CHAPTER 3

The Lives of Female Serial Killers

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Dorothea Montalvo Puente was a serial killer. You would not likely derive this knowledge from the boarding house proprietor's appearance, as she was described as "ostensibly the essence of grandmotherly virtue." Curly and carefully molded grey hair, large-button sweaters and coats, and oversized glasses portrayed an image of innocence and care.[1] "Murderous Grandma" does not fall into our typical gender schemas, yet Puente ultimately came to be known as "Killer Granny" when it was discovered in the 1980s that she had murdered at least nine people, dismembered them, and buried them in her backyard.

Prior to the murders she committed at her boarding house, Puente was convicted for drugging three elderly people she met in bars and stealing their possessions.[2] She served about three years in prison, was released on parole, and took up where she left off with both of those activities and more.[3] Puente invited mentally ill, intellectually disabled, elderly, and indigent tenants in need of care and shelter to her lovely Victorian boarding house, known for its welcoming garden, on F Street in Sacramento, California. Social workers felt she was compassionate and were appreciative that she took in very difficult client cases.

After earning their trust, Puente murdered the vulnerable people who boarded with her, feeding them cake poisoned with the heavy sedative flurazepam (a drug that has greater effects on older adults).[4] As they lay incapacitated in their beds, she smothered her victims with pillows, then dismembered them and dumped their body parts into a mass grave in her verdant backyard.

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3.1 "Death House Landlady" Dorothea Puente with SPD homicide detective John Cabrera, 1988. (Photo by Dick Schmidt/Sacramento Bee/Tribune News Service via Getty Images)

Puente hid her boarders' deaths so she could continue to collect their disability compensation checks, netting about $5000 a month. She forged letters to the US Social Security Administration to get her victims' government support checks sent to her address, and forged letters to loved ones that made them believe their family members were still alive.[5] When neighbors started complaining about a putrid odor emanating from her property, she told them that she had a sewer and dead rat problem that was causing the smell. Eventually, Judy Moise, a counselor for boardinghouse resident Bert Montoya, became concerned about his whereabouts, as he had intellectual disabilities and had gone missing.[6] Moise alerted the authorities, who made the grim discovery in her backyard.

Neighbors were in disbelief that the kindly older lady with the rose garden was a serial killer. Crowds and television trucks lined the streets as authorities exhumed the disarticulated remains of victims from that lovely yard.[7]

Some bodies were wrapped up in tablecloths "like a mummy," and one was in a plastic bag.[8] A body later identified to be 78-year-old Betty

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Palmer was missing her legs, hands, and head.[9] Not all her victims wound up in her backyard, however. The body of yet another of her missing tenants was found near the Sacramento River in a box.[10]

At the age of 61, Puente was charged with murdering nine people.[11] She had fled as soon as the first body was found, but was soon captured.[12] Upon her arrest, she told authorities, "I used to be a very good person at one time." William Harder, who claimed to be Puente's grandson, corroborated her assertion. He said that Puente had not always been bad.[13]

Notably, William Harder is a murderabilia dealer who befriended both murderous cult leader Charles Manson and MSK Richard Ramirez. When pressed as to why he had no empathy for victims' families, Harder said, "That's not my job," and stated that there was no difference between collecting murderabilia and collecting US Civil War memorabilia. Among his inventory is a bobblehead of his grandmother, labeled "Dorothea Puente, The Death House Landlady." She is holding on to a stack of the checks she cashed after the deaths of her trusting disabled tenants.[14]

Indeed, Puente, who appeared grandmotherly and maintained an impeccable home while she used poison and suffocation to silence her victims, did it for the money. She preyed on the ill and infirm, and victimized people who knew her and trusted her. She got away with it for years. In court, her defense attorneys claimed that the tenants died of natural causes, claiming that Puente did not report them because she was afraid it would look suspicious and violate her parole.[15]

Mitigating factors in the case were drawn from her life story. She grew up as an orphan, for example, and her alcoholic, adoptive parents abused her and her many siblings. The *Los Angeles Times* reported that Puente's mother was a prostitute who died when Puente was 10, and that her father would hold a pistol to his head and threaten suicide in front of the children. After her mother's death, she spent time in an orphanage and many foster homes. At age 16, she was sexually abused. The jury also heard that, at times, she was kind and generous.[16]

