

**Stranger Infant Abductions:  
Offense Characteristics, Victim Selection, and Offender Motivation of Female  
Offenders**

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## DEDICATIONS

I would like to dedicate this dissertation to everyone who stood by me throughout my educational career, as it would not have been possible without the love, support, and understanding of those in my life. My family was invaluable in providing me support and love when times were tough and necessarily unrelenting in reminding me a successful journey is one that is completed. The unconditional love of my husband, who came with me 3000 miles to the city of brotherly love, kept me sane through the insanity of a dual program, studied with me every night, and always believed in the person I never dreamed I could be, was more than I could have ever imagined a husband could be. The advice, companionship, and evenings of support (and hot wings) shared with senior students and our program coordinator, were invaluable in my ability to finish the coursework at an accelerated pace and provided much needed hope in completing this portion of the program. Last, I'd like to dedicate this research to the Supervisory Special Agents and professional staff of the National Center of the Analysis of Violent Crime in the Federal Bureau of Investigation and the families they dedicate their professional careers to helping.

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**ABSTRACT**  
**Stranger Infant Abductions: Offense Characteristics, Victim Selection, and  
Offender Motivation of Female Offenders**

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Available research on child abduction has not provided sufficient data on infant abduction. To address this deficit, infant abduction records from the Federal Bureau of Investigation and the National Center for Missing and Exploited Children were used to (1) determine whether demographics of offenders differ from the general population or other female offenders, (2) investigate differences associated with method based on age, gender, race and mental health of the offenders, (3) identify whether differences exist in abduction location depending on the age, gender, race and mental health histories of offenders, and (4) review offender race as it relates to victim selection, method employed, and location of abduction.

The working database included 195 female offenders and 195 victims and account for all reported infant abduction cases perpetrated by a female within the United States between 1985 and 2001. Of the 209 cases reviewed, only 10 cases remain unsolved and only one case represents a recidivist. The racial composition of offenders was 40% Caucasian, 40% African American, 16% Hispanic, and 5% Other. Age of offender ranged between 13 and 49 years and nine months. Offenders reported salvaging or manipulating a deteriorating relationship as the primary motivation in nearly 72% of the cases which consequently required the offender to falsify a pregnancy to their significant other, family, and friends. Offender demographics are significantly different than the general population in race and age with Caucasian offenders significantly underrepresented and

African American offenders overrepresented. Offender age was significantly younger than the general population with nearly 90% of offenders aged below the population median. Infant abduction methodology, categorized as force, deception, and theft, identified deception as the most common method overall with a finding of Caucasian offenders utilizing force significantly more than deception. Victim selection was highly regulated by race with over 65% of Caucasian offenders selecting victims of their own race and approximately 90% of Black offenders and 90% of Hispanic offenders abducting from their race. The fiscal, emotional, and investigative implications of infant abduction are discussed at the conclusion of the dissertation.



## 1. INTRODUCTION

Child abduction is a particularly tragic and poignant offense for victims, parents, and investigators alike. Research into the area of infant abduction has received limited attention. However, within the last decade, research and training in infant abduction began to focus on the risk of abduction from hospitals (Aldridge, 1995; Dixon & Pasnak, 1997; Waller, 1991; Quayle, 1997). As a result, sophisticated technology, staff training programs, media input and parent education programs have been implemented in hospitals to reduce the risk of such crimes' occurrence (Rabun, 1991; Sanchez, 1996; Spencer, 1995). Despite the effectiveness of these measures, especially the use of the media informing the public when an abduction occurs, infant abductions continue to occur (see Table 1; Burgess & Lanning, 1995). Recent cases indicate that due to the success of the security measures implemented by hospitals, a larger proportion of infant abductions are now occurring from the victim's home or at public locations such as malls, supermarkets, or bus stops (Rabun, 1991; Burgess & Lanning, 1995). In addition, investigators strongly urge that information be released through local media as this often leads to information from suspicious acquaintances or family leading to a successful recovery.

The stability of the offender's mental health is another area that has been untouched by previous research. Having information regarding any diagnoses of these offenders, particularly from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (1994), would be useful for investigators in possibly determining criminal methods and for those professionals that are involved in the adjudication process providing parity in diagnoses since the manual is intended to be

applicable in a wide array of contexts and used by clinicians and researchers regardless of orientation. Of particular interest in these cases would be the findings related to Axis I and Axis II. Axis I includes all the mental health conditions except personality disorders and mental retardation. Specifically, mood disorders, anxiety disorders, Schizophrenia and other Psychotic Disorders, disorders usually first diagnosed in childhood, eating disorders, and substance-related disorders. Axis II is for reporting mental retardation and personality disorders. Personality disorders include: Paranoid Personality Disorder; Schizoid Personality Disorder; Schizotypal Personality Disorder; Antisocial Personality Disorder; Borderline Personality Disorder; Histrionic Personality Disorder; Narcissistic Personality Disorder; Avoidant Personality Disorder; Dependent Personality Disorder; Obsessive-Compulsive Personality Disorder; and Personality Disorder not otherwise specified.

Unfortunately, the majority of the research literature available focuses on all child abduction crimes (ages 0-18) and disregards important differences in crime characteristics that have been reported when child victims are categorized according to age (Boudreaux, Lord, & Dutra, 1999; Boudreaux, Lord, & Etter, 2000; Finkelhor, Hotaling, & Asdigian, 1995; Finkelhor, Hotaling, & Sedlak, 1992).

To date, there has been only one study that has systematically focused on infant abductions (Burgess & Lanning, 1995). Consequently the current study is necessarily exploratory and focuses primarily on providing comprehensive information on the characteristics of infant abduction. Specifically, this research will examine the area of infant abduction by (1) determining whether demographics of these offenders differ from the general population or other female offenders, (2) investigating differences associated with method employed based on the age, gender, race and mental health histories of the

offender, (3) identifying whether differences exist in the abduction site depending on the age, gender, race and mental health histories of the offender, and (4) reviewing offender race as it relates to victim selection, method employed, and location of abduction.

The following literature review will discuss child abduction generally, the importance of age-based analyses in child abduction research, definitional issues, current epidemiological data on infant abduction, current child abduction characteristics, and theoretical explanations regarding potential motives for infant abductions.

### 1.1 Child Abduction

Child abduction, and its consequent influence upon society, is a strong concern of parents and their children (Best, 1990; Boudreaux, Lord, & Etter, 2000; Price & Desmond, 1987). Concerns about child abduction were heightened during the 1980's when unrealistically high frequency estimates were published, causing fear and anxiety in the general public (Best, 1990). Consumers were bombarded with photographs of missing children on milk cartons, grocery bags, billboards, and public service announcements and parents were offered fingerprinting services for their children through local police stations and malls (Best, 1988). This anxiety seemed appropriate after some highly publicized cases of child abduction were nationally broadcast (Best, 1990). These cases included (1) the 1979 case of John Wayne Gacy, who murdered 33 children, (2) the 28 children in Atlanta who were murdered during 1979-1981, and (3) the abduction and subsequent murder of six-year-old Adam Walsh in 1981 (Best, 1990). Coverage of these incidents often focused on the tragic details of the abduction and described the harm or death of the child. Frustrated with an inadequate legal response, several child advocacy groups were formed, and called upon Congress to act (Elliott & Pendleton, 1986;

Finkelhor, et al., 1992). Subsequently, Congress passed the Missing Children's Act of 1982 and the Missing Children's Assistance Act of 1984 (U.S. House of Representatives, 1985). Specific to abduction, the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP), commissioned the National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children (NISMAART) to scientifically investigate the crime of child abduction. The results indicated that cases of child abduction annually by a family member range from 163,200 – 354,100, and those involving children abducted by nonfamily members from 3,200 – 4,000; of those nonfamily member abductions, only 200-300 children are abducted by strangers (Finkelhor, Hotaling, & Sedlak, 1990). Considering the size of these ranges, research targeting abductions could usefully focus on the specific features of the area of interest.

## 1.2 Definitional Issues

Research in the area of child abduction has been conducted in two main areas: (1) parental or family abduction, and (2) nonfamily abductions. The NISMAART findings indicate that parental or family abductions outnumber nonfamily abductions at staggering rates (Finkelhor et al., 1990). As a result, the majority of literature in the area of child abduction focuses on the area of parental or family abduction. Parental or family abduction has been defined as “the taking, retention, or concealment of a child by a parent, or other family member, or their agent, in derogation of the custody rights, including visitation rights, of another parent or family member” (Girdner & Hoff, 1994). Parental or family abduction literature focuses mainly on motives of the parent or family member, legal consequences, and resulting psychological impact to all involved



(Gochman, 1989; Greif, 1995; Greif, 1998; Hegar & Greif, 1991). Parental or family abduction typically takes place when there is marital discord and family disruption, and creates significant investigative challenges for law enforcement (Hegar & Grief, 1991; Plass, Finkelhor, & Hotaling, 1995).

