

CHAPTER 1

Introduction: What Is a Serial Killer?

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Kristen H. Gilbert is a serial killer. She was convicted of the first-degree murder of three disabled patients at the US Department of Veterans Affairs hospital in Massachusetts, where she worked as a nurse in the 1990s. She was also convicted of second-degree murder, having killed a fourth patient, and the attempted murder of two other patients. Gilbert is further suspected of killing, or trying to kill, other vulnerable people who were under her skilled care. In fact, so many patients died while Gilbert was on duty that her colleagues called her an “Angel of Death.”¹

Death was apparently not Gilbert’s sole endgame. As *The Boston Globe* pointedly noted, “She liked to play the star.” She “liked the thrill of medical emergencies” and “reveled in the excitement of emergency calls.”² Gilbert also wanted to impress VA police officer Jim Perrault, with whom she had a relationship and said she was in love, by showing off her skilled medical heroics.³

Sources say Gilbert thrived on the excitement and medical challenge of treating a patient coding in a cardiopulmonary emergency. This explains her murder weapon of choice: epinephrine. Epinephrine is synthetic adrenaline that causes extreme tachycardia (accelerated heart-beat). To induce cardiac arrest, Gilbert, by all accounts a very skilled nurse, injected patients’ intravenous lines with the drug epinephrine. According to Assistant US Attorney William Welch, “She caused patients to die because of the adulation she would get from coworkers . . . and her own personal thrill and gratification from saving individuals she put in distress.”⁴



1.1 Kristen Gilbert in an undated photo. (Photo from Getty Images)

But, according to investigators, these were not her only motivations. One night in 1996, Gilbert reportedly asked her supervisor if she could leave early if her patient died. She was meeting up with boyfriend Jim. This patient was 41-year-old Kenneth Cutting, a blind, disabled veteran with multiple sclerosis who had no known heart issues. She proceeded to kill Cutting, a husband and a father, so she could leave early. This victim died of a heart attack – his tragic, early departure from this world occurring less than an hour after Gilbert requested an early departure from work for her romantic interlude.⁵

Gilbert's colleagues became increasingly suspicious and finally alerted authorities after a patient receiving a simple antibiotic treatment reported feeling nauseous and that he had a burning sensation after Gilbert flushed his IV line.⁶ An investigation ensued, in which all 37 deaths that took place from 1995 to 1996 during Gilbert's shifts in Ward C were examined. When Gilbert was interviewed in March 1996, healthcare inspectors asked her, frankly, "Why are you the first one finding patients in distress?" She told them she had keen medical intuition.⁷

During the time of the investigation, Kristen Gilbert left work with a shoulder injury and began collecting workers' compensation. In her absence, the death rate on the evening shift markedly decreased. As the investigation progressed, she apparently grew desperate, making harassing phone calls to the VA hospital and fighting with her boyfriend, Jim Perrault. She even accused Perrault of being complicit in the investigation and kicked him in the testicles. Then, in October 1996, seemingly to derail the investigation, Gilbert called in bomb threats to the Veterans Affairs Medical Center. She was arrested for the threats and, two years later, sentenced to 15 months in prison for making them.⁸ Yet her demeanor was not consistent. Even when she was identified as a murder suspect, Gilbert was not distressed by the seriousness of the allegations, according to her neighbor. Rather, she hoped that all pictures of her in the press were flattering and that Bridget Fonda would play her in a movie about her life.

Meanwhile, investigators exhumed the bodies of victims and found evidence of epinephrine. Furthermore, they found 85 doses of epinephrine unaccounted for in the VA Medical Center.⁹ Overall, they determined that there was a one in 100 million probability of so many deaths occurring with Gilbert present.¹⁰ In May 1999, she was arrested for murder.¹¹

At trial, Gilbert pleaded not guilty, but the evidence was overwhelming. Fellow nurses testified that she was the first on the scene to the deaths and that they often found broken, empty bottles of epinephrine at the scene. The jury heard one survivor's account that Gilbert "put something in my arm" before his heart rate increased to 300 BPM and he passed out. Patient Angelo Vella died before trial, so his daughter testified that he had said he thought his heart was "going to explode."¹² As the US Attorney said, "The depth and cruelty of her evil had no natural boundary." Gilbert was, he added, "a cold-blooded serial killer."¹³

On March 14, 2001, Kristen Gilbert was convicted of murder and several other charges.¹⁴ Since she committed crimes on federal property, prosecutors sought the death penalty as punishment, but in consideration of Gilbert's own children, jurors decided she should spend life in prison instead.¹⁵ Gilbert received four life sentences for her crimes.

