female serial killers specifically, but females in general. This section will demonstrate how the female serial killers in this sample can be understood through the stages offered by Gilligan. Similar to the findings of the study as applied to Erikson's theory, the women's behaviors could be explained by stage one only because they didn't reach the second two stages.

All fifteen participants remained in the first stage of development, pre-conventional stage, which according to Gilligan, focuses on survival as a goal. These women struggle to survive either in reality or according to their own perception. In this stage the focus is on the woman herself, and no one else (Gilligan, 1998 & 2006). An example of real survival mode occurs with the women who have been abused as children or by their spouses. This abuse, especially in the case of domestic violence, likely contributed to the women who killed their own husbands. The idea of survival mode may also be present with the women who killed for financial reasons, especially when eight of the 15 participants were raised in poverty, where their basic needs were not met as children and according to the results they perceived that their basic needs would not be met as adults without financial security. Financial security for these women go beyond common basic needs such as food and shelter but instead focused on what they perceive they needed. For example, with Participant F she stole her boarders' social security checks and used the money to obtain what she saw as her needs including expensive clothes and other material things (Wood, 2014). Even after the boarders' deaths,

Participant F did not report any of these deaths to Social Security and instead she continued to collect and cash their checks.

Stage two of Gilligan's development, conventional changes, shifts focus from the female experiencing survival mode, to one who self-sacrifices for the good of others. In this stage, a woman realizes she needs to help meet the needs of others to find satisfaction (Gilligan, 1998 & 2006). This stage was not reached by any of the participants; they remained stuck in stage one, unable to proceed to Gilligan's subsequent developmental stages. Though 14 out of the 15 participants were mothers, their ability to self-sacrifice clearly is not evident. In contrast, four of the 15 participants killed their own children or grandchildren on more than one occasion. The last stage of Gilligan's developmental theory is known as post-conventional, characterized by the principle of non-violence that is applied to all of the woman's decisions (Gilligan, 1998 & 2006). Given that these fifteen women committed murder it is easy to conclude they did not reach this stage.

Though Gilligan's theory is considered a form of feminist theory, there are some feminists who depart from Gilligan and argue that her theory does not reflect true feminism. They criticize Gilligan's narrow focus on females as nurturers and caregivers, oftentimes a stereotype of females. Instead, critics of Gilligan who adhere to feminist theory argue that women are more than nurturers and caregivers, supporting the idea that women can have it all, including careers and families, if they choose, or no family at all. Society as a whole still holds onto the stereotype of females as nurturers and caregivers, where females are primarily identified by their role as wife/and of mother while men are identified with their jobs or profession (Harrison, 2023). Adhering to ideas such as these

contributes to society, and more specifically law enforcement's blindness. to viewing females as capable of serial killing. Consequently, it takes more time to identify female serial killers and most significantly leads to the loss of more innocent lives.

Feminist Criminal Theory

Reviewing feminist theory, supporters argue that women can become more than the roles of wife and mother, they can have careers as well. For example, Ruth Bader Ginsberg, who had to fight for her right to attend law school, not only earned her law degree, but went on to become one of the first female Supreme Court justices. Ginsberg, herself, was a feminist and built her career on arguing cases centered on gender roles. One of her famous quotes, "My mother told me to be a lady. And for her, that meant be your own person, be independent." ~ Ruth Bader Ginsburg. This idea is present in her work, and with feminist theory. Women can go beyond the traditional role of marrying and having children. This traditional role is based on ancient history where cave men were hunters and the women stayed behind to care for her children. It was based on survival of future generations where the cave woman had to stay behind and nurse her child, rather than her inability to hunt. In the latter part of the 20th century and into the 21st, women no longer need to stay home and care for their children, there are those that can do this as well, allowing a woman to venture out into the world engaging in whatever profession they choose. Feminists believe women are capable of doing the same jobs as men. Applying this theory to female serial killers would lead feminists to supporting the idea that women are just as capable as men of serial murder, rather than the idea that females are limited to family caregivers and nurturers, wife and mother. Chapter one of

this dissertation introduced the idea of the male perspective that women are not capable of serial murder (Morton, 2008). This viewpoint is derived from society's view that females are weak and capable only of nurturing (Egbert & Sanden, 2019). Gilligan's theory has an undercurrent that supports this idea, especially in stage two, the conventional stage where the focus shifts from thinking of only oneself to becoming more focused on helping and caring for others, e.g. self-sacrificing (Vinney, 2025). This is where some feminists might view Gilligan's theory actually supports female stereotyping, in that Gilligan's developmental stages focus on being a nurturer and self-sacrificing in stage two, with an emphasis on traditional gender roles (Egbert & Sanden, 2019).

Even though female roles have changed over time, 14 of the 15 participants were mothers and married, or in a lifelong commitment, without opportunities to develop outside of these traditional female roles due to the time period they lived, from the turn of the 20th century and up through the 60s. For example, Participant H was told many times that she could not become a lawyer even though she had studied the law with her father. Her father was adamant that this profession was not suitable for females, but only for males (Bisantz-Raymond, 2009). Participant H was frustrated but obeyed her father, assuming the role of obedient daughter and followed a traditional female profession, social work. Participant H, as well as many of the other participants, shared this same frustration and may have been a factor that contributed to their killings, especially for the women who killed their own children.

Limitations of the Study

The primary limitation in this study is the use of secondary data. It is a limitation in that this author did not collect the data directly from the participants but was dependent on previous researchers' data collection. Each time data are reported and then reused over and over again, the issue of trustworthiness can occur. For example, with Participant I, author Sereny (1999), (working directly with the participant), pointed out some discrepancies between what Participant I was reporting and what was in the court and other legal records. This question of reliability from the participant could be viewed as the participant's ability to segue the conversation away from the issue at hand. It could also be due to the participant's inability to realize what they had done, or even the author's interpretation of what the participant is reporting (Babbie, 2017; Yin, 2013).

Researcher bias may also be a limitation in this study in that the data were secondary and therefore I was unable to determine the level of trustworthiness of the researchers reporting the data. The original researcher may have had a bias towards or against the participant which could skew the data presented (Babbie, 2017; Yin, 2013). For example, with Participant M, Participant M's biography author met with the participant on several occasions and developed a personal relationship with that participant. This personal relationship could have led to a more positive spin on presenting that participant's data and viewpoint. This could have led to the author to providing a rational explanation rather than just reporting the facts of the crimes committed by Participant M herself.

Dependability in simple data collection and presentation is also a potential issue

for trustworthiness (Babbie, 2017; Yin, 2013). For example, Participant A had varied sources that reported her birth year as one of two possibilities. As this is a fairly simple factor to check for accuracy, it illustrates potential issues with dependability. To counter this issue, in the current study several sources were used to validate any data collected and presented to maximize credibility and ensure trustworthiness.

A further limitation includes the lack of data available on the study participants. For example, there was no mention of child abuse and the mother-child attachment, domestic violence and substance abuse issues in three cases. This does not mean that the risk factors were not present. Instead, it means that the information is unknown. If these unknowns were replaced with a yes or no, it would allow for a stronger analysis, interpretation and conclusions. This is another limitation of using secondary data.

The need to study the brains of female serial killers is another limitation to this study. In other research on those that kill it has been found that serial killers have a reduced level of gray matter of the brain (Sajous-Turner, et al. 2020). Another study on serial killers demonstrated that one of four serial killers had experienced a brain injury or meningitis in their early years (Allely, et al. 2014). These studies demonstrate a need for further research to uncover the role of brain science as a contributing factor that explains serial killing among females.

Recommendations

Female serial killers have not been studied as in-depth compared to their male counterparts. The work that has been conducted usually has been done with male serial killers and the results subsequently applied to their female counterparts (Farrell et al.,

2011; Harrison, 2023; Telfer, 2017). The issue is that female and male serial killers are very different with regards to the way they kill, who they kill and what motivates them to kill (Harrison, 2023; Kelleher & Kelleher, 1998). The need for a multi-disciplinary approach as proposed in this study was initially motivated by the goal to uncover a comprehensive understanding of women who share common characteristics and become serial killers. In order to accomplish this, there was a need to view the female serial killer through a holistic lens rather than in various parts. When a researcher only views an issue through one lens, they can miss other aspects that may impact their participant's development. For example, a psychologist tends to focus on the woman's mind and tries to understand why she did what she did, while a sociologist tends to look at the role society plays. These are two professions, but there may be a need to include additional professionals such as medical professionals and criminologists. Working as a team of professionals can provide a holistic approach to an issue, rather than a singular one which leads to a more comprehensive understanding of factors contributes to female serial killing. Female serial killers, as well as all human beings more generally are complex organisms that require examining the various parts as a whole. This thinking led to applying Erikson, Gilligan and Feminist Theory to understand female serial killers in this study. Further research using a multidisciplinary approach would assist in this understanding on why some women with these characteristics become serial killers and why some do not. This does not mean studying male serial killers and applying those findings to females. The need for further research specific to female serial killers is needed for a better understanding of female serial killers as a whole.

Women who kill their own children over a period of time requires further research. In this study, four out of the 15 participants killed their own children over a period of time. A female serial killer whose primary victims are their own children may differ from other female serial killers in regard to motivation, methods of killing, and choosing their own children. The need for understanding why women kill their own children may require both a psychological and neurological method, rather than just one viewpoint. A requirement for Participant M as a condition of her probation was to be examined and studied by mental health professionals and neurologists (medical). This condition of probation did not occur, but it would have been helpful in understanding why she and women kill their own children (Fried, 2020). Further research that integrates a holistic approach including medical professionals, psychologists and sociologists, to name a few, will provide a richer and more detailed understanding of common characteristics of female serial killers.

The need to study the characteristics that were not first identified in the previous research but were uncovered in this analysis merit further study. This includes marriage/lifelong relationships and being a parent. Fourteen out of 15 participants were married at least once, or in a lifelong committed relationship, and had at least one child. Further research is needed to determine how these characteristics, if at all, contribute to understanding female serial killers.

The research also needs to be applied more broadly given that there are more than two genders and transgender females have been identified as female serial killers (CBS News, 2017). Given these change in gender identification, further research focusing on

genders that go beyond the traditional male and female genders as it relates to serial killers requires attention. For example, Gilligan and Feminist theories do not address females who were assigned male at birth but identify as having been female since that time. This would lead to a debate on whether or not transgender or gender-neutral individuals fall in line with these categories.

Implications

Based on the results of the current study, over 200 people were killed by these 15 women, including over 100 babies. This is a shocking number and indicates the urgent need to study female serial killers. The deaths occurred over several years, not just on one or two occasions. If these female serial killers had been identified early on and provided with early intervention services, it is possible that many of these deaths could have been avoided. Based on this study, certain common characteristics were present among the women including having been a victim of child abuse and other traumatic experiences early in life. These experiences negatively impact a child's development as indicated above. One early intervention includes Adverse Childhood Experiences.

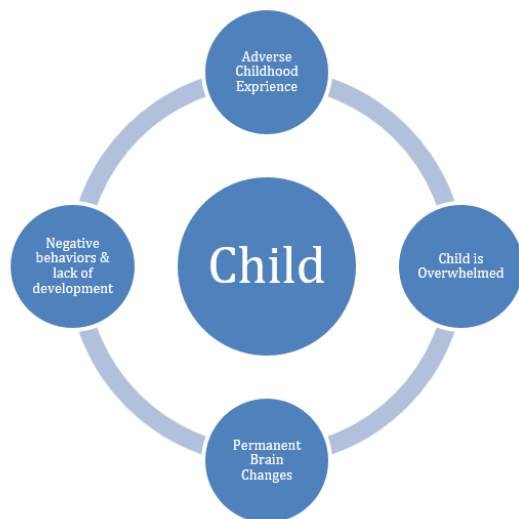
Adverse Childhood Experiences

Adverse childhood experiences have a lifelong impact on the child's brain, changing the structure in a negative way. "These brain changes can manifest as behavior problems, violence, and substance use health risk behaviors by the child through the life span" (Smith & Wilson, 2016 p.E4). The way this occurs is that the child's brain becomes overwhelmed with the adverse experiences which in turn limits the child's coping skills and then leads to the permanent brain changes. These brain changes have a

negative impact on the child's behavior and development which then can lead to more adverse experiences, a negative feedback loop system as demonstrated in Figure 2 below.

