



Fetal abduction by maternal evisceration: A planned homicide

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ABSTRACT

Objective: Fetal abduction by maternal evisceration (FAMAE) cases are statistically rare but warrant closer scrutiny as planned homicides. This study reports lessons regarding abductor modus operandi, motivation, intent, planning, and the dynamics in the attack to inform public safety.

Methods: The fifteen FAMAE cases reported to the National Center for Missing and Exploited Children from 1987 to 2011 were reviewed. Court documents for the cases were retrieved, and investigators and attorneys were called to verify information where necessary.

Results: All abductors were female, between 19 and 40 years of age. Seven stages of the structure of the crime were identified: targeting and making contact with a pregnant woman, securing weapons, determining the location, subduing the mother, securing the newborn, disposing of the victim mother's body, and informing others that they birthed a child.

Conclusion: The case histories analyzed demonstrate how FAMAE perpetrators target an unsuspecting pregnant woman, and entrap and murder her in the service of fetal kidnapping. Awareness of FAMAE promotes public safety from those who would do anything to claim they have borne a child.

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1. Introduction

Fetal abduction by maternal evisceration (FAMAE) is a highly unusual crime that defies many conventions of forensic psychiatry and criminology. Statistically rare, FAMAE offences have nonetheless been more frequently identified and warrant closer scrutiny. The National Center for Missing & Exploited Children (NCMEC) is the national clearinghouse and resource center for crimes that involve missing and exploited children, and the abduction of infants (birth through 6 months) by non-family members has been of particular concern for the center. [1] The NCMEC has been studying such cases since 1983, focusing on abductor profiles and violence, [2,3] family reaction, [4] and providing guidelines for healthcare professionals on prevention of and response to infant abductions. [5].

Educational programs for healthcare agencies and tight security within hospital neonatal units have proved successful in deterring abductors from institutions, with many attempted abductions prevented due to public education and increased vigilance. [5] These precautionary measures have coincided, since the early 1990's, with a notable increase in the number of infant abductions from non-

agency and non-hospital settings. [3] A study of 247 infant abductions over three decades revealed that increased rates of parental injury during abduction attempts was an important change between the years 1983–1992 and 1993–2006. [6].

Infant kidnapping resulting in the death of a parent is a tragic event. The most extreme form of these kidnappings involves a perpetrator who targets and subdues an expectant mother, eviscerates her to remove a late-term fetus, and absconds with the baby. [7].

The earliest reported abduction of a fetus by evisceration involved a 1974 case in Philadelphia, Pennsylvania. The 26-year-old victim mother was reportedly shot 3 times and hit 20 times with a hatchet by the 35-year-old abductor. The baby was removed via an evisceration performed with a butcher knife, and survived. The abductor was diagnosed with schizophrenia, acquitted as criminally insane, and released as "cured" in 1977. Cases of Fetal Abduction by Maternal Evisceration (FAMAE) were thereafter reported to the National Center for Missing and Exploited Children.

When such unusual crimes occur, they attract attention from the press, security agencies, and attorneys, [7] and academic articles regarding FAMAE have appeared in specialty journals. [1,3,7–11] The abductors share unique behavioral profiles, [11] and lessons from a study of abductor modus operandi, motivation, intent, planning, and the dynamics in the attack can inform public safety.

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Table 1
Abductor and victim mother demographics.

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

2. Methods

The authors reviewed the fifteen completed non-family member FAMAE cases reported to the National Center for Missing and Exploited Children from 1987 to 2011. Court documents for the cases were retrieved by staff at the Center for inclusion in the case files, and investigators and attorneys were called to verify information where necessary. If data was unclear or could not be corroborated it was left out. The data from these cases enables closer study of important qualities that distinguish FAMAE crimes.

We have not reported names, instead using Abductor 1, Abductor 2...Abductor 15 to refer to the perpetrators of FAMAE in this sample and Victim 1, Victim 2...Victim 15 to refer to the victim mothers, out of respect to the victims and their families.

2.1. Demographic profile

Brief demographic information for the abductors and the victim mothers is presented in Table 1.

2.1.1. Gender

All of the abductors were female. Only three abductors had accomplices in committing the kidnapping and/or murder and evisceration; Abductor 2 collaborated with her sister, Abductor 3 with her boyfriend and male cousin, and Abductor 4 with her common-law husband.