Nonfamily abductions are cases in which the abductor is unrelated to the child; such abductors include both strangers and offenders who are known to the victim but unrelated. The study of nonfamily abductions, as a much smaller subset of child abduction, has received far less attention. Research on nonfamily abductions often focuses on the differences between two types abductions: “Stereotypical abductions”, are those most commonly portrayed in the media committed by a stranger not dependent or related to violating state or federal statutes and “legal abductions,” committed by an unrelated known party or stranger which violates state and/or federal law. Another area of research which receives attention is abduction prevention strategies and the motive of those committing child abductions (Boudreaux, et al., 1999; Finkelhor, et al., 1992).

Research has described stereotypical stranger abductions as “the coerced, unauthorized movement of a child, the detention of a child, or the luring of a child for the purposes of committing another crime” (Finkelhor et al., 1992). Definitions of “legal abduction” have varied from coercive movement utilizing force, to confinement, to movement of a person against his or her will (Boudreaux, et al., 1999; Boudreaux, Lord, & Etter, 2000; Finkelhor, et al., 1992). However, federal law states that a victim must be taken and/or confined and held for ransom, reward, or otherwise, either willingly (e.g. luring or tricking) or by force (Boudreaux, et al., 1999). In addition to causing confusion within the research literature, investigative problems can result from different definitions

and criteria required by state agencies. Thus, systematic research using an established definition is needed to identify patterns.

The only research specifically focusing on infant abduction employed the term “nontraditional” to refer to child abductions that were not motivated by commonly reported motives such as profit, ransom, or sexual gratification (Burgess & Lanning, 1995). They focused on offenses involving infants six months or younger, and suggested that many abductors’ motives involved an attempt to manipulate a current partner to keep them involved in the relationship by reporting a nonexistent pregnancy. The current study will expand upon this research by increasing the victim age to include all infants from birth to one year. All parental abduction cases, (typically found in custody disputes and domestic discord), all false allegations of infant abduction, and all other familial abductions will be excluded from the present study to investigate the unique subset of infant stranger abductions. Further, in this study “nontraditional” abduction will be termed “infant abduction.”

### 1.3 Age-Based Analysis

Research investigating child abduction using a developmental perspective has demonstrated distinct patterns of victimization and motive (Cloud, 1996; Crittenden & Craig, 1990; Finkelhor, 1997; Hanfland, Keppel, & Weis, 1997). In the ten years since the NISMART study was completed, the most comprehensive study in child abduction was done in collaboration with the Federal Bureau of Investigation (FBI) to create a predictive model based on factors such as victim age and gender (Boudreaux et al., 1999). Results demonstrated distinct patterns of victimization when victims were

categorized into age specific groups (neonate, infant, toddler, preschool, elementary school, middle school, and high school) (Boudreaux et al., 1999). Specifically, the investigators reported that victim risk, offender traits, and motive vary according to the age of the child abducted following developmental milestones that were related to the independence of the child from parental supervision. The developmental and physical difference of children of various ages and associated sophistication in their ability to communicate and fight back has also been studied (Lanning, 1995; Crittenden and Craig, 1990). Crittenden and Craig (1990) found that children aged 0 – 4 years were typically beaten death whereas children aged 5 – 12 years were more often victims of guns. Lanning (1995) research affirms these findings, reporting that victimization patterns vary depending on the age of the child and suggested that investigative strategies should differ depending on the age of the missing child.

Infant abduction is an identifiable subset of child abduction that features a large proportion of female offenders who report emotion-based or maternal desire as motivation for their crimes (Boudreaux et al., 1999; d'Orban, 1972). However, infant abduction research is also largely focused on hospital security issues. This focus on preventing hospital abductions by implementing training, sophisticated tracking devices, and security personnel appears justified, considering that over 50% of all stranger abductions occur within hospitals (see Table 2, Burgess & Lanning, 1995). This leaves 47% percent of infant abductions occurring outside of the hospital where trained staff and video review is unavailable, posing additional investigative challenges for law enforcement. Most concerning to investigators, because of the vulnerability of victims of this age, is the possibility of the victim's being abandoned.

In 1995, John Rabun, then National Center for Missing and Exploited Children (NCMEC) vice president, recognized that increased security at hospitals was having the unintended side effect of increasing abductions outside of the hospital (Spencer, 1995). Research targeting the new trend in infant abductions should provide insight into the characteristics of the offense, profiles of the offenders, and strategies for reducing threats to parents after they leave hospital grounds.

#### 1.4 Epidemiological Characteristics of Infant Abduction

1.4.1. Prevalence of Infant Abduction. Since 1985, reported infant abductions have averaged 13 per year (see Table 1; NCMEC, 2001). This ranged from a low of 3 reported abductions in 1999 to a high of 19 abductions reported in 1987 (NCMEC, 2001). Infant abductions statistics show abductions in 38 states, the District of Columbia, and Puerto Rico. The highest reported numbers of abductions, not surprisingly, occur in the largest states. These include California (30), Texas (25), Florida (14), and New York (11). States reporting only one abduction include Delaware, Iowa, Maine, Minnesota, Nevada, Rhode Island, South Dakota, and West Virginia (see Table 3; NCMEC, 2001). These discrepancies suggest that location and population, and thus opportunity, contribute to the likelihood of infant abductions.

1.4.2. Technological Advances in Infant Abduction. Due to the limited number of nonfamily infant abductions relative to all other abductions, infant abduction research is predominantly limited to hospitals (Aldridge, 1995; Dixon & Pasnak, 1997; Quayle, 1997; Waller, 1991). Training for hospital staff, sophisticated tracking devices, and

increasing security personnel were necessary, since hospitals had been the primary target for infant abductions in the early 1980's (NCMEC, 2001). Further complicating matters, many parents whose infants were abducted file multimillion-dollar lawsuits for emotional distress caused by the ordeal, and in many cases the hospitals settled to avoid the negative publicity of a trial (Farley, 1991; Grant, 1990). Research, training and increased security preventing infant abduction in hospitals resulted in a reduction in the number of hospital abductions. Infants who are abducted from locations other than hospital grounds pose additional investigative challenges for law enforcement, due to the absence of (a) the controlled hospital environment, (b) trained personnel as witnesses, and (c) video monitoring to review after the abduction takes place (Sanchez, 1996; Spencer, 1995).

The Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), a national organization that certifies healthcare facilities, conducts security assessments to guard against abductions from health care facilities (Aldridge, 1995). The JCAHO standards regarding specific security measures cover three general areas: personnel orientation and continuing education; identification of patients and staff; and access control. Failure to meet these standards may result in a loss of accreditation and attendant loss of benefits. Hospitals have spent from \$20,000 to \$100,000 to implement security systems to ensure the safety of their newborns (Aldridge, 1995).

## **2. OFFENDER CHARACTERISTICS**

### 2.1 Age

The modal age of infant abduction offenders is 16-25 (see Table 4), with a range of 12 to 50 years (NCMEC, 2001). These findings are consistent with previous reports that offender ages range from 15 to 44 (Rabun, 1991). Similarly, Boudreaux et al. (1999) reported a mean age of 28 and a range from 13 to 42 for their analysis of infant abductors.

### 2.2 Gender

A majority of infant abduction offenders are female (see Table 5; NCMEC, 2001). Between 1985 and 2001, 79% of offenders were females working alone, 12% were female with male accomplices, and an additional 4% were female with female accomplices (NCMEC, 2001). Thus, a total of 95% of all infant abductions apparently involved a female offender working alone or with an accomplice (NCMEC, 2001). Of the remaining 5% of abductions, 3% are unsolved, with the gender of the offender unknown, and the remaining 2% are described as a male working alone (NCMEC, 2001). Analysis of the case files may offer suggestions as to whether motives differ between male and female offenders.

### 2.3 Race

Offenders are most frequently either Caucasian or African American (see Table 6).

Hispanic offenders represent 19% of offenders, with race unknown in 4% of the cases.

When compared to the general population, African American and Hispanic offenders are more heavily represented (U.S. Department of Commerce, Census Bureau, 2001). Only 12.7% of the population was African American and 11.2% were Hispanic in 1998, yet African American offenders represent 46% and Hispanic offenders represent 31% of the total number of reported infant abductions for that year (U.S. Department of Commerce, Census Bureau, 2001; NCMEC, 2001).

