

PAPER

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Psychiatric and legal considerations in cases of Fetal Abduction by Maternal Evisceration

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Abstract

Fifteen cases of Fetal Abduction by Maternal Evisceration (FAMAE) reported to the National Center for Missing and Exploited Children during 1987–2011 outline the findings from a review of the forensic psychiatric considerations and legal course of each of the cases. Most offenders confessed to law enforcement within a short time of being placed under arrest in statements reflecting a continued effort to manage impressions and minimize culpability. Psychiatric assessment is invariably central to the legal disposition of FAMAE cases, as the defendant's goal is to diminish the perception of culpability/criminal responsibility and mitigate sentencing. Of those sentenced in the United States, nine defendants received life without parole, two received the death penalty (one executed), and one received a minimum of 30 years. Two abductors committed suicide and were not sentenced. Proffered diagnoses at trial included psychogenic amnesia, pseudocyesis, dissociative disorder, and delusional disorder; however, these rarely stood up to court scrutiny. Psychiatric experts showed the greatest variance in diagnosis over what to call the feigned pregnancy. In addition to delusional disorder and dissociative disorder, pseudocyesis, factitious disorder/pregnancy, pseudopregnancy, schizophrenia, and PTSD were among the various diagnoses proposed. A differential diagnosis for many FAMAE offenders may also include borderline personality disorder. Future research accounting for those women claiming false pregnancy who do not become homicidal will clarify whether FAMAE is the extreme endpoint of a fertility identity disorder.

KEYWORDS

atypical homicide, female criminology, female offenders, Fetal Abduction by Maternal Evisceration, fetal kidnapping

Highlights

- The forensic and psychiatric considerations of 15 fetal abductions by maternal evisceration cases are examined.
- Aiming to diminish culpability, psychiatric assessment is central to the legal disposition of Fetal Abduction by Maternal Evisceration cases.
- These efforts were impacted by the premeditation, clear concealing of actions, and rational behavior.
- Of the 14 cases tried in the USA, twelve were convicted. Two committed suicide and were not sentenced.

1 | INTRODUCTION

Rare and unusual cases present psychiatric challenges for the courts. Some crimes occur with such infrequency and are so inconceivable that both the defense and prosecution, and judges and jurors hearing case facts, find themselves necessarily inexperienced to assess why events happened as they did. In one such crime, a perpetrator renders an expectant mother incapacitated, removes a late-term fetus from the mother's womb by performing an evisceration, absconds with the fetus, and claims it as one's own newborn [1]. As rare as Fetal Abduction by Maternal Evisceration (FAMAE) crimes are, they have been identified more frequently in recent years. Examination of the data emerging from the resulting criminal proceedings may assist in investigation, understanding, and appropriate disposition of future cases.

One of the earliest FAMAE crimes was reported in 1974 in Philadelphia, Pennsylvania. The abductor met a pregnant woman at a store, and after a few weeks of developing a friendship, invited her for lunch. The pregnant woman, feeling unwell, went to lie down after lunch, at which time the abductor rendered her unconscious and then eviscerated her with a butcher knife. As she fell in and out of consciousness, the abductor moved on to a pocketknife and, without formal training, removed the victim's fetus before fatally striking her some 20 times with a hatchet and shooting her three times. With the help of her nephew, the abductor buried the victim under the floorboards of her kitchen. After the perpetrator presented the newborn to her husband as her own, he was skeptical and called the police three days later. Diagnosed with schizophrenia, the abductor was acquitted on the grounds of insanity. She was released from a mental institution after 20 months.

Since this case, FAMAE crimes have been reported to the National Center for Missing and Exploited Children. This article examines the legal and forensic psychiatric considerations of such crimes. Mental health defenses invariably arise at the trial of FAMAE perpetrators because of the shocking quality of the crime, and because the defendant is established as the perpetrator. The psychiatric diagnostics of the perpetrator, pertinent psychosocial issues, and legal disposition of these rare cases all afford lessons for forensic assessment.

2 | METHOD

The National Center for Missing and Exploited Children is the clearinghouse and resource center for crimes that involve missing and exploited children and infant abductions from birth to six months old. Such abductions by non-family members have been a focus for the center since 1983, with additional research efforts dedicated to abductor profiles [2]. After a study of 247 infant abductions over three decades revealed increased parental injury rates during abduction attempts [3], higher magnification demonstrated a rising occurrence of FAMAE that warranted closer scrutiny.

2.1 | Sample

The authors followed and reviewed the fifteen non-family member FAMAE cases that were reported to the National Center for Missing and Exploited Children from 1987 to 2011. In addition, court documents pertaining to these cases were retrieved for inclusion in the case files, and investigators and attorneys were asked to verify information by phone where necessary. Given the unusual and high-profile nature of these cases, there was significant media coverage, and data related to sentencing finalized after the cases were reviewed (i.e., after appeals) were corroborated across sources and updated. Despite the wide-spread coverage, perpetrators are referred to as "Abductor X" and victim mothers as "Victim X" in this paper to promote anonymity for the victims, their families, and the surviving infants.

2.2 | Demographics

Fifteen abductor-victim pairs were reported to the National Center for Missing and Exploited Children from 1987 to 2011 (Table 1). All the abductors in this sample were females between 19 and 40 years ($M = 31.5$ years). The victim mothers' ages ranged between 17 and 40 years ($M = 23.6$ years). After removing an outlier (40 years), the remaining fourteen victims were between the ages of 17 and 28. Most of the abductors targeted a victim mother younger than themselves, and the oldest abductor and victim pair were both 40 years old.

Only three abductors had accomplices in committing the kidnapping and/or murder and evisceration. Abductor 2 collaborated with her sister, Abductor 3 collaborated with her boyfriend and male cousin, and Abductor 4 collaborated with her common-law husband. Seven abductors were Caucasian (46.67%), four were African American (26.67%), three were Hispanic (18%), and one was Laotian Hmong (6.67%). The race of the victim mother was concordant with the race of the abductor with the exception of two cases. In one instance where both the abductor and her boyfriend were African American, the infant of a Caucasian mother was kidnapped by FAMAE as the abductor's boyfriend wanted a light-skinned baby. The abductor of Laotian Hmong background targeted a victim mother who was Hispanic.