Nevertheless, on August 26, 1993, at age 64, Dorothea Puente was convicted of the first-degree murders of Dorothy Miller and Benjamin Fink and the second-degree murder of Leona Carpenter. The jury was inexplicably deadlocked on six other counts of murder. She was

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sentenced to life in prison, narrowly escaping a death sentence, which would have meant execution by the gas chamber. The jury voted seven to five in favor of sparing her life. Once in prison without the chance of parole, reports say that she was called "Mom" by her fellow inmates. She apparently doted over them and cooked burritos for them.[17] Puente died at age 82 on March 27, 2011, in prison in Chowchilla, California.[18]

Despite efforts to introduce mitigating context in court, no one knows Puente's real story. Carla Norton,[19] who investigated Puente's background while writing a book about her in the mid-1990s, uncovered evidence that Puente at one point pretended to be a retired doctor. She told some people she was Egyptian and others she was Mexican. She had multiple aliases and spoke of having had many husbands. No one was certain of her true age. Puente was a murderer and a thief, but people were fooled by her "grandmother side." As Norton told the *Santa Cruz Sentinel*, "Sociopaths conceal that side very well. They are practiced and they have a vested interest in not advertising their criminal self."[20] While I am unaware of any psychological assessments of her, and I myself am not diagnosing her, her ability to present herself as a kind caregiver and grandma while murdering disabled individuals is consistent with behavior seen in psychopaths.

Indeed, Puente engaged in many behaviors typical of female serial killers.

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In this chapter, and those that follow, I discuss research findings about FSK backgrounds, mental illness, crimes, and victims. The information I present here is based on my team's data collection. In 2014, we gathered information about a wide array of variables, and our sample size of FSKs is substantial considering the infrequency of these crimes. Although my team is not the first to study FSKs, studies using large samples of FSKs are rare, and some studies are at least a generation old. Seeking to collect information about as many FSKs as we could, our study is arguably one of the largest empirical (i.e., data collection) endeavors to be published on the topic. We also yielded some novel findings.

While there are many published studies of MSK crimes and psychology, there are very few scientific studies that gather original source

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material about FSKs in order to understand generalizations (i.e., nomothetic research) regarding FSK mental states, crimes, motives, and victims.[21] There are a few case studies of individual FSKs (i.e., idiographic research), but while lone cases are rich sources of hypotheses and even treatment avenues, a sample size of one murderer cannot be generalized to describe the behaviors of all murderers. Moreover, we should keep in mind that experts feel there is an appreciable number of unsolved serial murder cases throughout the world.[22] There might be a certain type of serial killer whose motives and means are so different than others that they get away with their crimes.[23]

Unfortunately, very few researchers have access to actual case files or the ability to interview serial murderers. Forensic researchers, therefore, often rely on newspapers, legitimate news websites and stories (e.g., Associated Press, ABC, CBS, NBC, FOX), historical societies, and court documents to derive data. This is called the mass media method of data collection, and it has been used to derive facts about people or events from the past or present when researchers cannot gain direct access.[24] Importantly, where there are previously existing studies that used clinical and interview data about serial murderers,[25] I have found that the information yielded by my mass media method studies, conducted with publicly available information, corroborates these findings almost exactly.

We know that sensationalism sells, and in the case of murder, newspapers might depict only what they deem "a good story" that will garner readership. We also live in an era where some people feel that "fake news" permeates our landscape – that the media present false or misleading information to manipulate the viewers and readers. Public figures push this viewpoint, asserting the information is untrue when the media gives unfavorable reports.[26] Some scholars assert that there is a current "crisis of faith" in journalism.[27] Yet in my various research projects, I have found information in the news to be factually consistent with courthouse records and transcripts, and I have found information to be fairly consistent across independently reported sources. Furthermore, unlike psychologists and criminologists who are investigating perpetrator psychology, reporters usually do not have a theoretical angle when writing their product.[28] I have not, for example, read any pieces on serial murderers where a newspaper reporter interjected words like "insane"

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or "psychopath" unless they were quoting legal proceedings or a clinical mental health expert. They report facts.

