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# Fetal Attraction: a Descriptive Study of Patterns in Fetal Abductions

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RUNNING HEAD: FETAL ATTRACTION

FETAL ATTRACTION:  
A DESCRIPTIVE STUDY OF PATTERNS IN FETAL ABDUCTIONS

by  
Kerry Arquette

A Research Project Presented in Partial Fulfillment  
of the Requirements for the Degree  
Masters of Criminology

REGIS UNIVERSITY

December, 2012

FETAL ATTRACTION

**FETAL ABDUCTION:**

**A DESCRIPTIVE STUDY OF PATTERNS IN FETAL ABDUCTIONS**

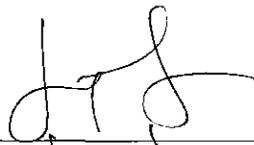
By

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December 2012

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**Abstract**

Fetal abduction is a crime in which a perpetrator forcibly takes an unborn baby from the womb of another woman. The act is always done without the permission of the pregnant woman, is always violent, and is often deadly for the mother or baby, or both. Based upon available data, the crime of fetal abduction is rare and relatively new, but publicized incidences in the United States of America are growing, which raises the question, “why?” In order to answer that and other questions surrounding fetal abduction it is necessary to know more about the crime and the criminals. This research study involved the compilation of information about fetal abductors, drawing primarily from news stories. The data were used to explore characteristics, methodologies, and motivations common to fetal abductors and the crime of fetal abduction. The data were also used to determine if Agnew’s General Strain Theory can be used as a framework for explaining the motivations of fetal abductors.

### Acknowledgements

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*Introduction*

It was 100 degrees plus in the dirty Volkswagen sitting in the parking lot of the obstetrics clinic. Inside the car eighteen-year-old Darci Pierce's blue maternity smock was soaked with sweat. She had been waiting in the parking lot for more than two hours. And finally, the waiting was over! Cindy Ray, eight and a half months pregnant, came out the clinic doors and headed toward her car, parked in the space next to Darci's bug. She opened the car door but before she could slide in, Darci confronted her. What Darci said is unclear, and whether she held a small replica gun is equally unclear. What is known is that Cindy, either willingly or under threat, got into Darci's car and within two hours she was dead; the victim of a crime so horrible that it shook the country (Carrier, 1992).

Darci drove Cindy from the clinic parking lot on Kirtland Air Force Base in Albuquerque, New Mexico to the nearby Manzano Mountains. She stopped the car on a remote and isolated dirt road. The women struggled. Darci hit Cindy on the head to stun her then pulled elastic fetal monitoring belt from Cindy's purse, wrapped it around Cindy's neck, and pulled until Cindy passed out. Then Darci dragged the unconscious woman off the road, through some tall grass, to a small grove of juniper trees. She used a car key to make a five-inch incision in Cindy's lower pelvis, reached inside, and pulled out a baby girl. Darci named *her* new baby Amanda Michelle. She left Cindy to bleed to death beneath the juniper trees (Hughes, 1992).

From 1974 to 2011 there have been at least 22 fetal abductions, attempted fetal abductions, or alleged fetal abductions in the United States of America (USA), (National Center for Missing & Exploited Children, 2009, Fetal and Newborn Abductions, n.d., Miller & Amen, 2005, McDonald, 2003, Associated Press, 2007, Katie Smith Remembered, 2005) and 23 female fetal abductors (see Appendix A). These abduction-related figures are based upon a review of articles published in newspapers, magazines, radio and television features, Internet websites,

court documents, academic papers, and the National Center for Missing & Exploited Children (NCMEC). Because there is no entity for systematic collection of information about fetal abduction it should be noted that other episodes may have occurred that have not been identified and therefore are not included in this study.

The most recent case of fetal abduction occurred in Milwaukee, Wisconsin in October, 2011—a year in which two other abductions had already occurred. Annette Morales Rodriguez, 33, was found guilty of attacking 23-year-old Maritza Ramirez and removing her fetus. Both Ramirez and the baby died (Caron, 2011).

Outside of the USA, fetal abduction by individuals may be more rare. Those that received media attention include a 2000 abduction that took place in Capetown, South Africa (Ruthven & Madlo, 2010); a 2004 abduction that took place in Girardot, Colombia (Craig, 2005); and a 2008 abduction that occurred in Hong Kong (Ruthven & Madlo, 2010).

Historically, fetal abductions were not perpetrated exclusively by lone females or females working in conjunction with accomplices, but also by governments. During Argentina's "Dirty War," between 1976 and 1983, the government imprisoned an unknown number of pregnant women (Avery, 2004). The women were delivered of their babies either vaginally or through forcible cesarean sections. The newborns were given to carefully selected citizens who supported the regime (Avery, 2004). The birth mothers either died during delivery or were killed immediately thereafter (Wright & Robinson, 1998).

### *Purpose*

Little research has been conducted on fetal abductors. Because fetal abductions are not systematically reported at the local, state, or federal level, researchers have not been able to study patterns in fetal abductions or the characteristics, motives, or methods of fetal abductors. This

study represents an attempt to compile information in order to explore and descriptively identify patterns in fetal abductions in the USA. Agnew's General Strain Theory (GST) is used as a vehicle in understanding the motivations of fetal abductors.

### *Rational*

The first recorded case of fetal abduction took place in 1974 in Philadelphia, Pennsylvania when Winifred Ransom killed a pregnant mother of three and used a butcher knife to remove a baby girl from the victim mother's womb (Fetal and Newborn Abductions, n.d.). The case is little remembered and often overlooked by those writing about fetal abduction. This may be explained by the fact that the Ransom case occurred prior to widespread public Internet access. Although the Internet was still in its earliest stages at the time of the second reported case of fetal abduction in 1987, many news sources eventually backtracked, recovered, and posted stories from the Pierce case, making information easily available on the Internet.

More than ten years passed between the Ransom and Pierce killings with no other known incidence of fetal abduction. Then, in 1995, another fetal abduction was reported, followed by 19 more abductions or attempted abductions through 2011. Despite what appears to be an increase in the number of abductions, little is currently known about the criminals or circumstances. This research project involved the systematic collection of data with the goal of providing empirical information that can help lay the foundation for better understanding of fetal abduction and abductors.

The data provided insight into the strains present at the time many of the fetal abductors committed their crimes. Agnew's GST proposes that strain may be the impetus for people with certain personality traits to commit criminal acts (Agnew, 1997). Based upon compiled data, this study attempts to determine whether fetal abductors share distinct personality traits that may

make them susceptible to strains that motivate criminal acts. Agnew's GST identifies three types of strain: (1) the actual or anticipated failure to achieve positively valued stimuli, (2) the actual or anticipated removal of positively valued stimuli, and (3) the actual or anticipated presentation of negative stimuli. Data suggest that fetal abductors may be motivated by all three types of strain. These strains involve the abductor's fear that she cannot have a child, the loss or damage of a partner relationship or other close relationship, the loss of attention and social approval, and the fear of exposure of having falsely claimed pregnancy.

### *Questions*

- Based upon available data, what characteristics, methodologies, and motivations are common to fetal abductors and the crime of fetal abduction?
- Does Agnew's General Strain Theory explain why fetal abductors commit the crime of fetal abduction?

### *Limitations/delimitations*

This study is limited by the lack of systematically collected official crime data on fetal abductions and also by the verifiability of information. The data included in this study were drawn from a convenience sample based largely upon media reports. As such, the true population of fetal abductions and fetal abductors is unknown. It cannot be said definitively whether the patterns and characteristics based upon currently available data reflect those of a larger population—if such a population exists. As a result, the study is descriptive and exploratory.

The study is also limited by the researcher's inability to speak directly to identified perpetrators—all but one of whom are currently either deceased, incarcerated, or undergoing mental health treatment, making them members of a protected class of research subjects.

The data collected and included in this study were limited to women who planned, attempted, or performed a cesarean section. These fetal abductors did not engage another person to perform the physical act of removing the fetus. This disqualified Rosa and Paulyna Botello who, in 1991, were accused of transporting a pregnant woman from the USA to Mexico and paying a doctor to perform a cesarean section. The study also excludes male conspirators who participated in abductions, as in the case of Jacqueline Williams in 1995, and Veronica Deramous in 2009. The study only includes perpetrators in the USA.

### *Definitions*

- Fetus: A human in the womb
- Fetus abductor/fetal abductor: One who takes a fetus from a human womb without permission of the pregnant mother
- Victim/victim mother: A pregnant woman subjected to the removal of her fetus without her consent
- Partner: Husband, fiancé, boyfriend, life partner, intimate partner
- Mental illness: May include, but not be limited to, depression, post traumatic stress, type B personality disorders, schizophrenia, and bipolar disorder
- Insanity: Mental illness so severe that a person cannot distinguish fantasy from reality, cannot conduct her affairs due to psychosis, or is subject to uncontrollable impulsive behavior
- High negative emotionality/negative emotionality: A propensity toward depression and anxiety and a tendency to react anti-socially to unpleasant situations
- Low constraint: A lesser ability to restrict acting upon impulse

- **Stranger:** Never met in person prior to the day of the attack, or met casually in a public context

**Acquaintance:** Met in person, or met via the Internet, telephone, or mail, less than two months prior to the attack and had at least one personal contact

**Friend:** Met more than two months prior to the attack and met in person more than two times for social reasons prior the attack for social reasons

### *Literature Review*

The findings of this study are based upon available public data drawn from newspapers, magazines, radio and television features, Internet websites, court documents, academic papers, and the NCMEC. A literature review showed that beyond news coverage surprisingly little has been written about fetal abduction or fetal abductors. Available written material falls into three categories: (1) academic articles written by practitioners or researcher professionals working in the areas of criminology, law enforcement, and physical or mental health (2) organizational reports; and, (3) material written by the popular press for mainstream audiences.

Academic articles written by practitioners or researcher professionals working in the areas of criminology, law enforcement, and physical or mental health are scarce. Those that do exist are directed toward professionals in the disciplines of law enforcement and criminology, child welfare, and mental health.

Articles written by practitioners or researcher professionals for law enforcement personnel (Geberth, 2006, Findlay & Lowery, 2011) are intended to increase law enforcement awareness of the crime of fetal abduction and provide information designed to aid in the apprehension of perpetrators. This information includes physical, psychological, and emotional

characteristics and behaviors common to abductors of newborns and infants, as well as a limited number believed to be most common to fetal abductors.