Figure 2

Adverse Childhood Experiences Negative Feedback Loop



In order to break this loop and assist the child a multidisciplinary approach is needed (Smith & Wilson, 2016). Using the female serial killers in this study, nine of the fifteen were abused or neglected as young children. These children's early development was impacted in Erikson's stage one and negatively impacted the rest of their lives. If professionals such as teachers, medical professionals or other adults had intervened with these participants early in their lives, this could have changed the outcome of their lives. Figure 2 demonstrates how ACE can be applied to the female serial killers in this current study. The participants experienced an event which then led them to feel overwhelmed and impacted their brain development which then leads them to experience behavioral problems due to lack of development. Had professionals become involved in each

participant's lives early on, working together, the loop could have been broken and the outcome for each of these women would likely have been different. For example, with Participant I, who was severely abused and demonstrated aggressive and antisocial behaviors early in life, if the school had identified these behaviors and began an intervention with mental health, social services and other disciplines being involved, it may have prevented her from committing heinous crimes and the tragic loss of life. Again, we need to circle back to the concept that family issues need to be addressed holistically rather than in parts. This points to the need for multidisciplinary and collaborative work to address family issues and adverse experiences in a holistic way.

In the case of early identification of potential serial killers early intervention with a multidisciplinary and collaborative team of professionals is needed. The idea is to assist the family in dealing with all issues that affect both the family as a whole and individually. With the participants in this study, for example, Participant D, given her childhood issues, if a collaborative team had been available during the school years, her life may have been much different. This team could have identified her medical and home issues early on, addressing them, rather than allowing these issues to build and causing her lifelong issues that may have played a significant role in the murders she committed. Identifying and providing needed intervention and services early in life can assist that child to get back on track with their development.

An attempt to address the issue of collaborative and multidisciplinary teams was discussed at the FBI Symposium on multidisciplinary perspectives for investigators (Morton, 2008). The goal of the Symposium was to bring together a group of respected

experts on serial murder from a variety of fields and specialties, to identify the commonalities of knowledge regarding serial murder (Morton, 2008). Sadly, there has not been a similar symposium since this one in 2005 and the results of that symposium have fallen by the wayside. In the opening statement of the FBI Symposium on Serial Murder in 2005, Robert S. Mueller, FBI Director, stated, “We believe the best way to combat any threat — be it terrorism, gang violence, or serial murder — is to combine our knowledge and resources with those of our partners, and to work as a team” (Morton, 2008). The collaborative problem in this case is serial killers, which then leads to the need for collaborative problem solving. Bodunde, Bellom and Olanokanmi (2024) studied collaborative problem solving and found that it is more productive and less stressful when various parties come together to solve a problem. What both Morton and Bodunde, et al. would say is that in the case of serial killers, there is a need for multidisciplinary and collaborative teamwork. Reviewing collaborative conflict resolution and problem solving lends itself to this approach when working with those that are identified as potential serial killers. Unfortunately, this symposium stopped short on early identification and intervention of potential serial killers with no recent publication of any symposium thereafter to address the problem of serial killers, both male and female. In this current study, an attempt was made to integrate different theoretical perspectives (Erikson, Gilligan, Feminism) to combine knowledge and resources to increase our understanding of female serial killers.

Positive Social Change

Implications for positive social change for female serial killers include using the

common characteristics identified in this study as a starting point for intervention and prevention with the aim of reducing the number of female serial killers. Twelve of the 15 participants experienced early childhood abuse that contributed to problematic behavior including serial murder. Early intervention would include medical and mental health services to assist in their development and change their life course. (Aamodt, & Mitchell, 2005; Harrison, 2023; Lattanzi, Provini, Williams, Aceti, & Giacchetti 2020; Santrock, 2013) to prevent the loss of tragic lives.

Positive social change for families could include services to address the common characteristics of the female serial killers identified in this study. These characteristics include domestic violence, substance abuse, mental health and child abuse. These changes could have a positive impact on the family as a whole while focusing on the child. For example, if there had been services in place to assist Participant B's family that included mental health and social services, this might have assisted Participant B's mother to be present emotionally for Participant B. This could in turn have assisted Participant B when learning how to mother her own children, contributing to a healthy mother-child relationship which could have spared her children's lives.

Conclusion

This study aimed to identify common characteristics among female serial killers. The common characteristics identified included having been a victim of child abuse, domestic violence, and parental substance abuse and/or mental health issues. These characteristics present among the study sample exceed the number of cases in the general population and indicate the need for early intervention (Smith & Wilson, 2016). Even

today, as of the year 2025, women are continued to be viewed as nurturers, weaker than men, and incapable of committing heinous crimes (Harrison, 2023). This misperception contributes to deaths by female serial killers that go on for a longer period of time with more victims than their male counterparts. Though the participants selected for this study committed their crimes last century, female serial killing continues to occur in the 21st century. For example, four female serial killers in this century include Lori Vallow-Daybell (CBS2 News staff, 2025), Heather Pressdee (Lenthang & Cohen, 2024), Rebecca Auburn (accused but not convicted in 2023, awaiting trial) (Hendrickson, 2023), and Elizabeth Wettlaufer (of Canada) (Canadian Press Staff, 2017). Vallow-Daybell killed her own children, Pressdee killed three patients by poisoning them, Auburn is accused of killing four men subsequent to stealing from them and Wettlaufer was convicted of killing four patients. In three of these four cases, the female serial killer was providing care for her victims. Female serial killers continue to kill and are only identified many years later after additional murders have occurred.

The implication of the results of this study are that additional research on common characteristics is required and early intervention is necessary once these characteristics are identified. Mental health and substance abuse treatment for parents of young children is necessary along with parent mentoring and training. Children in homes where these issues are present and/or have family violence present should be identified early on and mental health treatment using a comprehensive, holistic approach for these children needs to be put in place. The earlier the better. Working together as a multidisciplinary team to identify and address these common characteristics using a

holistic approach is necessary is to make social change to improve the lives of female serial killers, save lives and contribute to a safer society.

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Appendix A: Case Study Summaries

Participant A Case Study Summary

Participant A was born in 1868 or 1873, depending on resource (Kelleher & Kelleher, 1998; Newton, 2006; Phelps, 2010; Reynolds, Somerville & Stevens, n.d.; Windsor's "Murder Factory", 2022) in Connecticut (Kelleher & Kelleher, 1998; Newton, 2006; & Reynolds, Somerville & Stevens, n.d.). Participant A was raised by both of her parents, who were considered white middle class (Phelps, 2010; Windsor's "Murder Factory", 2022). Their next door neighbor was a famous authoress of the time (Phelps 2010). Her brother was diagnosed as schizophrenic and Participant A was terrified of him (Phelps, 2010; Windsor's "Murder Factory", 2022). As a child Participant A would not sleep when he was in the house and some believe she may have been abused by him (Phelps, 2010). Her sister was pushed or fell out a second floor window leaving her an 'invalid' (Phelps, 2010). The relationship between Participant A and her mother is unknown.

Participant A attended college to become a teacher (Killer Cloud Serial Killer Database Amy Archer-Gilligan, n.d.; Phelps, 2010). She married her first husband at the age of 23 years (Phelps, 2010; Windsor's "Murder Factory", 2022). The couple had one child when participant A was 25 years old (Phelps, 2010). Participant A had a close relationship with her daughter (Phelps, 2010). The daughter stood by her mother and proclaimed her innocence throughout the case (Phelps, 2010). Participant A went on to marry again Phelps, 2010; Windsor's "Murder Factory", 2022). It was determined she killed her second husband and a high probability she killed her first one (Phelps, 2010).

Participant A was considered a ‘pioneer of senior/nursing care opening being one of the first homes in the United States to this population in 1907 with her first husband (Phelps, 2010; Ryan, 1997; Windsor’s “Murder Factory”, 2022). After her husband’s death, Participant A continued to run her nursing home charging either a weekly fee or a special ‘lifetime fee’ to her patients (Phelps, 2010; Windsor’s “Murder Factory”, 2022). Those that paid the lifetime fee often died within a short period after such payment (Phelps, 2010; Windsor’s “Murder Factory”, 2022). Participant A was viewed by the community as upstanding citizen who donated to the local church and provided needed services to the old and disabled (Phelps, 2010). A newspaper reporter, who knew Participant A, became suspicious of the high death rate in the nursing home (Phelps, 2010). There had been 48 resident deaths between the years of 1910-1917; the home only had 11-12 residents at a time (Kelleher & Kelleher, 1998; Newton, 2006; Phelps, 2010; Ryan, 1997; Schechter, 2004; Windsor’s “Murder Factory” (2022). Given the public view of Participant A and the physician hired by Participant A, who signed off on all the death certificates stating the victims, as well as the husbands, died of natural causes, allowed her to continue on her killings for this extended period of time (Newton, 2006; Phelps, 2010; Schechter, 2004; Windsor’s “Murder Factory”, 2022). When suspicion mounted by this reporter in his news stories, five bodies were exhumed and verified they had been murdered (Phelps, 2010). It was found that these bodies contained high levels of arsenic (Kelleher & Kelleher, 1998; Newton, 2006; Phelps, 2010; Schechter, 2004; Windsor’s “Murder Factory”, 2022). Participant A was suspected of killing at least 48 more victims, including her husbands (Kelleher & Kelleher, 1998; Phelps, 2010; Schechter, 2004;

Vronsky, 2007; Windsor's "Murder Factory", 2022). Except for her husbands, all victims were residents of her nursing home (Phelps, 2010). She killed her victims using arsenic poisoning over a seven year period in the nursing home where they lived (Kelleher & Kelleher, 1998; Newton, 2006; Phelps, 2010; Schechter, 2004; Vronsky, 2007). The motive behind her crimes was financial. Participant A took out a life insurance policy on her first husband, he died shortly after (Phelps, 2010). The marriage to the second husband lasted a few months, he died after signing over all of his assets to Participant A (Newton, 2006; Phelps, 2010). This husband had been seen by community members a few days before his death out in the community and appeared to be healthy (Phelps, 2010). The nursing home victims paid a large lump sum for life time care to Participant A, and in some cases, signed over their assets, they too died shortly after doing this (Kelleher & Kelleher, 1998; Newton, 2006; Phelps, 2010).

Participant A was convicted of first degree murder and sentenced to death by hanging (Newton, 2006; Phelps, 2010; Windsor's "Murder Factory", 2022). This conviction was overturned due to a technicality; during the second trial she pleaded guilty to second degree murder (Kelleher & Kelleher, 1998; Newton, 2006; Phelps, 2010). She was sentenced to life in prison; after serving five years she was transferred to a state mental hospital where she lived out the rest of her life (Kelleher & Kelleher, 1998; Newton, 2006; Phelps, 2010; Reynolds, Somerville, & Stevens, n.d.; Windsor's "Murder Factory", 2022).

Participant A was deemed to have mental health issues (Harrison, 2023; Newton, 2006), Phelps, 2010). Her siblings suffered from mental health problems which included

schizophrenia (Phelps, 2010). The issue of substance abuse, e.g. morphine addiction, was provided by the defense at participant A's trial (Harrison, 2023; Phelps, 2010). Her daughter testified that her mother was addicted to morphine (Phelps, 2010). Participant A was declared insane and sentenced to the state hospital for her sentence at the age of 51 years (Harrison, 2023; Phelps, 2010; Reynolds, Somerville, & Stevens, n.d.). The play, "Arsenic and Old Lace" was loosely based on this case (Phelps, 2010; Windsor's "Murder Factory", 2022).

Participant B Case Study Summary

Participant B was born in Missouri in 1959 to a working class, white family (Becker, 1993; Graham & Graham, n.d.). Her father was a factory worker and her mother a homemaker (Becker, 1993). She grew up with both parents (Becker, 1993; Graham & Graham, n.d.). She was sexually abused by her grandfather when she was seven years old and the abuse continued into her early teens (Becker, 1993; Graham & Graham, n.d.). The relationship between her and her mother was poor due to her mother's severe depression that led her to not being there for her three children (Becker, 1993). As an adult, Participant B goes to her mother for parenting advice, her mother tells her she does not remember caring for them. She cannot help Participant B and that she only remembers she had three children (Becker, 1993). This led Participant B to want to have a daughter because she wanted to do 'mother-daughter things like a mother should do' (Becker, 1993). At around age 13, Participant B begins to 'hang around' her older brother, drinking, smoking cigarettes and marijuana, engaging in dangerous and reckless behaviors (Becker, 1993). Her younger brother is on epileptic medications, which she

steals and takes along with her mother's anti-depressant medications (Becker, 1993). Even with this history, Participant B completes high school and one year of community college (Becker, 1993; Graham & Graham, n.d.). The substance abuse continues and Participant B tells an interviewer that her coping skills include drinking whiskey and taking Xanax with it, along with other anti-depressants she can steal (Becker, 1993; Graham & Graham, n.d.; Maddox, 2021; O'Neill, 2021; Walker, 2006; Wilder, 2021). The issue of mental health problems was denied by Participant B, but arose when she was incarcerated (Becker, 1993; Graham & Graham, n.d.; People v. Sims, 2001; People v. Sims 322, 2001; Stawar, 1997; Walker, 2006). During the time of incarceration she learns from another inmate about post-partum depression and psychosis (Becker, 1993; People v. Sims, 2001; Stawar, 1997). Participant B then seeks out prison mental health professional and this leads to an appeal of her case (Becker, 1993; People v. Sims, 2001; People v. Sims 322, 2001). The appeal was denied (Becker, 1993; People v. Sims, 2001; People v. Sims 322, 2001).