2.1.2. Age

The 15 abductors' ages ranged between 19 and 40 years of age ($M = 31.5$ years). The 15 victims' ages ranged between 17 and 40 ($M = 23.6$ years). After removing an outlier (40 years) the remaining 14 victims were between the ages of 17 and 28. Most abductors (8) were older by over 10 years and targeted a younger victim mother. The oldest abductor and victim pair were both age 40.

2.1.3. Location

The abductions occurred in fourteen states; two in Illinois, and one each in Alabama, California, Kentucky, Massachusetts, Missouri, New Mexico, Ohio, Oklahoma, Oregon, Pennsylvania, Texas, Washington, and Wisconsin. One case of FAMAE was reported to the NCMEC in 1987, with four in the 1990s (1992, 1995, 1996, and 1998), and ten from 2000 to 2011 (2000, 2003, 2004, 2006, with two cases each in 2008, 2009 and 2011). The rate at which FAMAE cases were reported demonstrates a steady increase.

2.1.4. Race/Ethnicity

Information regarding race/ethnicity was contained within the court documents. This information was extracted from the case files

to assess whether or not perpetrators targeted victim mothers of the same perceived race/ethnicity. Seven abductors were White (46.67%), four were Black (26.67%), three Hispanic (18%), and one 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 Black, the infant of a White mother was kidnapped by FAMAE (the abductor's boyfriend wanted a light skinned baby); the abductor of Laotian Hmong background targeted a victim mother who was Hispanic.

2.1.5. Criminal history

Of the cases with data, eight of the abductors had a known family criminal history, and eight had their own criminal history. Some had a history of earlier impulsive and aggressive behavior. For each of the offenders, however, the FAMAE event was extreme relative to any previous behavioral history.

Before age 15, for example, Abductor 1 had run away from home, initiated fights, hit a classmate, and destroyed property. Abductor 11 was charged with theft, and disciplined for disruptive, aggressive, and impulsive classroom behavior, for frequent fights in school with other girls, and for fabricating stories. Abductor 2 had an arrest for battery, Abductor 3 had convictions for theft and forgery, Abductor 4 had arrests for shoplifting, and Abductor 9 had arrests for domestic battery, credit card fraud, and probation violation. Abductor 13 was previously arrested for assault and battery and Abductor 12 was indicted for second-degree assault when she stabbed her husband in the back. Abductor 6 had undergone counseling twice for stealing from relatives, and served a jail sentence for embezzlement.

The most clearly similar previous crime in this sample was an infant kidnapping in 1990 by Abductor 11. The day after Abductor 11 stabbed a woman in an attempt to steal her newborn baby, she kidnapped a 3-week-old baby from a hospital pediatric unit. Abductor 11 had been on the hospital floor the day prior to the abduction and told the nurses that she was the baby's aunt. She had introduced herself to the child's mother and bought the child gifts, using compliments as a ruse. She returned the next day while the mother was not there, told the nurses that she was taking the baby for a walk down the hall, and proceeded to walk out of the hospital. The baby, found unharmed at the abductor's mother home seven hours later, was located through a computer printout of hospital record phone calls after a nurse recalled seeing the abductor using the phone in the mother's room. The baby's identification wristband was still on the baby. Abductor 11 was apprehended and sentenced to 8 years' imprisonment. She was released in 2008. That same year she kidnapped, eviscerated, and killed Victim 11, delivering a fetus at 6-months gestation.

Table 2
Case fact patterns.