Academic articles written by practitioners or researcher professionals for those working in child welfare (social workers, welfare workers, school counselors, pediatric medical personnel, etc.) most often include fetal abduction as a subcategory of infant kidnapping by non-family members. According to the NCMEC, stranger abductions that involve the injury or death of the victim mother, including kidnappings by cesarean section, are increasing (Findlay & Lowery, 2011). This may be due, in part, to the tightening of security in hospitals, which forces abductors to snatch children from situations in which the victim mother is more vulnerable, such as public venues or the victim's home.

Academic articles written by practitioners or researcher professionals and directed toward mental health professionals delve into the psychology of fetal abductors (Frieden, 2010). A number of psychiatric and psychological researchers have argued fetal abductors suffer from mental illness. Brett DiGiovanna of the University of Pittsburg disagrees. In a study based upon eight cases of fetal abduction DiGiovanna (2010) reported that one abductor was identified as having a psychotic disorder, "not otherwise specified," one had major depression with psychosis, and five had cases of a personality disorder (2010). DiGiovanna also noted one abductor had major depression and another had substance abuse. Based upon his study, DiGiovanna concluded that fetal abduction is not strongly tied to mental illness (2010).

Although defense attorneys often claim their clients are "insane"—a legal rather than mental health diagnosis— (Fetal abduction suspect pleads insanity, 2011, Ward, 2010, Horton, 2010) the perpetrator is seldom found so by the court due largely to the premeditation and preparation prior to the crime. If fetal abductors are not insane, then what explains their actions?

Some health care professionals believe that these women are merely self-centered females who are obsessed with the idea of having a baby (Ramsland, n.d.). These women create a fantasy world in which they have a newborn and, while they are fully aware of the difference between reality and fantasy, they prefer to live in the world they are fabricating (Ramsland, n.d.). Others say fetal abduction is due to “the maternal instinct run amok (Resnik, 2006).” At least one researcher proposes that the perpetrators are driven by a need to feel “special” and “important” (Porter, 2010). This desire is consistent with people with a factitious disorder who pretend to be sick, or make themselves ill in order to focus attention upon themselves (2010). Finally, experts in the area of mental health propose that fetal abductors are driven to the crime in order to shore up or secure a relationship with a partner (Burgess, Baker, Rabun, & Nahirny, 2002). The belief that a baby would cement a romantic relationship is examined within this paper as one of the prominent strains synchronal to Agnew’s criminology theory.

Organizational reports compiled by groups such as NCMEC provide information, facts, and figures pertaining to the number of children who have been abducted within the USA, the circumstances surrounding the abductions, and the outcome of the abductions. Reports sometimes include information specific to individual criminals as well as trends embodying infant abductors as a criminal class. The NCMEC is at the epicenter of much of this work and disseminates its findings to law enforcement and other entities. NCMEC’s website provides information about the characteristics of non-family *infant abductors*, but does not offer a subcategory for fetal abductors. According to NCMEC, fetal abductors share traits common to abductors of infants.

The NCMEC describes the typical infant abductor (NCMEC, 2009) as of childbearing age and overweight, compulsive, manipulative and deceptive. She frequently tells others that she

has lost a baby or cannot have a biological child, prepares to care for a child, and is motivated by the desire to give her romantic partner an infant. She usually lives near or in the community in which the kidnapping takes place. These, and other descriptions published by the NCMEC hold true for fetal abductors. Based upon this study's data fetal abductors differ from infant abductors in a few ways: fetal abductors do not make multiple visits to hospital maternity wards or newborn nurseries and are unlikely to impersonate a nurse (although 4 of the 23 abductors did pose as a social or aid worker). The NCMEC reports that infant abductors usually plan the abduction but do not necessarily target a specific infant, while data compiled for this study suggest that fetal abductors usually *do* target a victim mother and her unborn child.

The largest body of information written about fetal abductors has been produced by journalists working for newspapers, television news and radio stations, and magazines. These sources provided most of the data utilized in this study. Some of the popular press material limited information to abbreviated descriptions of abductors and the crimes. Other news stories included more in-depth information gathered through criminal history searches, and interviews with those who knew the abductor personally (Johnson, 2002, Sable, n.d, Smith, 2009).

Text-light articles about fetal abductors appear on websites of interested citizens who have undertaken the task of supplying information in abbreviated forms. These websites include lists of abductions, brief descriptions of those involved in the crime, photos, and information about whether the victim mother and her fetus survived (Ramsland, n.d.).

Four mass-market paperbacks have been written detailing the lives of fetal abductors, their crimes, trials, and sentences (Fanning, 2006, Phelps, 2006, Carrier, 1992, Hughes, 1992).

A review of criminological theories determined that Agnew's GST may best explain the motivations of fetal abductors. There is a plethora of articles written about the theory. As

mentioned earlier, Agnew suggests that certain people commit crimes when faced with the prospect of failing to gain something they value, the possibility of losing something they value, and facing the possibility of a negative state. Based upon this study's data, all three forms of stimuli may be motivators for fetal abductors, however scholars of Agnew's GST may be able to offer a more critical analysis of the theory's applicability.

Agnew's GST further proposes that individuals who act criminally when under certain strains may have personalities that are high in negative emotionality and low in constraint (Agnew, 1997). People with negative emotionality and low constraint are "easily upset, become very angry when upset, tend to act without thinking, and care little about the feelings and rights of others. Such individuals consistently provoke negative treatment from others, such as parents and teachers" (Krohn, Lizotte, & Hall, 2009, p. 178). The traits of negative emotionality and low constraint are believed to be associated with early life experiences that may negatively impact personality development (Slocum, 2010) such as the death of a parent, a chaotic home environment, poor and inconsistent parenting, poverty, sexual abuse, illness or injury, a repetitive school grade, parental divorce, frequent moves, dropping out of school, or becoming a teen parent (2010). Information about the childhoods of fetal abductors is limited at this time, but what is known supports the hypothesis that fetal abductors do suffer negative emotionality and low constraint due to early life experiences.

### **Methods**

This study was designed as a descriptive research project utilizing interpretive methods based largely upon secondary data collected from news accounts and nonfiction books written about fetal abductions. This design is limited by the inability to validate the information. Even

facts appearing in multiple publications may have been drawn from the stories of a single journalist and reprinted or reconfigured for the stories printed or discussed by other news outfits.

News articles from which data were acquired were found through Internet searches using the following words or phrases: “fetal abduction,” “fetal abductor/s,” “fetus abductor/s,” “fetus/fetal snatcher/s,” “fetus kidnapping,” “fetus stolen,” “fetus taken,” “fetus/fetal theft,” “fetus/fetal theft (+ state),” “fetal abduction (+ year),” “womb raider/s,” “kidnapping by cesarean section,” “cesarean kidnapping,” “newborn kidnapping by cesarean section,” “abductions from the womb,” “mother eviscerated,” “baby taken,” “unborn baby taken,” “woman charged/convicted in fetal abduction,” “fetal abductor (+ name),” “fetal abductor (+ state),” “fetal abductor (+ year),” “fetal abduction death,” “infant abduction,” “history of fetal/fetus abduction.” The search resulted in thousands of hits. Information was drawn from more than 700 stories. Not all contributed data to the study.

Information from sources was added to an Excel file with more than 70 data categories (see Appendix B). Most data were quantitative including: the abductor age, marital/partner status, number of children, job type, drug use, reproductive surgeries and capability, criminal history, pre-crime preparation, the abductor’s engagement in a pre-crime pregnancy ruse, the relationship between abductor and victim mother, weapons/tools used to restrain/kill the victim mother, tool/s used for the cesarean, the death/survival status of the victim mother and fetus, and how the abductor was identified by law enforcement.

An attempt to collect qualitative data was less successful because of the difficulty in obtaining and verifying information about the personal or private lives of abductors in the years prior to the abduction. Qualitative database categories include information about the type of parenting employed by the abductor’s primary caregiver, the disposition of the household and

neighborhood, the abductor's social aptitude, intelligence, negative and positive personality and character traits, and the status of the abductor's marriage/partner relationship. Few news journalists and no professional researchers have written extensively about abductors' childhoods, although non-fiction book authors writing about fetal abductors have included some of this information in their work (Fanning, 2006, Phelps, 2006, Carrier, 1992, Hughes, 1992). Because qualitative data rely on perceptions of either the abductor or those closest to her, it will be important to develop protocols to insure consistency of information in future data collection. This type of information may add considerably to understanding the development of women who become fetal abductors.

### **Results**

Previously published material about either fetal abductors or child abductors used a broad brush to paint an image of the criminals. The goal of this study was to explore in more detail the characteristics and patterns associated with fetal abductors and fetal abduction (see Appendix B). This paper does not attempt to discuss all the data acquired as part of the research study, but will instead offer an overview of information that helps answer the proposed research questions: (1) based upon available data, what characteristics, methodologies, and motivations, are common to fetal abductors and the crime of fetal abduction? (2) does Agnew's General Strain Theory explain why fetal abductors commit the crime of fetal abduction?

#### *The characteristics of fetal abductors*

The mean age of a fetal abductor in this sample was 30.3 years; the median age was 33. The oldest abductors (2) were 40 years old; the youngest was 17. All but three of the abductors were the same age or older than their victims (Figure 1), with seven years being the average difference between abductors and their victims. The age difference is most likely explained by

the ability of the younger victims to procreate while at least ten of the abductors were unable to conceive due to reproductive illnesses or surgeries. Other abductors reported, or were reported, to have miscarried one or more times prior to their crime.