Participant B killed her two infant daughters by smothering them in her own home (Becker, 1993; Graham & Graham, n.d.; Maddox, 2021; O'Neill, 2021; People v. Sims, 2001). To cover up the deaths of each girl, she reports they were taken from their home (Becker, 1993). In each case she reports that a stranger entered her home and kidnapped her babies on two different occasions and in two different homes, but in the same exact details for both cases (Becker, 1993). She reports to the police and media this same story each time. Participant B had a son between the births of her two daughters, he was not harmed and lived into adulthood (Becker, 1993). The killing events occurred

over a three year period and motive for these crimes was undetermined (Becker, 1993; Graham & Graham, n.d.; Maddox, 2021; O'Neill, 2021).

She was married at age 22 and this was her only marriage (Becker, 1993; Graham & Graham, n.d.; Newton, 2006). Approximately a year within her marriage she gave birth to her first child. She borne a total of three children (Becker, 1993; Maddox, 2021; Newton, 2006). The marriage was rocky with drugs playing a role in the marital relationship (Becker, 1993; Stawar, 1997). In addition, the husband was controlling to the point Participant B could not leave the house or go anywhere without him (Becker, 1993; People v. Sims. 244, 1993; Stawar, 1997). He attempted to cut off her relationships with her parents and friends (Becker, 1993; Stawar, 1997). He was emotionally abusive and belittled her (Becker, 1993; Stawar, 1997). Participant B was wholly dependent on him and he was viewed as having antisocial personality disorder (Becker, 1993; Stawar, 1997). In a statement to the police, he bragged about him and Participant B having the 'best sex ever' after the disappearance of their second daughter (Becker, 1993; Stawar, 1997).

Participant B was sentenced to life in prison after being convicted of first degree murder of her infant daughter (American notes Illinois two times, too much, 1989; Becker, 1993; Graham & Graham, Maddox, 2021; Mom may get death sentence, 1990 Newton, 2006; People v. Sims. 244, 1993). She was released from prison as it was determined she no longer posed a threat to others based on the fact she could no longer have children and that she had suffered from post-partum depression (Maddox, 2021). Speculation around the latter continued as the murders were well planned and executed

(Maddox, 2021). In addition, post-partum depression rarely leads to infanticide (Maddox, 2021; *People v. Sims*, 244, 1993). Participant B and her husband divorced shortly after her incarceration (Becker, 1993). Her ex-husband and son died together in a car accident when son was an adult (Becker, 1993).

Participant C Case Study Summary

In 1880, Participant C was born in Louisiana to a white wealthy, upper class family (Anthony, 1999; Renner, J.,2013a; Renner 2013b; Renner, 2013c; Renner, 2013d ; Renner, 2013e). Her father was a wealthy newspaper magnate and her mother a homemaker (Anthony, 1999; Louise, 1945). Participant C attended private schools and a finishing school, but was expelled due to ‘sexual escapades’ when she was in the eighth grade (Anthony, 1999; Louise, 1945).She never completed high school (Anthony, 1999). Her family members stated she may have been addicted to drugs, but nothing confirmed (Anthony, 1999). It is unknown if she was abused as a child (Anthony, 1999). However, given her sexual acting out, she may have been sexually abused (Anthony, 1999). Information regarding her relationship with her mother with her mother was not found. She grew up with both parents and no history of domestic violence (Anthony, 1999; Louise, 1945).

She was first married at age 15 or 16, depending on the source (Anthony, 1999; Renner, 2013a; Renner, 2013b; Renner, 2013c; Renner, 2013d; Renner, 2013e). Her first husband committed suicide after finding her in bed with another man. She married three more times over the course of her life (Anthony, 1999; Renner, 2013a; Renner, 2013b; Renner, 2013c; Renner, 2013d; Renner, 2013e). She moved to Boston after the death of

her first husband and became a 'call girl' (Anthony, 1999). Years later she gave birth to her daughter at age thirty-six, while married to her fourth husband (Anthony, 1999). There is no known history of mental illness or substance abuse (Anthony, 1999). All of her four husbands committed suicide (Anthony, 1999).

Participant C has a long history of criminal behavior. Her first murder victim was a male she had been dating (Anthony, 1999; Dev, 2008; Killer Cloud Serial Killer Database (Louise Peete), n.d.; Louise, 1945; Payne, 1921b; Renner, 2013f). She told the grand jury she shot him in the back of the head with a handgun in self-defense, he was trying to rape her (Anthony, 1999; Louise Peete leaves prison, 1939; Mrs. Peete bares plans-Woman to ask new trial in fight to escape life term, 1921). The second victim was the owner of the house she was staying in (Anthony, 1999; Dev, 2008; Killer Cloud Serial Killer Database (Louise Peete), n.d.; Louise, 1945; Renner, 2013f). She tried to get him to marry her, even though she was already married to husband four (Anthony, 1999). He refused and she shot him in the back of the head (Anthony, 1999; Louise Peete executed woman pays for murder of employer, 1947). She made up stories regarding his absence and eventually his body was found buried in his basement (Anthony, 1999). Her third victim was a friend of hers for whom she shot in the back of the head twice, she buried her in the victim's backyard (Anthony, 1999; Dev, 2008; Killer Cloud Serial Killer Database Louise Peete, n.d.; Louise, 1945; Renner, 2013f). The killing period was between 1911-1944, though she was incarcerated for an extended period of time (Anthony, 1999; Dev, 2008; Killer Cloud Serial Killer Database(Louise Peete, n.d ; Louise, 1945; Renner, 2013f). With her first murder case the all-male jury felt sympathy

towards her and she received a lesser sentence of life in prison (Anthony, 1999). She served eighteen years of this sentence because she was a ‘model prisoner’ (Anthony, 1999).

She committed her crimes in the victim’s own homes (Anthony, 1999). She was suspected of at least three other murders, but there were no signs of foul play (Anthony, 1999; Dev, 2008; Killer Cloud Serial Killer Database Louise Peete, n.d; Louise, 1945; Renner, 2013f). Her motive for killing was financial gain, she absconded with each of her victim’s personal items including expensive jewelry and money (Anthony, 1999). Participant C was found guilty of first degree murder for her last two murders and was executed (Anthony, 1999).

Participant D Case Study Summary

Participant D was born in 1932 in South Carolina to a poor white family (Barfield, 1985; Bledsoe, 1998; Griffith, McWhorter, Maupin, & Martin, n.d.; Killer Cloud Serial Killer Database, n.d.; North Carolina Department of Corrections Incarceration Record/Offender Report Velma Barfield, 1984). She grew up on a farm that had no electricity or running water (Barfield, 1985; Bledsoe, 1998). There was no bathroom or outhouse, to relieve themselves they did it in the woods, or in a chamber pot at night (Barfield, 1985; Bledsoe, 1998). Living conditions were so bad that she slept in the same bedroom as her parents throughout her high school years (Barfield, 1985; Bledsoe, 1998; Killer Cloud Serial Killer Database, n.d.). She became the full time homemaker in the home, and this caused her to drop out of high school (Barfield, 1985; Bledsoe, 1998; Griffith, McWhorter, Maupin, & Martin, n.d.).

Participant D was physically and sexually abused as a child by her father (Barfield, 1985; Bledsoe, 1998; Griffith, McWhorter, Maupin, & Martin, n.d.; Harrison, 2023; Killer Cloud Serial Killer Database, n.d.). She had a love-hate relationship with her mother because her mother did not intervene to stop the abuse, she hated her, yet she loved her because she was her mother (Barfield, 1985; Bledsoe, 1998; Harrison, 2023). There was domestic violence in her life from childhood into her own relationships (Barfield, 1985; Bledsoe, 1998; Griffith, McWhorter, Maupin, & Martin, S., n.d.; Harrison, 2023; Vronsky, 2007). Her father physically and emotionally abused her mother (Barfield, 1985; Bledsoe, 1998; Harrison, 2023). To escape all of this, she runs away from home and marries her first husband at age seventeen (Barfield, 1985; Bledsoe, 1998; Griffith, McWhorter, Maupin, & Martin, n.d.). Her first marriage was wrought with domestic violence with her husband physically abusing her (Barfield, 1985; Bledsoe, 1998; Griffith, McWhorter, Maupin, & Martin, n.d.; Harrison, 2023; Nurse's execution stayed, 1984; Vronsky, 2007). Even with the abuse, she stays with him and has their first child at age 19 (Barfield, 1985; Bledsoe, 1998). Her husband becomes an alcoholic and she is left to support the family by working two jobs (Barfield, 1985; Bledsoe, 1998; Harrison, 2023). The abuse in the home continues with the husband putting a knife to their teen son's throat (Barfield, 1985; Bledsoe, 1998).

Over the years Participant D suffers mental health issues that requires hospitalization from time to time (Barfield, 1985; Bledsoe, 1998; Harrison, 2023; Killer Cloud Serial Killer Database, n.d.; Nurse's execution stayed, 1984; Vronsky, 2007). At the same time she is prescribed strong tranquilizers and this begins her drug abuse

journey (Barfield, 1985; Bledsoe, 1998). The drug abuse continues, and she eventually divorces her first husband feeling stronger due to the drugs (Barfield, 1985; Bledsoe, 1998). She marries her second husband a year later (Barfield, 1985; Bledsoe, 1998; Vronsky, 2007). Three months after the wedding, she overdoses on prescription medications, she is hospitalized (Barfield, 1985; Bledsoe, 1998). Overdosing on drugs occurs several times over the next few years with unsuccessful suicide attempts, sometimes resulting in hospitalization (Barfield, 1985; Bledsoe, 1998).

When Participant D is 39 years old, she poisons her husband with arsenic (Ashe, 2018; Barfield, 1985; Bledsoe, 1998; Griffith, McWhorter, Maupin, & Martin, n.d.; Harrison, 2023; Killer wants clemency attempts halted, 1984; Nurse's execution stayed, 1984; Vronsky, 2007; Woman executed, donates 'organs', 1984). The pattern of drug abuse continues to escalate and she continues to overdose and then be hospitalized repeatedly (Barfield, 1985; Bledsoe, 1998; Harrison, 2023). Participant D steals money from her mother and poisons her mother to death (Barfield, 1985; Bledsoe, 1998; Vronsky, 2007). At age 43, Participant D is hired as a private nurse and begins to steal money, then poisons her patient (Barfield, 1985; Bledsoe, 1998; Harrison, 2023; Vronsky, 2007). She does this with another patient (Barfield, 1985; Bledsoe, 1998; Vronsky, 2007). Given Participant D's need for more and more drugs, she turns to stealing and forging checks of her victims (Barfield, 1985; Bledsoe, 1998; Vronsky, 2007). To avoid being caught for these crimes, she kills the victims (Barfield, 1985; Bledsoe, 1998; Vronsky, 2007). No one suspected Participant D of these deaths, she was viewed as a sweet and loving grandmother, not a murderess (Barfield, 1985; Bledsoe, 1998; Harrison, 2023;

Vronsky, 2007).

At approximately age 48, Participant D poisons her boyfriend and he dies (Ashe, 2018; Barfield, 1985; Bledsoe, 1998; Griffith, McWhorter, Maupin, & Martin, n.d.; Harrison, 2023; Hickey, 2010; Killer wants clemency attempts halted, 1984; Nurse's execution stayed, 1984; Vronsky, 2007; Woman executed, donates 'organs', 1984). The police come to her home and arrest her. In her trial for this murder she is convicted of first degree murder and sentenced to death (Barfield, 1985; Bledsoe, 1998; Killer wants clemency attempts halted, 1984; Woman executed, donates 'organs', 1984). The issue of mental competence and her substance abuse history was raised during her appeal (Bledsoe, 1998; Harrison, 2023; Nurse's execution stayed, 1984). The appeal court held that though she had a history of substance abuse, she was competent to stand trial, her appeal was dismissed (Bledsoe, 1998; Nurse's execution stayed, 1984). Participant D was executed (Killer expresses sorrow for her crimes: Velma Barfield executed, 1984; North Carolina: Death of a Grandmother, 1984; North Carolina Department of Corrections Incarceration Record/Offender Report Velma Barfield, 1984) and donated her organs upon her death (Killer expresses sorrow for her crimes: Velma Barfield executed, 1984; Woman executed, donates 'organs', 1984).