Case number	Prior meeting of abductor & victim mother	Initial location	Crime location	Victim mother pregnancy at time of crime	Fetus life outcome	Weapon	Rouse	Additional victims	Co-offenders
1	No	Hospital clinic	Outside	8 1/2 months	Survived	Cord to incapacitate, and car key to eviscerate.	No - blitz attack.	No	No
2	Yes	Obstetrician office in Texas	Clinic in Mexico	Unknown	Survived	Medical caesarean section performed by Mexican doctor.	Pretended to be paying for an obstetrician appointment during a shopping trip.	No	Her sister, and a doctor.
3	Yes	Victim's home	Victim's home	9 months	Survived	Gun to incapacitate, Knife & scissors for evisceration.	Used relationship with the victim mother to gain entry to the house.	The victim mother's 10-year-old daughter and 7-year-old son were murdered because they witnessed the attack.	Her boyfriend and male cousin helped with the FAMAE, and murder of child witnesses.
4	Yes	Victim's home	Abductor's home	9 months	Survived	Gun to incapacitate. Knife to perform evisceration.	Invited the victim mother for pizza, and then back to her house.	No	Her partner helped hide the body.
5	Yes	Victim's home	Warehouse	8 months	Died	Unknown.	Contacted the victim mother and offered her family gifts of free baby furniture and a one-year supply of diapers.	No	No
6	Yes	Other	Abductor's home	9 months	Died	Gun to incapacitate. Sharp object to perform evisceration.	She called the victim mother and made an appointment to see a car the victim mother was selling. The abductor talked the pregnant mother into leaving her home and accompanying her back to her residence where she was killed.	No	No
7	Yes	Casino	Outside	6 months	Died	Gun to incapacitate. Sharp object to perform evisceration.	Strangulation to incapacitate. Kitchen knife to perform evisceration.	No	No
8	Yes	Internet	Victim's home	8 months	Survived	Table leg to incapacitate. Victim was bound and gagged. Scissors to perform evisceration.	Abductor invited the victim mother to her house to watch movies.	No	No
9	Yes	Victim's home	Abductor's home	7 months	Died	Victim was bound and gagged. Scissors to perform evisceration.	After the FAMAE, the abductor kidnapped and murdered the victim mother's other three children, ages 7, 3 and 1.	No	No
10	Yes	Bus stop	Abductor's Car	8 1/2 months	Survived	Box cutter used to perform evisceration.	Offered baby clothes to the victim mother.	No	No
11	Yes	County jail (as visitors)	Abductor's home	8 months	Survived	Drugs and tape to incapacitate. Sharp object to eviscerate.	She offered the victim mother a ride home from the jail where they met and offered her baby clothes.	No	No
12	Yes	Internet	Abductor's Home	7 months	Died	Collapsible police baton to incapacitate. Straight-razor for evisceration.	She used Craigslist to lure the victim to her house.	No	No
13	Yes	Victim's home	Victim's home	8 months	Survived	Blunt object to incapacitate and a lamp's electrical cord to strangle her. Kitchen knife to perform evisceration.	They were neighbors and she offered to give the victim a ride to the store.	No	No
14	No	Internet	Outside	8 months	Survived	Stan gun to incapacitate. Knife to slit the victim mother's throat and wrists, and perform evisceration.	Befriended the victim mother on Facebook and told the victim mother they were going shopping for baby supplies.	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.

(continued on next page)

Case number	Prior meeting of abductor & victim mother	Initial location	Crime location	Victim mother pregnancy at time of crime	Fetus life outcome	Weapon	Rouse	Additional victims	Co-offenders
15	No	Outside	Abductor's home	9 months	Died	Baseball bat and chocking to incapacitate. X-acto knife to perform evisceration.	She stalked the pregnant victim on the street and offered her a ride. Lured the victim mother to her home.	No	No

2.1.6. Relationship status

All but one of the abductors were known to be in a partner relationship. Despite knowing they were not pregnant, those in a relationship cultivated a false claim of pregnancy, unbeknownst to their significant others. The abductors used their fake pregnancy to maintain their partner in the relationship. Several of the partner relationships were unstable until the abductor-to-be reported being pregnant.

2.1.7. Fertility

More than half ($n = 8$) of the abductors reported having children from a prior relationship: six children (one abductor); four children (one abductor); three children (two abductors); two children (four abductors). Four of the abductors who had prior pregnancies were rendered medically infertile (hysterectomy, tubal ligation) and five others believed they were infertile because of a gynecological problem, e.g., endometriosis or failure to conceive. Six claimed to have had prior miscarriages or a failed pregnancy.

3. Results

3.1. Structure of the crime

The murder plan was invariably premeditated. Analysis of the 15 completed non-family FAMAE cases (Table 2) highlighted the same seven steps to the murder as previously reported by Burgess and colleagues [9] and are expanded below.

3.1.1. Find a pregnant woman and make initial contact

A critical component of successfully convincing others, and then ending the pregnancy simulation in a FAMAE crime, is finding and targeting a pregnant victim to produce a baby. Two styles of targeting emerged and involved trading on a known relationship or, making a random stranger selection.

3.1.2. Known victim

Over half (9) of the abductors targeted a known victim. The abductor either physically met with the victim prior to the crime to establish a relationship, or exploited the access of an existing connection. Through previously established history, the abductor engendered comfort in the unsuspecting target. Abductor 11, for example, had met the future victim mother at jail where both of their partners were incarcerated. She later invited the victim to her apartment with the offer of baby clothes for her unborn child.