3 | PSYCHIATRIC AND LEGAL CONSIDERATIONS

This section details the psychiatric and legal considerations in cases of FAMAE. A brief overview of the cases is presented in Table 2.

3.1 | Confessions

Most of the offenders confessed to law enforcement within a short time of being taken into custody in statements containing altogether

TABLE 1 Abductor and victim mother demographics

Case	Date	State	Abductor age	Abductor race	Abductor marital status	Victim age	Victim race
1	7/23/1987	NM	19	C	Married	23	C
2	9/1/1992	TX then Mexico	31	H	Single	25	H
3	11/16/1995	IL	28	AA	Partner	28	C
4	1/31/1996	AI	29	AA	Partner	17	AA
5	9/14/1998	CA	40	H	Boyfriend	40	H
6	9/27/2000	OH	39	C	Married	23	C
7	12/22/2003	OK	37	C	Married	21	C
8	12/16/2004	MO	36	C	Married	23	C
9	9/15/2006	IL	24	AA	Partner	23	AA
10	6/27/2008	WA	23	AN	Married	27	H
11	7/15/2008 kidnapping; victim murdered the following morning 1/16/2008	PA	38	AA	Partner	18	AA
12	6/5/2009	OR	27	C	Boyfriend	21	C
13	7/23/2009	MA	35	C	Estranged boyfriend	23	C
14	4/13/2011	KY	33	C	Married	21	C
15	10/6/2011	WI	33	H	Boyfriend	23	H

self-serving inaccuracies. Consistent with the false pregnancy claims and the lying that entrapped the victim, confession statements and the interviews to follow reflected continuing efforts by the offender to manage impressions and to minimize culpability. For example, Abductor 1 gave a detailed admission about waiting for Victim 1 and driving to the mountains. She asserted, however, that she did not remember details about the murder and evisceration of Victim 1, or delivery and kidnapping of the baby. Similarly, Abductor 8 gave a detailed statement implicating herself. She would not answer specific questions, however, about the positioning of the victim during the evisceration nor provide additional details about how she strangled the victim with a cord.

Some abductors confessed first to their partner. Abductor 9's boyfriend was in the Navy, and prior to the FAMAE offense, she contacted him and told him that she was pregnant. After the FAMAE offense, during which the baby died, Abductor 9 contacted her boyfriend and reported she had lost her baby after being raped. He obtained emergency leave from service and came home for the funeral of the child. Sometime before the baby's funeral service, Abductor 9 told her boyfriend that the baby being buried was not his child that she had killed the baby's mother and cut the infant from her body. The boyfriend contacted law enforcement, who located the remains of the victim mother in an empty overgrown lot next to the house where the murder occurred. But for her admission, the case may never have been brought to the attention of law enforcement. Instances such as this raise the possibility of undocumented cases of FAMAE in late-term women who go missing.

Other abductors confessed to medical staff. For example, Abductor 15 was taken to a hospital after calling an emergency line to say she had given birth at home in her shower, and the baby was not breathing. At the hospital, she came out of the bathroom saying her vaginal area was

bleeding; indeed, there was a large amount of blood on the bathroom floor. Although she insisted that she did not need medical treatment, an emergency room physician evaluated her and determined that she had superficial scratching on her vaginal walls. She subsequently admitted to hospital staff that she scratched her vaginal area with her fingernails, and ultimately confessed to the crime.

Confessions to law enforcement may follow a suspect's being confronted with evidence of her involvement in kidnapping and murder. FAMAE is committed in isolation, and a confessing perpetrator is the sole surviving witness. Confession in the context of a suspect's perception that authorities already have enough evidence to charge and convict prompts the suspect to offer an account to continue to serve her interests [4]. The suspect's recounting of events may be truthful, but may also be distorted to create the appearance of spontaneity. The intent might be to diminish culpability, minimize the depravity of the crime, thwart exploration that would yield other criminal charges, create the perception that details are forgotten, displace blame onto a third party, or engender sympathy for the perpetrator.

3.2 | Psychiatric assessment and opinions

Psychiatric assessment is invariably vital to the legal disposition of FAMAE cases. The abductor almost always acts alone, and physical evidence (discovery of the baby, blood evidence, documentation linking the perpetrator and victim, reporting to a male spouse, DNA testing of the infant) of guilt is overpowering. Therefore, to avoid maximum penalty the defendant has no choice but to raise psychiatric issues prior to or during trial. In presenting psychiatric



TABLE 2 Legal notes

Case	Legal	Confessions	Previous criminal behavioral history	Suicide	Additional victims	Co-offenders
1	Guilty but mentally ill of first-degree murder, kidnapping and child abuse. Sentenced to a minimum of 30 years in prison	Detailed confession about waiting for the victim mother and driving to the mountains but claimed she did not remember details about the murder of and the delivery of the infant	Delinquent behavior as a juvenile	No	No	No
2	Extradited back to Mexico and charged with trafficking a minor. Received 3 years' probation	No	An arrest for battery	No	No	Her sister, and a doctor
3	Guilty of murder (three counts). Sentenced to death	No.	Convictions for theft and forgery	No	The victim mother's 10-year-old daughter and 7-year-old son were killed by the abductor and her accomplices to eliminate them as witnesses	Her boyfriend and male cousin helped with the FAMAE, and murder of child witnesses
4	Guilty of murder and kidnapping charges. No Sentenced to life without parole	No	Misdemeanor arrests for shoplifting	No	No	Her partner helped hide the body
5	Guilty of kidnapping and murder. Committed suicide prior to sentencing	No, her suicide note indicated that she did not believe she was a murderer	Unknown	Yes	No	No
6	Committed suicide before being arrested	No	An arrest for receiving stolen property. Served a jail sentence for embezzlement	Yes	No	No
7	Found incompetent to stand trial. Three years later she was convicted of double murder. Sentenced to life without parole	Plead guilty and apologized for the offense in court	Unknown	No	No	No
8	Guilty of murder. Sentenced to death and executed in January 2021	Gave a nearly complete confession. She would not answer questions about the positioning of the victim during the FAMAE or details about the strangulation	Unknown	No	No	No
9	Guilty of four counts of murder and one of intentional homicide. Sentenced to life without parole	Yes, she later told authorities she had contemplated taking Tunstall's unborn child for quite some time	Arrests for domestic battery, credit card fraud, and probation violation	No	After the FAMAE, the abductor kidnapped and murdered the victim mother's other three children, ages 7 years, 3 years, and 1 year	No
10	Sentenced to life without parole	No. Pled not guilty	No	No	No	No