Our initial study generated a sample of 64 FSKs who committed their crimes in the United States from 1821 to 2008. That might not seem like a large sample for the social sciences, and indeed, at times the data were too scarce for meaningful statistical analyses. But serial murder is rare. It may be the case that only 2% of murders are committed by serial killers.[29] Using this estimate and taking one-sixth of that to be female-perpetrated, this leaves us 0.3% of all murderers to study. One would have to peruse about 20,000 murder cases to find a sample size of 64 FSKs.[30]

Fortunately, we were able to start with the news clearinghouse website Murderpedia.org,[31] where we could search alphabetically for FSKs. Acquiring the name of the offender, we consulted with an entry's noted primary sources for accuracy validation, and then performed internet and database searches for related newspaper articles, news network web stories, historical society collections, government documents, and court documents. We verified that each offender met our criteria: they had killed three or more people, had a cooling-off period of at least one week between murders, and committed their crimes in the USA.[32]

Of course, we did not simply "copy and paste" from Murderpedia. We used its list as a springboard for exploration of reputable, verifiable information sources. While we never found a mistake in Murderpedia .org's compilations, there has been a trend on the website in recent years toward incorporating information directly from Wikipedia or amateur blogs. Anyone can contribute to or edit this type of website, so this puts an even greater emphasis on the need to seek original sources. Moreover, as of this writing, the site had not been updated for a few years. Nevertheless, Murderpedia.org was a great asset as we began our research.

For this study, we only included verified FSKs, electing not to include suspected killers. We also did not include FSKs who committed their crimes with a partner, as we were interested in the psychology of the lone offender, and it would be difficult to parse each case and attribute motives and behaviors properly to each member of a pair. Notably, however, previous research has illuminated intriguing variations between lone killers and partnered killers. For example, partnered serial killers are less likely to be mentally ill but are more likely to engage in brutality

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such as kidnapping and using victims as sex slaves. Furthermore, women who were part of a serial killer pair were shown to have had more tumultuous upbringings than did FSKs who acted alone.[33]

The following is what we discovered about the lives of female serial murderers, including interpretation and case studies that build and expand on the original research and statistics my team published in the *Journal of Forensic Psychiatry and Psychology* in 2015.[34]

WHO ARE FSKS? DEMOGRAPHIC DATA ON FEMALE SERIAL KILLERS

Our dataset of 64 FSKs yielded important information about the demographics, professional careers, socioeconomic status, relationships, and even physical appearance of women who have committed serial murder in the United States. All but one FSK in our sample were born in the USA, for example. For those whose ethnicity was documented, almost all (about 90%) were White. Religious affiliation was seldom mentioned in cases, but in all instances when it was, the killer was noted as Christian.

FSKs have held a wide variety of jobs, including sex worker, drug dealer, psychic, food server, farmer, and Sunday school (religious) teacher. However, an alarming number of serial killers (39%) have worked in health-related positions (e.g., nurses and nurse's aides). In addition, more than one out of five has held another direct caregiver role (e.g., stay-at-home mother, stay-at-home wife, babysitter). That means that most (more than 60%) of FSKs were in charge of others' well-being, particularly of those who are vulnerable.

The majority of FSKs in our dataset were of middle-class socioeconomic status (55.3%), but some were lower-class (40.4%). Only a few (4.3%) were considered upper-class. Academic achievement was only available for 26 FSKs. Among these women, there was considerable variation in education: 34.6% had college/professional degrees, 19.2% had some college or professional training, 15.4% were high-school graduates with no further education, and 30.8% were high school dropouts. This means that the majority of FSKs had at least some postsecondary education. Notably, while intelligence is difficult to derive from news sources, descriptors were provided for 16 women, or 25% of our sample. Of

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these, eight were described by sources as being of average intelligence, two were described as having high intelligence, and six were described as having low intelligence or intellectual disability.[35]

Data on relationship status were available for most FSKs in our study. While they were actively killing, more than half (54.2%) were married, about a quarter were divorced, and the rest were in a romantic relationship or single. For those who had ever been married, they averaged two marriages, with about one in four FSKs having been married three or more times. The range of marriage frequency was one to seven marriages, meaning that among those who married, they married anywhere from one to seven times over the course of their lives. It seems that female serial killers are serial monogamists.