### 2.4 Criminal History

There is currently no information available that systematically reviews the criminal histories of convicted infant abductors. Rabun (1991) reported that a typical offender “has no prior criminal record,” but does not indicate the source of this information.

Anecdotal case reports suggest that some offenders do have criminal histories, often committing fraud or theft-related offenses [Lent, personal communication, December 2000]. Since infant abduction offenders often use deception to gain access to the child (Burgess & Lanning, 1995), it is important to consider criminal histories.

### 3. VICTIM CHARACTERISTICS

#### 3.1 Age

Seventy-five percent of all infants abducted are under 50 days of age (see Table 7; NCMEC, 2001). Of these, 65% are abducted before they are 15 days old (NCMEC, 2001). The NCMEC report indicates that victim ages ranged from 1 to 244 days, with 12% of the victims over the age of 100 days. Consistent with other findings (Boudreaux et al., 1999) suggesting that a goal of these offenders is to claim the child as their own, offenders appear to target infants who can be presented as newborns. Interestingly, 12% of infants abducted are well beyond a presentable newborn (over 100 days); which may reflect desperation to produce a child if the offender has feigned pregnancy.

#### 3.2 Gender

The NCMEC reports indicate that 52% of abducted infants are male and 48% are female (see Table 8, 2001). These findings are consistent with those of Boudreaux et al. (1999), suggesting that victim gender is not a significant factor until children reach preschool age. Rabun (1991) also reported no obvious gender preferences and discussed infant abduction as a crime of opportunity as an explanation for this finding.

#### 3.3 Race

African American victims account for 42%, Caucasian victims account for 32%, Hispanic victims 24%, and American Indian and Asian infants each 1% of all reported victims (see Table 9, NCMEC, 2001). By contrast, Boudreaux et al. (1999) reported that Caucasian infants (0-12 months) were at the highest risk for abduction. In addition,



victimization patterns do not correspond to census reports (Ventura, Martin, Curtin, Mathews, & Park, 2000), which reflect 609,902 African American births, 734,661 Hispanic births, 40,272 American Indian births, 172,652 Asian or Pacific Islander and 3,118,727 Caucasian births in 1998.

### 3.4 Racial Relationship Between Victims and Offenders

Reports from the NCMEC indicate offenders abducted infants of the same race in 81% of cases, suggesting that offenders target victims of their own race. Of the remaining 19%, Caucasian offenders represented more than 50% of cross-racial abductions (see Table 10; NCMEC, 2001).

#### 4. ABDUCTION CHARACTERISTICS

Boudreaux et al. (1999) reported that the location and time of a crime may indicate particular spatial and temporal constraints on the offender. The offender may commit the abduction where the offender feels safe and able to succeed. Three important factors in infant abduction are location, method, and infant identification.

##### 4.1 Location of Abduction

Successful technological advances in hospital security have altered abduction characteristics from hospital abductions to nonhospital abductions involving violence toward the parent or caretaker (see Table 2; NCMEC, 2001). Without current information on these trends, investigators have been left with little information regarding current abduction characteristics. The NCMEC reports indicate that with the exception of 1996, for the last seven years nonhospital abductions were more common than hospital abductions, suggesting that hospital security has been a deterrent to abductors (NCMEC, 2001; Rabun, 1991).

##### 4.2 Method of Abduction

Abductors who target hospitals typically impersonate a nurse, hospital employee, volunteer, or friend of a parent to gain access to the infant being targeted (see Table 11; Aldridge, 1995; Quayle, 1997; Turner, 1990). This type of abduction, classified as a con or ruse, has been reported in more than 70% of infant abductions (Rabun, 1991). The OJJDP report has defined a con or ruse as a verbal strategy without any application of force or threat of force against the parent (Burgess & Lanning, 1995). Another reported

method is the physical strategy, involving either force or threats directed at the caregiver (8.4%) or snatching of the infant when unattended by the caregiver (17.6%) (Burgess & Lanning, 1995). Extreme physical strategies that have been employed include the kidnapping of a pregnant mother and the subsequent murder and theft of the baby from the womb (Clark, Zumwalt, & Schanfield, 1990). Unfortunately, because force increases when outside of the hospital setting, some future infant abductions are likely to involve violence.

#### 4.3 Identification Method

Methods used for identification of the recovered infant have varied. The OJJDP report (1995) indicated that 22% were identified using the hospital band that was still attached to the infant, 25% were identified using footprints, 14% were identified using blood or DNA testing, and 6% were identified by photographs (see Table 12). Another 13% used other methods, and no data were available in 20% of the cases. With recent technological advances such as DNA typing, and in light of the increase in abductions occurring after the infant has been released from the hospital, identification method has become an increasingly important aspect of the investigative process.

## 5. THEORETICAL EXPLANATIONS REGARDING MOTIVE

Existing scientific evidence is often inadequate to explain the motivations associated with criminal behavior. Infant abduction is a particular offense for which empirically-supported explanations are presently inadequate. Unfortunately, only some of these difficulties in studying motives for infant abduction have been described (Ankrom & Lent, 1995; Boudreaux et al., 2000). Motives for other offenses typically do not seem to apply (e.g., sexual gratification, financial gain, retribution, or thrill killing) (Forst & Blomquist, 1991; Lanning, 1995). Other possible motives for infant abductors have been suggested: uncontrollable desire for a child, replacing a child following loss of a recent pregnancy, and salvaging or manipulating a deteriorating relationship. Regardless of the specific motive, all offenders have been reported to falsify a pregnancy to significant other, family or friends.

Two areas of research may provide some guidance into the motivation of the infant abduction offender: Munchausen syndrome by proxy and sociobiological strategies in primates. Although neither area has previously been applied to infant abduction in an attempt to explain offender motivation, both offer a source of potential motives for the infant abduction offender. Furthermore, although it is probable that other psychological disorders may play a role in infant abduction, Munchausen and Munchausen Syndrome by Proxy were selected to narrow the focus of the research into how these particular disorders may contribute to the etiology infant abduction. Future research into the area of infant abduction should investigate other psychological disorders to assess plausible roles they may play in the crime of infant abduction.

### 5.1 Munchausen and Munchausen Syndrome by Proxy

Adult Munchausen Syndrome (MS) involves an individual who presents medical illnesses, with the goal of gaining medical care and attention (Pankratz, 1981). Once patients have been admitted, the patient often continues to seek attention by demanding special services, medication, and surgery (Pankratz, 1981). Further confusing the issue, patients may have real medical issues that are used to their advantage in deceiving medical personnel (Pankratz, 1981).

Defining Munchausen Syndrome by Proxy (MSBP) is difficult, considering the disorder can manifest itself through hundreds of different medical symptoms, modes of abuse, and characteristics (Boros & Brubaker, 1992; Kaufman & Coury, 1989; Mehl, Coble, & Johnson, 1990; Pankratz, 1981). The most prominent feature is the intense need for a relationship with a doctor or hospital that provides needed attention. In MSBP cases, a parent, typically the mother, uses the child to gain and maintain contact with the health care system (Artingstall, 1995). The ongoing medical condition of the child, created by the parent, keeps the child in continuous contact with hospitals and physicians. In addition, obtaining hospital services often focuses the attention of friends and relatives within the offender's social circle onto the parent, contributing to their need for attention. Furthermore, nearly one-quarter of MSBP mothers may also suffer from Munchausen Syndrome as well (Rosenberg, 1987). This overlap suggests that there is a related component between the two disorders that causes the individual to induce symptoms to gain attention.

In cases of MSBP, the child is often dehumanized by the mother, and serves as a means to permit her to continue the relationship with the physician and hospital staff (Schreier & Libow, 1993). Some research (Samuels, McClaughlin, Jacobson, Poets, and Southall, 1992) indicates that when left alone with the children in a room, the mothers rarely paid any attention to the children, in stark contrast to their behavior in front of others. The child is not only being physically manipulated by the mother for personal reasons, therefore, but also being covertly neglected when there is no advantage for the mother. In addition, Schreier and Libow (1993) suggest that if abandonment or discovery is threatened, no risk of being caught is too great to stop the mother from continued infliction of abuse upon the child. For instance, Southall, Plunkett, Banks, Falkov, & Samuels (1997) reported an incident in which a mother attempted to suffocate her child, even knowing her actions were under surveillance by law enforcement.

Being pregnant or giving birth offers a woman constant attention and care from those around her. Some sociological commentary has suggested that girls are raised in a matter that prepares them for the role of mothers themselves (Cole & Cole, 1993). Pregnancy is a dramatic period that places the mother in a unique relationship with the father and often causes increased attention from surrounding family and friends. From a psychological perspective, the expectant mother now has an audience for her needs and concerns, and often gains widespread attention and emotional support from those closest to her (Schreier & Libow, 1993).