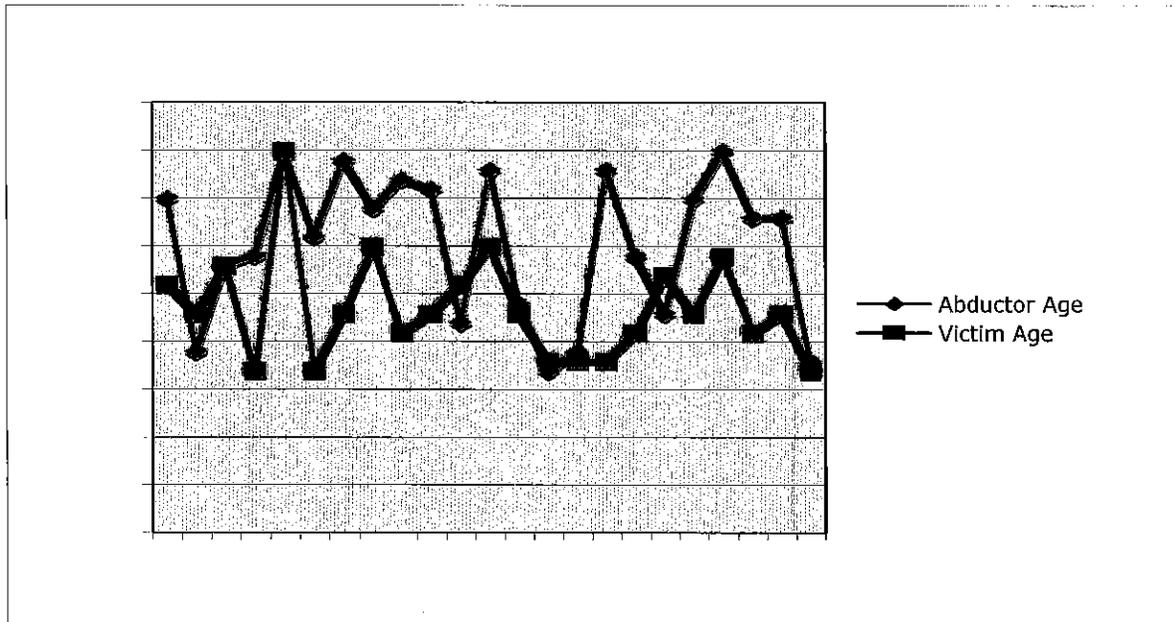


Figure 1: Ages of fetal abductors and their victim mothers

Twelve of the 23 fetal abductors were Caucasian, seven were Black, three were Hispanic and one was Asian (Figure 2). The race of all but two abductors was the same as their victim; (the race of one victim is unknown).

Nine of the abductors were married, although not all lived with their spouse at the time of the crime. Eight abductors had boyfriends or fiancés. The remainder of the abductors were either single or their partner-status is unknown. Nine of the abductors had biological children, 13 did not, and information on the others is currently unknown.

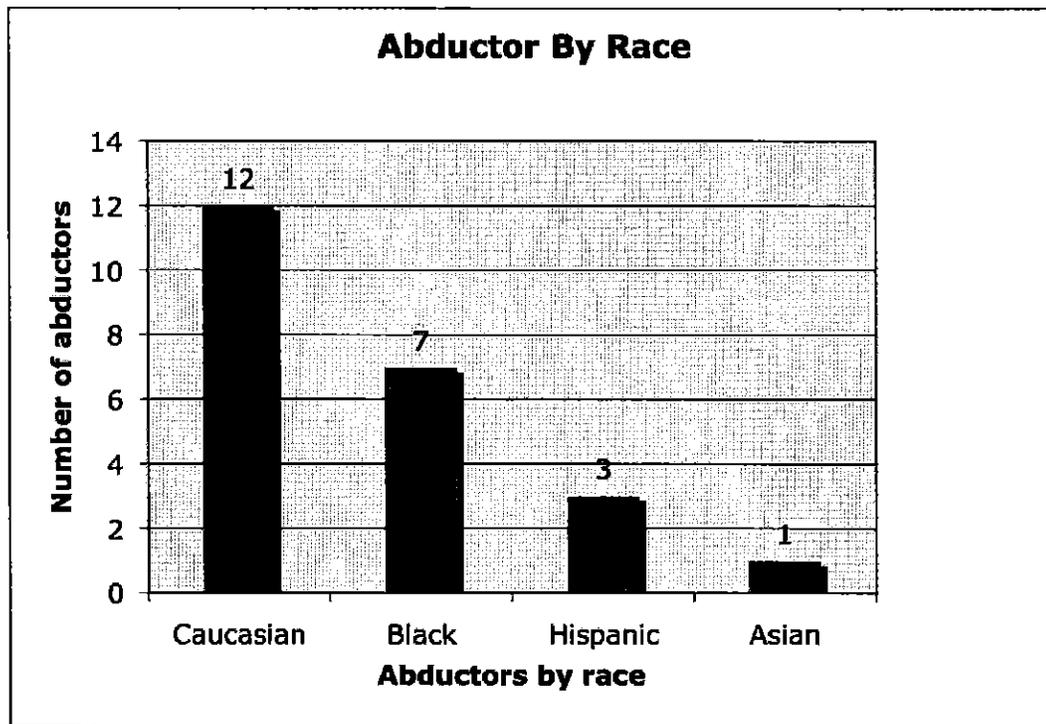


Figure 2: Fetal abductors displayed by race

According to the NCMEC infant abductors are likely to be overweight (NCMEC, 2009). At this time not all data have been gathered and compared against height/weight recommendations of the National Institute of Health, however available data for six fetal abductors does indicate they were overweight to obese. Photos of abductors suggest the number may be higher.

Most of the abductors were of average or higher-than-average intelligence, however three were labeled as having low intelligence or borderline intelligence. One abductor was deaf. It is unknown at this time how many of the abductors graduated from high school.

By adulthood at least nine abductors had adult criminal records including theft, forgery, child abuse, and the manufacturing of controlled substances. No fewer than five abductors used illegal drugs as adults. Three claimed to be using drugs at the time of the crime.

At the time of the crime, four of the abductors lived in the northwestern part of the USA, six were living in the Midwest, five in the South, and seven in the West.

Qualitative or unsubstantiated data about abductors include claims by ten of the women that they were sexually, physically, or emotionally abused as children. Other incidents defined as traumatic by abductors included parental divorces and multiple remarriages, the discovery of a parent who committed suicide, poverty, and years spent in a refugee camp preceding international immigration. The adult criminal behavior of at least six of the abductors may have been forecast by juvenile issues with chronic lying, aggression, risk-taking, promiscuity, and drug use. Many of the abductors showed early obsession with pregnancy.

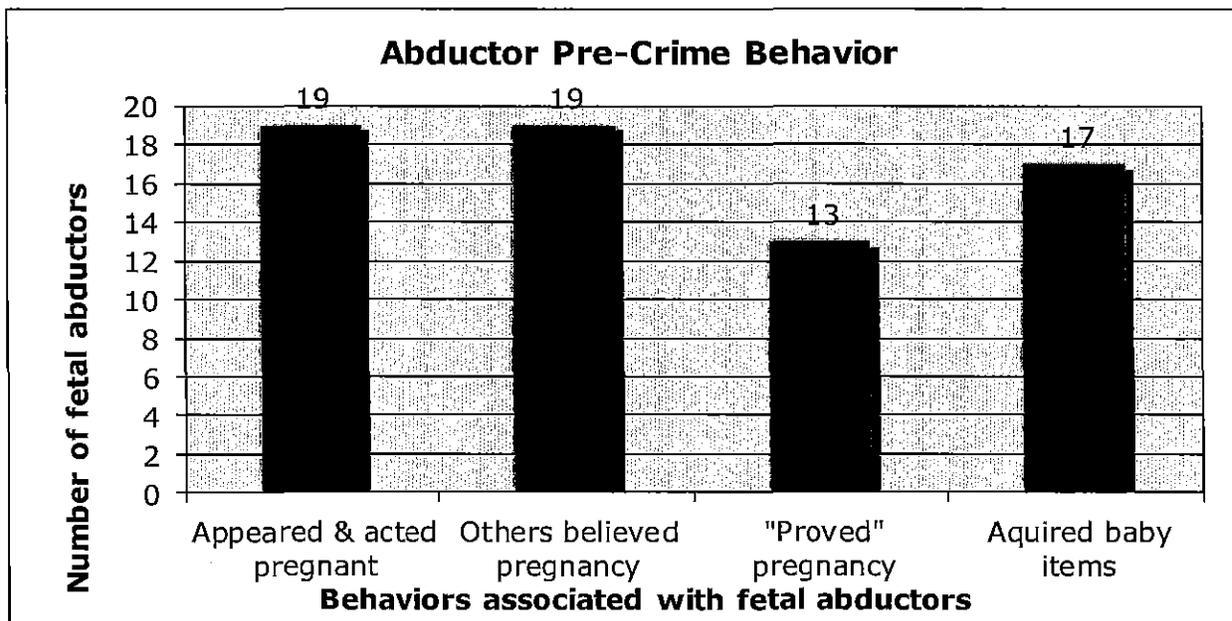


Figure 3: Fetal abductor’s behavior during the 12 months prior to committing their crimes

*Methodologies of fetal abductors*

The methods used by fetal abductors can best be explored by dividing the data into four time frames: (1) actions prior to the abduction during which many of the women engaged in a fictitious pregnancy, (2) selection and interaction with their victims, (3) the act of the crime, and (4) actions after the crime. The next section of this paper will examine all four time frames.

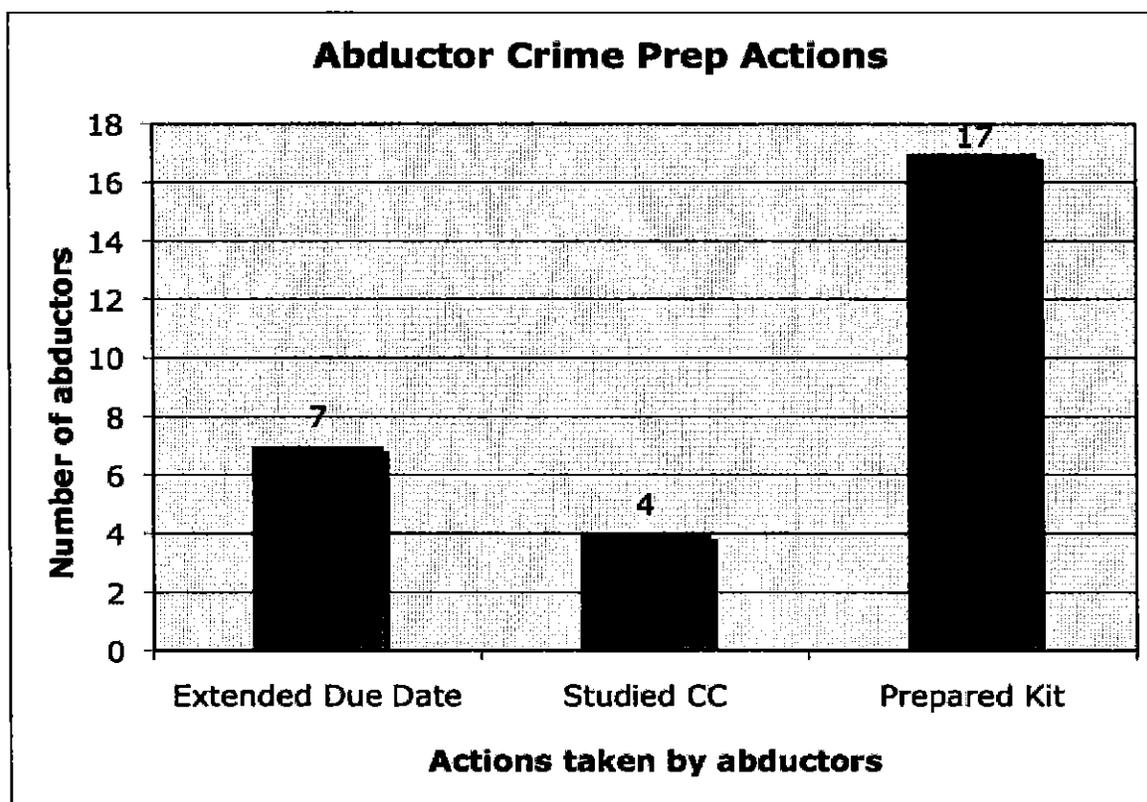


Figure 4: The ruse of pregnancy and crime preparations in the months prior to the abduction