Ironically, however, had Gilbert received a death sentence, she would have been executed the same way she executed helpless, disabled veterans – by lethal injection.¹⁶ Reflecting on the case just a few days after Gilbert’s conviction, law professor David Rossman captured the horror of her crimes: “These good men . . . vulnerable men, there to be healed, all dead. What could be more frightening? More evil?”¹⁷

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What is a serial killer? If you read five sources, you might get five different answers to this question. Although US Federal Bureau of Investigation (FBI) agent Robert Ressler’s¹⁸ use of the term “serial killer” decades ago made it more mainstream, there is, to my knowledge, no absolute definition available for “serial killer” or “serial murder.” The FBI considers serial murder to be “the unlawful killing of two or more victims by the same offender(s), in separate events.”¹⁹ However, noted academics such as Eric Hickey, Stephen Holmes et al., and Amanda Farrell et al.²⁰ defined a serial killer as someone who has murdered three or more victims. In research conducted with my team in 2015, we adopted the definition of three deceased victims and added the distinction of them being intentional killings. Furthermore, to distinguish serial killing from mass murders or spree killing, we stressed that there must be a cooling-off period of at least one week between murders.

Indeed, the FBI website’s information on serial murder is incomplete. It describes the modus operandi of the typical male serial killer. It ignores the fact that women can be just as deadly as men. All case examples presented are those of male perpetrators. In fact, almost all the experts who compiled the report were also men. In fairness, the group that assembled the FBI’s information was a highly reputable and experienced team – likely some of the best experts in the world – working with the information they had at the time. However, newer research such as that published by my team in 2019 has elucidated drastic and statistically significant difference between the backgrounds, crimes, motives, and methods of male and female serial killers.²¹

At one time, authorities actually claimed that there were no female serial killers, and that serial murders were limited to sex-based

crimes.²² Even research²³ in the last 20 years has used the terms “serial sexual homicide” and “serial killer” interchangeably. And while the FBI report debunks the myth that all serial killers are motivated by sex, the examples provided in its report are largely sexual in nature. However, we know that the most common motive for female serial murderers is financial gain,²⁴ which is not mentioned in the report at all. The FBI report does underscore that “more research is needed to identify specific pathways of development that produce serial killers,” but more research has since become available. It is time for the FBI and other law enforcement agencies to update their information, as other agencies look to this reference material when assessing murder cases in front of them.

The undeniable facts are these: women have been, and can be, serial murderers; their motives, crimes, and victims are almost always different to those of male serial murderers; and they have committed arguably some of the most disturbing clusters of murders the USA has ever seen.

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Martha Patty Cannon was a serial killer. She committed among the most heinous crimes I have ever heard of in my many years of murder psychology research. People often ask me, “Which female serial killer’s crimes do you consider the worst?” My usual answer is “all of them.” But when pressed to name names, Cannon is typically at the top of the depraved list.

Also going by Lucretia P. Cannon, or simply “Patty,” she was called “the wickedest woman in America” and “the most abandoned wretch that breathes.”²⁵ Believed to have been born in about 1760, 16 years before the Declaration of Independence sparked the Revolutionary War, she was one of the first serial killers documented in the United States.