(Continues)



TABLE 2 (Continued)

Case	Legal	Confessions	Previous criminal behavioral history	Suicide	Additional victims	Co-offenders
11	Guilty but mentally ill. Sentenced to life in prison	Unclear	Delinquent behavior as a juvenile. Charged with theft. Was convicted and served 8 years after stabbing a woman in an apparent FAMAE plot to steal her newborn baby, and the next day kidnapped another baby from the hospital	No	No	No
12	Charged with four counts of aggravated murder, one count of murder and two counts of first-degree robbery. She pleaded guilty to one count of aggravated murder and agreed to life without parole	Unclear. Took plea deal	Indicted for second-degree assault when she stabbed her husband in the back	No	No	No
13	Guilty of murder. Sentenced to life without parole	No	Arrested for assault and battery. Arrested in a drug bust. Charged with assault and battery of her boyfriend	No	No	No
14	Guilty but mentally ill. Sentenced to life without parole	After intense questioning, the abductor led police to the victim mother's body	Unknown	No	No	Failed attempt: asked her 13-year-old daughter for help in kidnapping a baby. She also asked her 14-year-old son to help her commit a murder. Both children refused
15	Guilty of two counts of first-degree homicide. Sentenced to life without parole	Yes	Unknown	No	No	No



considerations, the defendant's goal is to (1) diminish criminal responsibility and (2) mitigate sentencing, especially in death penalty-eligible proceedings.

In American courts, this exercise is initiated by defense attorneys, and the expert witnesses whose testimony they offer at trial. By proffering expert testimony, defense attorneys necessarily expose their clients to examination in rebuttal. While this may seem a risky proposition, in reality, the defendant has no choice because psychiatric testimony has become *de rigueur* in American courts to defend violent crimes when identification evidence is clear. Moreover, women are more likely to be found not guilty by reason of insanity than men [5].

3.2.1 | General psychiatric arguments at trial

An emergency room doctor, called in to testify by the prosecution, testified that Abductor 7's emotional state in the emergency room after bringing in the dead baby was very anxious, "borderline psychotic," and was denying the state of the deceased baby by asserting she was hearing the baby cry. She made rambling statements from time to time, talked about God punishing her, and kept insisting the baby was sleeping.

Testimony from a defense psychiatrist focused on Abductor 10's cultural origins in Laos and emphasized the importance of her earliest years, developmental traumas, and the trauma experienced by her extended family. Characterizing this as transgenerational trauma, the expert testified that by the time Abductor 10 was born in a Thai refugee camp, her parents had already altered her life circumstances. She was also reportedly sexually assaulted by an older boy when she was 9, and was briefly placed in foster care after being injured by her mother. Those incidents were denoted as "just a sampling" of the trauma in her past.

A prosecution expert who evaluated Abductor 10 during a 15-day stay at a state hospital testified that she was malingering and had no psychiatric diagnosis. Although the defendant claimed to hear voices of hallucinations during her hospital stay, staff became suspicious of the veracity of her stated symptoms after only a few days. The psychiatrist testified that Abductor 10 carried around a rolled-up blanket said to be her 2 1/2-year-old son and told people she had been kidnapped by police and that her baby was stolen from her. When she thought doctors and facility staffs were not watching however, she would laugh and tell jokes with other patients—particularly men—and participate in card games. The psychiatrist testified she malingered symptoms during formal interviews, although she did have mental issues, including a borderline IQ.

Abductor 1 presented expert testimony that her hypersexuality, ranging from age six with her cousin to sexual relationships with near strangers before age twelve, was indicators of early sexual abuse. Additional asserted signs of past sexual abuse were reflected in her fears about being in a shower, fear of going to sleep without a knife under her pillow, and substance abuse issues. Abductor 1 also said that she felt that she failed at the most basic female attribute, which

for her, was having a baby. Abductor 8's defense expert witness testified that the loss of her ability to reproduce was an emotional trauma that she felt was imposed upon her by her mother for alleged sexual contact with her stepfather or revenge by her husband for her affair.

3.3 | Premeditation

Not surprisingly, premeditation was a key consideration in trial testimony. Abductor 8's admissions of researching Victim 8, reading about premature infants, creating an alias email account, and bringing rope, a knife, and a clamp to the victim mother's house, demonstrated the calculated planning and premeditation commonly described in FAMAE offenses.

Evidence of premeditation in the Abductor 1 case included the following: (1) A witness reported she was seen in the obstetric clinic a day or two before kidnapping Victim 1 from the clinic's parking lot; (2) Abductor 1 admitted she researched C-section operations on the Internet; and (3) that she waited two hours at the clinic before seizing her at gunpoint when she returned to her car. The principal evidence that mitigated against premeditation was that Abductor 1 did not bring a knife or a sharp implement with her and instead, used a car key in the actual evisceration.

The various dimensions of premeditation, along with stalking behavior, make it difficult to view FAMAE as an impulsive crime. In that regard, insanity defense claims are, under traditional M'Naughten-related statutes focused on the defendant's appreciation of wrong, refuted by this evidence. For example, Abductor 6 lured the victim mother four blocks to her home, fatally shot her in the back, then eviscerated her, removed her fetus, and claimed it as her own. Abductor 6 then buried the victim mother in the dirt floor of her garage and was later seen raking and smoothing gravel in the driveway at mid-morning. Two days later, more gravel was delivered with instructions that some of the gravel be put in the garage. Prior to subsequently being implicated in the disappearance of Victim 6, Abductor 6 had told a neighbor, "Whoever did that to the Andrews woman, that person must have been a very mean or very wicked person."