Over the course of our study, we were able find descriptions of physical appearance in about a quarter of our cases. Seven were reported to be attractive, with one killer being described as looking like actor Elizabeth Taylor, who was considered very beautiful. Ten were reported to have average looks. Five FSKs were noted to be overweight, and three were described as unattractive, through the use of such terms as "remarkably ugly" and "not particularly attractive." Taken from this, we can extrapolate that most FSKs have been deemed to be of at least average attractiveness. That said, the halo effect described in Chapter 1, in addition to societal disbelief that women are capable of such gruesome crimes, might aid women who have committed crimes over time in evading suspicion.

The age at which a FSK commits her first murder might be a key variable in the commission of these crimes. While our dataset included this information for most cases, we must remember that it is possible that some of a killer's crimes, including her first crime, may be unknown to police. Nevertheless, we determined that the mean age of a FSK's first act was 32, with a statistical standard deviation (SD) of 11.7 years.[36] The ages themselves demonstrated considerable variation, with FSKs ranging from 16 to 65 at the time of their first documented murder. However, about three-quarters of the FSKs in our sample were in their 20s or 30s when they first killed.

In addition to identifying key information about FSKs' ages at the time of their first murders, our study found that their average age when

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they were caught was about 39.25 (SD = 12.3). FSKs committed crimes, on average, over a 7.25-year span, but with noted variability (SD = 8 years). Some FSKs committed all their acts of murder in the same year, and at least one killed for over three decades before she was caught.[37]

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"Jolly" Jane Toppan was a serial killer. She was a nurse "obsessed with death."[38] Her ambition, she is quoted as saying, was "to have killed more people – helpless people – than any other man or woman who ever lived." Toppan was born Honora (Norah) Kelley in 1857, the daughter of an Irish family who resided in the Boston area. When she was very young, her mother died of tuberculous, and her father Peter, known as "Kelly the Crack," died of alcoholism. She was adopted by Captain and Mrs. Toppan, whom she later poisoned.[39]

Toppan worked as a servant in her early life. She then began nurse's training at Cambridge Hospital in Massachusetts. She was called "Jolly Jane" because of her rosy cheeks and friendly demeanor, and she was "personally rather attractive." Nevertheless, colleagues developed disdain for her, as she lied, stole, spread gossip, and was "obsessed" with autopsies. Later, she secured work at Massachusetts General Hospital, but she was fired for dispensing opiate drugs too liberally.[40] In 1891, she got a job as a private duty nurse for wealthy clients, and she became admired for her compassionate nature and skills. Toppan made a lot of money for the time, although at least one report indicated that she augmented her personal finances by stealing from her victims.[41]

Former colleagues remember Toppan saying something to the effect that it is useless to keep old people alive. Her landlords were "feeble and fussy," for example, and so she killed them. But she did not kill the elderly only. Toppan also killed her foster sister, Elizabeth Toppan Brigham. Reports indicated that Elizabeth was always kind to Jane, but Jane resented her because she was attractive, married, and well-liked. One day, when the sisters went on a picnic, Toppan fed Elizabeth corned beef and taffy laced with the strong poison, strychnine. Death by strychnine is violent and painful. Elizabeth was likely terrified and aware of everything that was happening to her as she experienced painful muscle rigidity, including spastic arching of the back, an inability to breathe,

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3.2 Serial killer nurse "Jolly" Jane Toppan may have murdered 100 people. (Photo from Getty Images)

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and ultimate respiratory failure.[42] Toppan seemed to confirm this awful death when she revealed, “I held her in my arms and watched with delight as she gasped her life out.”[43]

In a plot to marry her sister’s widower, O. A. Brigham, Toppan moved in with him and killed his elderly housekeeper. “Jolly Jane” then poisoned Brigham and nursed him back to health to impress him. Apparently, however, he was not impressed enough to marry her.[44] Later, police became suspicious of Toppan when her current landlord’s entire family mysteriously died. Toppan killed Mrs. Davis, moved into Mr. Davis’ house and killed him, and then killed his two daughters with morphine and atropine poisoning. This triggered marked suspicion among surviving family members, who reported her to authorities. She was finally arrested on October 30, 1901, for the murder of Mary (Minnie) D. Gibbs, one of the Davis daughters.[45]