In the months prior to perpetrating the crime the majority of fetal abductors engaged in a performance intended to convince those around her that she was pregnant. Nineteen of the 23 abductors fooled those closest to them by putting on weight and wearing maternity clothing. One went to even greater lengths, purchasing and wearing a padded pregnancy suit. According to news stories, most of those close to the abductor believed the pregnancy claims. The claims were backed by many abductors' attempts to "prove" their pregnancy by showing sonogram images downloaded from the Internet of their purported fetus, or inviting people to place their hands on her belly to "feel the baby kick" (having taught themselves to contract stomach muscles to produce a facsimile). In preparation for "their baby" at least 17 of the abductors purchased, or otherwise acquired, baby items. Many abductors attended baby showers held in their honor (Figure 3). When the fetal abductor's purported due date grew near seven are known to have explained the absence of labor as miscalculation on the part of their doctor and offered friends and family a new due date. Several abductors extended the due date more than once. During this period some abductors spent time on the Internet learning how to perform a cesarean section. Seventeen of the abductors put together a crime kit in preparation for the planned attack. Kits contained instruments and tools for restraining their victim, cutting out the fetus, cleaning up after the crime, and dressing the baby (Figure 4).

#### *Selection and interaction with the victim*

Six of the 22 victim mothers were friends of the fetal abductor. For the purpose of this study "friends" is defined as having met more than two months prior to the attack and having met more than twice in person for social reasons. Eight of the victim mothers and perpetrators were acquaintances—defined in this context as having met fewer than two months prior to the

abduction either in person, via email, telephone, or postal mail. The two women must have had a minimum of one personal contact during the time they had known each other. Nine of the victims were strangers to their attackers; they had never met the abductor prior to the day of the attack (Figure 5).

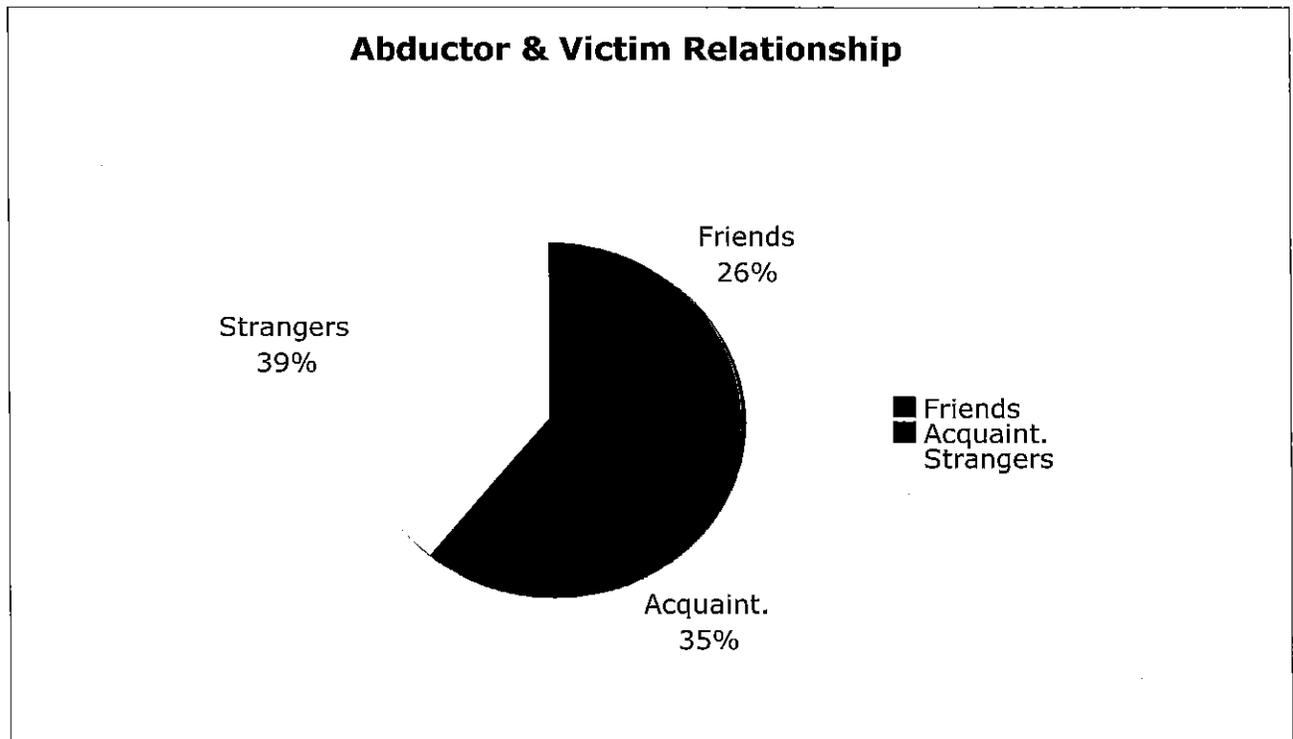


Figure 5: Abductors relationships with their victim mothers prior to the crime

Perpetrators and their victim mothers first met through many different channels. Five abductors and their victims were either childhood friends or were introduced through friends or family members. One fetal abductor was the aunt and legal guardian of her victim mother. Three victims were confronted by their attackers while either in, or while exiting medical offices. Five of the victims met their attacker online. Online contacts included conversations on social networking sites, baby registry sites, and sites listing second hand baby items for sale, as well as

sites advertising cars and pets for sale. Other first-meeting-venues included stores—often the baby sections of big box stores, jail, where the abductors were visiting boyfriends, bus stops, and the victim’s workplace (Figure 6).

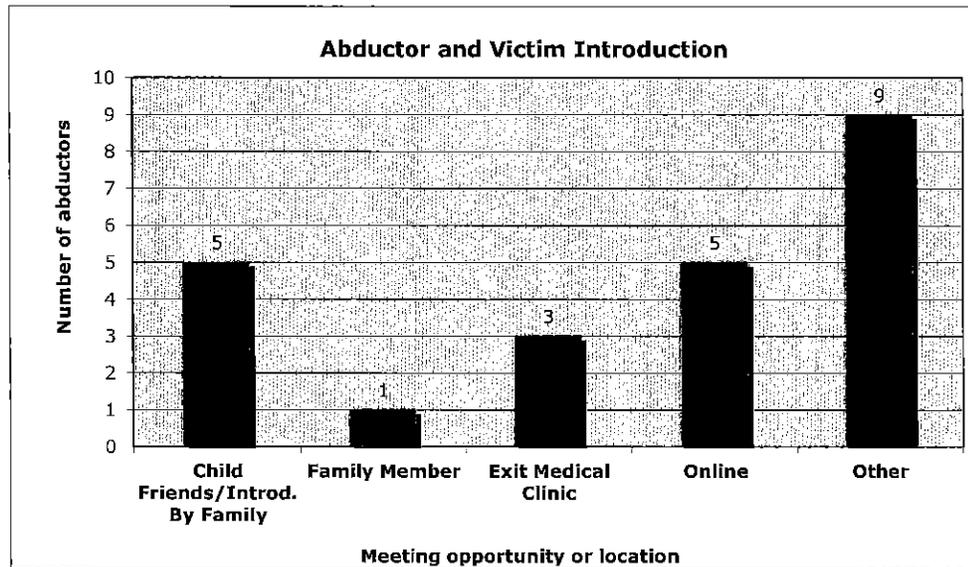


Figure 6: Means and places of abductor and victim mother meetings

On the day of the crime ten of the mother victims physically connected with their abductor at the victim’s home, while five of the victims met up with the fetal abductor at the abductor’s home. Seven of the victims and abductors came together in public venues including gas stations, the victim’s workplace, and outside of medical clinics. Fourteen of the 22 victims got in a car with their attacker (Figure 7).