Cannon and her son-in-law, Joe Johnson, resided on the Delaware-Maryland state line, where they murdered and robbed people who patronized her tavern.²⁶ She was a prolific and equal-opportunity murderer throughout the early 1800s, reportedly killing men, women, and children of many ethnicities. She and her gang of thugs also kidnapped approximately 3,000 free Black people and sold them into

slavery, separating them from their children, often shackling victims in her attic to await a buyer.²⁷ Scholars such as Richard Bell have referred to her crimes as a “reverse underground railroad.”²⁸ Reports say that she strangled a three-day-old baby, burned other babies alive, and poisoned her own husband. Cannon also threw a child into a fireplace to stop the child from crying.²⁹ Patty Cannon was Black, and scholars contend that her ethnicity and gender prevented suspicion that she was engaging in these crimes.³⁰

In 1829, a three-foot-long blue chest containing a man’s bones was found buried on her property. The bones of others, including a child, were found in oak boxes. These discoveries led to her arrest for murder.³¹ After she was in custody, one of Cannon’s gang members, Cyrus James, told investigators that the buried remains were those of a well-known slave trader from Georgia whom she had shot and killed, keeping the \$15,000 he had in his possession. James also said that he had seen Cannon kill a child by hitting them in the head with a wooden log.³² Cannon confessed to killing more than two dozen people, including her own husband and child, but witnesses indicated she had murdered far more victims. At the age of approximately 70, Cannon died by suicide while in jail to avoid being put to death by hanging.³³

Although one might question the accuracy of reports from 200 years ago, Mike Morgan, who wrote a biography about Patty Cannon,³⁴ stressed his confidence in the historical documentation he uncovered in his research. “Whatever you have had heard about her is probably true,” he stated, “and even more so.” He added, “Patty’s heinous crimes equal, if not surpass the legend.”³⁵

Although we cannot explain what exactly drove Cannon to a life of horrible crimes, an obvious motive is the vast amount of money she earned from her kidnapping and slave-trading ring.³⁶ One can extrapolate that if someone is willing to kidnap, shackle, and sell another human being for profit, killing anyone who gets in the way does not seem far-fetched.

Digging into history, not much is available on Patty Cannon’s past. *The Morning News* wrote a retrospective piece on Cannon in 1960. According to the report, she was victimized by her father, who was ultimately executed by hanging. Patty was said to have been tall, good-looking,

and well-liked in her youth. She married Jesse Cannon, a captain in the Delaware militia, in 1791. At some point in their marriage, Jesse was found guilty of kidnapping free Black people. He was sentenced to the pillory, a wooden framework that the prisoner sticks their head and hands through for public display and shaming. Although the sentence was supposed to involve nailing his ears to the wood, it was reported that the governor of Delaware removed this part of the punishment because of Jesse's distinguished military service.³⁷ While it is unknown why Patty Cannon may have decided to kill her husband and child, it is clear that she was in charge of her gang by the early 1800.

A macabre liner note to Cannon's story is her bizarre postmortem journey. In 1902, her remains were unearthed from her grave outside the Sussex County Courthouse in Delaware in order to be relocated. Apparently, Attorney James Marsh had a "fascination" with her remains.³⁸ *The Morning News* ran a front-page story, "Found Patty Cannon's Skull," reporting that "the skull and bones are on exhibition at James A. Marshall's law office and scores of people are attracted there to see them."³⁹ After public display, Marshall took her skull home with him, and when he died, his son-in-law Charles Joseph reportedly hung the skull on a nail in his barn.

After Joseph's death, the new owners of the house, the Burtons, found the skull in a hat box in their attic. Mary Burton announced that she "didn't want any part of it."⁴⁰ They gave the skull to relatives of the Joseph family, who donated it to the Dover Public Library, where it was used as a display at Halloween. Cannon's skull now appears to be in the care of the US government at the Smithsonian Institution in Washington, DC. Or, a skull from another woman buried in Delaware at around the same time as Cannon, who was also about the age of 70 when she died, whose skull was once displayed, hung in a barn, and stored in a hat box, is at the Smithsonian.⁴¹

And this was the end of the first documented case of a serial killer in the United States that I have encountered. Imagine someone considered so depraved that Delaware State erected a commemorative road plaque warning, "Nearby stood Patty Cannon's House." Nonetheless, with crimes committed so long ago, we must concede that it may be impossible to determine what is fact and what is fiction.