Participant E Case Study Summary

In 1946, Participant E was born in New York to a working class, poor white family, her parents were laborers (Beverly, Handoga, & Pryor Williams, n.d.; Firstman & Talan, 1997; Hickey, Lighty, & O'Brien, 1996; Sanz, 1995). She attended high school but was 'kicked out' because in her junior year because she was pregnant-even though

she was married (Beverly, Handoga & Pryor Williams, n.d.; Firstman & Talan, 1997; Hickey, Lighty, & O'Brien, 1996; Killer Cloud Serial Killer Database Waneta Hoyt, n.d.; Sanz, 1995). Participant E had no history of mental health, substance abuse or abuse as a child (Beverly, Handoga, & Pryor Williams, n.d.; Firstman & Talan, 1997; Hickey, Lighty & O'Brien, 1996; Killer Cloud Serial Killer Database Waneta Hoyt, n.d.). Her relationship with her mother was poor, though this is assumed given the little interest Participant E showed to her own children, and that her parents refused to attend her wedding (Beverly, Handoga, & Pryor Williams, n.d.; Firstman & Talan, 1997; Hickey, Lighty & O'Brien, 1996). There is no history of domestic violence either in her family of origin or in her marriage (Beverly, Handoga & Pryor Williams, n.d.; Firstman & Talan, 1997; Hickey, Lighty & O'Brien, 1996; Killer Cloud Serial Killer Database Waneta Hoyt, n.d.).

Participant E met her husband when she was in the ninth grade at age fifteen; he was a high school senior (Firstman & Talan, 1997; Hickey, Lighty, & O'Brien, 1996). She married her only husband when she was seventeen years old and had their first child nine months later (Firstman & Talan, 1997; Hickey, Lighty, & O'Brien, 1996). This child died of what was considered natural causes, Sudden Infant Death Syndrome (SIDS) (Firstman & Talan, 1997; Hickey, Lighty, & O'Brien, 1996; Sanz, C., 1995; Toufexis, A., & Bjerklie, D., 1994). Due to this diagnosis, no further investigation was warranted. Participant E was referred to a physician who specialized in this syndrome and accepted her and her subsequent children into his research program (1972 Medical journal article led to arrest in babies' deaths, 1994; Firstman & Talan, 1997; Hickey, Lighty, & O'Brien,

1996; Toufexis, A., & Bjerklie, D., 1994). Despite this intensive care of each infant, which included long-term and frequent hospitalizations, the other four children died while under the care of their mother (Beverly, Handoga, & Pryor Williams, n.d.; Begley & Underwood, 1997; Firstman & Talan, 1997; Hickey, Lighty, & O'Brien, 1996; Sanz, 1995).

Decades later this physician's research was called into question along with this case. An investigation occurred into the deaths of these children twenty-five years later (1972 Medical journal article led to arrest in babies' deaths, 1994; Begley & Underwood, 1997; Firstman & Talan, 1997; Hickey, Lighty, & O'Brien, 1996; Judson, 1995; Pinholster, 1995; Sanz, 1995; Toufexis, & Bjerklie, 1994). It was determined by several professionals that each child died at the hands of their mother (Begley & Underwood, 1997; Firstman & Talan, 1997; Hickey, Lighty & O'Brien, 1996; Judson, 1995; Nieves, 1995a; Nieves, 1995b; Pinholster, 1995; Sanz, 1995; Steinberg, 1995; Toufexis & Bjerklie, 1994). Participant E confessed to killing her children, then recanted (Begley & Underwood, 1997; Firstman & Talan, 1997; Hickey, Lighty & O'Brien, 1996; Judson, 1995; Nieves, 1995a; Nieves, 1995b; Pinholster, 1995; Sanz, 1995; Toufexis & Bjerklie, 1994; Waneta Hoyt Trial: 1995, 1995). The killings of these victims occurred between 1965 and 1971, all in their own home (1972 Medical journal article led to arrest in babies' deaths, 1994; Begley & Underwood, 1997; Beverly, Handoga, & Pryor Williams, n.d.; Firstman & Talan, 1997; Hickey, Lighty & O'Brien, 1996; Judson, 1995: Killer Cloud Serial Killer Database Waneta Hoyt, n.d.; Nieves, 1995a; Nieves, 1995b; Pinholster, 1995; Sanz, 1995; Steinberg, 1995; Waneta Hoyt Trial: 1995, 1995; Waneta

Hoyt Trial: Searching for the Truth Law Library-American Law & Legal Information, 1995). The investigators in this case believed the mother suffered from Munchausen's by Proxy due to the attention she received after each child's death (Firstman & Talan, 1997; Hickey, Lighty, & O'Brien, 1996; Judson, 1995; Waneta Hoyt Trial: Searching for the Truth Law Library-American Law & Legal Information, 1995). The issue with this 'diagnosis' is that the mother did not pay attention to any of her children when they were hospitalized and did not display the symptoms associated with Munchausen's by Proxy (Firstman & Talan, 1997; Hickey, Lighty & O'Brien, 1996). Munchausen's by Proxy include a major symptom in which the person wants to be seen as a hero and great caregiver to her children or patients (Firstman & Talan, 1997; Hickey, Lighty, & O'Brien, 1996). It was observed by various nurses in the research program hospital that Participant E did not pay attention to her children at all during her visits with them (Firstman & Talan, 1997; Hickey, Lighty, & O'Brien, 1996). Participant E was found guilty of all five murders and was sentenced for 75 years, fifteen years for each child (Begley & Underwood, 1997; Beverly, Handoga, & Pryor Williams, n.d.; Firstman & Talan, 1997; Hickey, Lighty, & O'Brien, 1996; Judson, 1995: Killer Cloud Serial Killer Database Waneta Hoyt, n.d.; Mom gets 75 years for killing kids, 1995; Sanz, 1995; Steinberg, 1995; Waneta Hoyt Trial: 1995, 1995; Waneta Hoyt Trial: Searching for the Truth Law Library-American Law & Legal Information, 1995). She died in prison of cancer (Beverly, Handoga, & Pryor Williams, n.d.; Firstman, & Talan, 1997; Hickey, Lighty, & O'Brien, 1996). Of special note, Participant E and her husband adopted a two month old boy who lived into adulthood (Firstman, & Talan, 1997; Hickey, Lighty, &

O'Brien, 1996).

Participant F Case Study Summary

In 1929, in California, Participant F was born to a poor, white family (Blackburn, 1991; Green, 2019b; Johnson, Haulsee, Osborne, Intellini, & Amos, 2005; Killer Cloud Serial Killer Database Dorothea Puente, n.d.; Landlady's past full of convoluted marriages, 1988; Morris, 2022). Both of her parents were alcoholics, and abused Participant F as a child (Blackburn, 1991; Green, 2019b; Johnson, Haulsee, Osborne, Intellini, & Amos, 2005). Her relationship with her mother was poor due to the alcoholism and abuse (Blackburn, 1991; Green, 2019b; Johnson, Haulsee, Osborne, Intellini, & Amos, 2005). To add to this childhood trauma, her father died either at age 3 or 6, depending on sources (Blackburn, 1991; Green, 2019b; Harrison, 2023; Johnson, Haulsee, Osborne, Intellini, & Amos, 2005; Landlady's past full of convoluted marriages, 1988). Her mother died in a car accident when she was either age 7 or 8, depending on sources (Blackburn, 1991; Green 2019b; Harrison, 2023; Johnson, Haulsee, Osborne, Intellini, & Amos, 2005). With both parents deceased, she was placed in an orphanage (Blackburn, 1991; Green, 2019b; Harrison, 2023; Killer Cloud Serial Killer Database Dorothea Puente, n.d.; Landlady's past full of convoluted marriages, 1988). She lived in the orphanage, foster homes and various relatives until she was finally adopted by relatives (Blackburn, 1991; Green, 2019b; Harrison, 2023; Johnson, Haulsee, Osborne, Intellini, & Amos, 2005; Killer Cloud Serial Killer Database Dorothea Puente, n.d.; Landlady's past full of convoluted marriages, 1988). During this time she was able to complete some high school (Killer Cloud Serial Killer Database Dorothea Puente, n.d.).

She was raised by both parents until she was 3 or 6 years old (depending on the source) (Blackburn, 1991; Green, 2019b; Johnson, Haulsee, Osborne, Intellini, & Amos, 2005; Johnson, Haulsee, Osborne, Intellini, & Amos, 2005).

She was first married at age 17, and became a widow at age 19 when her husband dies of a heart attack (Blackburn, 1991; Green, 2019b; Johnson, Haulsee, Osborne, Intellini, & Amos, 2005; Landlady's past full of convoluted marriages, 1988). There was domestic violence present in this relationship with Participant F being the victim (Blackburn, 1991; Green, 2019b; Johnson, Haulsee, Osborne, Intellini, & Amos, 2005). At the time of her husband's death she was pregnant. She decides to put the baby up for adoption (Blackburn, 1991; Daughter pleads for Dorothea Puente's life, 1993; Green, 2019b).

Participant F is incarcerated for drugging and robbing elderly people in 1978 (Behind the house of horror, 1988; Blackburn, 1991; Court, 2021; Green, 2019b; Harrison, 2023; Johnson, Haulsee, Osborne, Intellini, & Amos, 2005; Morris, 2022). During her incarceration she is seen by a psychiatrist who describes her as "a 53 year old schizophrenia who was a very disturbed woman" (Blackburn, 1991; Court, 2021; Morris, 2022). She did not receive treatment while incarcerated and was released into the community (Blackburn, 1991; Court, 2021; Green, 2019b). At that point she decides to rent out a large home and turn it into a board and care home (Behind the house of horror, 1988; Blackburn, 1991; Green, 2019b; Harrison, 2023; Morris, 2022). Due to legalities, this home did not require licensing and thus she was free to recruit tenants from local social service agencies (Green, 2019b; Morris, 2022.) These agencies served the elderly

and disabled (Blackburn, 1991; Green, 2019b; FBI joins hunt for fugitive, 1988).

Participant F had spending and alcohol issues which required a great deal of money (Baker, 1988; Behind the house of horror, 1988; Blackburn, 1991; Court, 2021; FBI joins hunt for fugitive, 1988; Green, 2019b; Johnson, Haulsee, Osborne, Intellini, & Amos, 2005; Kaplan, 1994; Landlady says she's no killer. Suspect admits cashing checks, 1988; Morris, 2022; Wilson, 1993). She develops a scheme to get the money she needs, taking social security payments from her tenants (A California jury ponders 9 deaths, Ashe, 2018; Baker, 1988; Behind the house of horror, 1988; Blackburn, 1991; Dorothea Puente, 82; Deadly landlady, 2011; FBI joins hunt for fugitive, 1988; Green, 2019b; Harrison, 2023; Hickey, 2010; Johnson, Haulsee, Osborne, Intellini, & Amos, 2005; Kaplan, 1994; Landlady says she's no killer. Suspect admits cashing checks, 1988; Morris, 2022; Reed, 1993; Wilson, 1993). If her victims suspected anything or mentioned the thefts, she would kill them, burying them in her yard. Even after their deaths, she continued to collect their social security payments (Ashe, 2018; Baker, 1988; Behind the house of horror, 1988; Blackburn, 1991; Dorothea Puente, 82; Deadly landlady, 2011; FBI joins hunt for fugitive, 1988; Green, 2019b; Harrison, 2023; Kaplan, 1994; Killer Cloud Serial Killer Database Dorothea Puente, n.d.; Landlady says she's no killer. Suspect admits cashing checks, 1988; Morris, 2022; Reed, 1993). She was suspected of killing at least twenty-four people between the years 1982 and 1988 by drugging them (A California jury ponders 9 deaths, 1993; Ashe, 2018; Baker, 1988; Behind the house of horror, 1988; Blackburn, 1991; Dorothea Puente, 82; Deadly landlady, 2011; FBI joins hunt for fugitive, 1988; Green, 2019b; Harrison, 2023; Hickey, 2010; Johnson, Haulsee,

Osborne, Intellini, & Amos, 2005; Kaplan, D.A., 1994; Landlady hunted as 7th Sacramento body found, 1988; Police link landlady to 8th body man thought to be former Puente tenant, 1988). It was due to a social worker becoming suspicious of Participant F that led to the discovery of decomposed bodies in her yard (A California jury ponders 9 deaths, 1993; Baker, 1988; Behind the house of horror, 1988; Blackburn, 1991; FBI joins hunt for fugitive, 1988; Green, 2019b; Harrison, 2023). Participant F was charged in the deaths of nine people, but was only convicted of three murders (Baker, 1988; Behind the house of horror, 1988; Blackburn, 1991; Dorothea Puente, 82; Deadly landlady, 2011; Green, 2019b; Harrison, 2023; Johnson, Haulsee, Osborne, Intellini, & Amos, 2005; Kaplan, 1994; Killer Cloud Serial Killer Database Dorothea Puente, n.d.; Wilson, 1993). She was sentenced to life imprisonment where she died of natural causes (Baker, 1988; Behind the house of horror, 1988; Blackburn, 1991; Daughter pleads for Dorothea Puente's life, 1993; Dorothea Puente, 82; Deadly landlady, 2011; Green, 2019b; Harrison, 2023; Killer Cloud Serial Killer Database Dorothea Puente, n.d.; Morris, 2022; Wilson, 1993). Author Baker (1988) described Participant F's crimes as a reenactment of the old Broadway play, "Arsenic and Old Lace".