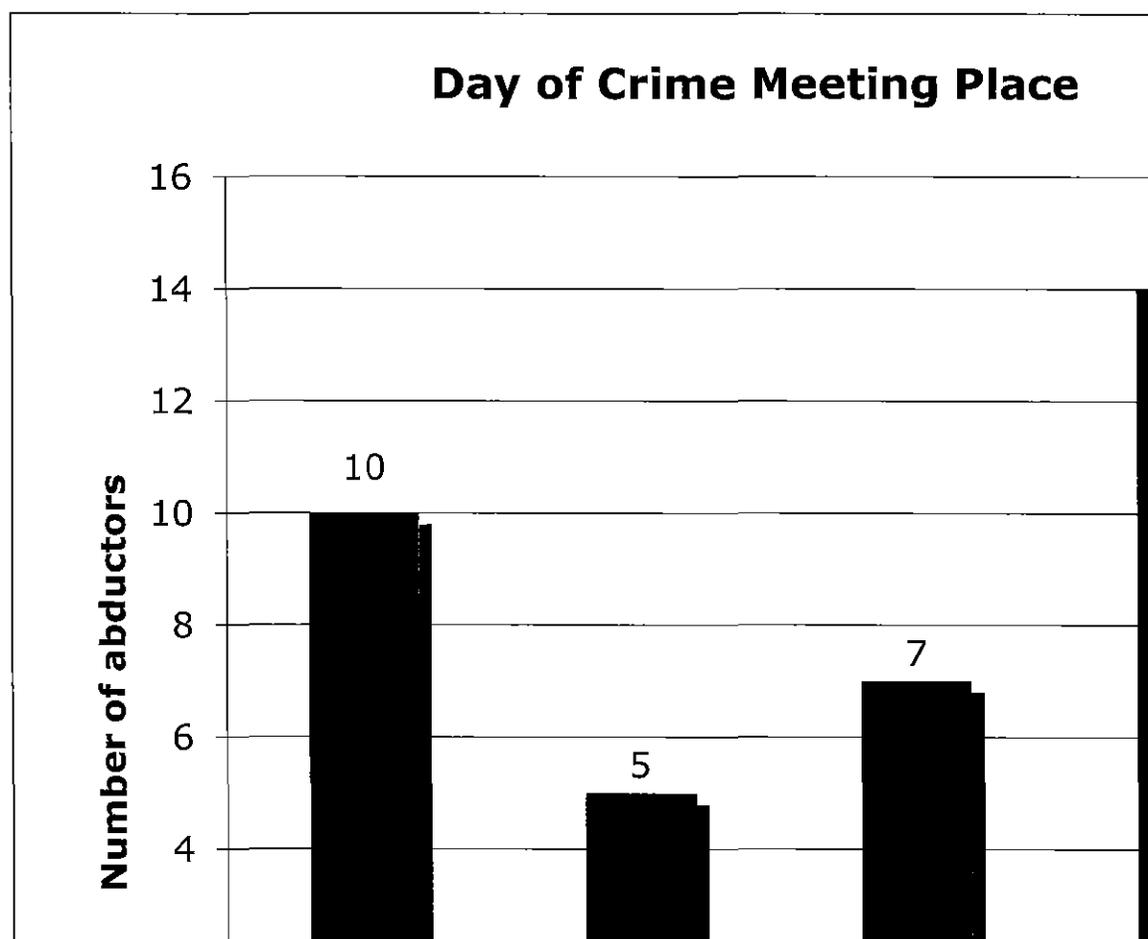


Figure 7: Day of the crime contact location between the fetal abductor and victim mother

Fetal abductors often resorted to a confidence strategy to motivate their intended victims to meet with them or to accompany them (Figure 8). At least four attackers posed as professionals working in social work professions. Eight of the victim mothers were promised baby items if they would agree to accompany or meet the abductor. One abductor convinced her victim that baby gifts ordered through an online registry had accidentally been delivered to the abductor's home instead of to the victim; she invited the victim mother to pick up the items. In two instances, the perpetrator convinced the victim mother that she wished to purchase items being advertised for sale by the victim.

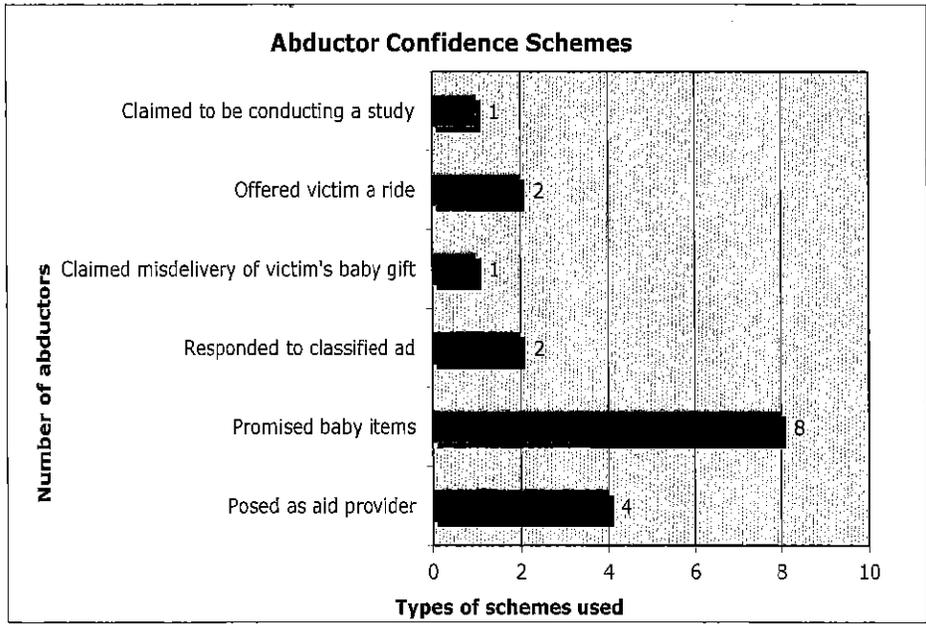


Figure 8: Confidence schemes used by abductors to meet or lure their victims

*The act of the crime*

Several fetal abductors utilized multiple weapons or items to restrain or kill their victim (Figure 9). Guns were used in five fetal abductions, and a stun gun was used in one. Sharp implements including a hatchet, scissor, razor, and knife were used on four victim mothers. At least seven victims were smothered, strangled, or suffocated by their attacker. Weapons included a pillow, yarn, a fetal monitoring belt, a latex glove, and duct tape. Six victims were struck with blunt instruments. These included bats, tire irons, a table leg, and an ashtray. One victim mother was drugged by her abductor.

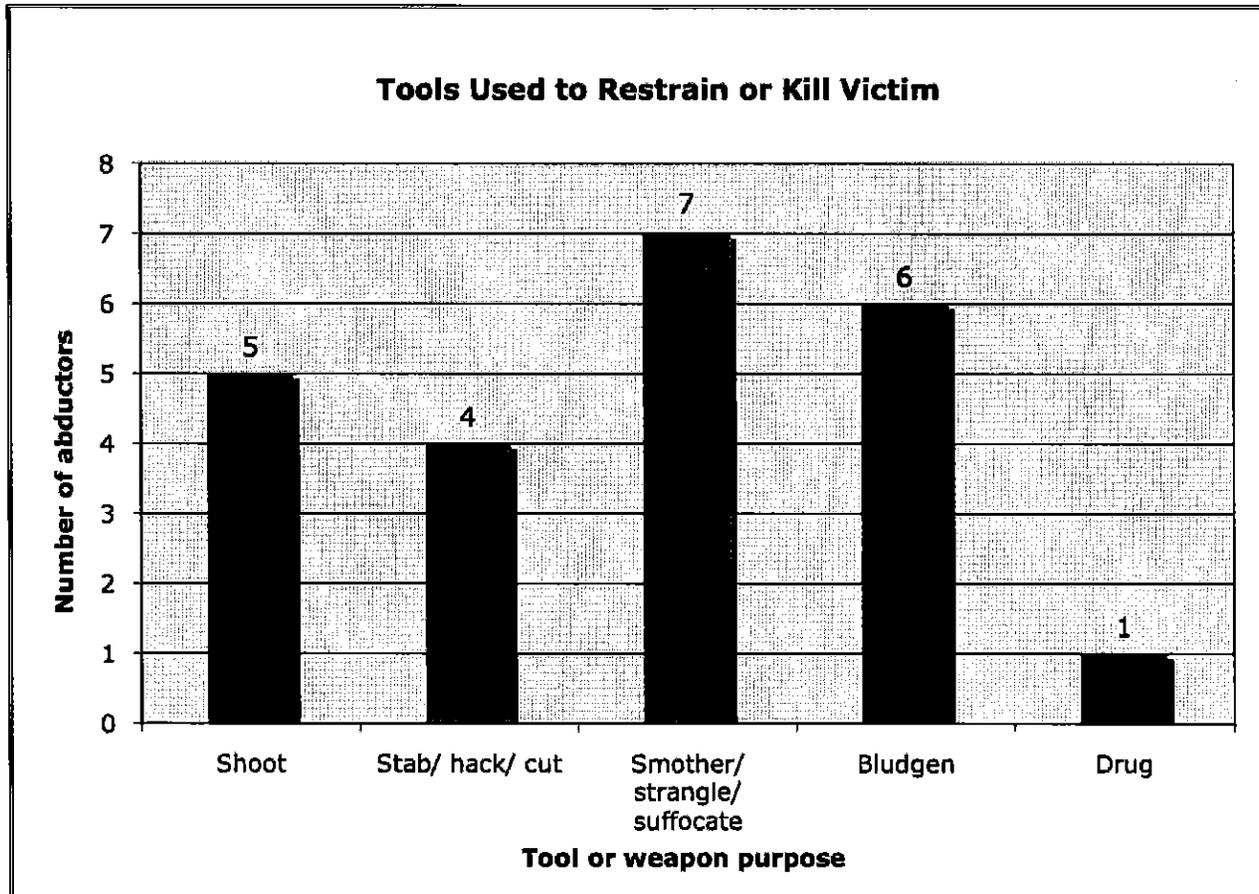


Figure 9: Methods used by fetal abductors to restrain or kill their victim mother

Knives, sheers, razor blades, utility or craft knives, and even a car key were the tools used to create incisions in the victim mother’s pelvis. In nine of the 22 cases the surgery was performed in the home of the perpetrator, in five cases it was done in the home of the victim, and in five cases it took place in a secluded area such as a park or a forested area. One abductor moved her victim from the victim’s home to a secluded area to complete the attack. Other attacks took place in motel rooms and cars (Figure 10).