Prior acquaintance also enabled the abductors to trade on even peripheral relationships. Relationships included a friend or neighbor, meeting a victim at social gathering of a mutual acquaintance, or being introduced by a mutual acquaintance.

3.1.3. Victim surveilled

Six of the fifteen abductors specifically surveilled an unknown expectant victim, wherein the first encounter set the crime into motion. Abductors would visit places where pregnant women frequented (e.g., medical clinics or baby stores), or use the internet to connect with a potential victim and develop some trust. Eventually, at an initial private meeting, the abductor would execute the crime.

Abductor 1's kidnapping-evisceration involved kidnapping a pregnant woman outside of a prenatal clinic and was one anomalous example in which the abductor employed no more relationship building than would be found in a carjacking. Far more frequently, abductors would trade on the bond of the shared pregnancy experience and use it to lure the victim into confidence.

3.1.4. Secure weapons for the murder and 'Cesarean operation'

Two sets of weapons were distinguished; one weapon to immobilize and kill the victim mother, and a second sharp instrument

to cut open the victim's abdomen. Guns were used in six cases to control the victim, and used four times as the murder weapon. Most of the abductors brought weapons with them to the crime scene, otherwise they secured and utilized a weapon of opportunity. Examples of these included such improvised instruments as a hammer, scissors, and a table leg. Abductor 1, for example, strangled the victim mother into unconsciousness, then roughly eviscerated her with a set of car keys and then removed the fetus. The victim mother was abandoned to bleed to death. The types of instruments the abductors included in a "C-Section kit" for removing the fetus included a box cutter, mechanic's gloves, latex gloves, paper towels, rope, clamp or yarn (for the umbilical cord), stethoscope, nasal aspirator, mucous bulb, baby bottle, and baby socks.

3.1.5. Determine the location for the crime

For most cases, the abductor first met the victim mother at her home. The six other initial locations included prenatal clinics, a bus stop, a jail visiting area, and over the internet. The FAMAE was then typically committed in a secondary location, with the crime locations for this sample being the abductor's home or car (7 cases), a wooded area (4 cases), the victim's home (3 cases), and a doctor's office.

Abductor 6, who had a prior meeting with the intended victim, contacted Victim 6 to express interest in a second-hand Jeep that was for sale on the victim's front lawn. Abductor 6 arrived at the victim mother's home, and the two women went for a "test drive" to a nearby parking lot where law enforcement later found the Jeep. Abductor 6 somehow maneuvered or forced the victim mother into her own car and drove to the kidnapper's house.

Abductor 9 went to Victim 9's apartment, and then invited her to her mother's home to watch movies. At some point, Abductor 9 struck the victim mother on the head with a table leg leaving her semi-conscious, and bound and gagged her. Abductor 9 then left the scene to pick her child up at school and take her to a babysitter, before returning to the house and moving Victim 9 to a bathtub, where she then performed a FAMAE.

The abductor has a short time-period – no more than 9 months – to secure a pregnant woman. For a couple of cases the location of the initial meeting location was the same as that of the actual crime, with very little time passing between the initial meeting and the FAMAE. In Abductor 8's case, the victim mother cut short a telephone call with her mother indicating that the person she was expecting to buy a dog from her after meeting online was at her door. Her mother arrived at her daughter's home about 1 h later and found her lying dead, eviscerated and in a pool of blood, and with her baby missing.

3.1.6. Subdue and/or kill the mother

Except for the Abductor 2 case, where a doctor performed a medical cesarean section on Victim 2, fourteen victim mothers died. In most cases, the abductor rendered the victim mother immobile or dead and then eviscerated her. There were multiple causes of death to 14 victim mothers that included: gunshot wound (4), blunt force trauma and asphyxia by ligature strangulation (3) exsanguinations (2), blunt force trauma (4), and multiple stab wounds (1). In the case of Abductor 15 the victim mother tried to defend herself but was hit three times in the head. When she tried to resist again, Abductor 15 strangled her. Medical examiner testimony in three instances concluded that the victim was not dead when she was eviscerated.

3.1.7. Secure the newborn through the 'cesarean operation'

Another part of planning the homicide involves seeking medical information on childbirth and cesarean sections (C-section) to prepare themselves for the 'surgical' evisceration of the fetus from the victim mother. Seven of the abductors had read or researched the internet regarding C-sections. Some abductors watched birth and C-

section videos on YouTube. More than half of the abductors had previously received some sort of medical training, either via classroom education or work/practical experiences.