Participant G Case Study Summary

In New York in 1942, Participant G was born to a white working class family (Egginton, 1990; Killer Cloud Serial Killer Database Mary Beth Tinning, n.d.; Ramirez-Gaston, Sutphin, & Thompson, 2012). She received her high school diploma (Egginton, J., 1990; Killer Cloud Serial Killer Database Mary Beth Tinning, n.d.; Ramirez-Gaston, Sutphin, & Thompson, 2012). She grew up with both parents in their own home and was

abused as a child (Egginton, 1990; Killer Cloud Serial Killer Database Mary Beth Tinning, n.d.; Ramirez-Gaston, Sutphin, & Thompson, 2012). The mother-child relationship is unknown, though she was told by an aunt she was never wanted, she was an unplanned pregnancy (Egginton, 1990; Ramirez-Gaston, Sutphin, & Thompson, 2012). Given she was not wanted by her family, she does not have a documented history of substance abuse or mental health issues (Egginton, 1990; Ramirez-Gaston, Sutphin, & Thompson, 2012). She married her husband when she was 22 years old (Egginton, 1990; Killer Cloud Serial Killer Database Mary Beth Tinning, n.d.; Ramirez-Gaston, Sutphin, & Thompson, 2012). There is no history of domestic violence in family of origin or with her husband (Egginton, 1990; Ramirez-Gaston, Sutphin, & Thompson, 2012). However, she did attempt to poison her husband, he survived and no charges were filed (Egginton, 1990; Ramirez-Gaston, Sutphin, & Thompson, 2012).

Participant G bore her first child at age 24 (Egginton, 1990; Killer Cloud Serial Killer Database Mary Beth Tinning, n.d.; Ramirez-Gaston, Sutphin, & Thompson, 2012). By the time she was 27 years old, she had three young children (Egginton, 1990; Ramirez-Gaston, Sutphin, & Thompson, 2012). One of the children died of a natural cause when she was a newborn, she had never left the hospital after birth (Egginton, 1990). Approximately three weeks after this child's death, her four year old died suddenly and then 12 days later, her five year old died (Egginton, 1990; Firstman & Talan, 1997; Tinning jury to hear testimony on deaths, 1987). It was believed at the time that these children all died of natural causes (Boorstin, 1987; Egginton, 1990; Firstman & Talan, 1997; Harrison, 2023; Tinning jury to hear testimony on deaths, 1987). The town reached

out to her and provided her support and attention due to what they saw as a horrible tragedy (Egginton, 1990). The townspeople felt that Participant G was quite unlucky due to these deaths (Egginton, 1990).

Participant G went on to have five more children, all of which reportedly died of SIDs (Boorstin, 1987; Egginton, 1990; Harrison, 2023; Killer Cloud Serial Killer Database Mary Beth Tinning, n.d.; Mother who had nine children die faces trial for second-degree murder, 1987; Tinning jury to hear testimony on deaths, 1987; Wallace, 1986). All of Participant G's eight children died over a fourteen year period of time (Baby killer Marybeth Tinning leaves prison, 2018; Boorstin, 1987; Egginton, 1990; Harrison, 2023; Killer Cloud Serial Killer Database Mary Beth Tinning, n.d.; Wallace, 1986). She attempted to adopt a son, but he died while under her care (Egginton, 1990). Participant G told the medical staff that he had fallen down stairs in the home (Egginton, 1990). A month later he arrived in the emergency room dead, it was determined at the time he had died due to complications from this fall (Egginton, 1990). Suspicion arose when Participant G confessed to killing one of her children (Boorstin, 1987; Egginton, 1990; Firstman & Talan, 1997; Harrison, 2023; Mother indicted in death of child, 1986; Mother pleads innocent to murder of one child, 1987; Tinning jury to hear testimony on deaths, 1987). She was found guilty of depraved indifference for her children's deaths, even though she confessed to killing three of the children (Baby killer Marybeth Tinning leaves prison, 2018; Baker, Dodd, & Hanlon, 2018; Egginton, 1990; Harrison, 2023; Killer Cloud Serial Killer Database Mary Beth Tinning, n.d.; Killer of infant daughter sentenced, 1987; Mother admits to killing children, 1986; Mother found guilty in

daughter's death, 1987; Ramirez-Gaston, Sutphin, & Thompson, 2012; Woman convicted of killing infant daughter in 1985 granted parole on 7th try, 2018). Later recanting her confession for two of the children (Egginton, 1990; Firstman & Talan, 1997; Harrison, 2023; Mother admits to killing children, 1986). The children were found to have died from smothering (Baby killer Marybeth Tinning leaves prison, 2018; Baker, 2018; Baker, Dodd, & Hanlon, 2018; Egginton, 1990; Firstman & Talan, 1997; Mother guilty of murdering her daughter, 1987; Ramirez-Gaston, Sutphin, & Thompson, 2012; Wallace, 1986; Woman convicted of killing infant daughter in 1985 granted parole on 7th try, 2018). The motive for killing these children is unclear, but some professionals believe that she did this for attention, that she suffered from Munchausen's by Proxy (Egginton, 1990; Harrison, 2023; Ramirez-Gaston, Sutphin, & Thompson, 2012). Participant G was sentenced to life in prison (Baby killer Marybeth Tinning leaves prison, 2018; Baker, 2018; Baker, Dodd, & Hanlon, 2018; Killer of infant daughter sentenced, 1987; Mother guilty of murdering her daughter, 1987; Mother pleads innocent to murder of one child, 1986; Ramirez-Gaston, Sutphin, & Thompson, 2012; Woman convicted of killing infant daughter in 1985 granted parole on 7th try, 2018). Mary Beth was released on parole and went back to live with her husband in 2018 (Baby killer Marybeth Tinning leaves prison, 2018; Baker, 2018; Baker, Dodd, & Hanlon, 2018; Woman convicted of killing infant daughter in 1985 granted parole on 7th try, 2018). Participant G's husband continues to deny her guilt in these murders (Baker, 2018; Baker, Dodd, & Hanlon, 2018).

Participant H Case Study Summary

Participant H was born in Mississippi in 1891 to a wealthy and respected white

family, her father was a well-respected judge and community member (Austin, 1993; Bisantz-Raymond, 2013; Cooper, 2017; Poppy, 2017). She grew up with both parents in their own home but her mother did not have a relationship with Participant H (Austin, 1993; Bisantz-Raymond, 2013; Cooper, 2017; Poppy, 2017). She may or may not have been abused as a child, this historical point is not clear in the data (Bisantz-Raymond, 2013; Poppy, 2017). She had no substance abuse or mental health issues (Bisantz-Raymond, 2013; Poppy, 2017). There was no history of domestic violence in her home of origin but she was emotionally abusive towards her partner later in life (Bisantz-Raymond, 2013). She graduated from college having studied music (Austin, 1993; Bisantz-Raymond, 2013; Cooper, 2017; Poppy, 2017). She studied law with her father but he did not allow her to become an attorney, he felt only males should practice law (Austin, 1993; Bisantz-Raymond, 2013; Poppy, 2017). As her father was controlling, and she wanted to please him, she did not pursue this career (Bisantz-Raymond, 2013). Thwarted in her career interest, she turned to social services, which provided her with the opportunity to interact with her victims (Adoption law group names new proxy, 1948; Bisantz-Raymond, 2013). Given her childhood goal was to become rich and famous, she devised a way to do this at the expense of infants and young children (Bisantz-Raymond, 2013).

Her father had control over state wards and would hand them over to Participant H to be placed outside of their home for various reasons (Austin, 1993; Bisantz-Raymond, 2013; Poppy, 2017; Georgia Tann/Tennessee Children's Home Society Investigation Scrapbooks, 1950). It is this experience that led her to head up a receiving

home and adoption program (Austin, 1993; Bisantz-Raymond, 2013; Charges of torturing children at institution for Negroes to be investigated in Tennessee, 1929; Poppy, 2017; Georgia Tann/Tennessee Children's Home Society Investigation Scrapbooks, 1950). During the course of her managing this home and program, she began to take children away from their mothers either in hospitals shortly after birth or literally taking them off the street (Austin, 1993; Bisantz-Raymond, 2013; Carbonell, 2007; Cooper, 2017; Fowler, 2021; 'Only child' meets her two sisters, 1979; Poppy, 2017; Reunion a Memphis adoptee finds his mother, 1979; Sold illegally from foster home. Woman finds blood mother after over two year search, 1980; Three reunited sisters have adopted a cause, 1980). Another way she would obtain children for adoption was to have the parents unwillingly sign their children over for adoption (Austin, 1993; Bisantz-Raymond, 2013; Carbonell, 2007; Cleveland, 1979; Cooper, 2017; Fowler, 2021; Georgia Tann/Tennessee Children's Home Society Investigation Scrapbooks, 1950; Poppy, 2017). She would then have these children stay in her receiving home until adoption (Austin, 1993; Bisantz-Raymond, 2013; Fowler, 2021; Poppy, 2017). One of the ways she informed people of the need to adopt these children were through her "Christmas ads" in which she posted a picture and a story of a child or sibling group in need of a family in the local papers (Austin, 1993; Bisantz-Raymond, 2013; Georgia Tann/Tennessee Children's Home Society Investigation Scrapbooks, 1950; Poppy, 2017; Santa plays stork, 1936). She sold these children around the country, primarily in New York and California to wealthy families (Austin, 1993; Bisantz-Raymond, 2013; Carbonell, 2007; Cooper, 2017; Fowler, 2021; Georgia Tann/Tennessee Children's Home Society Investigation Scrapbooks,

1950). Her adoptive parents included celebrities of the time including Dick Powell and June Allyson, Joan Crawford and others (Bisantz-Raymond, 2013; Fowler, 2021; Poppy, 2017; The log of life, 1943). Unbeknownst to these people was the way Participant H obtained their adopted children and how she treated them (Adoption law group names new proxy, 1948; Austin, 1993; Bisantz-Raymond, 2013; The log of life, 1943). She was able to go undetected for her child selling ring for years. She did this by portraying herself as an advocate for children, and led the cause to improve legislation for adoption (Adoption law group names new proxy, 1948; Baby black market in US is bared, 1949; Charges of torturing children at institution for Negroes to be investigated in Tennessee, 1928; Uniform adoption laws promoted, 1948). This advocacy gave the idea that Participant H had dedicated her life to helping children, rather than mistreat them and profit from them. She was able to make over a million dollars in profit selling these children (Austin, 1993; Bisantz-Raymond, 2013; Fowler, 2021; Poppy, 2017). The issue was not just that she stole and sold children, but the fact she severely neglected these children which led to their early deaths (Austin, 1993; Bisantz-Raymond, 2013; Fowler, 2021; Georgia Tann/Tennessee Children's Home Society Investigation Scrapbooks, 1950; Poppy, 2017).

Between 1924 and 1950, there were hundreds of children killed by Participant H due to medical neglect and abuse (Austin, 1993; Beyette, 1990; Bisantz-Raymond, 2013; Carbonell, 2007; Claimed many babies died in home warned to close, 1950; Cooper, 2017; Fowler, 2021; Georgia Tann/Tennessee Children's Home Society Investigation Scrapbooks, 1950; Poppy, 2017). At one time over fifty children died in a year due to

dehydration and malnourishment to the point of starvation and gastrointestinal infection (Austin, 1993; Beyette, 1990; Bisantz-Raymond, 2013; Claimed many babies died in home warned to close, 1950; Cooper, 2017; Fowler, 2021; Georgia Tann/Tennessee Children's Home Society Investigation Scrapbooks, 1950). Participant H was aware of what she was doing as she had been told to isolate the children she had in the home and not to take any more children in by the treating physician. Rather than heed his recommendation, she ignored medical advice and continued to bring more children into the home (Austin, 1993; Bisantz-Raymond, 2013; Claimed many babies died in home warned to close, 1950; Georgia Tann/Tennessee Children's Home Society Investigation Scrapbooks, 1950; Open new inquiry into 'baby sales', 1950). The actual number of victims is unknown, but it has been considered to be several hundred. Participant H was never charged for their deaths or her illegal adoption practices (Austin, 1993; Beyette, 1990; Bisantz-Raymond, 2013; Carbonell, 2007; Claimed many babies died in home warned to close, 1950; Cooper, 2017; Fowler, 2021; Georgia Tann/Tennessee Children's Home Society Investigation Scrapbooks, 1950; Poppy, 2017). An investigation into Participant H and her receiving home was completed a few days after her death (Adoption racket under fire: 1500 babies sent to Calif., 1950; Austin, 1993; Bisantz-Raymond, 2013; Cooper, 2017; Open new inquiry into 'baby sales', 1950; Poppy, 2017; US agents enter Tenn. baby probe, 1950). It was only after the publication of the investigation into Participant H and her home that the public was made aware of this situation (Austin, 1993; Bisantz-Raymond, 2013).