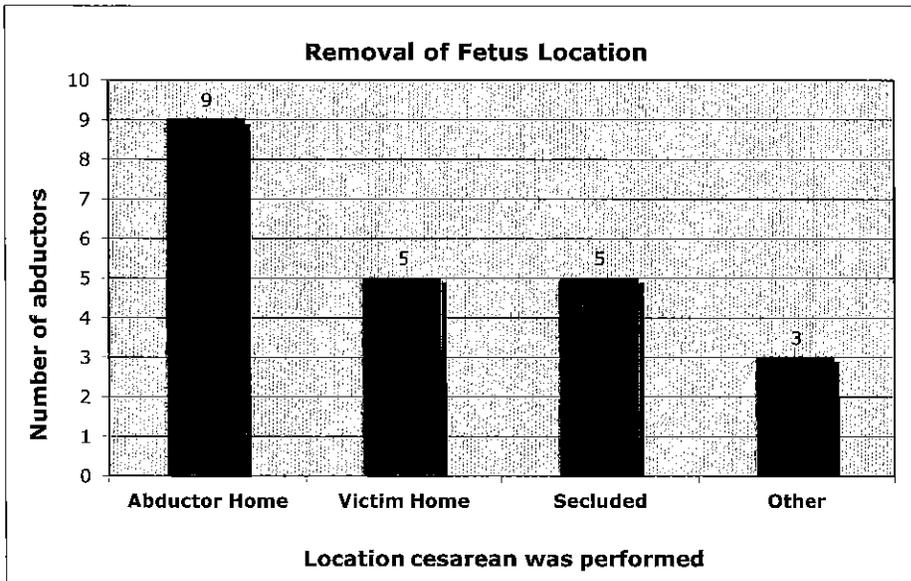


Figure 10: Most frequent venues used by fetal abductors to perform the cesarean

Sixteen of the victim mothers died during or immediately after the attack. In six attacks, the baby also died (Figure 11). There were no attacks in which the mother lived and her child did not. Two of the babies who died were taken from the womb at stages in which viability, even if born in a medical facility, was tenuous—one at six, and one at seven months gestation. All other victim mothers were in their eighth or ninth month of pregnancy.

It is important to note that six victim mothers survived the attacks due to their own efforts or the intervention of a witness. One was stabbed but escaped from the perpetrator's car, one killed her abductor, one was saved by a witness, one was freed by police, and one was tortured for more than twenty-four hours before escaping the abductor's home (Figure 11).

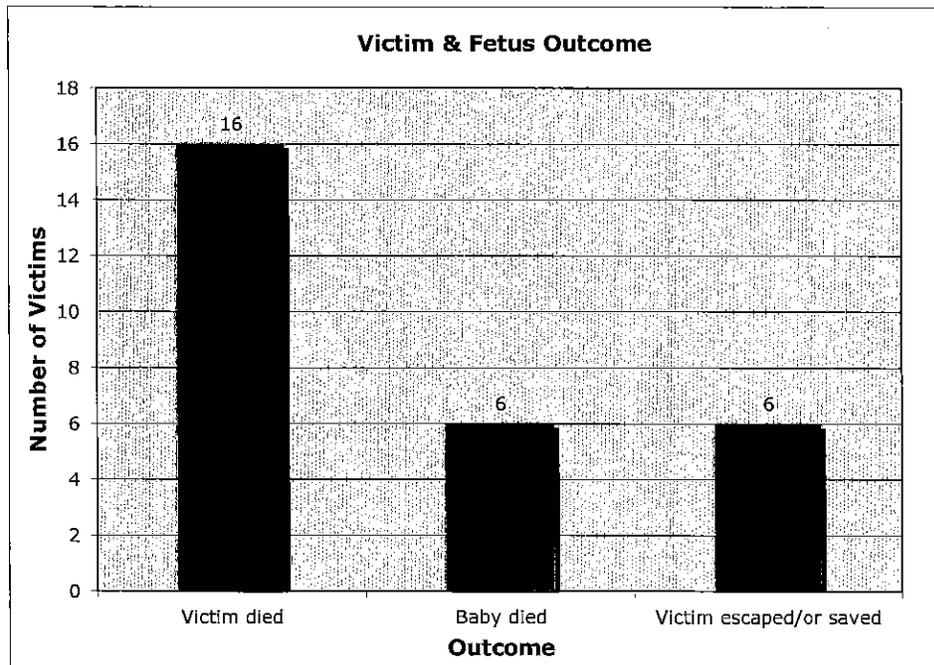


Figure 11: Outcome of the attack on victim mothers and babies

The bodies of most of the victim mothers were discovered at the location in which they had been attacked; however the bodies of four were transported and dumped in secluded locales. One victim was dismembered and her body parts were distributed on both sides of the USA/Mexican border.

*Actions after the crime*

Fetal abductors explained the sudden presence of a newborn by claiming they had spontaneously gone into labor in their homes or cars, or had delivered the baby and been quickly released from medical clinics. The alleged birth stories seemed suspicious to some who knew them. In five cases friends, family, or neighbors called authorities. Eight abductors were identified as having stolen the newborn after seeking medical care for themselves or the baby. In half the episodes in which the abductor sought medical help the baby was already dead. Witnesses, including victim mothers who escaped their attacker, were involved in identifying victims in seven cases. Phone or email records led police to the abductor, or confirmed suspicions in five cases. One abductor turned herself in to law enforcement. Abductors were identified in some cases through multiple means (Figure 12).

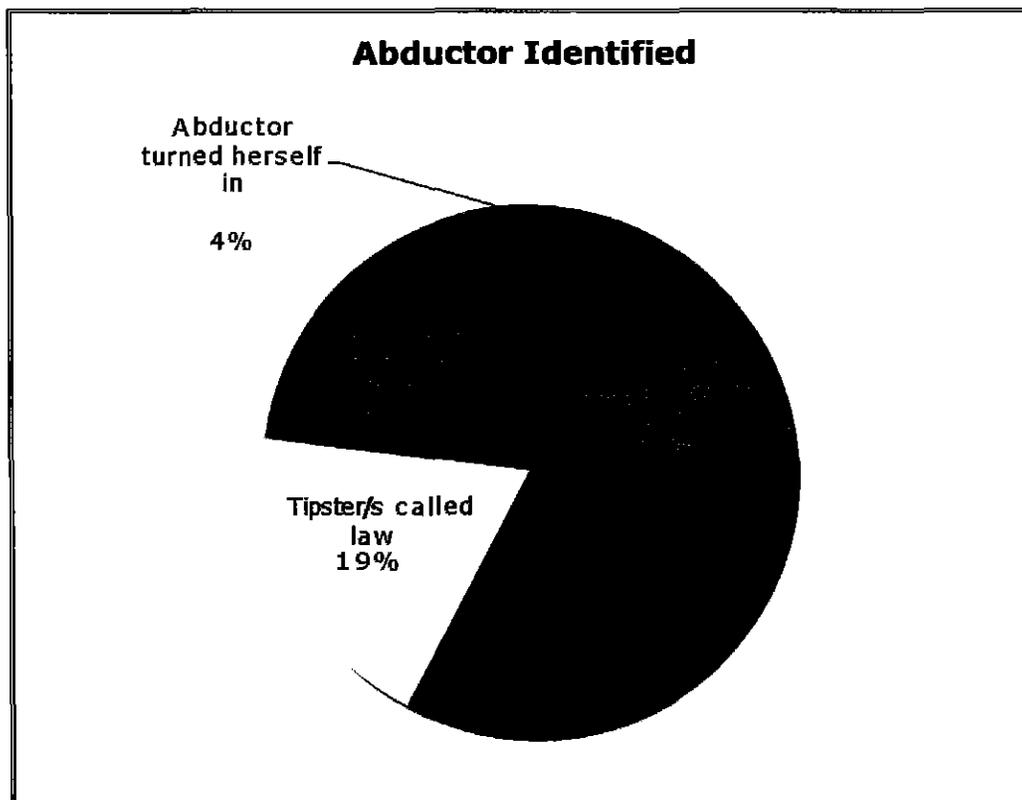


Figure 12: Methods in which abductors were identified by law enforcement

Charges against the fetal abductors ranged from a single- to multiple counts of murder, kidnapping, abduction, attempted murder, arson, assault and burglary. Five of the abductors pled either guilty or not guilty with the caveat that they were either insane or mentally ill. Eight of the abductors pled guilty to some or all of the charges against them without claims of insanity or mental illness. Seven abductors plead not guilty. At this time one abductor’s plea is unknown. One abductor killed herself before entering a plea, and one abductor was killed during the crime (Figure 13). While in jail, awaiting sentencing, one convicted abductor hanged herself. In all but seven cases the perpetrator was found guilty of some or all of the charges (Figure 13). Insanity or mental illness factored into the verdicts of four abductors with two diagnosed as schizophrenic.

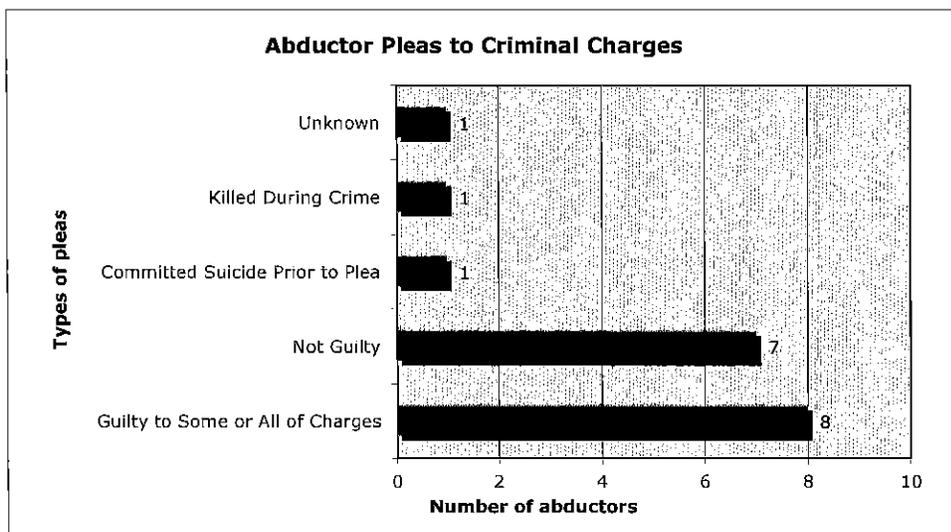


Figure 13: Pleas entered by accused fetal abductors

Verdicts for fetal abductors ranged from mental health care to the death penalty. Most were given life terms in prison without the chance of parole (Figure 14).