3.4 | Proffered psychiatric diagnoses

3.4.1 | Psychogenic amnesia

The term psychogenic amnesia has traditionally been used to describe episodes of retrograde and/or anterograde memory loss, where such episodes are precipitated by psychological stresses and not by any identifiable brain damage [6]. This diagnosis is also characterized in the literature as hysterical, dissociative, functional, or medically unexplained amnesia, or amnesic block syndrome [6]. Several of the offenders asserted amnesia for the period that included the homicide and evisceration.



Experts on both sides of the Abductor 1 case generally agreed that she had “patchy” memory as to the sequence of events surrounding the murder and evisceration. Some examiners proposed “episodic psychogenic amnesia,” suggesting it coupled with an overwhelming event that the mind could not connect. Abductor 1 stated in interviews that she remembered driving with Victim 1 to an isolated area near a group of trees, that it was raining, that they got out of the car, that she hit the victim, that she was scratched, that the victim wasn’t moving, and that she then had the baby, but could not recall how she actually conducted the evisceration and kidnapping.

The prosecution witness testified that she must have been quite clear-headed and goal-directed in how she carried out the crime to be able to take a life and to quickly extract a healthy infant using such a crude instrument as a car key. The psychiatrist noted her to have made up stories such as a midwife giving her the baby and spilling blood and mud on her. He opined that Abductor 1 was thinking cleverly on her feet and making up stories over the course of her examination to explain away the evidence in a manner that suggested she was lying.

The defense expert, on the other hand, disagreed with the episodic amnesia diagnosis, explaining that this amnesia was not a one-time event. Rather, Abductor 1 had other episodes of amnesia earlier as a child. The defense mental health expert testified that Abductor 1 had memories of the murder that she kept out of awareness and that she had alternating personality states suggestive of multiple personality disorder.

Claims of amnesia are very frequent among defendants of major crimes. The challenge to an examiner resides in the inherent pressure on the defendant to disclose as little as possible about a brutal crime. A self-serving and specious assertion of amnesia navigates around the messiness of candor. On the other hand, personal involvement in a crime that disturbs body integrity may be traumatic enough to the perpetrator to inspire repressive defenses. Assessment that probes coping strategies, as well as the consistency of one’s demonstrable amnesia for the event, informs the resolution of this important question.

3.4.2 | Pseudocyesis

The diagnosis of pseudocyesis, otherwise known as false, imaginary, phantom, hysterical, or spurious pregnancy [7], is another consideration. Pseudocyesis is a rare, debilitating somatic disorder in which a woman presents with objective physical signs of pregnancy, without actually being pregnant [8]. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) [9] lists pseudocyesis under somatic symptoms and related disorders (p. 310, 327). An important differential diagnosis from pseudocyesis is delusion of pregnancy, where physical signs are not present [8]. The DSM-5 categorizes delusion of pregnancy under schizophrenia spectrum and other psychotic disorders.

One expert testifying in the Abductor 1 trial pointed out how she had displayed some characteristics similar to pseudocyesis, but

to the extent that she lied, Abductor 1 consciously knew she was not pregnant and pretended she was. The psychiatrist found evidence in each of her prior false pregnancies that she had conscious awareness of that falsehood and intentionally lied about it.

A defense expert also diagnosed Abductor 10 with pseudocyesis. He testified to her preoccupation with women who were pregnant, and how she would often say that she was pregnant, tell people she had miscarried, or that she already had a child and was expecting her second child.

In the Abductor 8 trial, a defense expert testified that pseudocyesis was in actuality a delusion of pregnancy. To be diagnosed with pseudocyesis, an individual must have an intense desire to become pregnant, noted the expert, adding that the desire gives rise to hormonal changes that result in physical changes consistent with pregnancy. A person suffering from pseudocyesis might also crave strange foods, have nausea, feel fetal quickening, and have contractions. The defense expert testified that Abductor 8 suffered from a severe pseudocyesis delusion and that she was in a dissociative state when she murdered Victim 8 and stole her unborn child. Abductor 8’s childhood sexual abuse and post-traumatic stress disorder predisposed her to pseudocyesis, added the expert witness. He testified that Abductor 8 sustained her pregnancy delusion with Internet research on C-sections, home birth, and hormones to assist in delivery. Abductor 8’s purchases of maternity clothes, a home birthing kit, and items for a baby nursery were said to be consistent with pseudocyesis.

Explaining inconsistent stories was also a point of contention among experts on both sides. For example, Abductor 8’s defense witness asserted that these inconsistencies actually underscored the defendant’s delusional state. He opined that malingering involves a consistent story because “it’s a planned volition and a lie” and that a delusional state involves “constantly change[ing] the story to accommodate the delusion and then forgetting what you said earlier.”

The government’s expert in the Abductor 8 trial testified that there are two different phenomena that have been called pseudocyesis. The first is a condition in which a woman sincerely believes that she is pregnant, but she is not mentally ill and does not have delusions. The belief usually ends when the woman is confronted with evidence that she is not pregnant. The second involves mental illness—usually schizophrenia—and the delusion of pregnancy. The government expert distinguished that pseudocyesis is a psychosomatic condition that is classified as a somatoform disorder to “reflect its historical origin as hysterical conversion... in which conflicts in the mind are converted into a bodily symptom.” A delusion achieves its quality because a woman with the mistaken belief maintains a conviction that she is pregnant despite clear evidence to the contrary.

Abductor 8 understood that she had undergone permanent sterilization, asserted the prosecution expert, despite her statements that the procedure had been reversed. With her previous pregnancies, she sought prenatal care, had her husband attend the appointments, and gave birth in the hospital. But with this alleged pregnancy, she did not seek medical confirmation of the pregnancy or prenatal care. After her husband decided to attend an appointment with her,



Abductor 8 told him that she had canceled the appointment. When she filled out an insurance application in September 2004, she indicated that she was not pregnant. Finally, the prosecution expert considered Abductor 8's previous false claims of pregnancy, including one in which she said that she had donated a stillborn infant to science and forged a letter from the purported research institution.