Authorities say that during her nursing training, Toppan experimented with the effects of morphine (an opiate narcotic depressant) and atropine (a stimulant at low doses and a depressant at high doses)[46] on her patients. This caused cycles of unconsciousness and alertness until they died. At the time, however, doctors dismissed the deaths of elderly patients as a product of heart disease, stroke, or even diabetes. Later, Toppan told authorities that she got a thrill from the killing. “No voice has as much melody in it as the one crying for life,” she said, “no eyes as bright as those about to become fixed and glassy; no face so beautiful as the one pulseless and cold.”[47]

She also killed friends and business acquaintances along the way. An investigator was quoted as saying, “If all of the suspicions involving the operations of Jane Toppan could be substantiated . . . the succession of murders will cover a wider range and be more astounding than any series of crimes perpetuated by one person in many years.”[48] Toppan ultimately confessed to killing 31 people between 1885 and 1901, but the authorities estimated that she had killed many more. She later stated, “It would be safe to say that I killed at least 100 persons.”[49] Toppan appears to have fulfilled her ambition to become one of the most prolific murderers on record.

In her confession, she said, “I have absolutely no remorse. Even when I poisoned my dearest friends . . . I did not feel any regret afterward. I cannot detect the slightest bit of sorrow over what I have done.” Later,

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however, she changed her tone. She told physicians she was prone to violent outbursts and said, "I know I am not safe to be around. It would be better if I were locked up where I could do no one any harm."[50]

Psychiatrists at the time, called "alienists," examined Toppan twice. Dr. H. M. Quimby, Dr. George F. Jelly, and Dr. Henry R. Stedman were "insanity experts," and they unanimously declared her insane.[51] One report said that Toppan was deemed to have "mental degeneracy."[52] Another newspaper said that she was "declared a most remarkable specimen of degeneracy."[53] In addition to the murders she committed, she had written "a voluminous mass of letters" that was presented by authorities at her trial. The letters contained lies of wealth, planned trips around the world on a private yacht, and an engagement to a prominent man. *The Boston Post* stated that "the stories which she has told in these missives all border on the marvelous and seem to have been written with an absolute disregard for the truth."[54] *The Boston Globe* reported that after experts deemed Toppan "incurably insane" and Judge Bell gave the jury instructions for deliberation, she seemed pleased. It took the jury 20 minutes to decide she was not guilty by reason of insanity, and during that time Toppan "chatted, laughed and was exceedingly jolly."[55] In the end, Toppan was sentenced to life in Taunton Lunatic Asylum on June 24, 1902, with one headline declaring she was "Sent to the Madhouse."[56]

It is difficult to interpret Toppan's general insanity diagnosis through the lens of modern psychology, but it seems that mental health experts of the time believed Jane had lost touch with reality. One physician said that Jane also grew increasingly suspicious over time. An expert who examined Toppan told *The Boston Post* that hers was "one of the strangest cases of diseased mind he had ever seen."[57] While not diagnosing her, Toppan's symptoms may be indicative of schizophrenia, although the term and diagnosis were not introduced until after her assessment. She had reportedly lost touch with reality; expressed bizarre behavior (including kissing a dying patient experiencing a death rattle);[58] had an inappropriate affect (she liked autopsies and said that being in jail was the happiest she had ever been);[59] suffered from memory impairment (she told her lawyer that, at times, she had "great difficulty" remembering what she had done);[60] and experienced delusions of grandeur. Further, schizophrenia has a substantial genetic basis and is thus seen in siblings,[61] and Toppan's

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sister (unnamed) was also committed to an insane asylum.[62] Nevertheless, Toppan is no longer around to interview and assess.

Toppan's apparent delusions continued after institutionalization, along with her hallucinations. She was initially allowed to mingle with other patients, but as she developed more delusions and her violent outbursts became more frequent, she was confined to a padded cell. From her room she would scream about the dead victims coming back to exact revenge by poisoning her. When nurses brought her food, she would scream, "It is poisoned!" At one point, she wrote the hospital a letter that read, "I wish to inform you that I am alive in spite of the deleterious food which has been served to me." She also dug her nails into her own skin, causing bleeding, and said the injury was because one of her deceased victims injected morphine into her arm. At night, she screamed, "Fire! Fire!" – another way that she reportedly murdered her victims.[63]