Abductor 3 enrolled in nurse's aide training that included the study of how to conduct a C-section. Abductor 10 was certified as a nursing assistant. Abductor 1 knew how to field-dress a deer from hunting with her family. And as a high school exchange student in a South African medical center, Abductor 1 observed orthopedic surgeries.

Testimony on Abductor 1 indicated that she had made a 5 1/2 in. "bikini cut," reflective of a professional incision, from which the baby was then safely extracted. Abductor 15, after manually strangling the victim, took an x-acto knife and cut the victim's abdomen at the bikini line, attempting to duplicate the procedure she had seen televised on the Discovery Channel.

The majority of victim mothers were at least 8 months pregnant. However, only 10 of the 15 babies survived. The baby removed by Abductor 7 weighed 1 1/2 pounds (estimated gestation was 25–26 weeks) and died after Abductor 7 cut the umbilical cord but did not tie it; the baby bled to death. Abductor 9 and Abductor 12, likewise, did not properly secure the umbilical cord, resulting in fetal exsanguination. Abductor 4 stated she cut the baby's cord with a pair of scissors and placed a clothespin on the cord itself to seal it off, and the baby survived.

After killing the victim mother, there is only a short window of time before oxygen deprivation would render it impossible for the baby to stay alive. [12] Once the mother's heart stops, a fetus can survive for only about three to five minutes. [13] Abductor 15 killed Victim 15, however she took too long before the fetus was extracted; the baby died for lack of oxygen. Abductor 5 extracted a stillborn baby after murdering the victim mother.

3.1.8. Dispose of the victim's body

Abductors exhibited no regard to the victim mother following the attack and FAMAE. After securing the fetus, the abductor usually discarded the victim mothers in a variety of ways: covered with leaves in the desert; deposited in an empty overgrown lot, in the woods on a farm, in a public park; thrown to the bottom of a 50' ravine, dumped into a ditch; buried in a shallow grave in a garage; stuffed in a crawl space, in a closet, and behind a basement water heater. Alternatively, the killer abandoned the mother's remains at the death scene.

Reporters covering the story of a missing pregnant woman contacted the police with information of a foul odor emanating from another apartment in the building where Abductor 11 lived. When officers entered that apartment, they found signs of a struggle and the partially eviscerated remains of a young woman (wrists and ankles bound) in the master bedroom. Abductor 15 said she dragged the victim into the basement, concealed her body by the hot water heater and then changed her bloody clothes and began cleaning the blood in the house.

Abductor 9 returned to the location of the homicide, placed the body in a large plastic storage container, and moved it to an empty lot. Abductor 5 dismembered her victim and spread the body parts about Southern California and Mexico. Neighbors thought it odd when they saw Abductor 6 raking and smoothing gravel in the driveway at midmorning. Two days later more gravel was delivered with instructions for some of the gravel to be put in the garage.

3.1.9. Inform her family and others that she has birthed the baby she possesses

Larceny of a baby is the goal of the FAMAE offense. But what happens to the baby borne of such a dramatic crime? In this sample, all of the surviving newborns were either kept by the abductor until arrested or taken to a hospital until the killer was arrested. Most abductors sought medical assistance for the baby to ensure its wellbeing. To orchestrate the impression that the newborn was

theirs, some abductors even used blood from the victim mother and wiped it on their vaginal and thigh areas. For example, Abductor 10 called an emergency line to say she had just given birth but thought the infant had died. She was found partially clothed in the back seat of a car with the infant, both covered in blood and birth tissue. The suspect and infant were taken to the hospital where caregivers determined that Abductor 10 had not recently given birth. The baby was in critical condition but did survive.

Abductor 11 called 911 to report she had given birth prematurely at home. Emergency Medical Services was dispatched and the abductor and baby (umbilical cord still attached) were transported to the Hospital. Medical staff determined that Abductor 11 had not given birth recently. Abductor 11 then changed her story alleging that she had a miscarriage in June, and flushed the remains down the toilet, and that she later purchased the infant from a young woman named "Tina" for \$1000.

Paramedics received a 911 call to Abductor 12's home responding to a report of "a baby not breathing." When first responders arrived, they found the floor covered in blood, and Abductor 12's boyfriend giving the baby CPR. Abductor 12 claimed that she had given birth, and was taken with the baby to the hospital by ambulance, but doctors were unable to save the baby. An examination determined that Abductor 12 had not given birth.