Furthermore, before admitting that she had killed Victim 8 and abducted her baby, Abductor 8 gave multiple narratives for the birth, first stating that she had given birth in a women's clinic, then at home with the help of two friends, and, finally, alone. After she had confessed and was in custody, she changed her story again, this time claiming that her brother was with her at the victim mother's home. After it was determined that her brother could not have been with her at the time of the kidnapping, Abductor 8 claimed to have amnesia before and during Victim 8's murder. Based on this, the expert concluded that Abductor 8 was not delusional but, "knew she was not pregnant but told people that she was."

3.4.3 | Dissociative disorder

Per the DSM-5 [9], "dissociative disorders are characterized by a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior" (p. 291). Abductor 1's defense expert psychologist testified that Abductor 1's crime was a disorganized, unconscious act which was unplanned and not thought out. He stated that people who have dissociative disorders are often misdiagnosed as malingering because of their scores on various psychological tests and because their presentation mimics so many different psychiatric syndromes. As a result, asserted the expert, those with dissociative disorders are confused with people who are trying to mimic psychiatric illness to avoid responsibility. He testified that Abductor 1 suffered from an atypical dissociative disorder, citing the degree of disintegration of her personality functioning, her psychological testing results, her history extending from early childhood, and her cognitive functioning among other data.

Abductor 1's history of engaging in fantasy for years and her capacity to immerse herself in a fantasy world, said the defense expert, was critical to understanding her dissociative disorder. "Persons with dissociative personality tell themselves fantasies, then believe them, may know that they are fantasies; however, they become, in their world, true for them. So, when the world says to them, 'It's not like that,' they can say, 'Of course it's not' but then still believe and act as if it were true."

In actuality, this was not reflective of the criteria for dissociative disorders. Additionally, the prosecution expert psychiatrist testified in rebuttal that while Abductor 1 had a great deal of anger toward her mother, she felt she received most of what she wanted, and said she was not subjected to any physical child abuse. These points countered any presumptions of early abuse and the underpinnings of dissociative personality structure.

A defense expert diagnosed Abductor 4 with post-traumatic stress disorder (PTSD), noting the following symptoms: flashbacks, dreams of reliving the experience, re-experiencing physiological symptoms, difficulty sleeping, feeling tired, difficulty concentrating and making decisions, and being hypervigilant. The expert testified that she may have been dissociative when she was acting in the offense and was feeling depersonalized and making robotic-like movements throughout the crime. After the event, she reportedly experienced amnesia. This testimony bore more fidelity to the diagnostic criteria for dissociative disorder.

3.4.4 | Delusional disorder

The DSM-5 [9] (p. 92) states the "essential feature of delusional disorder is the presence of one or more delusions that persist for at least 1 month (Criterion A). A diagnosis of delusional disorder is not given if the individual has ever had a symptom presentation that met Criterion A for schizophrenia (Criterion B)." Abductor 11 had been given diagnoses ranging from schizophrenia, to major depression with psychotic features, and to depressive disorder not otherwise specified. Eighteen years before her FAMAE offense, Abductor 11 had also attempted to stab a woman to get a baby. After her arrest on the later offense, one mental health expert diagnosed her with delusional disorder, asserting that her belief that she was pregnant was completely out of touch with reality, as were statements about prior pregnancies, multiple miscarriages, having a living child, and having one baby die of Sudden Infant Death Syndrome.

Although she was having what the expert deemed delusional ideas about pregnancies and babies, she was living a normal life, going to group therapy, paying her rent, and having an unremarkable relationship with siblings and some friends. Prosecutors asked the defense expert the following:

In light of the fact that you've testified that.....she could not form the specific intent to kill when she engaged the victim at the jail.....somehow got her over to her apartment.....doses her with a precise amount of Gabapentin...proceeds to cut [out] the baby by making three surgical incisions and removing this child without a scratch on the baby...make[ing] no attempt to stitch her up afterwards..... put saran wrap and garbage bags and duct tape in layer after layer so that the girl suffocates to death. At some point during that continuum of activity, don't you think she realized that she was affecting the death of this girl?

The expert's answer was, "Not if she was psychotic at the time."

An opposing prosecution expert witness disagreed with the diagnosis of delusional disorder, pointing to Abductor 11 being told by her doctor that she was not pregnant. At that point, testified the prosecution expert, Abductor 11 did not continue to insist to the



doctor that she was pregnant. Instead, she tried to deceive her family into believing she was pregnant by asking a friend to disguise his voice and phone her mother to say she was going to be induced into labor.

4 | PSYCHOLOGICAL TESTING

Examining psychologists gave test batteries to different defendants, and the findings of some are informative. The forensic evaluation of Abductor 4, for example, included a Minnesota Multiphasic Personality Inventory, 2nd edition [10]. The prosecution examiner testified that Abductor 4's scores indicated good ego strength. Her profile was consistent with persons that might be;

...seen as angry, hostile, have strong denial, angry feelings and exert excessive control of their hostile impulses. Their anger may frequently be directed towards family members in indirect or passive ways. These individuals are seen as tense, anxious and hypersensitive to criticism. They utilize denial and rationalization excessively, and are typically egocentric, narcissistic, rigid, and suspicious. They are often described as defiant and uncooperative, and will often blame others for their difficulties. The profile does not suggest the presence of a major thought or mood disturbance.

As for her mental state at the time of the crime, the prosecution examiner testified that Abductor 4 had no diagnosis.

The defense examiner testified, on the other hand, that Abductor 4's MMPI showed she has a "paranoid predisposition, is perhaps overly responsive to the actions of others, may blame others for her own difficulties, and is moralistic and rigid." The defense examiner diagnosed her with sleep deprivation at the time of the crime. Furthermore, he added, she had post-traumatic stress disorder, originating with her own crime.

Other abductors had a range of scores on the MMPI-2 validity instruments, including altogether valid responses, despite a well-established history of lying. On the other hand, examinees such as Abductor 8 scored particularly high on the fake bad scale, in which a person embellishes one's pathology.

5 | LEGAL CONSIDERATIONS

5.1 | Defendant testimony

Trials featured testimony by the perpetrators' partners and expert witnesses. Not surprisingly, one of the only trials in which the defendant herself testified was that of Abductor 4, whose FAMAE involved accomplices. The participation of another allows for a trier of fact to consider an alternative explanation—including that of a

male as the prime mover—rather than to consider a female capable of evisceration.