Participant H was never married but was in a lifelong same sex committed

relationship (Austin, 1993; Bisantz-Raymond, 2013). Given the time period, same sex relationships were not accepted, to circumvent this, Participant H adopted her partner (Bisantz-Raymond, 2013). Participant H was emotionally abusive towards her partner. In addition, Participant H adopted a young child, and in this case was her mother (Bisantz-Raymond, 2013). This relationship was poor and Participant H was emotionally abusive to her (Bisantz-Raymond, 2013).

Participant I Case Study Summary

In 1957, Participant I was born to a poor, white single mother in English slums (Berry-Dee, 2018; Doughty, 2018b; Sereny 1999; Veysey & Becker, 2020; Wade, 2020). Her father was unknown to Participant I (Berry-Dee, 2018; Doughty, S., 2018b; Sereny, G., 1999; Veysey & Becker, 2020). When Participant I asked her mother who her birth father was, her mother would respond, “You’re the devil’s spawn” (Sereny, 1999; Veysey & Becker, 2020; Wade, 2020). Her mother was a prostitute and alcoholic who had mental health issues and was absent from the home periodically (Berry-Dee, 2018; Sereny, 1999; Veysey & Becker, 2020; Wade, 2020).

Participant I was a victim of child abuse, her mother sold her to men to perform sexual acts on them when Participant I was four years old (Berry-Dee, 2018; Doughty, 2018b; Sereny, 1999; Veysey & Becker, 2020). Her mother abused her physically and emotionally (Berry-Dee, 2018; Doughty, 2018b; Sereny, 1999; Veysey & Becker, 2020; Wade, 2020). Her mother rejected her as an infant, telling hospital staff to “get that thing away from me” (Sereny, 1999; Veysey & Becker, 2020). In her early years, Participant I survived her mother’s attempts on her life several times (Berry-Dee, 2018; Sereny, 1999;

Veysey & Becker, 2020; Wade, 2020). The mother-child relationship was poor and dysfunctional. Even when Participant I was institutionalized, psychiatrists noted that the mother posed a threat to Participant I's well-being (Sereny, 1999; Veysey. & Becker, 2020). Participant I grew up primarily with her stepfather, as the mother was in and out of the house working as a prostitute (Berry-Dee, 2018; Sereny, 1999; Veysey & Becker, 2020). Participant I's stepfather was the only father figure Participant I ever had, and he was a lifelong criminal (Berry-Dee, 2018; Sereny, 1999; Veysey & Becker, 2020). In the area where she grew up in the norm was to be involved in criminal activity, and law enforcement was viewed as evil (Sereny, 1999; Veysey, & Becker, 2020). Participant I had limited education due to being institutionalized at age 11 years to adulthood (Sereny, 1999; Veysey & Becker, 2020).

At age 11, Participant I killed two young boys, ages 4 and 3 years old respectively by strangling them between the months of May and July (Accused girl a 'violent bully', 1968; Berry-Dee, 2018; Bovsun, 2016; Doughty, 2018a; Doughty, 2018b; Gerrard, Brooks, Calvert, Johnston, & McSmith, 1998; Life detention for girl of 11, 1968; Mary Bell Crime Files, n.d.; Mary Bell; QC says girl wielded 'Svengali influence', 1968; On This Day: 1968: Mary Bell found guilty of double killing, 1998; Sereny, 1999; Veysey & Becker, 2020; Wade, 2020). She had attempted to kill a couple of her classmates prior to these murders (Accused girl a 'violent bully', 1968; On This Day: 1968: Mary Bell found guilty of double killing, 1998; Sereny, 1999; Wade, 2020). The two murders took place in the local neighborhood child hangouts where all the children played unsupervised (Accused girl a 'violent bully', 1968; Sereny, 1999). The presumed motive for these

murders was thrill killing but no one knows for sure what motivated her (Doughty, 2018a; On This Day: 1968: Mary Bell found guilty of double killing, 1998; Mary Bell. QC says girl wielded ‘Svengali influence’, 1968; Sereny, 1999; Veysey & Becker, 2020). Given her age she was institutionalized in a mental health facility until adolescence (Gerrard et al., 1998; Sereny, 1999). When she became a teenager, she was transferred to a women’s correctional institution (Gerrard et al., 1998; Sereny, 1999). She became sexually active at an early age, abused drugs and alcohol at that time, even though she was incarcerated (Sereny, 1999).

Once released from prison she had her name changed and sealed by the court to protect her privacy (Sereny, 1999). She never been married but had one child when she was twenty-seven years old (Sereny, 1999). She has been in a committed relationship with another man who has helped Participant I to raise her daughter (Sereny, 1999). Participant I has not been involved in the criminal justice system since her early crimes and has changed her life for the better (Sereny, 1999). She continued to live in England in solitude and is a grandmother (Veysey & Becker, 2020).

Participant J Case Study Summary

Participant J, is a high school dropout who only completed 9th grade. She was born in North Carolina in 1937 to a poor white family (Beaber, Gomez, & Barber, 2007; Pence, 2001). As a child she suffered from medical neglect and malnutrition as her parents were poor sharecroppers that couldn’t afford the family’s basic needs (Beaber et al., 2007; Pence, 2001). The medical neglect led to her having hearing loss at an early age and putting her at a disadvantage in school (Beaber et al., 2007; Pence, 2001). She also

had learning disabilities that compounded this issue (Beaber et al., 2007; Pence, 2001). She was raped at age five and beaten by her father with his belt buckle and fists (Beaber et al., 2007; Pence, 2001). Her mother had severe mental illness that included schizophrenia (Pence, 2001). This impacted the mother-child relationship, especially the times her mother was hospitalized (Pence, 2001). In addition, her father was an alcoholic which required Participant J to raise her younger siblings and care for the home (Beaber et al., 2007; Pence, 2001). As an adult Participant J became addicted to diet pills containing amphetamines and alcohol (Beaber et al., 2007; *Beets v. State*, 767 S.W.2d 711, 1987; Pence, 2001).

Participant J married her first husband when she was fifteen years old and had six children with him. This husband was possessive and abusive (Beaber et al., 2007; Pence, 2001). They eventually divorced and Participant J remarried (Beaber et al., 2007; Pence, 2001). Her second and third husbands also beat her (Pence, I., 2001). At one point she attempted to kill her second husband by shooting him, but she was unsuccessful (Beaber et al., 2007; Pence, 2001). She changed her method of killing by trying to run over her third husband with a car, he lived (Beaber et al., 2007; Pence, 2001). She did kill her fourth husband by shooting him in the head while asleep (Beaber et al., 2007; Pence, 2001). After killing him, she had her daughter assist her in disposing of the body, burying him in her yard (Beaber et al., 2007; Pence, 2001). She married husband number four who did not abuse her, but she killed him anyway after he signed over his assets, pension, and life insurance to her (Beaber et al., 2007; Pence, 2001). She used the same method to kill him and buried him in the yard with the help of her son (Pence, 2001). She was

arrested a few months later for this murder (Aynesworth, H., 2000; *Beets v. State*. 767 S.W.2d 711, 1987; Before the governor for the State of Texas and the Board of Pardons and Paroles *In re Betty Lou Beets*, applicant, 2000; *Betty Lou Beets*, Petitioner-appellee, Cross-appellant, v. James A. Collins, Director Texas Department of Criminal Justice, Institutional Division, respondent-appellant, Cross-appellee, 1993; Graczyk, 2000b; Pence, 2001; Phillips, 2000).

Participant J's case drew national attention due to her history of being abused as a child and as a battered woman (Aynesworth, 2000; *Beets v. State*. 767 S.W.2d 711, 1987; Before the governor for the State of Texas and the Board of Pardons and Paroles *In re Betty Lou Beets*, applicant, 2000; *Betty Lou Beets*, Petitioner-appellee, Cross-appellant, v. James A. Collins, Director Texas Department of Criminal Justice, Institutional Division, respondent-appellant, Cross-appellee, 1993; Bruni, 2000; Clemency board unswayed, 2000; Graczyk, 2000a; Graczyk, 2000b; Margulies, 2002; Pence, 2001; Phillips, 2000). This did not hinder the jury from finding her guilty of first degree murder and giving her a death sentence (Aynesworth, 2000; Beaber et al., 2007; *Beets v. State*. 767 S.W.2d 711, 1987; Before the governor for the State of Texas and the Board of Pardons and Paroles *In re Betty Lou Beets*, applicant, 2000; *Betty Lou Beets*, Petitioner-appellee, Cross-appellant, v. James A. Collins, Director Texas Department of Criminal Justice, Institutional Division, respondent-appellant, Cross-appellee 1993; Bruni, 2000; Clemency board unswayed, 2000; Graczyk, 2000a; Graczyk, 2000b; Margulies, 2002; Pence, 2001; Phillips, 2000). Participant J was executed at the age of 62 years. (Aynesworth, 2000; Beaber et al., 2007; Graczyk, 2000a; Graczyk, 2000b; Margulies,

2002; Pence, 2001; Phillips, 2000).

Participant K Case Study Summary

In 1905 in Alabama, Participant K was born into a poor, white farming family (Green, 2019a; Harrison, 2023; Harvey, 2014; Killer Cloud Serial Killer Database Nannie Doss, n.d.). She grew up with both parents (Green, 2019a. Killer Cloud Serial Killer Database (Nannie Doss), n.d.). She was abused as a child by her father and had a poor relationship with her mother, to the point she was suspected of killing her mother years later (Green, 2019a; Harvey, 2014; Killer Cloud Serial Killer Database Nannie Doss, n.d.). She only completed the 6th grade as her father demanded she stay home from school to do household chores (Green, 2019a; Killer Cloud Serial Killer Database Nannie Doss, n.d.).

She was first married at age 16 and was married five times throughout her life (Green, 2019a; Harrison, 2023; Killer Cloud Serial Killer Database Nannie Doss, n.d.). She had her first child when she was 17 years old (Green, 2019a.). There is no history of domestic violence, substance abuse, or mental health issues, though state hospital psychiatrists agreed that she was mentally ill (Admitted poisoner balks at entering court plea, 1954; Deadly 'grandma' declared insane, 1955; Green, 2019a.; Harvey, 2014; Murderess may not face trial for 4 deaths, 1955). The court did not view her as insane and denied she had mental illness (Green, 2019a. Harvey, 2014).

Participant K confessed to killing her four husbands, but was suspected of killing at least 11 other relatives between 1927 and 1954 (Ashe, 2018; Deadly 'grandma' declared insane, 1955; Examine husband-killer's mother's body for poison, 1954; Four

possible poison victims' bodies exhumed,1954; Green, 2019a.; Harrison, 2023; Harvey, 2014; Hickey, 2010; Grandmother admits poisoning four of her five husbands, 1954a; Grandmother admits poisoning four of her five husbands, 1954b; Killer Cloud Serial Killer Database Nannie Doss, n.d.; Murderess may not face trial for 4 deaths, 1955; Rosy – cheeked widow admits slaying four mates ,1954; Vronsky, 2007; Woman held in arsenic death of 3, 1954). Her methods for killing varied, with her husbands she poisoned them with arsenic (Ashe, 2018; Deadly ‘grandma’ declared insane, 1955; Four possible poison victims' bodies exhumed, 1954; Grandmother admits poisoning four of her five husbands, 1954a; Grandmother admits poisoning four of her five husbands, 1954b; Harrison, 2023; Harvey, 2014; Hickey, 2010; Rosy – cheeked widow admits slaying four mates, 1954; Vronsky, 2007; Woman held in arsenic death of 3, 1954). Her first two children died of ‘food poisoning’ but decades later after her arrest, she was suspected of poisoning them (Ashe, 2018;Green, 2019a.; Harrison, 2023; Harvey, 2014). Her first husband divorced her shortly after their deaths (Ashe, 2018; Green, 2019a; Harrison, 2023; Harvey, 2014).