The National Center for the Analysis of Violent Crimes (NCAVC) interviewed 16 infant abduction offenders in an attempt to understand their motivation (Ankrom & Lent, 1995). Of these offenders, 13 reported that although they were involved in a significant

relationship at the time of the abduction, the relationship was lacking communication, or was “rocky” or “stressful.” Similarly, Boudreaux et al. (2000) indicated that motivation for infant abduction is related to an attempt to salvage a relationship that is vulnerable to dissolution. As in MSBP or MS, the offenders seek attention from their significant others, and are willing to go to any lengths to secure the future they planned. Further analysis of offender psychological reports, criminal histories, and interviews may provide more information on whether the application of MSBP or MS theory is useful in determining motivation for the crime of infant abduction.

## 5.2 Sociobiological Strategies

The sociobiological analysis of infant abduction first requires the belief that at least part of the criminal behavior of the abductor is heritable and that the expression of the behavior affords increased fitness to the individual displaying the behavior. In the area of infant abduction, it is thought that many offenders who abduct infants are motivated by their need to maintain or attract assistance from sexual partners, family, and/or friends. Initially, offenders may falsely report to their social circle and mates that they are pregnant in order to receive the desired attention and assistance. The successful manipulation of these relationships results in additional resources that are used to insure the survival of the offender’s biological offspring or future biologic offspring. Thus, regardless of whether there are currently biological offspring sired by the deceived mate, the abduction efforts of the mother ensures continued support of their mate, family and friends for future biological offspring. A review of the primate literature offers insight of

how and why sociobiological theory may provide an answer to the continuing problem of infant abduction.

Sociobiological explanations incorporate Darwin's theory of survival of the fittest, whereby an animals' efforts and strategies reflect behavior that maximizes its contribution to its species' gene pool (Krebs & Clutton-Brock, 1984). Reproductive strategy in primates presents an area that strongly adheres to the principles of evolution and the consequent effect on a species' gene pool. A vital consideration in evolutionary success is the production of offspring and the consequent care to ensure adequate survival (Krebs & Clutton-Brock, 1984). Acting to maximize ones chances of ensuring a genetic contribution to future generations, animals can be expected to pursue those options that contribute most toward the goal of reproduction. Krebs and Clutton-Brock (1984) reported that although primates in the study attempted to maximize lifetime reproductive rates, they gave no apparent consideration to trading short-term losses for long-term gains. Thus, female primates often utilized inferior reproductive strategies, possibly due to an inability to reason through complex decision making processes. This suggests that although motivation to contribute to the species' gene pool is an animal's primary objective, limits on capacities for reasoning and planning can adversely affect an animal's ability to choose the best method to achieve this goal.

Darwin has also applied this theoretical motivation to humans. He found a larger range of desires that are shared throughout the human species, which distinguishes us from other animals (Shaner, 1998). Human desires include hunger, lust, anger, love, honor, and intellectual desires that include curiosity, wonder, and worry (Shaner, 1998). Most important in distinguishing human from animal motivations is a human's ability to



gather and process information about the past and present, and apply this to future actions (Shaner, 1998). The ability to comprehend and process information allows humans to recognize that without protecting and nurturing offspring, the offspring will not survive to maturity (Clutton-Brock, 1991). Applying Darwin's theory of natural selection, which favors functional adaptations that promote survival and reproduction, the desire to provide care for a child is a natural adaptation for humans (Krebs & Clutton-Brock, 1984). This difference in evolutionary strategies between humans and animals is best demonstrated by the theoretical differences between 'K' and 'r' reproductive strategies (Daly & Wilson, 1983; Pianka, 1970; Wilson, 1975). Humans, employing the K-strategy, produce fewer offspring but invest more time and energy into each child, while animals, following r-strategy, produce many offspring but invest far less time in each (Pianka, 1970). Although the approach differs, both strategies follow the theoretical principle that the individual is seeking to maximize its genetic contribution into the species' gene pool.

With the abduction of an infant, the offender seeks to provide parental investment for another individual's offspring, thus contributing time and effort without receiving any genetic gains. Although this may appear to be inconsistent with the natural selection process, the earlier suggested motivation of salvaging a current relationship may provide one explanation. Thus, rather than focusing attention on the present investment into a nonbiological offspring, the focus should be on the sacrifice to secure future sexual opportunities with a current partner. Alternatively, an offender may have mental or emotional problems that affect the ability to reason through the proposed action, and thus fail to envision future consequences. The present study of offender case files may provide some basis for distinguishing between such theoretical explanations.

## 6. HYPOTHESES

### 6.1 Demographics

1. (a) Offender and victim demographics are significantly different than the general population (using information from the 2000 Census data).
- (b) Offenders are more likely to abduct victims of their own race.

### 6.2 Method of Abduction

2. (a) Infant abduction methodology (force, deception, theft) will significantly differ according to location of abduction (hospital, home, or other location), security measures present (security present, no security, unknown/na) and characteristics of the offender (age, race, mental health history, and criminal history).
- (b) Infant abduction methodology (force, deception, theft) will significantly differ depending upon the characteristics of the victim (age, gender, race).

### 6.3 Location of Abduction

3. (a) Abduction site (hospital, home or other location) will significantly differ depending upon the characteristics of the offender (age, race and mental health history, criminal history) and the hospital security measures available (security present, no security, unknown/na).
- (b) Abduction site (hospital, home or other location) will significantly differ depending upon the characteristics of the victim involved (age, gender, race).

#### 6.4 Race of Offender

4. (a) Race of offender (Caucasian, African American, Hispanic, or Other) will significantly differ depending upon the abduction site (hospital, home or other location), the method of abduction (force, deception, theft), and the security measures available (security present, no security, unknown/na).
- (b) Offender race (Caucasian, African American, Hispanic, or Other) is significantly related to the characteristics of the victim (age, gender, race).

## 7. METHOD

### 7.1 Participants

An archival database on infant abduction offenders and their victims was created for this study. The database was constructed by cross-referencing FBI case files available through the NCAVC and NCMEC abduction reports from 1985 to 2001. The NCAVC has specially trained, experienced agents who assist in FBI field offices in state and local agency investigations on child abductions, which provided additional access to all resources needed for thorough analyses of case files. All files reviewed remained within FBI custody, and FBI clearance was required to review any files pertaining to this research. Each file was thoroughly reviewed for missing information. Cases that were found to have missing information were submitted to the FBI's records custodian for an archival search. If a search did not produce the required information, the law enforcement professionals involved in the case were contacted directly for the necessary information. There were no cases discarded due to lack of information. Twenty-five percent of the case files were randomly selected and reentered to ensure accuracy of coding. Inter-rater reliability of the variables that required some judgment in coding was reviewed to ensure concordance between source information and coding. Acceptable levels were found on inter rater reliability with a Pearson correlation of .92 for the method variable, .97 for variable location, and .87 for the criminal history variable.

Cases occurring outside of the United States (N = 5) and infant abductions that were committed by a male offender (N=2) were excluded in the present study. All data

and/or information utilized in the current study remained confidential throughout the study and within the custody of the FBI.

The current study includes only those cases that involved an unrelated female offender. The final working database contained 195 female offenders and 195 victims (50.8% male and 49.2% female), and account for all reported infant abduction cases perpetrated by a female within the United States between 1985 and 2001.

## 7.2 Materials

Coding of variables was completed using information contained in the abduction files maintained by the National Center for the Analysis of Violent Crime. A majority of the case files contained all information necessary. Of those cases requiring additional information, local law enforcement, district attorneys, court clerks, and the NCMEC were contacted by the FBI to request the information which was then added to the file.

Although each case file differed as to the contents due to the location, method and severity of the crime, many files included crime scene reports, reports from witnesses, officer dictated reports, law enforcement reports, hospital records, interagency collaboration records, confessions/statements by offender, pre-sentence investigation reports, and newspaper articles.

## 7.3 Coding

All information was coded using a form created specifically for the purpose of this study (see Appendix A). Most information was objective and could be coded without judgment. Variable that required judgment in coding included method, location, and

criminal history. For instance, an abduction could occur which utilized more than one method of abduction beginning first with a deceptive ruse and ending in a forceful altercation. Location of abduction was another variable that had some coding decisions. Classified as Hospital, Home, or Other, there were only a few cases that were technically on hospital grounds (parking lot, lobby, and pediatric ward) that were not within the maternity ward and thus required a determination of Hospital or Other. Criminal history was the most difficult of the variables as many of the subjects had several crimes on their NCIC reports. Overall, acceptable levels were found on inter rater reliability with a Pearson correlation of .92 for the method variable, .97 for variable location, and .87 for the criminal history variable.