Toppan was not idle during her time in the asylum, however. She wrote love stories.[64] In fact, Toppan told people that had she been married she would not have killed so many people.[65] Indeed, the New England Historical Society conjectured that her motive for murder was being jilted by her boyfriend when she was aged 16.[66] When Toppan died at the age of 81 on Wednesday, August 17, 1938, she had lived at the asylum for decades and become "a quiet old lady" in her later years.[67] One obituary for Toppan ran with the headline, "Famous Poisoner Dies Wednesday After Weird Life."[68]

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Congruent with the data from our study, "Jolly" Jane Toppan was White, had a pleasant appearance, had at least some postsecondary education and training, and was a nurse and caretaker. We might further surmise, but cannot verify, that her Boston Irish heritage included Christianity, as most Irish immigrants to Boston in the 1800s were Roman Catholic.[69] Like the typical FSK from our dataset, she likely began killing in her 20s or 30s, but seems to have gotten away with it for about 15 years – longer than our reported mean, but still within about one standard deviation of it. Like many other FSKs, which I discuss in Chapter 4, Toppan had strong indications of severe mental illness.

It is unlikely that any one case will hit *all* the profile marks generated by our sample. Moreover, as stated at the outset of this book, Toppan's

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case may or may not be included in the sample from which we drew our statistics. Yet her case comes very close to our composite FSK profile extrapolated from our analysis.[70] I will talk about the complete profile later in Chapter 6.

THE DEVELOPMENTAL HISTORY OF FEMALE SERIAL KILLERS

It is difficult to determine the precise developmental history of FSKs. In our data sample, for example, it is impossible to know whether cases that omit background information do so because there are no remarkable issues to present, or because the reporting agent or source just did not have this information available. When attempting to shed light on how women develop into serial killers, we must therefore interpret available information with caution.

In our sample of 64 FSKs, we found information about serious illness reported in the childhoods of only six women. Information on this topic was missing for most of the sample. In six cases illness was reported and the illnesses were blood poisoning and thyroid issues, head trauma, measles with long-term vision issues, scarlet fever, seizure disorder, and polio. With more sophisticated treatment and disease tracking available in the present day, and some conditions such as polio virtually eradicated, it is difficult to interpret these FSK data. We do know from research, however, that adverse childhood health problems increase the risk of health and behavioral issues in adulthood.[71] Pediatric specialists stress that adverse childhood experiences can have deleterious consequences on brain development, including neuroplasticity, which indicates the brain's ability to heal or adapt.[72] Stated another way, severe illness, abuse, or other adverse experiences when we are younger can change our brain's way of adapting to new information when we are older.

Relatedly, several FSKs are known to have had difficult family situations in their childhood. We found information for about a third of our sample regarding FSKs' familial environment growing up. With some overlap between conditions, there were instances of parental alcoholism, with an overrepresentation of alcoholic mothers as compared to women's prevalence of alcoholism in the general population. We also

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found instances of overly controlling parents and insulting and denigrating mothers. Five FSKs had mothers who were reported as absent or deceased, and one had a father who was reported as absent or deceased. Four FSKs were abandoned as children. Information within our sample about the physical and mental health of family members was sparse. As stated above, the absence of information may speak to non-access, or it can speak to the absence of the condition. While there is no way to determine this, it is clear that some FSKs experienced difficult family environments.

Of our sample of 64 FSKs, we found 20 cases (31.3%) in which the FSK was sexually and/or physically abused in her lifetime. This is about a third of our sample. In five of the cases, the FSK was both sexually *and* physically abused. In 30% of the women abused, the assault(s) occurred in childhood. As girls or women, they experienced being burned, beaten, and starved. Reported perpetrators were mothers, fathers, grandparents, and husbands or other romantic partners. I add the caveat that, after conducting research on this topic for several years, I feel that a prevalence of 31.3% abuse is likely an underestimate, but it is a clear indication of marked abuse in the developmental histories of many FSKs.

The long-term deleterious effects of childhood maltreatment have long been known, and it is a recurrent theme throughout this book. Poor outcomes stretch across health, psychological, relationship, and societal variables.[73] While a systematic review of childhood maltreatment outcomes is beyond the scope of this book, key findings are clearly relevant to the psychology of FSKs. Evidence suggests that childhood maltreatment changes the very architecture of the human brain, as the young brain must adapt to extreme, adverse experiences.[74] Some experts suggest that the physical and psychological abuse of a child inflicts "wounds that won't heal" because of the permanent effects on the brain.[75]

Notably, abuse impacts one's emotional processing, including the inability to recognize emotions in others.[76] And, indeed, a deficiency in emotional recognition has been documented in violent offenders.[77] Perhaps this offers a glimpse into why both FSKs and MSKs have a callous disregard for victims. Moreover, abuse decreases reward sensitivity,[78] meaning that increased stimulation would be needed to achieve

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a desired result. Perhaps this is why FSKs continue to murder for profit across various victims.