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Despite crimes of horror and magnitude, the names of female serial killers (FSKs) are virtually unknown to the public. When I give academic or public talks, I challenge audiences to name serial killers aloud. The names of male serial killers (MSKs) like John Wayne Gacy and Ed Kemper are invariably mentioned. But no one seems to have heard of Kristen Gilbert, Patty Cannon, or most other FSKs. Indeed, when asked to name a female serial killer, many people can only think of Aileen Wuornos, whose story earned notoriety when depicted in the 2003 movie *Monster* starring award-winning actor Charlize Theron.

Wuornos has been called “America’s first female serial killer,”⁴² but by all available definitions, she was not. Not only does this misnomer overlook the crimes of Patty Cannon more than 200 years earlier but also Wuornos does not quite fit the mold. Between 1989 and 1990, she shot men in the head and torso – killings she claimed were in self-defense as a hitchhiking sex worker. Active violence such as targeting and shooting strangers are not acts that fit the profile of a typical FSK. In fact, Wuornos’ behaviors and crimes were largely of the kind considered typical of male serial murderers. That said, Wuornos robbed her victims after she shot them. Thus, at least one aspect of her crime was typical of FSKs – her motive for murder being money. I will return to her case later in this book.

While MSK crimes and profiles are the subject of countless academic volumes, murder by FSKs has been misunderstood, overlooked, and underestimated. One reason for this may be society’s unwillingness to accept that women are capable of such heinous and gruesome crimes. Typical gender schemas categorize women as gentle, nurturing caretakers. Perhaps there is a type of morbid glass ceiling when it comes to women being recognized and remembered as callous murderers of multiple victims, and the only way it can be broken is when the murders are particularly violent or gory. To wit, Aileen Wuornos shot men in the head and dumped at least one body in a junkyard. Not only is she readily identified as a serial killer, but her story also became the subject of a major motion picture. Yet Amy Archer-Gilligan, whose covert, insidious methods turned one of the country’s first nursing homes into a “murder

factory,⁴³ is largely unknown by name, despite the fact that her murders inspired the play and Hollywood movie *Arsenic and Old Lace*.

Journalist Patricia Pearson⁴⁴ posited that contemporary culture denies women's ability to be aggressive and violent. The sheer notion of a woman committing a planned string of murders is incomprehensible. This likely plays a factor when women get away with murder. In her work on FSKs, Deborah Schurman-Kauflin posited that "no one believes that a woman could kill multiple victims."⁴⁵ US District Judge Thomas Kleeh captured this ideology perfectly when sentencing serial killer nursing assistant Reta Mays for the murder of seven elderly veterans hospitalized in her care. He described Mays as the "monster no one sees coming." Similarly, when reporting on Amy Archer-Gilligan's arraignment in June 1917, one newspaper observed that "the spectators wondered how on Earth [the] State Attorney could ascribe such gruesome deeds to so pale and gentle a dove."⁴⁶

Notably, while world-renowned forensic psychologist Eric Hickey⁴⁷ was one of the first authors on record to research and document the motives and crimes of female serial murderers, many of the solo or lead author researchers often cited for their work on FSKs are women: Deborah Schurman-Kauflin, a criminal profiler; Amanda Farrell,⁴⁸ whose work underscored how FSKs do not neatly fit into typical male serial murder classifications; Patricia Pearson, who authored an award-winning book on women who kill; and myself. This fact is open to interpretation, but perhaps it takes women to validate, underscore, and push society to accept the fact that women can be just as deadly as men.