Abductor 14 drove to a friend's home, covered in blood, and told her friend that she had given birth in the car and to call for an ambulance. Then, Abductor 14 asked her friend to take a picture of the baby and to send it to Abductor 14's husband.

Abductor 13 had shown the kidnapped infant to family and friends within 6 h after the "birth." Some family doubted her story regarding the delivery (20-minute labor) and quick release from the hospital (within 5 h). The infant's umbilical cord was secured with a piece of string, which further heightened suspicions of family witnesses. Media coverage of the missing mother contributed to family reporting their concerns to the authorities.

A nurse testified that Abductor 4 brought a baby to the emergency room, stating that she had delivered the baby earlier in her apartment, that neighbors had come over to help, and she needed to have the infant examined. The baby was very clean; the cord had been cut perfectly. It was obvious, however, that it was not a new birth. A second nurse testified that Abductor 4 acted out of character for a new mother, e.g., sat on a hard chair, walked without any problem and moved well, and had no abdominal distension. When she asked if the hospital could help her obtain a birth certificate, Abductor 4 was told to contact the health department.

Abductor 6 had called her husband earlier to say she had gone into labor at home shortly after he left for work. She claimed she called her doctor, who in turn called an ambulance to take her and the baby to the medical center. Abductor 6 elaborated that she was released later that same day because of a tuberculosis alert at the hospital. Six days lapsed between the victim's disappearance and the discovery of her body. During that time, Abductor 6 had friends, family, and neighbors over to meet the baby.

3.2. *Accomplices and additional victims*

In most cases the abductor acted alone. The unusual Abductor 2 case involved two sisters and a doctor. In 1992, two sisters befriended a pregnant woman they met at a Texas social gathering several months before abducting her. Abductor 2's sister, in particular, worked at cultivating the relationship with the victim mother. She introduced the victim mother to her sister, Abductor 2, who claimed that she, too, was pregnant. The three women would often go shopping together. On the day of the abduction, when the sisters asked the victim mother to join them in shopping in Matamoros, Mexico, she agreed. While there, Abductor 2 said she needed to stop and see her obstetrician and persuaded the victim mother to

accompany her to see the doctor as well. The sisters, knowing that the victim mother was unemployed and poor, told her that she should see this doctor as well. The victim mother declined, but the sisters told her that the visit would be their "gift" to her for the new baby. The victim mother accepted this offer and agreed to let the doctor examine her. The doctor told the sisters that the victim mother was fine and that he would meet them at the other office in Mexico. The victim was confused by this conversation, but the sisters quickly changed the subject. They went to the designated clinic, where they had to wait a short time for the doctor to arrive. He arrived and re-examined the victim mother. While she was being examined, she was given an injection that rendered her unconscious. The doctor performed a C-section and gave the baby to the two women. Abductor 2's sister was never captured by authorities.

Both Abductor 4 and her boyfriend were involved in hiding Victim 4's body. After carrying out her FAMAE, Abductor 4 hid the victim mother's body in a garbage can and taped it shut. When her boyfriend returned to their apartment she told him she had just given birth and had put the blood soiled linens in the trash can, asking him to get rid of it. The boyfriend claimed he never looked or questioned the weight of what was in the garbage can, and merely pushed it into a ravine.

Abductor 14 was said to have disclosed a miscarriage to her 13-year-old daughter and asked for her help in kidnapping a baby. She also asked her 14-year-old son to help her commit a murder. Both children refused.

Abductor 3's two accomplices were her boyfriend and male cousin. The cousin was actually father to one of the victim mother's children (a boy aged 22 months; the victim mother also had a 7-year-old and a 10-year-old). The accomplice cousin's toddler son and the victim mother's 7-year-old son witnessed both the FAMAE, and the murder of her 10-year-old daughter. The 7-year-old ran out of the apartment and Abductor 3 caught him. She took him to the home of a friend where the boy told the friend that she, her boyfriend, her cousin, and a fourth person – who has never been arrested – "cut my mommy and sister." When Abductor 3 learned the next day that the boy could identify her, she and her boyfriend made him drink iodine, then tried to strangle him with an electrical cord. When that failed to kill him, they stabbed him to death.

Over half of the victims were of minority status, and victim and abductor race were commonly matched. The perpetrators were often able to engage a victim with offers of material assistance, further highlighting lower income pregnant females and those with inadequate social supports as preferred targets because of their perceived needs (transportation, clothes, support) being otherwise unmet.