Abductor 4 testified that she moved in with her new boyfriend in 1995 and that he told her many times he wanted a baby. He knew she had a hysterectomy in 1993, and the defendant stated that her boyfriend had seen the scar many times. She testified she had no plans to marry him, but that he was preoccupied with having a baby, and that he asked to see a sonogram. Also, that she said "we" were going to have a baby not that "she" was, and that she never told anyone she was going to have a baby. On cross-examination, Abductor 4 denied telling six people (who had testified that she *had* told them) that she was pregnant. Rather, she said that she and her boyfriend were expecting a baby. She denied being involved with the killing and evisceration of Victim 4.

Abductor 5 was the other FAMAE offender who testified. Her case was unique in that Victim 5 was never discovered (because Abductor 5 had dismembered and discarded her body parts across a wide area). There was, therefore, no customary autopsy evidence available to contradict Abductor 5's assertion that she made a deal to buy the baby from Victim 5 that Victim 5 had induced her own labor, had a stillbirth, and died after they had parted.

5.2 | Verdict and sentencing

5.2.1 | Defendants

Verdicts in 14 cases included eight guilty, two guilty but mentally ill, three guilty pleas to the charges, and one found guilty of child trafficking. The fifteenth abductor committed suicide before being arrested. Of those sentenced in the USA, nine defendants received life without parole, two received the death penalty (Abductor 8, and Abductor 3 who later had her sentence converted to life without parole), and one received a minimum of 30 years. The kidnapping that had taken place in Mexico resulted in a 3-year probation. Arguments at sentencing included several points of emphasis.

The defense attorney asserted at Abductor 4's sentencing hearing: "The court heard testimony from [Abductor 4's boyfriend] of this charade to butcher a child bearing a child, to run to Birmingham to hide, to run to Georgia to hide, and then to come in here and have the even more unmitigated gall to lie to this jury: 'Well, I didn't have anything to do with this. She tricked me.'" The Abductor 4 trial jury, nevertheless, unanimously voted that she was guilty and that she should receive a life sentence without parole. The judge upheld the jury's vote.

Abductor 8 asserted the following mitigating factors, among others, to support her case for life imprisonment: Her capacity to appreciate the wrongfulness of her conduct or to conform her conduct to the requirements of the law was significantly impaired; she committed the offense under severe mental and emotional disturbance; she had reared and supported four good children, to whom she had offered advice, nurturance, and emotional support and would continue to do so if she was sentenced to life imprisonment. Throughout both

the guilt and sentencing phases of trial, various witnesses had testified that Abductor 8 was a good and loving mother, that she and her children got along well, and that they had a harmonious relationship. Over defense counsel's objections, the prosecutor asked Abductor 8's daughter whether Abductor 8 had ever apologized for the suffering she caused the family. During closing arguments, the prosecutor expounded on the counterargument that Abductor 8 was not a good mother and that a good mother would not force her children to testify in this high-profile trial. Abductor 8 was sentenced to death.

5.2.2 | Co-defendants

Abductor 3 had three accomplices, two who were arrested and one who was never captured. Three counts of murder and two counts of aggravated kidnapping were lodged against Abductor 3's boyfriend and male cousin who aided in the FAMAE and murder of Victim 3, as well as the murder of the victim mother's 10-year-old daughter and kidnapping and murder of the 7-year-old son, and kidnapping of the baby.

As part of the Abductor 4 case, several other defendants stood trial. Her boyfriend stood by his original claim that he knew nothing of the murder. He was found guilty of kidnapping, was acquitted on the murder charges, and sentenced to 20 years. Abductor 4 blamed him for the murder, saying she only went along with it because she feared for her own life.

The sister of Abductor 4 was also convicted of "hindering prosecution in the first degree" and sentenced to 17 years' imprisonment. The Court of Criminal Appeals affirmed this sentence, but the Alabama Supreme Court later reversed it and rendered a judgment of acquittal. Her conviction was based on her being closely linked to Abductor 4 and Abductor 4's boyfriend, and to the events surrounding the murder, and on her inconsistencies in responses to investigators. Her false statements allegedly enabled the progress of Abductor 4 and her boyfriend's criminal activity and prevented a faster recovery of Victim 4's body.

5.3 | Extradition

In Abductor 2's case, a doctor had performed a C-section of the victim mother. Victim 2 was the only victim mother in this sample to have survived. After kidnapping the infant, Abductor 2 left Mexico, where the crime occurred, returning to the USA. Abductor 2 was charged with child trafficking and extradited to Mexico where she was placed on probation. Abductor 2's accomplice, her sister, was never captured. After surviving the FAMAE, Victim 2 had to fight for two years to gain custody of the baby kidnapped from her womb. Abductor 2 said that the baby was hers, and through bribery had managed to obtain a birth certificate stating that she was the biological mother of the boy and that the father was a Mexican drug lord. A DNA test proved the baby was Victim 2's.

5.4 | Petitions for appeal

Appeals introduced other approaches to FAMAE cases. Abductor 1, among other things, argued that a juror's post-trial statements at the evidentiary hearing that he could "see the devil" in her called into question his ability to be an impartial juror and that both the state and federal courts erred in not recognizing the implications of this testimony. The Appellate court ruled, however, that the juror testified that he arrived at his verdict on the basis of the evidence presented at trial, and not on the basis of... his ability to "see the devil in the Appellant."

Abductor 8's appeal raised the earlier defense attempt to introduce expert evidence on a positron emission tomography (PET) scan and magnetic resonance imaging (MRI). The defense had attempted to claim that Abductor 8's brain had structural and functional abnormalities consistent with the diagnosis of pseudocyesis. Other than referencing a scientific study on rats, however, there was no evidence offered to show the scientific reliability of the expert's opinion. Accordingly, the court ruled that the opinion that claimed imaging abnormalities were consistent with pseudocyesis did not rise to the level of scientific knowledge. A hypothesis without support, noted the Court, is no more than a subjective belief or an exercise in speculation.