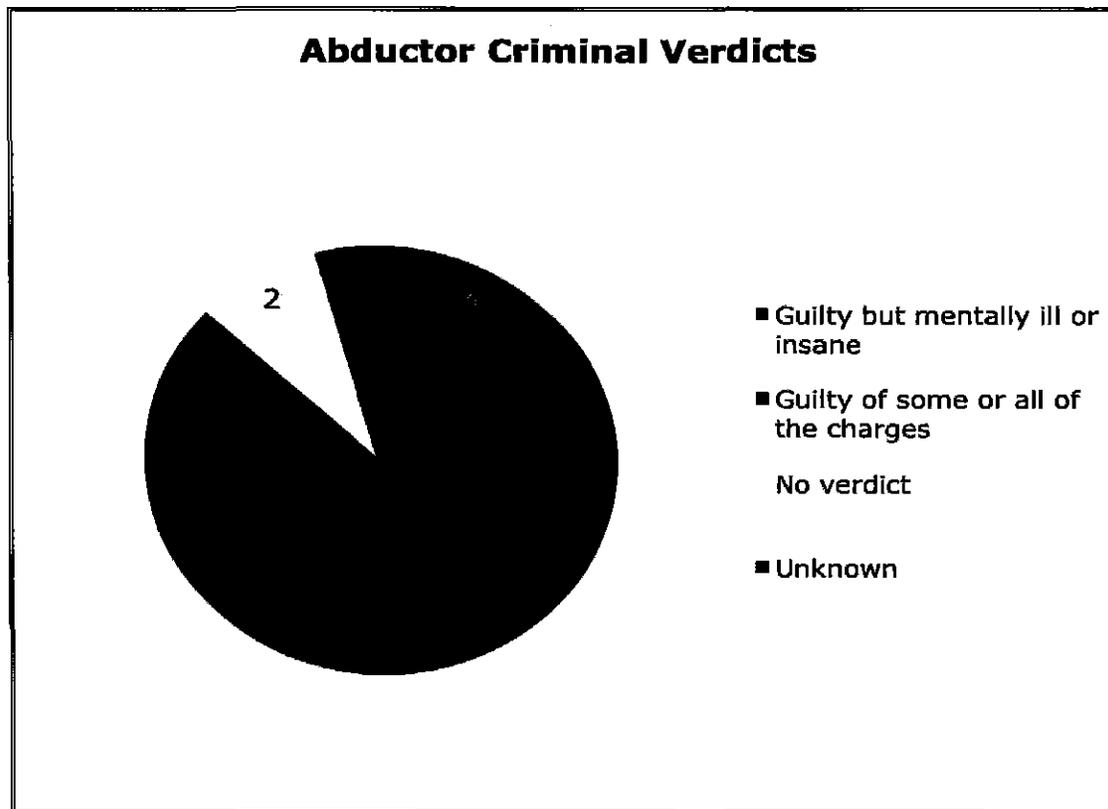


Figure 14: Criminal verdicts of fetal abductors

### *Motives of fetal abductors*

The question of fetal abductor motivation and whether Agnew's GST explains their actions depends upon both quantitative and qualitative data. The answer to the question, "Why did these fetal abductors take a baby from another woman's womb?" seems straightforward. They wanted an infant. But why resort to fetal abduction to secure a newborn? Part of the answer may be found in Agnew's GST, which is most often used to understand the delinquent behavior of juveniles, but is arguably applicable in understanding and explaining the behavior of fetal abductors as well.

While earlier types of strain theory focus exclusively on the proposition that crime is caused by the perpetrator's inability to achieve certain sought after goals, Agnew's revised GST (1992) focuses on three major types of strain including: (1) the actual or anticipated failure to achieve positively valued stimuli, (2) the actual or anticipated removal of positively valued stimuli, and (3) the actual or anticipated presentation of negative stimuli. Data point to some significant strains in the lives of fetal abductors (Figure 15).

The failure to achieve positively valued stimuli, or goals is, according to Agnew, a possible motivator for criminal behavior. Although at least 12 of the abductors had older children, they, and other abductors, were motivated to commit the crime out of a desire for an infant. At least 11 of the 23 abductors were unable to bear a child at the time of the crime due to medical conditions or procedures such as hysterectomies, tubal ligations, or ovarian or endometrial abnormalities (Figure 15).

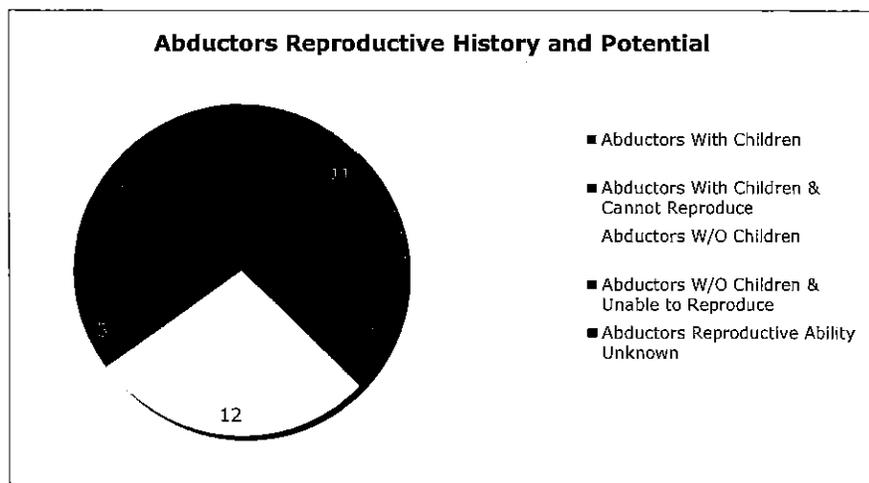


Figure 15: Abductors with older children and ability of abductors to conceive or carry to term a baby

Adoption of an infant was not an option for most, if not all of the abductors, due to age, criminal history, or mental or physical health (Figure 16). According to the National Center for Health Statistics, most women who are successful in petitions to adopt have been between the ages of 30 and 44 years old (Jones, 2009). Ten of the abductors fell outside of that optimal age range. At least nine abductors had adult criminal records, making them unattractive candidates to adoption agencies. Eleven abductors had been diagnosed prior to the fetal abductions with physical, mental, or emotional issues. The financial status of abductors—another variable that determines attractiveness to adoption agencies as well as the ability to cover expenses associated with adoption—is currently unknown. Although trends in adoption may be shifting making single adults more likely to qualify, married couples have traditionally been more easily approved. Thirteen of the abductors were unmarried when they committed their crime.

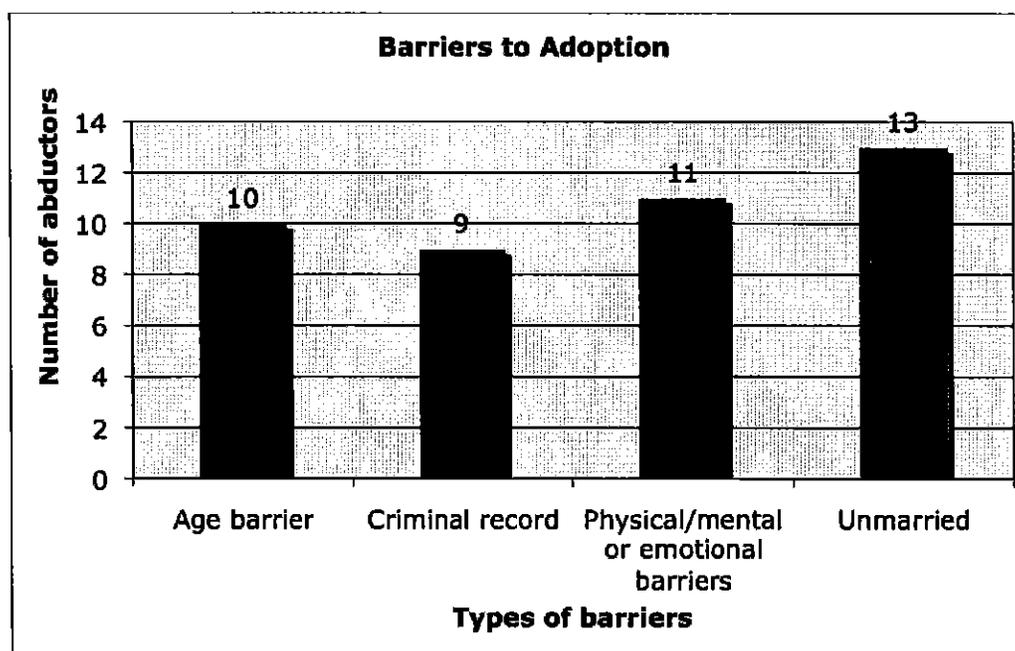


Figure 16: Factors making adoption a less viable option for fetal abductors

The second proposed impetus in Agnew's GST theory is that people commit crimes because of the actual or anticipated removal of positively valued stimuli. In the context of fetal

abductors “positively valued stimuli” has been reported to be the abductor’s relationship with a significant other including a husband, fiancée, or boyfriend, and the abductor’s belief that having a baby would cement the relationship (Burgess, Baker, Nahirny, & Rabun, 2002). Data drawn for this study found only four abductors quoted as crediting this for their actions, however a more extensive review of material may substantiate the premise.

Fetal abductors who were involved with romantic partners and did not originally plot to abduct a fetus in order to cement their relationship may nevertheless have considered the impact that exposure of their falsified pregnancy) would have on their relationships. Fear that their romantic partners might leave upon finding out about the deception could have compelled abductors to commit the crime in order to prevent exposure and the loss of their partner’s affection.

At the time of the crime one abductor had an additional cause for concern. She was involved in a custody dispute with her former husband, and feared her pregnancy lie might be used to tip the scales in favor of children’s biological father. For this abductor the possible loss of her children represented a terrible removal of positively valued stimuli.

Lastly, Agnew’s GST proposes that criminal acts may be inspired by the actual or anticipated presentation of negative stimuli. For fetal abductors, fear of exposure and condemnation may have been reason to abduct another woman’s baby. The public labeling and loss of reputation would have been a contributing factor, as would the anger and possible loss of a romantic partner (Table 1).

<b>Agnew's GST Strains</b>	<b>Strain</b>	<b>Strain</b>	<b>Strain</b>
<b>Fear of failure to achieve positively valued stimuli or goals</b>	Desire for a newborn baby	Secure committed relationship with a romantic partner	Public attention and approval
<b>Fear of actual or anticipated removal of positively valued stimuli</b>	Loss of relationship with romantic partner	Loss of attention and approval	Loss of custody of older biological children
<b>Fear of actual or anticipated presentation of negative stimuli</b>	Anger of romantic partner	Censorship by friends and family	Negative labeling

Table 1: Strains that may have impacted the decisions of abductors to commit their crime

Agnew's GST links the propensity to commit crime when confronted with the three types of strain with specific types of personalities that are high in negativity and emotionality and low in constraint (Agnew, 1997). Those high in negative emotionality and low in constraint are easily upset, become very angry when upset, tend to act without thinking, and care little about the feelings and rights of others (1997). The lack of care abductors show to the feelings of their victims is evident, but further research is needed to determine if these character traits are noted in behaviors unassociated with the crime. Because the development of negative emotionality and low constraint are believed to be tied to early life experiences that impact personality development (Slocum, 2010), it is important to learn more about the childhoods of fetal abductors.