Indeed, highly influential psychiatrist Hervey Cleckley's seminal writings about psychopathy⁴⁹ initially ignored women, as well. This is a substantial omission, as the perpetrators of many cases of serial murder have met the criteria for having, or are suspected to have had, psychopathy. As scholars have pointed out, Cleckley's 1941 book *The Mask of Sanity: An Attempt to Clarify Some of the Issues about the So-called Psychopathic Personality* did not discuss women psychopaths at all until the fifth edition of the book was released in 1976. Cleckley's omission may have been influenced by social stereotypes of women as warm and nurturing caregivers.⁵⁰

Physical appearance can moderate perceptions of guilt just as powerfully as social stereotypes. Psychologists have understood for half a

century that people experience the “halo effect” – meaning that they believe “what is beautiful is good.”⁵¹ Facially attractive people are judged to be more trustworthy, intelligent, socially competent, poised, and exciting.⁵² In movies, for example, the good characters are likely to be physically attractive, and much more so than the bad characters.⁵³ And in the criminal justice system, it has long been common knowledge that a defendant who is good-looking has better chance of being found not guilty or of getting a less harsh sentence.⁵⁴ A halo effect around an attractive defendant can decrease the jury’s and the public’s perceptions of guilt. Tellingly, in 2015, my research team found that female serial murderers have typically been reported to be of at least average attractiveness.⁵⁵ When it comes to recognizing the guilt of FSKs, maybe people just do not think a good-looking woman is capable of committing gruesome murders with multiple victims.

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Sharon Kinne is a serial killer. Guilty of heinous crimes, Kinne benefited from her physical attractiveness several times in court before a guilty charge was finally brought. One newspaper story about Kinne exclaimed that she was “probably the prettiest defendant ever tried for murder” in Kansas City.⁵⁶ Louis Lombardo, the chief of operations for the prosecutor’s office in Jackson County, Missouri, told a *Kansas City Star* journalist that at first he found her rather attractive – but added that his opinion changed as they worked the case.⁵⁷ “Ladies just weren’t supposed to do what she did,” said Jim Hays, a former local government official.⁵⁸

The first time Kinne saw a jury, the year was 1961 and she was on trial for the murder of Patricia Jones, her ex-lover’s wife. Despite physical and circumstantial evidence tying her to crime, Kinne was acquitted by an all-male jury in under two hours. After the not guilty verdict, the courtroom applauded.⁵⁹ In an eyebrow-raising epilogue, newspapers photographed Kinne giving autographs to, and taking photos with, the jury.⁶⁰

The second time Kinne came to trial, it was for a murder that had actually taken place before the death of Patricia Jones. This time, Kinne was on trial for allegedly killing her husband, James Kinne, with a fatal gunshot to the head. At trial, Kinne blamed the gunshot on her daughter Danna, less than three years old, who she claimed was playing with

the gun while Kinne got ready for a church event. She was found guilty of killing her husband, but the verdict was overturned by the Missouri Supreme Court because of jury selection issues.⁶¹ She subsequently went through two more trials, resulting in a hung jury. As a prosecutor who worked on Kinne's case explained to a journalist, "Convictions are difficult to get . . . any time you are talking about non-motivated crimes committed by psychopaths."⁶²

While I have not encountered any reports that Kinne had a formal psychiatric evaluation or any diagnosis, the prosecutor was not alone in his belief that Kinne was psychopathic. James Browning, one of the lead detectives on her case, said, "Guys really went for her, but I tell you what – I think she could kill you, then sit down to the table and enjoy a nice breakfast."⁶³ Indeed, Kinne had a long history of antisocial behavior, callous disregard for others (e.g., shooting her husband and blaming her toddler daughter), superficial charm, impulsivity, and lack of remorse. Moreover, while many of Kinne's relatives said they were afraid of her when she was angry, jurors found Kinne charming. People believed she was "the prettiest defendant ever," and people thought her "cool and expressionless" demeanor at trial meant that she was unruffled by false accusations.⁶⁴ Kinne showed signs and symptoms consistent with psychopathy – and she was not done killing.

While awaiting yet another trial, Kinne ran away with a new boyfriend to Mexico City, Mexico, where she killed once again. Kinne claimed that she met Francisco Paredes Ordonez at a bar. When he made sexual advances to her, she pulled a gun out of her purse and shot him – it was the same gun she had used to kill Patricia Jones.⁶⁵ The murder in Mexico earned her the nickname "La Pistolera" and a prison sentence. Reports were inconsistent as to the prison term she received, however, noting sentences of anywhere between 10 and 23 years.⁶⁶

Law enforcement thought she had shot men before and gotten away with it. And, as it turned out, this time was no different. After serving only five years of her sentence, she escaped from prison on December 7, 1969. Some speculate that she used her good looks, once again, as an escape tool. She remains at large and would be in her 80s as of this writing.