Participant K’s second husband was an alcoholic and abusive to her (Green, 2019a; Harvey, 2014). She killed him after he raped her in a drunken stupor (Green, 2019a.; Widow admits poisoning mate, 1954). Husbands number three, four, and five were killed with rat poisoning for no apparent reason (Ashe, 2018; Fat widow suspected of murdering, 1954; Four possible poison victims' bodies exhumed,1954; Grandma who poisoned four husbands is given hearing, 1954; Grandmother admits poisoning four of her five husbands, 1954a; Grandmother admits poisoning four of her five husbands, 1954b; Grandmother's gaiety turns to gloom as she's arraigned for poison murder of fifth

husband, 1954; Green, 2019a.; Harrison, 2023; Harvey, 2014; Hickey, 2010; Killer Cloud Serial Killer Database Nannie Doss, n.d.; Rosy – cheeked widow admits slaying four mates, 1954; Poisoner dies in 10th year of Life Sentence, 1965; Poisoner of four husbands rejects marriage proposal, 1955; Widow admits poisoning mate, 1954). Though Participant K did tell county prosecutor, Howard Edmondson, that she killed them because ‘they rubbed her the wrong way’ (Green, 2019a.; Harvey, 2014; Rosy – cheeked widow admits slaying four mates, 1954; Poisoner dies in 10th year of Life Sentence, 1965). She was suspected of killing her newborn granddaughter by putting a hairpin into the baby’s skull (Green, 2019a.; Harrison, 2023). She was also suspected of killing her grandson by smothering him (Green, 2019a; Harrison, 2023). The rest of the relatives she is suspected of killing by rat poison include her mother, mother-in-law, and sister (Ashe, 2018; Deadly ‘grandma’ declared insane, 1955; Examine husband-killer's mother's body for poison, 1954; Four possible poison victims' bodies exhumed, 1954; Green, 2019a; Harrison, 2023).

The motive for the murders is unknown (Arsenic grandma given life term, 1955; Green, 2019a.; Harrison, 2023; Harvey, 2014). Interestingly the media portrayed Participant K as a ‘grandmotherly type incapable of such crimes’ (Arsenic grandma given life term, 1955; Fat widow suspected of murdering, 1954; Deadly ‘grandma’ declared insane, 1955; Grandma who poisoned four husbands is given hearing, 1954; Grandmother's gaiety turns to gloom as she's arraigned for poison murder of fifth husband, 1954; Green, 2019a.; Harrison, 2023; Harvey, 2014; Rosy – cheeked widow admits slaying four mates, 1954). It may be this view of Participant K as a grandmother

that led her to be sentenced to life in prison rather than the death penalty for this reason (Arsenic grandma given life term, 1955; Green, 2019a.; Poisoner dies in 10th year of Life Sentence, 1965; Smiles after sentence Grandma Doss Jailed for Life, 1955). Participant K was allowed to work in the prison bakery even though she had a history of poisoning others (Green, 2019a; Harrison, M.A., 2023). She died in prison of leukemia (Green, 2019a.; Murderess dies of leukemia, 1965; Poisoner dies in 10th year of Life Sentence, 1965).

Participant L Case Study Summary

Participant L was born in North Carolina in 1937 to a middle class, white family (Killer Cloud Serial Killer Database Patricia Allanson, n.d.; Osborne, Pennington, & Ratliff, n.d.; Rule, 1992). She completed 9.5 years of education (Rule, 1992). She was raised by her grandparents for her first 5.5 years of life, she referred to her grandmother as “mama” as she believed she was her mother (Osborne et al., n.d.; Rule, 1992). She was not abused as a child, but rather was allowed to do whatever she wanted, there were no boundaries or restrictions put on her (Rule, 1992). She was given everything she wanted, no one told her ‘no’ (Rule, 1992). Her grandparents wanted to raise her differently than how they raised Participant L’s mother, which meant spoiling her Participant L (Killer Cloud Serial Killer Database Patricia Allanson), n.d.; Rule, 1992). This lack of rules and setting boundaries could be considered neglect. As Participant L’s mother was not present for those first 5.5 years, they did not bond with each other. At age 5.5 her mother comes back into her life and takes her out of her grandparents’ home to live with her and her new husband, an Army officer (Rule, 1992). This led to Participant L having to move

far from her grandparents (Rule, 1992). Her mother and stepfather have a son together which interferes with the attention Participant L receives (Rule, 1992). Participant L becomes emotionally abusive to this brother which eventually led him to commit suicide (Rule, 1992).

Participant L only completed half of the ninth grade because she became pregnant at age 15 (Osborne, et al., n.d.; Rule, 1992). She married the baby's father and she becomes an Army wife (Rule, 1992). They have three children together and move around frequently due to her husband's military status (Osborne, et al., n.d.; Rule, 1992). During this marriage her behavior becomes erratic for example, she is found by her younger daughter to be hitting herself with pots and pans leaving bruises (Rule, 1992). Participant L then calls the police and reports she has been beaten and raped (Rule, 1992). It is these type of behaviors that lead her to be hospitalized for psychological evaluation on three different occasions (*Allanson v. The State* 158 Ga. App. 77, 1981; (Osborne, et al., n.d.; Rule, 1992). The evaluations indicated that Participant L was histrionic and suffered from narcissism (*Allanson v. The State* 158 Ga. App. 77, 1981; Rule, 1992). This behavior did not end here, a few years later at her daughter's wedding reception, Participant L announces she is divorcing her husband (Rule, 1992). In addition, she informs him, in front of everyone, that she has placed a restraining order on him and he must leave the wedding immediately (Rule, 1992).

Participant L later marries again and the wedding theme was "Gone with the Wind" as Participant L views herself to be Scarlett O'Hara (Rule, 1992). The couple dressed like Scarlett O'Hara and Rhett Butler for the wedding (Rule, 1992). This husband

wanted to provide Participant L with whatever she wanted, including buying her a plantation that he could not afford (Rule, 1992). Her second husband's family lived comfortably and she wanted what they had. She convinced her second husband to kill his parents so he could inherit their money (Allanson v. The State 221 S.E.2d 3, 1975; Killer Cloud Serial Killer Database (Patricia Allanson), n.d.; Rule, 1992). He did kill them but there was no inheritance, instead he is incarcerated for their murders (Rule, 1992). While her second husband is in prison, she moves in with his grandparents, who have money (Rule, 1992). She attempts to poison them with arsenic, but is not successful (Allanson v. State 144 Ga. App. 450, 1978; Killer Cloud Serial Killer Database Patricia Allanson, n.d.; Osborne, et al., n.d.; Rule, 1992). She is convicted of attempted murder and sentenced to eight years in prison (Allanson v. State 144 Ga. App. 450, 1978; Allanson v. The State 158 Ga. App. 77, 1981; Killer Cloud Serial Killer Database Patricia Allanson, n.d.; Rule, 1992). During this time Participant L and husband two divorce (Osborne, et al., n.d.; Rule, 1992).

Participant L is released from prison and is subsequently arrested for possession of over 3700 pain pills (Killer Cloud Serial Killer Database Patricia Allanson, n.d.; Osborne, et al., n.d.; Rule, 1992). Participant L goes to her parents to bail her out of this situation and to help her with her financial problems (Rule, 1992). They do this and continue to do so, losing their house and other assets to continuously help out Participant L (Rule, 1992).

With no financial support left, Participant L becomes a caregiver for wealthy elderly and disabled persons (Rule, 1992). It is through this job that she kills three people

by poisoning them with arsenic for their money and assets (Allanson v. State 144 Ga. App. 450, 1978; Allanson v. The State 158 Ga. App. 77, 1981; Killer Cloud Serial Killer Database Patricia Allanson, n.d.; (Osborne, et al., n.d.; Rule, 1992). She is subsequently arrested but never convicted of these crimes (Rule, A. 1992).

Participant M Case Study Summary

In Pennsylvania in 1928, Participant M was born into a poor, white family (Glatt, 2000; Marie Noe, n.d.). Participant M lived with both her parents but spent time in an orphanage due to domestic violence between her alcoholic parents (Glatt, 2000). She was physically and emotionally abused by her parents (Glatt, 2000). Participant M once described her mother as “unloving, unsympathetic and sometimes violent” (Glatt, 2000; Marie Noe, n.d.). Given this description and the alcohol abuse, the relationship between mother and child was poor. She had Scarlet Fever when she was approximately four years old which resulted in her being in a coma (Glatt, 2000). She was hospitalized for two months and when she was discharged it was noted she had suffered brain damage that impacted her personality and cognitive abilities (Glatt, 2000; Marie Noe, n.d.). Participant M did not fit in at school and struggled due to these disabilities (Glatt, 2000). In addition, she had a constant need for attention (Glatt, 2000). At age fourteen years Participant M was in the fifth grade. Due to this slow progress her parents told her “she had to drop out of school to care for her young niece” (Glatt, 2000; Marie Noe, n.d.).

Participant M married her husband when she was eighteen years old (Fried, 2020; Glatt, 2000). Participant M’s husband is smarter than Marie and belittles her in public due to her cognitive disabilities (Fried, 2020; Glatt, 2000). Participant M requires more

attention than her husband can give her, so she seeks that attention from other men (Fried, 2020; Glatt, 2000). Her husband turns to alcohol to deal with this (Fried, S., 2020; Glatt, 2000). He becomes an alcoholic and Participant M joins him in his drinking, she, too, becomes an alcoholic (Fried, 2020; Glatt, 2000).

This was her only marriage and a year after the wedding she gave birth to her first child (Fried, 2020; Glatt, 2000). He died a month later due to SIDs (Fried, 1998a; Fried, 1998b; .Glatt, 2000; Gritt, 2021; Masterson, 2010). Nine more children followed and all of them died (Fried, 2020; Fried, 1998a; Fried, 1998b; Glatt, 2000; Gritt, 2021; Marie Noe, n.d.; Masterson, 2010; Mysterious ailment kills tenth child of couple, 1968). Two were documented as natural causes, but the other eight were given the cause of death as SIDs (Fried, 2020; Fried, 1999; Fried, 1998a; Fried, 1998b; Glatt, 2000; Gritt, 2021; Masterson, 2010; Vronsky, 2007). It was not until three decades later that a police investigation was opened into these deaths (Fried, 2020; Fried, 1999; Glatt, 2000; Gritt, 2021; Masterson, 2010; Vronsky, 2007). During the course of the investigation Participant M confessed that she smothered these eight children to death (Fried, 2020; Fried, 1999; Fried, 1998a; Fried, 1998b; Glatt, 2000; Goldman, 1998; Gritt, 2021; Masterson, 2010). Participant M received a plea bargain for this confession, she never received any prison sentence, and instead she received twenty years' probation for eight counts of second degree murder (Fried, 2020; Glatt, 2000; Mother sentenced to probation for killing 8 of her children, 1999; Vronsky, 2007). District Attorney Abraham stated this was because "We don't want to believe moms can kill their kids" (Glatt, 2000). At one point during the plea bargain process Participant M was seen by a psychiatrist who

diagnosed her with ‘unstable schizophrenic personality’ (Fried, 2020; Glatt, 2000). The psychiatric report to the court added, “mixed personality disorder, including avoidant, dependent, narcissistic, histrionic, borderline paranoid and anti-social traits” (Fried, 2020; Glatt, 2000). An additional part of her plea bargain was that Participant M undergo a psychiatric study on what caused her to kill her children, this never occurred (Fried, 2020; Glatt, 2000; Mother sentenced to probation for killing 8 of her children, 1999). Participant M remained in her home with her husband dying of natural causes in 2016 (Fried, 2020; Glatt, 2000). Her husband believed her innocent of his children’s deaths (Fried, 2020; Glatt, 2000).

Participant N Case Study Summary

In 1859, in Norway, Participant N was born to a poor, white family in which her father was a sharecropper and stone mason (Harrison, 2023; Schechter, 2018; Who was Belle Gunness, 1908). Little is known about her early life but she was raised by both parents (Harrison, 2023; Schechter, 2018; Who was Belle Gunness, 1908). Her educational level unknown except that she did not complete high school (Schechter, 2018). At age 17 she became pregnant, the baby’s father beat her badly which led to a miscarriage (Schechter, 2018). The baby’s father was dead a month later. At approximately age 24, she immigrated to the United States (Schechter, 2018).

Participant N married for the first time around age 25 and they had four children together (Harrison, 2023; Schechter, 2018) Two of these children died of gastrointestinal issues which mimicked poisoning (Harrison, 2023; Schechter, 2018). Participant N collected insurance money on both children (Harrison, 2023; Schechter, 2018). Her

husband had two life insurance policies that were overlapping, the day before one of them expired he suddenly died (Harrison, 2023; Schechter, 2018). Participant N collected on that insurance policy (Harrison, 2023; Schechter, 2018). Participant N took the money from his policy and moved to the country buying a small farm (Harrison, 2023; Hickey, 2010; Schechter, 2018).

Participant N married her second husband, who had a baby girl (Harrison, 2023; Schechter, 2018). A week after their marriage, the baby died unexpectedly while in Participant N's care (Harrison, 2023; Schechter, 2018). Eight months later her husband died due to a meat grinder falling on his head from a shelf in their kitchen (Harrison, 2023; Hickey, 2010; Schechter, 2018). Years later his body was exhumed and strychnine was found in his body, the cause of death was changed to poisoning (Another victim of Mrs. Guinness is identified, 1909; Harrison, 2023; Hickey, 2010; Schechter, 2018).