#### 7.4 Abduction Method

As discussed earlier, since there was the possibility of miscoding method of abduction due to multiple methods, a hierarchy was established for classification. For instance, in some cases an offender initially attempted to deceive a parent into handing the child to the offender by some ruse and the parent declined, so the offender then used force to obtain the child. Therefore, the following hierarchy was used to classify method of abduction: force (any force used is classified as a force despite the use of another method at any point), deception (any verbal exchange between the offender and the parent in an attempt to gain the trust and/or access to the child), and theft (if the offender had no verbal or visual contact with the parent(s)). Twenty-five percent of the cases (45) were recoded for ensure accuracy, and no errors in coding were found.

### 7.5 Offenders

The age of the offender was determined using the date the abduction was reported to law enforcement and compared to the birth date listed for the offender. The offender's age was then entered in years and months for accuracy in reporting. Sixteen cases remain unsolved and thus there is no information on the offenders for these abductions. For population analyses, the offender's ages were then collapsed into the same groupings used by the U.S. Census Bureau. Collapsing the data in this manner permits a direct comparison with the US Census data.

Offender race was collapsed for analyses due to problem of small cells for some races. Offender race was classified as Caucasian, African American, Hispanic and Other for the majority of comparisons. For the regression analysis, race was collapsed further into Caucasian, African American and Other.

### 7.6 Victims

Victims' ages were determined by the date of the abduction and their dates of birth. Although there are 12 infants who have never been recovered in the database, their age at time of abduction was available, so there is no missing information on victim age.

Victim race was also collapsed for analyses due to problem of small cells. Victim race was classified as Caucasian, African American, Hispanic and Other for the majority of comparisons, and collapsed further into Caucasian, African American and Other for the regression analysis.

### 7.7 Reported Motivation

Reported motivation was classified as relationship (offender reported that she abducted to salvage or maintain a relationship with a significant other), maternal desire (offender reported that she wanted to have a baby, no significant other was noted), and other (either no motivation was recorded or did not fit into either of the previous categories).

### 7.8 Location

Location or abduction site was initially coded into four categories to determine what abductions sites are most common. Initial location coding included home, maternity ward, pediatric ward, and other. For the analyses, location was further collapsed into three categories, which were: home, hospital and other.

### 7.9 Criminal History

The criminal records of all offenders in this study were reviewed using the NCIC database. Crimes were initially categorized as Financial/Property, Drugs, Violence, Previous Abduction, Financial & Drug, Financial & Violent, Financial & Probation, None, and Unknown. Since many offenders had multiple crimes on their records this caused difficulty with coding. With such a variety of criminal histories there were several cells that were below an  $n = 10$ , therefore a protocol establishing a hierarchy was established to collapse the cells. Violence was rated as most severe and therefore highest, drug related crimes second, and financial/property crime as third creating the categories of financial, drug, violence, none, and unknown. Cell number remained an issue with



this classification and thus the categories were further collapsed into criminal history, no criminal history and unknown for some analyses.

## **8. PROCEDURE**

This research utilized a quasi-experimental correlational research design using data supplied from archived case files (Campbell & Stanley, 1963; Cronbach, 1957, 1975). Case files were reviewed and further information obtained as needed to ensure complete records. Information was then coded directly into SPSS 11.0 for analysis. Variables were dummy coded for purposes of analysis. Although all variables were analyzed as initially coded, several variables were collapsed to bolster the cells for analysis. A total of 195 infant abduction cases were coded into an FBI database created solely for the purpose of this study. An additional 45 cases, chosen randomly, were coded into an alternative database to ensure accuracy of the coding.

## 9. RESULTS

The following analyses were conducted using the working database which comprises all reported and documented infant abduction cases involving an infant 0 – 365 days old perpetrated by a stranger female offender within the United States between the years of 1985 and 2001 (see Table 13). With the assistance of the NCMEC, limited data were provided on infant abductions involving infants 0 – 6 months of age occurring between 2002 and 2004. Due to the limits associated with this data, the inability to review these cases in detail and the discrepancy in victim age from the current study, the information provided by the NCMEC on cases occurring between 2002 – 2004 has been integrated into some of the tables for descriptive purposes only and not included in the statistical analyses as reported below (see Table 14).

Racial composition of offenders is 40% Caucasian (N = 77), 40% Black (N = 77), 16% Hispanic (N = 31), and 5% were collapsed into Other (N = 10) (see Table 15). Age of offender ranged between 13 years and 49 years nine months (see Table 16). There were 17 cases where accomplices were identified with 11 having one accomplice, 5 having two accomplices, and one having 3 accomplices (see Table 17). Criminal histories were obtained for 172 offenders and were initially categorized into five separate groupings [financial/property crime (26%), drug crime (4%), violent persons crime (2%), previous abduction (1%) & none (48%)] and three combined groupings [financial & drug (4%), financial & violent (4%), financial & probation (1%), leaving a fourth as none obtained (10%)] (see Table 18). Reported motivation for abduction was Relationship (72%), Maternal Desire (11%), Other (6%), and Unknown (11%) (see Table 19).

Psychological evaluations were obtained for 86 offenders (16% an Axis I & II diagnoses, 14% an Axis I diagnosis, 8% no diagnosis, and 7% an Axis II diagnosis) (see Table 20). Of the 109 cases in which no information was obtained, 56 were sealed and would have required a court order to review, 37 had no associated psychological evaluation, and 15 offenders remain at large.

Racial composition of the victims was Caucasian (29%), African American (42%), Hispanic (23%), and 7% were collapsed into Other (see Table 21). Range of victim age at time of abduction was less than one day up to 365 days, the cut off for inclusion in the study (see Table 22). Victim gender was about equally distributed, with 51% being male and 49% female (see Table 23). Number of days the infant went missing ranged from 0 – 667 days (see Table 24). Upon successful recovery, identification of infants was completed using multiple methods (34%), visual (31%), confession (16%), footprints (5%), blood test (5%), hospital band (3%), and unknown/unreported (1%) (see Table 25). Out of 208 cases, 16 cases remain unsolved, with only 12 victims still missing and 16 offenders still at large.

Of the 208 cases in the database, abductions occurred at the hospital (45%), at home (39%), and other (16%) (see Table 26). Abduction method was initially coded into three distinct groupings [Deception (42%), Theft (18%), and Force (8%)] and two combined groupings [Deception & Theft (24%) and Deception & Force (8%)] (see Table 27). Method was further collapsed using a hierarchy based on the amount of contact with the victim's parent or guardian classifying cases in the following order: Force (16.4%); Deception (65.3%); or Theft (18.3%). Although force was involved in only 16.4% of the total cases, 58.8% of those ended in the homicide of at least one victim. As defined, force

was the only category in which any homicides took place, with a total of 21 homicides. Security was recorded as follows: None reported (76%), Personnel (11%), Cameras (6%), Multiple Methods (4%), and Tag Device (3%) (see Table 28).

### 9.1 Question 1: Demographics<sup>1</sup>

Offender race was statistically different from the racial demographics of the general population ( $\chi^2(3) = 153.7, p < .0001$ ) with Caucasian offenders being significantly underrepresented and African American offenders overrepresented. Comparing offender age to the general population required categorizing offender age into the same groupings utilized by the 2000 Census data. A Chi square analysis completed on the collapsed data found a significant difference between the offender's age and the general population ( $\chi^2(3) = 114.6, p < .0001$ ) with offenders age significantly younger than the population's. Using the sign test of the median to compare the median age of the general population to the median age of offenders demonstrated a significant difference with 85.5% of subjects below the population median of 36.5 ( $z = 9.492$ ).

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<sup>1</sup> Prior to running the analyses on race of offender and victim in comparison to the general population, it was determined that there were important changes made to the Census 2000 questionnaire and the manner in which the data was recorded. The Bureau of Census reported that the federal government considers race and Hispanic origin to be two separate and distinct concepts and therefore altered the manner in which data was collected. To utilize the 2000 Census data for comparing data that was recorded prior to the reorganization of the current race categories, it was necessary to identify and parse out those individuals who identified themselves as having Hispanic origin (defined as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin") regardless of the individual's race. Likewise, using the terminology 'African American' as a descriptor of race rather than place of origin may wrongly categorize individuals who identify themselves as Black, but originate from somewhere other than Africa. Since data for this study was taken from law enforcement reports from 1985 – 2001, the racial categories identified in this study rely on previously established categories which were simplified into Caucasian, Hispanic, Black, and Other using the terminology and understanding of the categories as they were before the 2000 Census, which may unknowingly and unavoidably cause some misclassification of offender race to occur.