1.2 Sharon Kinne with her attorney Martha Sperry Hickman and an unidentified man. (Photo from Bettmann Archive/Getty Images)

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PSYCHOPATHY PRIMER

As a research psychologist, I am ethically compelled to stress that I am not a clinician licensed to make client diagnoses. I cannot go beyond my expertise. Yet even clinical psychologists must properly interview clients to make a legitimate assessment. Moreover, clinicians should not make assessments of public figures they have never properly interviewed, per the Goldwater Rule⁶⁷ and the *American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct*.⁶⁸ Thus, I make no diagnoses in this book or elsewhere. Nevertheless, as Greg Hartley, an author and intelligence interrogator for the US military noted, you do not have to be a botanist to recognize poison ivy; a psychopath has readily identifiable traits and patterns.

Psychopaths pose great harm to society and can eventuate to being versatile and violent criminal offenders.⁶⁹ Many serial murderers like Sharon Kinne tend to exhibit behaviors and mental processes consistent with psychopathy, and their cases underscore the need for improved

mental health issue recognition, understanding, and treatment. Thus, a brief primer of the concept is warranted.

While psychopathy is not an official mental health diagnosis, it includes both personality traits and antisocial behaviors.⁷⁰ Psychopathic traits include lying, manipulation, exploitation, callous disregard for the welfare of others, lack of remorse, and empathy deficits.⁷¹ Hilda Morana and her colleagues⁷² put it plainly: a psychopath is someone who knows facts but does not care. Furthermore, those with psychopathy tend to be fearless and impulsive risk-takers, with a documented lower perception of risk and a lack of fear for consequences.⁷³

In *The Mask of Sanity*, Hervey Cleckley⁷⁴ describes how someone with psychopathy could appear to lead an ordinary life, pretending to have a normal, everyday existence. From their outer appearance, they seem highly functioning. They could appear very sincere, charming, and truthful, displaying typical emotionality. Yet this outward appearance masks a psychological milieu of callous disregard, impulsivity, irresponsibility, exploitation, and lack of remorse.⁷⁵ As Cleckley notes, they show “a gross lack of sincerity.”⁷⁶ These deficits in remorse, empathy, and morality judgments may involve neural abnormalities.⁷⁷

Psychopathy expert Robert Hare⁷⁸ suggested that, as a personality style, psychopathy evolved to promote social predation. As Hare suggested, “Psychopaths naturally slip into the role of criminal. Their readiness to take advantage of any situation that arises, combined with their lack of internal controls we know as conscience, creates a potent formula for crime.”⁷⁹

Some experts also believe that psychopathy may be an evolved, adaptive strategy.⁸⁰ A cheating adaptation requires the ability to conceal it in order to be successful.⁸¹ The “mask of sanity” is an exercise of “affective mimicry” – it can help psychopaths appear to be normally functioning and to avoid detection while being socially exploitative.⁸²

Many serial killers exhibit behaviors and cognitions consistent with psychopathy. Indeed, with the definition of serial murder encompassing three or more victims with a cooling-off period in between, it stands to reason that many serial murderers have mastered a “mask of sanity” to avoid getting caught after their first and second murders. Nonetheless, I do not think psychologists can say that all serial killers are psychopaths.

We do not have enough diagnoses or other information about older cases. But even from information we can derive from past reports, it is possible that serial killers like Patty Cannon and Ed Gein (discussed later) did not even try to portray a socially acceptable exterior – or could not have done so had they tried. Further, not everyone with psychopathy is a serial killer.