Along with the FAMAE committed by Abductor 9 and the discovery of the victim mother's body, the victim's three children were also missing. The children, aged 7 years, 3 years, and 1 year were last seen with Abductor 9. Eventually, Abductor 9 told law enforcement that the children's bodies were in the washer and dryer in the victim mother's apartment. They had been drowned in the bathtub. Officers returned to the apartment and recovered their remains.

4. Discussion

FAMAE crimes target expectant mothers often younger than the perpetrator, and who are physically vulnerable by virtue of being closer to term. The abductors are imposters who lie and identify a specific vulnerable woman and then plan a scenario by which one can be alone with an unsuspecting victim.

4.1. *Abductors as Imposters*

Abductors take on the imposter persona of a pregnant female. Imposters have been described among royalty, academe, professions,

the military, and other disciplines. Common to these situations as well as to the FAMAE offender is the assumption of a false identity with the secondary gain of social esteem. The royal gains the aristocracy; the professional and academic gain the status and earning potential; the military man gains the promotion. The ego of the imposter is devalued and guilt-ridden, compelling a person to act according to an ideal of how she really wishes to be. [14] The imposter FAMAE perpetrator draws esteem from demonstrable fertility in the context of a relationship she determinedly wishes to maintain.

An imposter seeking distinction is to be differentiated from someone who seeks an alternative identity in order to hide from criminal responsibility. Killers such as John List became an imposter to evade the law after the murder of his wife, mother-in-law and children. The "great imposter" Michael Sabo had over 100 professional aliases listed with the FBI; being able to slip in and out of lives enabled him to avoid criminal responsibility. Other imposters use the capacity to assume identities to con others and exploit them financially, and to vanish with the anonymity that the next identity provides.

4.2. Lying

The histories of the FAMAE abductors reveal relatively infrequent violent criminality. However, crimes of fraud and other non-criminal grand deceptions are frequently part of their histories. The FAMAE offenders in this study presented a history of unusually brazen and outlandish lying and a demonstrable willingness to lie even in the face of great potential consequences – including imperiling the very relationships they were desperate to preserve.

4.3. Modus operandi and motive

The extreme violence of FAMAE, were it to be interpreted from the mutilation noted on autopsy alone, would suggest to some the perpetrator's great anger or animosity toward the victim, a relationship of intense conflict, even a motivation for vengeance. Yet FAMAE abductors targeted victims only for the utilitarian motive of securing a newborn to present as one's own. Feelings toward the victim were of lesser consequence, despite the dehumanizing violence and desecration involved.

The modus operandi of the abductor is important to identify. Sometimes referred to by the initials, M.O., modus operandi is a major criminology concept used by law enforcement to describe the method or manner in which a crime was committed. In this sample, the M.O. involved taking on a false identity as a pregnant woman and lying to many about it.

FAMAE offenses are premeditated. Sources for prospective victims are researched, relationships with prospective victims cultivated, and means of invading the womb studied. Ruses, along with either locations for capture, killing and kidnapping, and means of immobilization, evisceration, and keeping the baby alive are planned ahead of time.

4.4. Extreme violence with predatory, disposable relatedness to victim

The idea of murdering a pregnant woman germinates in the abductor who seeks to acquire a newborn and overcome the customary barriers preventing kidnapping. FAMAE is as instrumental a robbery as a carjacking or a fatal jewel heist, though neither of these crimes is carried out because one's emotional needs so inspire an extreme crime. In FAMAE, the treasure that the perpetrator needs at any cost is a fetus one can own as a product of one's valued relationship. Not merely, "my baby," but "our baby." The urgency to the perpetrator-to-be is a precarious relationship with an ambivalent male. Unlike infertility challenges in which the couple works together to overcome the obstacle, the FAMAE offender's significant

other may not have the enthusiasm for cementing the relationship. This partner's ambivalence contributes to the desperation that infertility creates in a woman whose insecurities spawn homicidal choices.

The crime's focus on acquiring life is not to be confused with nurturance. Up to one-third of the fetuses did not survive the experience because of avoidable failures of the abductors to attend to their safety needs. The fetus is a prop with importance to preserving an intimate relationship, as opposed to the fulfillment of the unrequited aspiration of mothering and nurturing. Fears relate not so much to unrequited opportunities for caring but rather to a means to an unrequited relationship. Not surprisingly, FAMAE offenders invariably abandon their victims with extreme callousness. Bodies are dumped in any number of undignified resting places; one victim was dismembered.