The tragic experiences of childhood maltreatment also negatively affect mental health throughout one's lifespan and can lead to the development of more than one psychiatric disorder.[79] Specifically, experts have suggested a traumagenic neurodevelopmental model that shows childhood adversity causes brain alterations. Affected regions include the frontal lobes (creating problems with decision-making), the hippocampus (causing memory and emotional reactivity issues), the hypothalamic-pituitary-adrenal (HPA) axis (which means an increased stress hormonal response), and the dopaminergic system (with increases in dopamine being associated with schizophrenia-like symptoms, emerging in later-life psychosis).[80] However, while there may be an indication of childhood abuse in the development of documented FSKs, it cannot be overemphasized that almost no one who experiences childhood trauma grows up to be a serial murderer.

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Aileen Wuornos was a serial killer. She shot several men in the head and torso, stole their money, and disposed of their bodies carelessly.

Wuornos was born in 1956 in Michigan. Her father was a violent, convicted child molester who completed suicide by hanging while serving a prison sentence. Her mother, Diane, was 15 years old when she married Wuornos' father. She abandoned Wuornos and her older brother Keith to the care of their maternal grandparents after her husband's death. Wuornos' alcoholic grandmother and violent, volatile grandfather raised both children.[81] Wuornos told clinical examiners that her grandfather sexually abused her, as did one of his friends.[82] She also reported having an incestuous relationship with her brother.[83]

Years later, a relative stated that, despite being a good student and doing well in school, Wuornos started acting out around age ten or eleven. She shoplifted and set a fire that burned her face.[84] When school officials recommended counseling for Wuornos, her grandmother declined to grant permission. When Wuornos got pregnant at age 14, she was sent to live at a home for unwed mothers. Staff reported her as hostile and unable

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to get along with others. She gave birth to a baby boy, whom she gave up for adoption.

At some point, Wuornos' grandfather, who some speculate was the father of her baby, completed suicide. She was eventually thrown out of the house and began living in the woods. At the age of 16, she began earning money as a sex worker and was reported to abuse drugs and alcohol.[85] She was arrested several times in the 1970s for disorderly conduct and assault around the same time that her maternal grandmother died by suicide and her brother died of cancer.

When Wuornos was 20 years old, she moved to Florida and met a man named Lewis Gratz Fell, whom she married in May 1976. Fell, whose age was around 70 at the time, had the marriage annulled two months later,[86] claiming that Wuornos was violent with him and squandered his money. Wuornos herself stated that he beat her with his cane.[87]

Wuornos resumed life as a sex worker. The *Tallahassee Democrat* reported that Wuornos was "a strong-willed woman . . . with a brown purse and a heart full of betrayal." As a highway prostitute, she chose her company carefully and then decided if it would be a "normal day" or a "killing day."[88] Eventually, after a string of murders in Florida brought her under suspicion, Wuornos was arrested in 1991.[89]

After her arrest, Wuornos told authorities that she did, in fact, shoot seven men, but that she did it in self-defense. She claimed that she had been raped so many times that she decided to carry a gun. She had a story about roughness or abuse from each of her victims. "After I killed the first couple I thought about quitting," she said from her jail cell, "but I had to make money to pay the bills. And I figured at least I was doing some good killing these guys . . . they would have hurt someone else."[90]

Psychiatrist Wade Myers and colleagues assessed Wuornos while she was incarcerated and determined that she had psychopathy, antisocial personality disorder, and borderline personality disorder.[91] During her murder trial, her uncle Barry claimed she was never abused.[92] Yet clinicians were not convinced by him. They asserted that "childhood attachment disruptions, severe psychopathy, other personality disorder pathology, and a traumagenic abuse history likely contributed to her having serially murdered seven victims."[93]