The most widely accepted and used measure of psychopathy is the Psychopathy Checklist-Revised (PCL-R), which measures interpersonal, lifestyle, affective, and antisocial behaviors and traits.⁸³ The PCL-R has been used to assess psychopathy in a few of the serial murderers mentioned in this book. Scores on the PCL-R produce two factors that work together to predict other psychopathology and maladaptive outcomes, including violent offences and recidivism.⁸⁴ Factor 1 of the PCL-R encompasses interpersonal and emotional characteristics considered to be pathognomonic (i.e., specifically characteristic) of psychopathy. These include superficial charm, feelings of grandiosity, deceitfulness, and a remorseless exploitation of other people, as well as a lack of emotional depth, empathy, or remorse for wrongdoing. Factor 2 encompasses antisocial behavior, including chronic irresponsibility, an impulsive lifestyle, and early-life behavioral issues.⁸⁵

It is important to remember that having a psychopathic personality, or being diagnosed with mental illness, is different from being “insane” by the legal definition.⁸⁶ Hervey Cleckley⁸⁷ said that psychopaths have no reasoning deficits and have a typical awareness of the consequences of their actions. For example, when Cleckley was brought in as an expert witness at the trial of MSK Ted Bundy, he testified that Bundy – a psychopath who was skilled at presenting normalcy – was competent to stand trial.⁸⁸ Indeed, scholars have argued that most serial killers know the difference between right and wrong when they kill.⁸⁹

When discussing psychopathy, it is important to note how the condition is depicted in relation to serial killers in pop culture. The portrayal of serial killers in films and television, for example, typically involves mixing psychopathy with psychosis, the latter of which includes delusions and hallucinations. But those who have worked on serial killer cases argue that these are not realistic portrayals, and clinicians and criminologists contend that such a mixture of high intelligence,

psychopathy, and disabling psychosis (i.e., losing touch with reality) is very unlikely. Similarly, using words like “wacko” or “psycho” to describe serial killers is not accurate, as these words are often used as shorthand for “insane.” Many serial killers such as Ken Bianchi, Jeffrey Dahmer, and John Wayne Gacy did not plead insanity or had their insanity plea denied.⁹⁰

From a clinical perspective, psychopathic and psychotic have some opposite features. Someone who is psychopathic has a distorted emotional and moral compass, but they do understand how they ought to look to the social world. They work very carefully to present the mask of what society expects as normal.⁹¹ In contrast, someone who is psychotic has lost their grip on reality and experiences a disrupted core experience of self.⁹² They also have behavioral and cognitive deficits and can have a very difficult time managing their internal self in the outside world. It stands to reason that someone experiencing psychosis would not be able to perceive what is socially appropriate and effectively project a mask of sanity.

Some authors use the term sociopathy more than they do psychopathy, although the difference between psychopathy and sociopathy is not always clear and consistent across sources. Robert Hare, for example, explains that the term sociopathy may be preferred by some because psychopathy may be confused with psychotic, which suggests insanity.⁹³ Again, those with psychopathy are not insane by legal standards. Hare also suggests that some clinicians, sociologists, and criminologists may use the term sociopath because they believe the condition arises purely from environmental (social) circumstances. In contrast, those who feel that the condition is best viewed through a biopsychosocial framework may use the term psychopath. Moreover, some notable researchers contend that psychopathy and sociopathy fall on a spectrum. Eric Hickey⁹⁴ and colleagues argue that most MSKs are sociopaths who can express emotions but a small proportion of the group are psychopaths. (This has yet to be examined in FSKs.) It seems that experts do not necessarily agree on the definition of psychopathy. As a research psychologist, I take the biopsychosocial perspective, and thus use the terms psychopath and psychopathy, unless citing reports that explicitly use other terminology.

In sum, I have reviewed the definition of serial murder that I have seen academics typically incorporate in their research. Women’s

documented crimes most certainly fit this definition. Women are absolutely capable of committing serial murder, and they do. Yet societal and psychological forces continue to influence our perceptions and therefore our willingness to accept that women can plan and execute the cruel – often slow and painful – killings of men and women, young and old, vulnerable and infirm. In the pages that follow, I report aggregate data and additional case studies to illustrate key details about female serial murder, including a comparison between FSKs and MSKs and a psychological perspective regarding the motives, means, and makings of female serial murderers. But first, let us dive into the psychological forces that drive our interest in this most disturbing of topics.