Comparisons were also made between the offenders from this study and a comparable group of female prisoners under state or federal jurisdiction (Bureau of Justice Statistics, 2003). A Chi square analysis completed on these two groups found no significant difference between the races of offenders in the present study and females prisoners in 2003 ( $\chi^2(3) = 5.026, p=.170$ ). Offender age was also compared by categorizing age into the same groupings utilized by the Bureau of Justice (14 years and younger, 15 – 19 years, 20 – 24 years, 25 – 29 years, 30 – 34 years, 35 – 39 years, 40 – 44 years, and 45 years and older) (BJS,2003?). Chi square analysis reflected no significant difference between the age of offenders in the present study and the comparison group of female prisoners ( $\chi^2(7) = 11.070, p=.136$ ).

Victim race was statistically different from the racial demographics of the general population ( $\chi^2(3) = 200.34, p<.0001$ ) with Caucasian victims underrepresented and African American and Hispanic victims overrepresented. Gender of victim was not significant when compared to the general population ( $\chi^2(1) = .378, p= .539$ )

A total of 66% of Caucasian offenders abducted Caucasian victims, 90% of Black offenders abducted Black victims, 90% of Hispanic offenders abducted Hispanic victims, and 10 % of Other offenders abducted victims that were classified as Other ( $\chi^2(9) = 217.640, p<.0001$ ) (see Table 29). Although significant, 5 cells had expected counts less than 5, thus further analyses were run to ensure reliability. When collapsed into the targeted race versus “Other,” Caucasian offenders were significantly more likely to chose Caucasian victims than would be expected ( $\chi^2(1) = 84.223, p<.0001$ ), Black offenders were significantly more likely to chose Black victims than would be expected ( $\chi^2(1) =$

121.089,  $p < .0001$ ), and Hispanic offenders were significantly more likely to chose Hispanic victims than would be expected ( $\chi^2(1) = 96.854$ ,  $p < .0001$ ).

The following results focus on the major dependent measures of method, location, and subject race. Since these were all categorical variables comprised of more than 2 categories, polytomous logistic regression techniques were employed for analysis purposes. Given that the levels of the dependent variables were all nominal in nature, the specific form of the polytomous logistic regression model was the generalized logits model. These models are more suitable for nominal variables than the cumulative logits models used for ordinal variables.

## 9.2 Question 2: Method of Abduction

First, a logistic regression was run using method of abduction (force, deception, or theft) as the dependent variable and location, motive, security, criminal history, and subject race as predictors. The variables significantly related to method of abduction were location and motive. Pairwise comparison of examining levels of criminal history and subject race also yielded significant results. Significant findings from this model including all pairwise comparisons are as follows:

Abductions occurring within the home had a significantly greater chance ( $p=0.04$ , Odds ratio (OR)=3.97, 95% Confidence Interval (CI)=[1.07, 14.78]) of abduction method being deception as opposed to theft. There was a significantly lower chance ( $p<.0.0001$ , OR=0.21, 95% CI=[0.12,0.37]) in home abductions occurring with force as opposed to deception.

Those abductions with motive reported as relationship had a significantly greater chance ( $p=0.002$ , OR=2.86, 95% CI=[1.44, 5.67]) of abduction method being deception as opposed to theft. However, offenders reporting relationship as the motive of the abduction had a significantly greater chance ( $p=0.001$ , OR=10.80, 95% CI=[2.48,46.99]) of using force as their method as opposed to theft.

Offenders with a criminal history that included violence had a significantly greater likelihood ( $p=0.03$ , OR=4.01, 95% CI=[1.14, 14.08]) of using force to abduct as opposed to deception. However offenders with no criminal history had a significantly greater chance ( $p=0.03$ , OR=3.06, 95% CI=[1.08, 8.67]) of abducting using force as opposed to the method of theft.



### 9.3 Question 3: Location of Abduction

The following results are from modeling location as the dependent variable and predictor variables being method, motive, security, criminal history, and subject race. The variables significantly related to location of abduction were method and security. Pairwise comparison of examining levels of criminal history also yielded significant results. Significant findings from this model including all pairwise comparisons are as follows:

Those offenders who used deception as their method of abduction had a significantly lower likelihood ( $p=0.02$ ,  $OR=0.21$ ,  $95\% CI=[0.06,0.78]$ ) of abducting from the hospital as opposed to a location defined as other. Abductions that occurred in settings with security had a significantly greater chance ( $p<0.0001$ ,  $OR=174.16$ ,  $95\% CI=[21.39, 1418.28]$ ) of the location being defined as hospital as opposed to other. This high odds ratio is due to the sparse numbers in the categories being compared and therefore should be interpreted with caution.

Those offenders who had a criminal history that involved drugs had a significantly lower chance ( $p<0.0001$ ,  $OR=0.003$ ,  $95\% CI=[0.0002,0.04]$ ) of abducting from a hospital as opposed to other. Offenders with no criminal history were found to have a significantly greater chance ( $p<0.04$ ,  $OR=3.46$ ,  $95\% CI=[1.07, 11.2]$ ) of abducting from a home as opposed to other.

#### 9.4 Question 4: Race of Offender

The following results are from modeling race of offender as the dependent variable and predictor variables being method, location motive, security, and criminal history. The only variable significantly related to race of offender was victim of offender. However a pairwise comparison of examining levels of method of abduction also yielded a significant result. Significant findings from this model including all pairwise comparisons are as follows:

Caucasian victims were significantly more likely ( $p=0.01$ ,  $OR=9.68$ ,  $95\% CI=[1.63, 57.6]$ ) to be abducted by Caucasian offenders as opposed to Other/Unknown. African American victims had a significantly greater chance ( $p<0.0001$ ,  $OR=45.6$ ,  $95\% CI=[6.55, 317.5]$ ) of having an African American abductor as opposed to Other/Unknown. The category of victims classified as Other/Unknown were significantly less likely ( $p<0.0001$ ,  $OR=0.03$ ,  $95\% CI=[0.006, 0.129]$ ) to be abducted by Caucasian offenders as opposed to Other/Unknown. Victims who were categorized as Other/Unknown had a significantly lower chance ( $p<0.0001$ ,  $OR=0.02$ ,  $95\% CI=[0.004, 0.14]$ ) of being abducted by African American offenders as opposed to Other/Unknown. Caucasian victims had a significantly lower chance ( $p<0.0001$ ,  $OR=0.1$ ,  $95\% CI=[0.02, 0.62]$ ) of being abducted an African American offender as opposed to a Caucasian offender. Victims classified as African American had a significantly greater chance ( $p<0.0001$ ,  $OR=29.4$ ,  $95\% CI=[10.4, 83.0]$ ) of being abducted by an African American offender as opposed to a Caucasian offender.

Those offenders utilizing deception as their method of abduction were significantly less likely ( $p=0.04$ ,  $OR=0.37$ ,  $95\% CI=[0.14, 0.98]$ ) to be African American as opposed to Caucasian.

There was no association between offender race and location of abduction ( $\chi^2(6) = 6.171$ ,  $p=.404$ ). However, there were 3 cells with an expected count of less than 5, so further analyses were run to ensure reliability. When collapsed into the targeted race versus “Other” there were still no significant findings. Caucasian offenders versus other ( $\chi^2(2) = .574$ ,  $p=.751$ ), Black offenders versus others ( $\chi^2(2) = 1.887$ ,  $p=.389$ ), and Hispanic offenders ( $\chi^2(2) = .089$ ,  $p=.4841$ ) none of which showed a distinct preference for location site for abducting infants. Comparing offender age, which was broken into discrete groups based on the census categories, to location of abduction revealed no significant association ( $\chi^2(6) = 5.625$ ,  $p=.466$ ).

There was a highly significant finding between security measures and location of abduction ( $\chi^2(4) = 175.751$ ,  $p<.000001$ ), so abductions occurring in Hospitals were significantly more likely to have security present than Home or Other. However, none of the 76 cases that occurred within the home had information detailing whether there was a security system and in only 6 of the 32 cases of abductions occurring at “Other” locations was there information on security (2 present & 4 none reported).