Abductor 8 also moved to dismiss the statutory aggravating factor that she "committed the offense in an especially heinous or depraved manner in that it involved serious physical abuse to the victim." Abductor 8 had argued that the evidence showed she used only the force necessary to commit the offense, and thus, the evidence was insufficient to submit the factor to the jury. The motion was denied, and the jury returned a unanimous verdict that the aggravating factor had been met.

The Court denied the appeal of a finding of "heinous," noting that Abductor 8 mutilated Victim 8's body in order to remove the infant from her womb. Abductor 8 had also confessed to using a rope to strangle Victim 8 until she was unconscious. The medical examiner had testified the two women struggled after Victim 8 regained consciousness. The blood caked between Victim 8's toes indicated that she had lost a significant amount of blood before and during the struggle. The autopsy had revealed that there were two ligature strangulations, and the medical examiner opined that it was the second strangulation that resulted in Victim 8's death. Abductor 8 admittedly had punctured the victim's abdomen with a kitchen knife; the autopsy revealed that the incision was jagged. After reaching into Victim 8's body and removing the fetus, Abductor 8 had left the victim mother's mutilated body on the floor. The dining room was covered in blood. Victim 8's mother, who found her, described her daughter's body as looking like her stomach had exploded.

5.5 | Suicide

Two perpetrators in this sample committed suicide. Authorities returned to Abductor 6's home to question her a second time about

Victim 6's disappearance and to investigate a call that had been made from her husband's cellular phone to the victim's home the morning of the FAMAE. As police pulled up to the house and got out of their cars, they heard a shot and discovered that Abductor 6 had taken her own life. Her family later said that Abductor 6 never exhibited violence in her life. They conceded that she made poor choices in the past, but nothing indicative of a crime of this nature. Her family members were at a loss for offering any other insight into this tragedy. They did add, however, that Abductor 6 was 13 years old she had discovered her father's lifeless body in the family garage after his apparent suicide due to carbon monoxide poisoning. That garage is where, years later, she buried her FAMAE victim's body.

Abductor 5 committed suicide after she was found guilty of kidnapping and two murders, and prior to sentencing. Three days after her conviction, she hanged herself with a sheet in her one-person jail cell. Abductor 5 left five letters written to various people, including jail staff members, whom she thanked for humane treatment. "I leave with no pending sins except the taking of my own life," she wrote. "This humiliation is more than my brain can stand." She also left two messages written in lipstick on her cell wall: one addressing her city, "Fresno, may God forgive you", and "Babies, I am not a murderer. I love you." It was shame that inspired the suicide, not regret.

6 | DISCUSSION

Fetal Abduction by Maternal Evisceration offenses are remarkable for their disturbing qualities. The lying of the pregnancy claim may distract from the penultimate crime, but assessment must consider the details of the evisceration. That noted, for such extreme violence among primarily adult offenders, one would expect to see past interpersonal histories rife with extreme violence. It is particularly notable that FAMAE offenders, unlike other violent offenders, do not have histories of violence to any comparable degree. There are those few offenders with violence history; however, this violence, when present, is far more modest in nature compared with FAMAE. Thus, the actions of FAMAE invariably appear to be completely out of character with the perpetrator.

Fetal Abduction by Maternal Evisceration offenders, by virtue of their well-established deception in the course of impression management, provide a vivid example of suspects whose interrogation statements may contradict available evidence but who are nevertheless guilty. For the FAMAE offender, that lack of a match is exactly the goal, in order to mitigate culpability and to mislead investigators to the degree possible. The disconnect also contributes to defense assertions that psychiatric diagnoses explain the defendant's behavior, from the FAMAE to the later actions.

Psychiatric experts showed the greatest variance in diagnosis over what to call the feigned pregnancy. Pseudocyesis, factitious disorder/pregnancy, pseudopregnancy, schizophrenia, PTSD, delusional disorder, and dissociative disorder were among the various diagnoses proposed. The countervailing arguments make for a healthy academic debate. But in reality, FAMAE is more than whether the

mother believes she is pregnant. All of these cases involve a premeditated scheme to ensnare, immobilize, eviscerate, extract, and fraudulently claim a kidnapped infant as one's own in order to give reality to a fertility wish.

The act of murder and fetal kidnapping is initiated by the female perpetrator before anyone proves her pregnancy to be false. In so doing, the perpetrator herself accounts for the falsehood of her claim before others definitively refute that claim. Abductors in FAMAE cases cannot claim to have a fixed belief when they make choices demonstrate their recognition that there is no baby.

In the adversarial system of American courts, defense expert psychiatric testimony on reduced criminal culpability would not be offered without a diagnosis. Some experts gain the latitude at trial to make academic arguments that may or may not be evidence-based. Many expert witnesses are principally informed by a defendant who has long ago demonstrated her capacity to mislead. One does not have to have a psychiatric diagnosis to out unusual violence, and FAMAE is no exception.

6.1 | Amnesia arguments

Claims of inability to remember are common diversionary tactics of criminal defendants. Under such circumstances, it is prudent to test memory and dissociation history by collateral input as well as neuropsychological testing. Should memory deficits be a legitimate infirmity, then a consistent pathology from brain disease or injury can be demonstrated, or a coping style of dissociation that manifests well before the instant offense.

Without such evidence from the historical record, objective source materials such as time-stamped communications from email or smartphone applications, and/or psychological testing, claims of inability to remember cannot mean more than active efforts to obstruct fact-finding. Closer scrutiny of the defendant's statements, and their progression, demonstrates any non-random and self-serving pattern of what is and is not remembered. True memory problems do not neatly approximate the lines of criminal responsibility, but exhibit more global deficits.

6.2 | Dissociative disorder

When comparison is made between the arguments presented in the identified cases, and the DSM-5 criteria of dissociative disorder, it becomes apparent that none of the claims accurately reflect the criteria for dissociative disorders. Rather, they are demonstrative of wishful thinking of what these diagnostic criteria are. Expert witness testimony and its propensity to conjure imaginative explanations remain a hindrance to evidence-based objectivity in FAMAE cases. An attack which claims considerably less stalking and engagement under false pretense, and a more opportunistic and quick attack allows a dissociative disorder claim to be considered with some face credibility, whether it is present or not.