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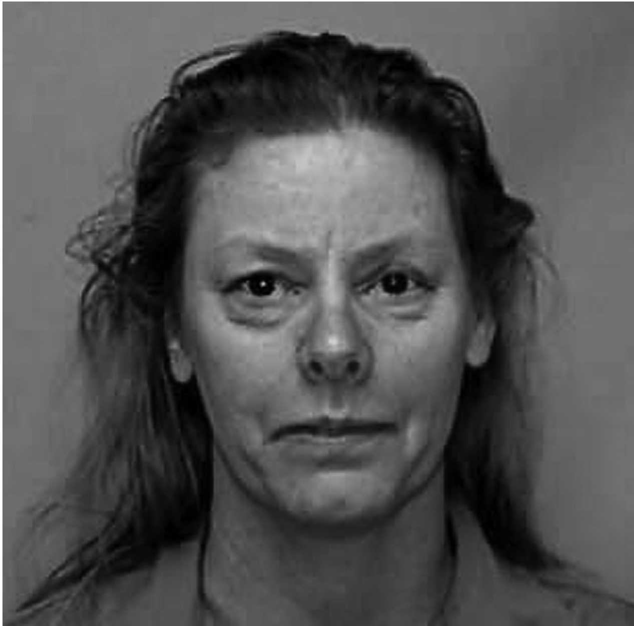

3.3 Aileen Wuornos in an undated Florida Department of Corrections photo. (Photo from Florida DOC/Getty Images)

When Wuornos was convicted for these multiple murders and sentenced to death, she canceled all appeals. In an interview with a local news station, she proclaimed, “I need to die for the killing of those people.”[94] She continued, “I killed those men, robbed them cold as ice. And I’d do it again . . . I’m the one who hates human life and I’d kill again.”[95] At the time, some people within the criminal justice system, the public, and the media argued that Wuornos might not have been competent for execution. *The Miami Herald’s* Fred Grimm, for example, emphasized that her behavior was erratic and bizarre. Observers pointed to the fact that she fired her lawyer and instead appointed an evangelical horse trainer who claimed half the rights to movies about her life – actions that hardly demonstrate sound judgment. Many people felt she should have had additional psychiatric examinations.

Still, as Grimm said, “society shrugged off those mad, staring eyes,”[96] and Wuornos was executed on October 9, 2002. Her last words were, “Yes, I’d like to say I’m sailing with the rock. And I’ll be back, like

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Independence Day, with Jesus, June 6th, like in the movie. Big mother ship and all. I'll be back."[97]

§

Viewing Wuornos' life through a traumagenic lens, we might understand why her life followed an aberrant pathway. Undoubtedly, it can be difficult to have sympathy for a serial killer who has coldheartedly and violently terminated the lives of multiple innocent human beings. As one writer put it, Wuornos was "wounded but vicious,"[98] while investigators noted that she was "a killer who robs, not a robber who kills."[99] Nevertheless, she was a human being with a continued, toxic history of abandonment, neglect, paternal violence and suicide, incest, rapes, other physical trauma, and homelessness – and this list is not exhaustive. One cannot invalidate the suffering of her victims and their families, excuse her behavior, or offer absolution due to her having experienced profound childhood trauma. But we can pay attention to her circumstances for explanation and prediction.

Writer Kenneth Turan[100] added a liner note to Wuornos' story. The Hollywood movie about her life, *Monster*, won numerous, prestigious awards for acting and writing. Yet no one talked about Wuornos' story during any award acceptance speeches. "Admittedly," Turan wrote, "Wuornos is a tough person to thank." However, he added, not mentioning Aileen Wuornos perpetuated the way she had been marginalized and made invisible through her struggle – a facet of her developmental history that culminated in her terrible crimes. I agree with Turan. If someone had noticed and intervened on her behalf during her tumultuous upbringings, and if her grandmother had let her get the mental health counseling she needed, maybe her life would have taken a different turn. Perhaps there would have been no string of murders along the Florida highway system. Wuornos was, from childhood, abandoned, exposed to trauma, and raped to pregnancy. She had to learn to live in the woods and on the streets. She learned violence as a coping skill.

As we can see from Aileen Wuornos' case, traumagenic development may play a factor in becoming a serial killer, although we must remember that almost everyone who has ever experienced trauma has not become a serial killer. I continue in the next chapter about mental health and substance abuse issues in FSKs.

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