There was no association found between victim race and location of abduction ( $\chi^2(6) = 7.628$ ,  $p=.267$ ). Since there was 1 cell with an expected count of less than 5 further analyses were run to ensure reliability. To ensure the adequate cell count, race was collapsed into two groups, the targeted group e.g., Caucasian versus Other (which were all other races combined), and then run against the variable location. When

collapsed into the targeted race versus “Other,” there was only one significant findings: Caucasian victims versus other ( $\chi^2(2) = .490, p=.783$ ), Black victims versus others ( $\chi^2(2) = 2.972, p=.226$ ), and Hispanic victims ( $\chi^2(2) = 6.059, p<.05$ ). Comparing victim gender to location of abduction also revealed no significant association ( $\chi^2(2) = .564, p=.754$ ). Although location of abduction and victim age, which was categorized into three equal groups (0 – 121 days, 122 – 243 days, and 244 – 365 days), was significant ( $\chi^2(4) = 16.432, p<.005$ ), there were 4 cells with an expected count of less than 5 which was unable to be corrected on further analyses.

## 10. DISCUSSION

As predicted, offender demographics were found to be significantly different than that of the general population in race and age in support of the first hypotheses. Caucasian offenders were significantly underrepresented in the study and African American offenders overrepresented in comparison to the general population. Offenders were also significantly younger than the general population with nearly 90% of the offenders aged somewhere below the population median. Although offenders were not found to be significantly different from the comparison sample derived from the Bureau of Justice statistics of all female prisoners under state and federal jurisdiction in 2003 in terms of race or age, this finding was informative. One might expect the age of infant abduction offenders to be significantly different than that of the general female prison population, since a majority of the abduction offenders must be within their childbearing years for the deception of the pregnancy to work--and would thus not necessarily mirror the age of the general prison population. However, since female infant abduction offenders were not found to be statistically different from other women in the prison population, one can surmise that the female prison population is constituted largely of women who are within their reproductive years. Moreover, this finding regarding age may be affected by other factors such as SES, prior criminal history, and/or drug use. The age of offender illustrates a perfect bell curve with only 4.6 % of the offenders 14 years and younger and only 10 % over 45. Most striking is that over 70 % of offenders are under age 34 which, is within child bearing age. One possibility for the reduced number of aging offenders is that as people get older they typically take on more personal

responsibilities such as work or career and social responsibilities such as children or stable partners which may impact their behavior positively.

The finding that offenders are significantly more likely to abduct victims of their own race is not surprising since a majority of the offenders attempted to pass the infant off as their own. Of those cases in which the race of the offender was different from the victim, there is a possibility that the offender was attempting to abduct an infant that matched the race of their partner to increase the potential success of the charade.

Overall, the analyses involving demographics confirmed the hypotheses posed in this study and lend support to research previously done in the area of infant abduction.

Analyses of infant abduction methodology (force, deception, and theft) only partially supported the hypotheses proffered. Deception was the most common method of abduction overall and was found to be utilized significantly more often in home abductions than any other. The motive defined as relationship salvage was significant in two areas. The first significant finding was that deception was employed significantly more often than theft in those cases and the other involved the use of force being significantly more likely than theft. Although motive was not a pre-established variable of interest, these findings are striking when you realize that those offenders motivated by a relationship were significantly more likely to engage in verbal and physical confrontations to reach their goal of going home with an infant. Most compelling is the successful falsification of pregnancy in these cases to significant others, family, and friends. It is interesting to note that nearly all investigative notes commented on the genuine ignorance of the significant other, family, and friends of the offender. It is unclear whether the offender is able to effectively deceive those in their lives because

their relationships would be characterized as aloof or distant or because they are skilled in the art of deception.

Analyses involving offender characteristics (age, race, mental health history, and criminal history) were only partially supportive of the second hypotheses, with race and criminal history having the only significant findings. Caucasian offenders were found to utilize force significantly more than deception, which is even more compelling when you recall deception occurred in 66% of the cases and force in only 16%. Significant results regarding criminal history were initially encouraging as they indicated offenders with a criminal history of violence were significantly more likely to commit an abduction using force rather than with deception. However, results also indicated that those offenders with no criminal history were more likely to use force than theft or deception. Therefore, when approaching an abduction involving force, these results provide little guidance to investigators.

There were no significant findings regarding security or victim characteristics relating to method of abduction. It is not surprising to find no relationship between victim characteristics and method since opportunity is a pivotal factor. However, no significant relationship between security and method is surprising given the extensive nature of most hospital security wards and almost half (45%) of all abductions occur within this setting. In fact, of the cases occurring within the hospital (87), 49.4% occurred where there was identified security present and 50.6% reported no security measures in place.

The third hypothesis regarding abduction site was not supported. The only abduction site that produced any significant results was hospital, where deception occurred significantly less often than the method defined as other. Also significant was

the finding that abductions occurring in secure settings were more often defined as hospital than other location. This last finding is rather obvious when you consider the hospital's requirements under JCAHO to have security in place to ensure the safety of their patients.

Criminal history was the only offender characteristic that yielded a significant relationship. Offenders with a criminal history of drugs were significantly less likely to abduct from a hospital than those locations defined as other. Also, offenders with no criminal history were significantly more likely to abduct their victims from homes than a location defined as other. These findings are even more interesting when you consider the drug research which often reports on crimes related to drug use such as the "need to obtain money to support a habit, the actual violence associated with the drug trade, and the use of drugs to bolster one's courage prior to committing non drug-related crimes..." (Stimmel, 1996). Considering 35% of offenders had a criminal history of property related crimes and/or drugs, there is an increased chance of having an abduction occur off hospital grounds where the use of force is more common.

The fourth hypotheses involving offender race produced mixed results with only a few significant findings. There was no significant relationship found between race and abduction site or security. Method of abduction had one finding with African American offenders employing the method of deception significantly less often than their Caucasian counterparts.

Some of the strongest relationships in the study were found between offender race and victim race. African American and Caucasian offenders were significantly more likely to abduct an infant of the same race. Interesting to note is the finding that victims



classified as other/unknown were significantly more likely to be abducted by Caucasian offenders than offenders classified as other/unknown. Since the infant's race would be known and thus more accurately classified as other, it is interesting that Caucasian offenders were more likely to abduct across racial boundaries than offenders categorized as Other/Unknown. Racial parity between offender and victim was similar to those found at the national level, with 73% of Caucasian offenders targeting Caucasian victims nationwide and 81% of African American offenders targeting African American victims. (Washington, DC: USGPO, 1997, table 42). However, African American offenders who abducted Caucasian infants were represented at a much lower rate than the national average would predict, with 3.9% in the current study and 16.7% nationwide. Obviously, in this cohort there is the pivotal consideration of having an infant that can pass genetically as a possible biological offspring of both the mother and father, thereby affecting race in a different way than in other kinds of offending. Also, it is important to note that there are 10 offenders that were never apprehended, which means their race and the associated information on abduction preference was not known.

Although this research is the first of its kind to focus specifically on infants aged one and under, the unique nature of these abductions was known only because of the contribution and guidance of researchers who have studied crimes involving abducted children in previous years (Boudreaux, Lord, & Dutra, 1999; Boudreaux, Lord, & Etter, 2000; Cloud, 1996; Crittenden & Craig, 1990; Finkelhor, 1997; Finkelhor, Hotaling, & Asdigian, 1995; Finkelhor, Hotaling, & Sedlak, 1992; NCMEC, 2003). From these studies, it became apparent that establishing and maintaining an operational definition that is consistent within the literature and accepted by researchers is extremely important

as it provides the obvious advantage of being able to compare methods and analyses, generalize findings and work in a collaborative manner to produce educational materials for parents, law enforcement and healthcare settings.

The most recent report by the NCMEC (2003) which includes all infant abductions from 1983 – 2003 with an infant aged 0 – 6 months, suggested that offenders have an identifiable “profile” that is useful for infant abduction investigations. Specifically, the report provides what they call “investigative considerations” and are as follow:

- Female of “childbearing” age (range now 12 to 50), often overweight.
- Most likely compulsive; most often relies on manipulation, lying, and deception.
- Frequently indicates that she has lost a baby or is incapable of having one.
- Often married or cohabitating; companion’s desire for a child or the abductor’s desire to provide her companion with “his” child may be the motivation for the abduction.
- Usually lives in the community where the abduction takes place.
- Frequently initially visits nursery and maternity units at more than one healthcare facility prior to the abduction, asks detailed questions about procedures and the maternity floor layout, frequently uses a fire exit stairwell for her escape, and may also try to abduct from the home setting.
- Usually plans the abduction, but does not necessarily target a specific infant; frequently seizes any opportunity present.
- Frequently impersonates a nurse or other allied healthcare personnel.

- Often becomes familiar with healthcare staff, staff work routines, and victim parents.
- Demonstrates a capability to provide “good” care to the baby once the abduction occurs.