### **Conclusion**

This research project began with data accumulated from multiple newspaper articles, news stories, and online sites dedicated to fetal abduction, and several other sources. Utilizing the data, the researcher attempted to answer the following questions: (1) based upon available

data, what characteristics, methodologies, and motivations are common to fetal abductors and the crime of fetal abduction? (2) does Agnew's General Strain Theory explain why fetal abductors commit the crime of fetal abduction?

The data in this study indicated that abductors cross racial lines and most often abduct victim mothers of the same race. Abductors are most often older than their victims and range in age from their teens to 40s. They are almost three times as likely to be married or involved in a serious partner relationship than to be single. Almost half of all known abductors have biological children. The crime of fetal abduction is always premeditated and in the months prior to the crime most abductors go to great lengths to play out a scenario in which they are pregnant. So insistent are they that, in some cases they manage to throw doubt in the minds of those who know the abductor is physically unable to conceive. Abductors spin the illusion of pregnancy by gaining weight (average weight gain is currently recorded), wearing maternity clothing, and purchasing padded pregnancy suits to wear under baggy clothing. They often attend baby showers thrown in their honor and use the gifts to set up nurseries in preparation for the expected infant. When seeking victims, abductors are more likely to target strangers or acquaintances than those close to them. In many cases, they cultivate relationships with their intended victim either online or in person. Many abductors utilize confidence schemes to lure their victims into vehicles or other private places in order to conduct the cesarean section. Despite two abductors who were schizophrenic, and another who had been hospitalized for mental issues, the majority of the perpetrators were not diagnosed as mentally ill prior to committing their crime.

If employed, most of the abductors worked in service industries. Only one held a white-collar job. Further research is necessary to develop a comprehensive picture of the academic

history of abductors but current data suggests that most abductors were average high school students and few attended college or university.

Not discussed earlier in the paper were two cases in which the abductor killed, or participated in the killing, of the victim mother's older children. The children of two of the victims were murdered either during, or in the days after, the fetal abduction attack. This behavior was contrasted by a different abductor's decision to put the 7-year-old son of her victim in the car and deliver the child to the safety of a family member's home before proceeding to an isolated venue where she attempted to remove her victim's fetus. Also not discussed were the men who participated in four of the episodes by either aiding in the attack or disposing of the victim mother's body. These cases present opportunities for future research.

At this time much more needs to be learned about the childhoods of abductors. Based upon current information, it can be said that commonalities include juvenile abuses, a history of lying and depression, an early obsession with having babies, and anger and aggression toward authority figures. Few of the abductors are reported to have had juvenile criminal records.

Agnew's GST offers a plausible explanation for the actions of fetal abductors. The theory proposes that criminals are driven by actual or anticipated failure, actual or anticipated removal of positively valued stimuli, and actual or anticipated presentation of negative stimuli. This paper argues that all three propositions apply to fetal abductors who are driven by a quest for positive attention, a desire to feel special, and to secure relationships.

This research is intended to provide a baseline for further exploration into the crime of fetal abduction. The researcher advocates the development of an international database to record new data and the creation of a website to serve as a library for articles about the subject. The website might bring more public awareness surrounding fetal abduction—a subject that appears

unknown even to many of those studying and working in the areas of law enforcement and criminology. The crime is flying under the public's radar rendering pregnant women uninformed and vulnerable. The more that is known about fetal abduction, the more information can be shared with those most at risk.

At this time, there are too few known fetal abductions to warrant changes to either public policy or law; however law enforcement personnel should be made aware that the crime does exist in rural, suburban, and urban areas and that missing pregnant women may have fallen victim.

Further research and the distribution of information about fetal abductors may help therapists, psychologists, psychiatrists, and other mental health providers identify clients who may engage in fetal abduction. Patterns of multiple alleged pregnancies that do not produce a baby or professed miscarriages followed shortly by claims of a new pregnancy could act, in select cases, as markers of a pending criminal act.

The crime of fetal abduction is rare. How rare, is unknown. Also unknown are a slew of questions including: Why is this taking place now? What are the social/media influences, if any, that are contributing to what appears to be a growing number of fetal abductions? Is the increase in surgeries that render females unable to conceive a factor in fetal abductions? Perhaps most interesting is the question: Why are *these* women perpetrating *this* crime? Are there factors that serve as common motivators, such as childhood experiences, mental health conditions, and social pressures? Understanding fetal abductors will add to the greater body of understanding about criminals and their acts.

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**Appendix A - Abductors/Victims/Dates/Crimes**

<b>ABDUCTOR NAME</b>	<b>VICTIM NAME</b>	<b>DATE</b>	<b>LOCATION</b>
Winifred Ransom	Margaret Sweeney	November 1974	PA
Darci Kayleen Pierce	Cindy Lynn Ray	July 1987	NM
Jacqueline Williams	Deborah Evans	November 1995	IL
Felecia Scott	Carethia Curry	January 1996	AL
Josefina Saldana	Margarita Flores	October 1998	CA
Erin Rae Kuhn-Brown	Kathaleena Draper	June, 2000	NV
Michelle Bica	Theresa Andrews	October 2000	OH
Charnetta Simmons-Abduel	Elsa Kaiser	January 2003	CA
Effie Goodson	Carolyn Simpson	December 2003	OK
Lisa Montgomery	Bobbie Jo Stinnett	December 2004	MI
Katherine Smith	Sarah Brady	February 2005	KY
Peggy Jo Conner	Valerie Oskin	October 2005	PA
Tiffany Hall	Jimella Tunstall	September 2006	IL
Alisa D. Betts, 17 Lauren M. Gash, 19	Amanda Howard	July 2007	KS
Phiengchai Sisouvanh Synhavong	Araceli Camacho Gomez	July 2008	WA
Andrea Curry-Demus	Kia Johnson	July 2008	PA
Korena Elaine Roberts	Heather Snively	June 2009	OR
Julie Corey	Darlene Haynes	July 29, 2009	MA
Veronica D. Deramous	Teka Adams	December 2009	MD
Kassandra Toruga	Angelique Robledo	February 2011	AZ
Kathy Michelle Coy	Jamie Stice	April 2011	KY
Annette Morales-Rodriguez	Maritza Ramirez-Cruz	October 2011	WI

**Appendix B - Database Questions**

The database for the research project Fetal Attraction is currently divided into the following categories:

- Abductor Name

- Age

- Race/ethnicity

- Caucasian

- Black

- Hispanic

- Asian/Unknown

- Marital status

- Married

- Boyfriend

- Single/Unknown

- Partner Name

- Address

- City

- State

- Children

- Socio/Economic

- Victim Name

- Age

- Race/ethnicity

- Caucasian

- Black

- Hispanic

- Asian/Unknown

- Marital status

- Married

Boyfriend

Single/Unknown

Partner Name

Address

City

State

Children

Socio/Economic

• Abductor & Victim Met or Knew Each Other From

• Date of crime

• Place of crime (city/state)

• Abductor & Victim relationship

Friends/Family

Acquaintance

Stranger

• Where/how abductor and victim first met

• Day of Crime Contact

Victim's house

Abductor's house

Public place

Public place location

Other

• Circumstances of Day of Crime Contact

• Victim got in abductor's car

Yes

No

• Abductor posed as professional/social worker etc.

Yes

No

• Place victim attacked

Abductor's home

Victim's home

Secluded area

Other

- Notes on attack
- Place victim found
  - Victim's home/property
  - Abductor's home/property
  - Secluded (park/open space etc.)
  - Other
- Additional information surrounding the crime
- Victim lived
  - Yes
  - No
- Child lived
  - Yes
  - No
- Months pregnant
- Weapon was used to attack/restrain/kill victim
- Secondary weapon used to attack/restrain/kill victim
- Weapon used to perform the cesarean section
- Secondary weapon used to perform cesarean section
- Weapon intended, but not used to perform cesarean section
- Abductor appeared/acted pregnant
  - Yes
  - No
  - Unknown
- Others believed the abductor was pregnant
  - Yes
  - No

Unknown

- Abductor "proved" pregnancy (sonogram, fetus kick, etc.)

Yes

No

Unknown

- Abductor acquired baby items

Yes

No

Unknown

- Abductor "extended due date"

Yes

No

Unknown

- Abductor studied cesarean section

Yes

Unknown

- Abductor prepared a crime kit

Yes

No

Unknown

- Abductor trained or worked at some time in medical field or setting
- Medical arena in which abductor worked or trained
- Abductor's job or field of job history
- Abductor was identified as suspect after seeking medical help for herself of the baby
- Abductor was identified as suspect by witnesses or victim survivor
- Abductor was identified as suspect by tipster or friends or family members
- Abductor was identified as suspect through email or phone records
- Abductor was identified as suspect through other means
- Abductor identified expansion

- Reason given by abductor for committing crime
- Abductor grew up
  - City
  - State
- Family economics when abductor was a child
- Abductor raised by
- Primary caretaker
- Caretaker parenting style
- Relationship-caretaker (good, bad, strained, distant, hostile)
- Alleged physical abuse
  - Yes
  - No
- Alleged sexual abuse
  - Yes
  - No
- Alleged verbal abuse
- Alleged offender
- Abductor's childhood traumas or events perceived as traumatic by abductor
- Concerning childhood behaviors as reported by others
- Intervention/outcome
- Academic status/type of student
- School behavioral concerns
- School social status
- Graduated high school
  - Yes
  - No
- What the abductor did post high school
- Physical health concerns/injuries
- Mental health concerns
- Treatment

- Disabilities
- Substance abuse as an adult
  - Yes
  - No
- Substance abuse at the time of the crime
  - Yes
  - No
- Partner involved in criminal activities
  - Yes
  - No
  - Unknown
- Abused by partner
- Pattern of lying about pregnancies
  - Yes
  - No
  - Unknown
- Age at first alleged pregnancy
- Outcome
- Reproductive issues
- Reproductive surgeries
- Physically able to conceive at the time of the crime
  - Yes
  - No
- Juvenile criminal charges
- What was the outcome of those criminal charges
- Adult criminal charges (prior to fetal abduction)
- Outcome of adult criminal charges
- Fetal abduction charge
- Court
- Plea

- Verdict
- Served
- Appeals/Notes