The afterthought with which the victim's remains are handled contrasts to the intensity with which the abductor sets up the intended victim by forging a sense of personal connection. These qualities underscore the brazenness of the abductor, particularly if these relationships develop and mature over time. The capacity to shut down human relatedness to someone with whom one cultivates a seemingly close and trusting friendship reflects gaps in one's prosocial personality and one's character disorder.

4.5. Limitations

There is no federal mandate for infant abduction cases to be reported by local authorities to the NCMEC. Moreover, the available documentation varied from case to case. The NCMEC has been successful in aiding the recovery of missing children, and runs daily online national media searches, so there is a high likelihood that data from later years is more robust than in former years: [3].

In many instances the abductors were interviewed as part of psychiatric examinations. Since the abductors confronted prosecution with significant consequences, one must consider their statements to be potentially self-serving. However, many of their statements were studied in this analysis in order to understand how abductors depict themselves, and to provide additional insight into their inner worlds and the antecedents of their choices.

4.6. Public safety & awareness

The above case histories demonstrate how FAMAE carefully plans and targets a victim. Abductors need to convince a victim that they are also pregnant, sharing the same experience and therefore trustworthy, and can empathically help the woman obtain something needed. The kidnapping and murder exploits the isolation of the victim. Those of less means, who are less supported, are more vulnerable to promises of clothes or other material that they would have under less trying financial circumstances, are more vulnerable to victimization. A woman who can drive to a clinic or is accompanied will not otherwise accept a ride or other fundamental necessities from a stranger or recent acquaintance.

In that regard, random FAMAE victims resemble those victimized by serial rapists and killers prowling with a sense of urgency and purpose. Vulnerable targets in those cases are likewise tricked into accepting an apparent favor, and in so doing, allow themselves to be alone with a predator long enough for a planned attack to reach a point of no escape.

FAMAE is a highly unusual crime. However, the case of Abductor 7 provides an excellent example of how awareness of FAMAE crimes can assist justice. A Deputy was called to the emergency room to where a 3-months premature infant was deceased, and a woman was claiming she gave birth on a country road. The Deputy realized her story did not make sense and quickly suspected a FAMAE crime which was confirmed by a medical examination of Abductor 7. This

instant identification that a FAMAE crime had taken place came from the Deputy's experience; he had worked on Abductor 5's case five years prior. [15].

A more recent case reported in the media provides an example of how public awareness may help prevent FAMAE crimes. As reported by The Denver Post, [16] in January 2015 a woman posted on a Facebook breastfeeding page that the wife of her fiancé's friend was pregnant but refusing to visit a doctor. She also wrote that the baby was due in November of the year before, but it was now mid-January and there was no baby. A doula saw the post online and responded that this was a red flag. She wrote that her "concern would be for any pregnant woman being around her because if she is desperate, she may do the unimaginable and harm the mother and take the baby" and that she "may be attempting to find someone whom she can get a baby from in order to present this to her husband." [16] Unfortunately, authorities were not alerted in this case, and the woman committed a FAMAE crime in March.

Awareness of FAMAE promotes public safety and the next generation of protection against those who would do anything to claim they have borne a child. Expectant mothers can be educated to be more vigilant about women who insinuate themselves into their lives. It is prudent public safety to encourage expectant mothers to avoid placing themselves in isolated settings late in their pregnancy without a spouse or family member. Enforcing one's boundaries can be as natural as physically protecting one's unborn child.

On the other side, a false claim of pregnancy may be no more risk than a manipulation. However, a person who makes a false claim and then simulates the pregnancy becomes invested in the outcome of delivery. Suspecting husbands and boyfriends who have an elusive partner who keeps her own counsel need to be open with themselves and their girlfriend or wife about a suspicious claim. Simulated pregnancy may fool family and a significant other, but it takes a certain degree of denial to be fooled for nine (or more) months.

Affected male partners or close family should communicate with other close supports and rally around the female claiming false pregnancy so as to deflate the pregnancy ideal without rendering the at-risk woman desperate and determined. Doing nothing, as exhibited in these fifteen cases, would allow that she make potentially homicidal choices as a due date approaches, amidst the passivity of others. Those whose determination includes an openness to committing FAMAE necessitate others' discernment, willingness to admit the unthinkable is a possibility, and then active engagement to prevent tragedy.

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Formal analysis, Project administration, Supervision, Writing – original draft, Writing – review & editing. **Kate O'Malley:** Data curation, Formal analysis, Visualization, Writing – original draft, Writing – review & editing.

Conflict of interest

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