Over the next few years Participant N would place 'lonely hearts' ads in newspapers and solicit male suitors (Harrison, 2023; 'Must have money' is stipulated in letter, 1908; Schechter, 2018; Were lured to death, 1908; Who was Belle Guinness, 1908). When they contacted her she asked about their finances and if they chose to visit her, not to tell anyone (Harrison, 2023; Hickey, 2010; 'Must have money' is stipulated in letter, 1908; Schechter, 2018; Were lured to death, 1908). These men would 'disappear' and were not found until their bodies were discovered on the farm after a house fire (Another victim of Mrs. Guinness is identified, 1909; Carnival of murder, 1908; Dead hand holds hair, 1908; Finds poison signs in victim's stomach, 1908; Harrison, 2023; Hickey, 2010; Human Skull Latest Discovery, 1908; Identified tenth victim of Guinness, 1909; Identifies

another of Mrs. Guinness' Victims, 1909; Mrs. Guinness used arsenic, 1908; 'Must have money' is stipulated in letter, 1908; Mystery grows at La Porte; 1908; No more bodies, 1909; Schechter, 2018; The victims of La Porte, 1908; Were lured to death, 1908). There were over fifteen people buried on the Guinness farm, many had their bodies mutilated and dismembered (Another victim of Mrs. Guinness is identified, 1909; Carnival of murder, 1908; Finds poison signs in victim's stomach, 1908; Hickey, 2010; Human Skull Latest Discovery, 1908; Identified tenth victim of Guinness, 1909; Identifies another of Mrs. Guinness' Victims, 1909; Mrs. Guinness used arsenic, 1908; No more bodies, 1909; Schechter, 2018; The victims of La Porte, 1908; Victims go to potter's field, 1908). One of the bodies found was that of her stepdaughter, whom she had told everyone was living in Los Angeles (Carnival of murder, 1908; Dead hand holds hair, 1908; Harrison, 2023; No more bodies, 1909; Schechter, 2018; Mystery grows at La Porte; 1908).

Participant N allegedly died in the house fire on her farm along with her children (Belle Guinness seen after fire, 1908; Belle Guinness' skull not found, say police, 1916; Evidence ended in trial of Lamphere, 1908; Fail to find Mrs. Guinness, 1909; Follow Mrs. Guinness, 1908; Harrison, 2023; Held for murder of five persons, 1908; Mystery grows at La Porte; 1908; No more bodies, 1909; Say Lamphere made threats, 1908; Schechter, 2018; The murderess is caught, 1908; Woman murderer still eludes capture, 1930). The suspect of these murders was a lover of Participant N's (Belle Guinness seen after fire, 1908; Evidence ended in trial of Lamphere, 1908; Fail to find Mrs. Guinness, 1909; Harrison, 2023; Held for murder of five persons, 1908; No more bodies, 1909; Say Lamphere made threats, 1908; Schechter, 2018; The murderess is caught, 1908). The

suspect denied killing her or anyone (Belle Guinness' skull not found, say police, 1916; Evidence ended in trial of Lamphere, 1908; Fail to find Mrs. Guinness, 1909; Held for murder of five persons, 1908; Say Lamphere made threats, 1908; Schechter, 2018; Woman murderer still eludes capture, 1930). The defense attorney, as well as others, denied the female body found in the burnt house was Participant N, and that she was actually alive (Belle Guinness is "found;" in Canada, 1914; Belle Guinness' skull not found, say police, 1916; Detroit police believe they have Guinness clew, 1908; Evidence ended in trial of Lamphere, 1908; Fail to find Mrs. Guinness, 1909; Follow Mrs. Guinness, 1908; Harrison, 2023; Say Lamphere made threats, 1908; Schechter, 2018; The murderess is caught, 1908; Woman murderer still eludes capture, 1930). The actual remains of Participant N was never fully found and those that were discovered in the fire with her children remain unknown (Belle Guinness is "found;" in Canada, 1914; Belle Guinness' skull not found, say police, 1916; Detroit police believe they have Guinness clew, 1908; Fail to find Mrs. Guinness, 1909). Decades of speculation as to what actually happened, who was actually the female burned to death, and if Participant N staged the burning continued with no resolve (Arsenic deal told to jury, 1931; Belle Guinness is "found;" in Canada, 1914; Detroit police believe they have Guinness clew, 1908; Fail to find Mrs. Guinness, 1909; Guinness mystery revived in Canada, 1914; Harrison, 2023; Mrs. Belle Guinness Is "Found;" in Canada, 1914; Mrs. Carlson identified as notorious Mrs. Belle Guinness, 1931 Schechter, 2018; The murderess is caught, 1908; Two mysteries unsolved when woman expires, 1931).

Participant O Case Study Summary

Around 1856, Participant O was born in Massachusetts to a poor, white family (McBrayer, 2020). When she was about a year old, her mother died of consumption-tuberculosis (McBrayer, 2020). Her father was mentally ill and could not take care of her and her sister so he dropped them off at an orphanage (McBrayer, 2020). She lived in the orphanage for a few years until a wealthy family took her in (McBrayer, 2020). They did not adopt her like they said they would, but rather she was made an indentured servant at around age seven (McBrayer, 2020). She cleaned and waited on the family, sleeping in a small room in the attic (McBrayer, 2020). She was abused by her 'mother' figure, the woman who took her in (McBrayer, 2020). She did not have a mother-daughter relationship with her birth mother due to her mother's illness and subsequent death (McBrayer, 2020). Her other 'mother' did not provide her with any nurturing or love (McBrayer, 2020). She had abandonment issues due to her mother's death and being left at the orphanage (McBrayer, 2020). Living as an indentured servant only exacerbated this feeling of abandonment. Even with this humble beginning, she attended nursing school as an adult (McBrayer, 2020).

Participant O was loved by her patients and the doctors regarded her highly as a nurse (Her record as a Borgia, 1902; McBrayer, 2020; Vronsky, 2007). Mysteriously patients under her care began to die at high rates (Davis, 2001; Her record as a Borgia, 1902; McBrayer, 2020; Vronsky, 2007). This led her to being let go at one hospital during her nursing program (Davis, 2001; McBrayer, 2020; Vronsky, 2007). She managed to obtain another position and began her 'treatment' with these patients (Boston nurse confesses to giving poison, 1902a; Boston nurse confesses to giving poison, 1902b;

Boston nurse confesses to giving poison, 1902c; Davis, 2001; Her record as a Borgia, 1902; McBrayer, 2020; Vronsky, 2007). That ‘treatment’ was to provide the patient with high levels of morphine and atropine (Awful death list, 1902; Boston nurse confesses to giving poison, 1902a; Boston nurse confesses to giving poison, 1902b; Boston nurse confesses to giving poison, 1902c; Davis, 2001; Disinter the bodies to aid the inquiry, 1901; McBrayer, 2020; Vronsky, 2007; Wraiths pursuing her to grave, 1906). As the patient neared death she would attempt to rescue him or her (Davis, 2001; McBrayer, 2020; Vronsky, 2007). When she was unsuccessful, she would arrive sexual pleasure from their deaths (Davis, 2001; McBrayer, 2020; Vronsky, 2007). Eventually she was let go from this position and never received her nursing credentials (McBrayer, 2020). Even though she did not receive these credentials, doctors referred her to private patients for nursing and caregiving (McBrayer, 2020). She continued with her special ‘treatment’ with these patients and also with friends and relatives (Boston nurse confesses to giving poison, 1902a; Boston nurse confesses to giving poison, 1902b; Boston nurse confesses to giving poison, 1902c; McBrayer, 2020; Miss Toppan suspected, 1901; Woman Accused of Eleven Murders, 1902).

Participant O was eventually convicted of three murders but confessed to 31 to district attorney, providing him with their names (Accuses of her of more crime, 1901; Awful death list, 1902; Boston nurse confesses to giving poison, 1902a; Boston nurse confesses to giving poison, 1902b; Boston nurse confesses to giving poison, 1902c; Confesses to many murders, 1902; Crimes and accidents, 1901; Davis, 2001; Disinter the bodies to aid the inquiry, 1901; Hickey, 2010; Horrid confession, 1902; McBrayer, 2020;

Miss Jane Toppan's awful confession, 1902; Nurse who confessed 100 murders claimed, 1938; Thirty lives is her record, 1902; Trained nurse admits crimes, 1902; Vronsky, 2007; Whole family murdered, 1901). She later confessed to killing more than the 31, stating the numbers were over 100, but she did not know their names so she was not sure if this counted (Accuses of her of more crime, 1901; Awful death list, 1902; Boston nurse confesses to giving poison, 1902a; Boston nurse confesses to giving poison, 1902b; Boston nurse confesses to giving poison, 1902c; Davis, 2001; Confesses to many murders, 1902; Crimes and accidents, 1901; Disinter the bodies to aid the inquiry, 1901; Hickey, 2010; Horrid confession, 1902; McBrayer, 2020; Miss Jane Toppan's awful confession, 1902; Nurse who confessed 100 murders claimed, 1938; Strong evidence against a suspected poisoner, 1901; Thirty lives is her record, 1902; Trained nurse admits crimes, 1902; Vronsky, 2007). With these confessions, she pled not guilty and a trial was held. During the course of the trial, the court found her to be criminally insane.

Participant O argued with the court stating she was mentally competent (Davis, 2001; Hickey, 2010; Horrid confession, 1902; Jane Toppan insane: Barnstable nurse found not guilty of many murders, 1902; Jane Toppan's moral insanity, 1904; McBrayer, 2020; Vronsky, 2007). She let the court know that she knew what she was doing and should be held responsible for the murders she committed (Davis, 2001; Hickey, 2010; Horrid confession, 1902; Jane Toppan insane: Barnstable nurse found not guilty of many murders, 1902; Jane Toppan's moral insanity, 1904; McBrayer, 2020; Toppan murder hearing postponed, 1901). Participant O was found guilty of three murders, even though she confessed to the other 28 (Davis, 2001; Hickey, 2010; Horrid confession, 1902;

McBrayer, 2020; Vronsky, 2007; Woman hears dread charges, 1901). She was sentenced to spend the rest of her life in a state mental hospital where she died at the age of 82 years (Jane Toppan's moral insanity, 1904; McBrayer, 2020; Nurse who confessed 100 murders claimed, 1938).

Appendix B: Table 1-5 Citation Lists

Table 1 Citations

Anthony, H.B., 1999; Arsenic deal told to jury, 1931; A Austin, L.T., 1993; Aynesworth, H., 2000; Barfield, V., 1985; Beaver, D., Gomez, M. & Barber, L., 2007; Becker, A., 1993); Beets v. State. 767 S.W.2d 711, 1987; Before the governor for the State of Texas and the Board of Pardons and Paroles In re Betty Lou Beets, applicant, 2000; Berry-Dee, C., 2018; Bisantz-Raymond, B., 2013; Blackburn, D.J., 1990; Bledsoe, J., 1998; Bovsun, M., 2016; Cooper, L., 2017; Crimes and accidents, 1901; Doughty, S., 2018; Egginton, J., 1990; Firstman, R. & Talan, J., 1997; Glatt, J., 2000; Graham, D. & Graham, D., n.d.; Green, R., 2019a; Green, R., 2019b; Griffith, M., McWhorter, C., Maupin, C. & Martin, S., n.d.; Harrison, M.A., 2023; Harvey, G., 2014; Hickey, C., Lighty, T. & O'Brien, J., 1996; Johnson, B., Haulsee, D., Osborne, A., Intellini, K., & Amos, A., n.d.; Jolly Jane Toppan, the killer nurse obsessed with death, 1901; Kelleher, D. & Kelleher, C.L., 1998; Klein, S., 2003; Killer Cloud Serial Killer Database (Amy Archer-Gilligan), n.d.; Killer Cloud Serial Killer Database (Mary Beth Tinning), n.d.; Killer Cloud Serial Killer Database (Nannie Doss), n.d.; Killer Cloud Serial Killer Database (Velma Barfield), n.d.; Landlady's past full of convoluted marriages, 1988; Louise, 1945; Louise Peete Leaves Prison, 1939; Marie Noe, n.d.; Margulies, J., 2002; Mary Bell Crime Files. Crime and Investigation, n.d.; McBrayer, M.K., 2020; Newton, M., 2006; North Carolina Department of Corrections Incarceration record/offender report Velma Barfield, n.d.; Osborne, J., Pennington, K. & Ratliff, N., n.d.; Pence, I., 2001; Phelps, W., 2010; Poppy, N., 2017; Ramirez-Gaston, D., Sutphin, K. & Thompson, B., 2010; Renner, J., 2013;

Reynolds, Somerville, & Stevens, n.d.; Rule, A., 1992; Sanz, C., 1995; Schechter, H., 2004; Schechter, H., 2018; Sereny, G., 1999; State v. Barfield 259 S.E.2d 510, 1979; Telfer, T., 2017; Veysey, N. & Becker, R., 2020; Wade, B., 2020; Who was Belle Gunness, 1908; Wilson, W., 1993; Windsor's "Murder Factory", 2022; Women convicted of killing infant daughter in 1985 granted parole on 7th try, 2018.

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