6.3 | Delusional disorder

The manipulation discussed in the facts of these FAMAE cases, insofar as it is initiated by a perpetrator to acquire a baby, underscores that the impetus for such homicidal behavior is the recognition by the perpetrator first and foremost that her claim of pregnancy is a lie. Analysis that does not account for the larger point of so much furtive and premeditated activity is deliberately ignoring psychiatric evidence.

6.4 | Psychiatric considerations as mitigation

Notably absent from the diagnoses analyzed are those that center around attachment/separation issues. An offender who would kill a completely innocent person to affect the closeness and commitment of one's relationship is a person with severe attachment pathology. Pathological object relations also reflect in the disposability with which the offender relates to the victim. It would be obvious to most that the suggestion that someone specifically from Laos, like Abductor 10, would be at risk for FAMAE is far-fetched. Likewise, the rarity of this crime also speaks to the causal irrelevance of sex abuse per se. However, a person who endures experiences that readily lead to pathological object relations may be materially relevant to a jury.

A differential diagnosis for many FAMAE offenders may be borderline personality disorder. The DSM-5 [9] (p. 663) defines the main features of borderline personality disorder as a pervasive pattern of instability in interpersonal relationships, self-image, and affect, as well as markedly impulsive behavior. In particular, borderline personality disorder is associated with longstanding boundary problems and fears of abandonment which impact various relationships and inject chaos into intimacy [11]. The borderline personality may, under certain circumstances, have a weak enough hold on reality as to reflect psychosis [12]. Lying in those with borderline personality is common and may even include non-instrumental lying [13]. Borderline personality disorder encompasses many of the core qualities of the FAMAE perpetrator, including identity disturbance and the capacity for violence [14]. More importantly, it contains features that are potentially helpful to either defense or prosecution, depending on the individual circumstances of the case.

Borderline personality does not exist to the necessary exclusion of the other disorders discussed. However, its approximation of the aforementioned pathology and crime details contrasts to the inherent contradictions of diagnoses such as psychogenic amnesia, which involves an unconscious process. Evidence for the FAMAE offenders in this sample supports a conscious, calculating, and manipulative offense behavior.

Notwithstanding the inescapable brutality of the crime, and the opportunistic stealth leading to it, FAMAE is also rare. Therefore, even as deliberations about whether such crimes are delusional may be disconnected from the facts and evidence, the crime itself introduces issues which may be more legitimate defenses. For example, what are the parameters of desperation? To what degree was

that desperation internally, rather than externally generated? How closely does this relate to the predation? Was the behavior so out of character as to have traumatized the offender as well, and how? These and other questions inform the fine points of these peculiar cases and apply psychiatry to legal decision-making with more legitimate application of the science of mental health.

It might be useful when attempting to mitigate sentencing to distinguish conflict and conscience from offender qualities that reflect a cold-blooded predatory personality such as psychopathy. On the other hand, PTSD in female offenders frequently coexists with anti-social personality [15,16]. Psychological testing, when data are originating from instruments that contain validity indicators, may help an examiner to identify relevant conflict.

7 | LIMITATIONS & CONCLUSIONS

This report and analysis benefitted greatly from data made available from the NCMEC. Even with the documentation available through this prestigious agency, and the superiority of data from such a source as opposed to that which derives from the news media or true crime reporting, we must assume some deviation from the truth occurred when statements from the abductors were used. This, in turn, impacts the assessment of these FAMAE offenders.

Yet such a remarkably peculiar crime invites a range of psychological considerations and the degree to which many of these perpetrators have been scrutinized (even in an adversarial system that does not prioritize obtaining objective testimony) can be quite instructive. Furthermore, the legal ramifications of the more mitigating qualities can inform those attorneys and psychiatric and psychological examiners who respect the boundaries of the science and well-chronicled diagnostic criteria in their examination responsibilities.

When a defendant is a skilled misinformant, a mental health professional's analysis is that much more subject to error. For this reason, collateral witness input and objective data are essential to weigh in conjunction with the perpetrator's history. Serious mental illness and its decline do not conform to a schedule. FAMAE, however, does. When nine months are up, or a false pregnancy claiming offender advances well-beyond term, it is timing that directs the motivation and its urgency, not the progression of mental instability.

Examiners of defendants in fetal kidnapping-murder should be mindful that they are dealing with someone who effectively persuaded an intimate to believe a complete falsehood, and inspired enough trust to betray an expectant mother. Fooling a psychiatrist in an interview of a few hours is easier. The motivation for a defendant to manage impressions will always be greater than the capacity of a psychiatrist or psychologist to discern sincerity.

The high degree of cunning and the perpetrator's use of verbal skills to deceive and to mislead reinforce the challenge of forensic examiners to establish valid and reliable history through physical evidence, communication records, or history from non-invested parties whenever available. However, when such evidence does not exist, the same person who so aptly convinced a husband, boyfriend,

or family of a false pregnancy and who successfully lured a victim to death will run circles around an interviewing mental health professional willing to believe what the offender says without verification. In such instances, the expert witness assuming the role of credentialed spokesperson is a far more preferred alternative by defense counsel than a defendant with demonstrable honesty problems.

On the one hand, FAMA perpetrators inspire incredulous belief. On the other hand, it may be more disturbing for jurors to consider that a sane person is capable of such a crime. Governments cynically exploit wishful thinking of human nature to invariably depict devious and very astute terrorists as “deranged” or “disturbed,” so that the public can rest comfortably knowing that unacceptable acts are committed by apparent outliers. Like other dramatic crimes, such as infanticide and parricide, as well as mass homicide, it is therefore common for a defense team to take the position that “she had to be crazy to do this.”

Defendants charged with FAMA are, however, disadvantaged in asserting exculpatory psychiatric explanations by four key historical points: (1) the premeditation and calculation of the crime, which bespeaks opportunistic predation, (2) the availability of a spouse or boyfriend who did not experience in the perpetrator any illness that would warrant referral for treatment, (3) a perpetrator clearly concealing actions and intentions from her significant other and from family and friends, and (4) the perpetrator's rational behavior being instrumental to gaining access to an unsuspecting victim.

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