The purpose of the current study was not intended to profile infant abduction offenders, but rather provide empirically based evidence of offender characteristics, the methods they employ, locations targeted and characteristics of the victims. However, the current research does support much of the information above at some level despite the difference in victim age. One notion not supported by the current study is that these individuals are “most likely compulsive” and “most often relies on manipulation, deception, and lying” (NCMEC, 2003). In fact, in all of the mental health reports obtained (86) only two offenders were classified with having compulsive tendencies and only 4 reports specifically identified the offender’s tendency to lie or manipulate. This may be due to the source of information the NCMEC report is relying on, which may be more anecdotal in nature, and that the mental health reports in the current study were primarily conducted after the arrest of the individual when they were approaching adjudication. In addition, most reports did not appear to use standard Psychological Diagnostic Statistical Manual classifications for their diagnoses, limiting the application of the reports. The finding that very few offenders have compulsive traits paired with the knowledge that nearly all offenders invested a great deal of energy at deceiving individuals in their life by falsifying a pregnancy should offer some solace to investigators who are primarily concerned with issues of abandonment. With the significant amount of resources, deception, and calculation required in successful

abduction cases, it is unlikely offenders would willingly abandon their victim after successfully managing to deceive others for over 9 months while falsifying their pregnancy.

Media has influenced public perception of infant abductions by portraying a picture likely to create emotional responses from their audience such as storylines focusing on security failing or the ability of an offender to thwart detection and escape with the infant (Best, J., 1988). Whether offenders are avoiding hospitals due to the underlying message that security exists or whether they are weary of the technological sophistication in place and are consciously avoiding these sites is unknown. What is known is that since 1993 abductions are occurring off hospital grounds more often than on, which supports the amount of resources and training provided to safeguard hospitals within the last decade (Aldridge, 1995; Dixon & Pasnak, 1997; Waller, 1991; Quayle, 1997). Specifically, millions of dollars have been spent on sophisticated technology, staff training programs, and parent education to help reduce abductions (Rabun, 1991; Sanchez, 1996; Spencer, 1995). The resulting shift in preferred abduction site is important when you consider likelihood of injury to the parent or caretaker is significantly increased when the abduction takes place in the home (NCMEC, 2003). Therefore, our efforts to safeguard the hospital wards have ultimately placed parents in an unguarded and potentially dangerous situation when targeted by an offender.

The sociobiologic theories provide important insight into the motivation of these offenders. Research has shown that wherever women have control over their reproductive opportunities or the choice to increase their socioeconomic situation, women will choose economic security over having more children (Borgerhoff, M., 1998).

How this issue relates to or conflicts with the unconscious drive for evolutionary success in these cases is hard to decipher. In a majority of the cases, the motive was reported to be relationship salvage whereby the offenders operated under the assumption that in producing an offspring to a significant other, the relationship would remain intact. Although it is known that primates act in ways that maximize their chances of ensuring a genetic contribution to future generations, the complexity of the human mind and the associated ability to make rational choices, experience emotions, and resist basic urges complicates the application of pure sociobiological theory ( Krebs and Clutton-Brock;1984). For instance, Shaner (1998) reported that the ability to gather and process information about the past and present to apply this information to future decisions is one of the most compelling differences humans have from animals. These women made a conscious decision to break laws and place others at harm to obtain an infant that had no genetic relationship to either themselves or their significant other. However, if you consider the possibility that these abductions were actually motivated by the need to maintain resources provided by their partner, regardless of whether the resource was monetary, sexual or emotional in nature, the complexity of the deception and the risk involved can be explained using sociobiological theories. Future studies should attempt to delineate what motivated these women to deceive family and friends and risk the consequent punishment for their actions.

Mental health records were extremely difficult to obtain for a variety of reasons. In some cases the offender was under age thereby causing information to be sealed by the court, some jurisdictions were unable to release the records without court order, and in many cases there was no information in the case files as to whether an assessment was

ordered or took place. The results that were obtained were typically not consistent with diagnoses that are common in the DSM-IV, making it nearly impossible to conclude with any certainty whether there were any trends in the diagnoses that were available. In addition, the mental health records that were available were nearly all post arrest, which may differ from an assessment that existed prior to the start of the adjudication process and rarely provided diagnoses that followed the DSM at any version. A detailed review of the treatment these women received, collateral interviews with family and friends to obtain a picture of the offender prior to the abduction, and a reevaluation of their mental health status would provide a much clearer picture than was available from the small amount of data collected.

### 10.1 Implications for Law Enforcement

This research was initiated at the suggestion of the FBI's Child Abduction Serial Murder Investigative Resource Center with the hope and expectation that the results would provide information useful in identifying characteristics helpful to law enforcement. The results should not only contribute empirical data on this unique subset of abductions, but also yield practical information that will allow prevention strategies, investigative techniques, and issues related to successful recovery of the victims to become more sophisticated within all areas impacted by these. However, the current research does not address false allegations (domestic homicides committed by family and reported as unknown) or attempted abductions. Although unlikely, there are 12 cases in which an infant was never recovered and it is plausible that these cases may represent a false allegation case. Attempted abductions would also be an important research variable

as a trend in attempts may surround the timing of an actual abduction in these cases. Information on attempted abductions was solicited from JCAHO and various hospitals unsuccessfully, understandably after most hospitals referred this researcher to the risk management department for information.

Another hurdle for law enforcement is the tendency of hospitals to settle cases quickly to avoid the publicity of the abduction. Settling cases without the legal process of discovery and depositions minimizes information available and can result in criminal charges to depart downward. In addition, data on mental health status of these offenders, previous criminal histories, and the confrontational method in which a majority of these abductions took place should also provide guidance and information for those involved in the adjudication process.

The current study provides law enforcement with important information regarding abduction patterns. These include the following: (a) abductions are more likely to occur off hospital grounds than on; (b) violent abductions are more likely, and lead to the death of the caretaker in over 62% of cases; (c) abductors tend to select infants of their own race; and (d) abductors report an unstable or terminated relationship as their motivation in the abduction. These findings can be helpful in assisting law enforcement personnel investigating infant abductions, as they reflect cumulative data from the last 20 years.

### 10.2 Implications for Future Research

The current research was done with the foresight that future research would be necessary to remain familiar with infant abduction trends, to investigate other potential variables, and provide a diverse source of research on this subset. The information

collected for this research contains data that can provide even more detailed analyses such as offender socioeconomic level, time of abduction, sentencing, incarceration rates, and information useful for law enforcement agencies unrelated to statistical analyses or theoretical origin.

Future research that would be helpful to law enforcement would include analyses regarding racial consistency to determine whether offenders specifically targeted victims based on the appearance of either the mother or the child. In addition, the current study revealed significant findings regarding offender criminal history. However, data regarding method of crime, number of offenses, and post abduction criminal activity were not obtained; such data would be helpful in identifying suspects in future investigations.

Another important area for future research is the post abduction process, including indictment, adjudication, and sentencing, as well as any mental health assessment conducted in the process. Although the current research attempted to investigate prior criminal history and mental health status, this information was often difficult to obtain or sealed by the court, requiring a court order to obtain. A study which is solely focused on the post abduction process would provide welcome additional data on these offenders.

The research detailing infant abduction methodologies, offender characteristics, trends in abduction locations, and the magnitude of associated violence may provide guidance to legislators in setting policy on sentencing in abduction cases. The current study is the first to focus on infants younger than one year old, using the age-based classification system suggested by previous researchers (e.g., Boudreaux, Lord, & Dutra, 1999; Boudreaux, Lord, & Etter, 2000; Finkelhor, Hotaling, & Asdigian, 1995; Finkelhor, Hotaling, & Sedlak, 1992.). It identifies methodological differences from



other age groups, so policy makers should consider whether current sentencing guidelines are applicable across all abduction cases.

A limitation of this study was the small number of subjects, which consequently affected the ability to analyze all of the variables with enough power to produce reliable findings. Although this research was inclusive of every known case occurring within the United States from 1985 – 2001 from the FBI and NCMEC databases, the information is limited to cases that are reported at the federal level or to the NCMEC, a nonprofit clearinghouse. Therefore, additional cases that may not have been reported to either of these organizations may exist that were not included. Future researchers will unfortunately have the benefit of more subjects to include in their analyses due to the rather stable rates of infant abductions and should consider researching infant abduction rates through hospital or state investigative agencies. In addition, the FBI's Child Abduction Serial Murder Investigative Research Center may have access to cases that occur outside the country that were not included in the current study. Expanding the research beyond US borders would not only increase the power of the study by increasing the number of subjects but would also provide an interesting comparison between US based abductions and those occurring in other countries. Additional data collection limitations were placed by the Institutional Review Board at the university level, restricting the data collection to a case file review.

An area untouched by the current study involves the consequent impact these abductions have upon the parents and victims. The current study focused on the characteristics of the crime, the offenders and victim selection with information from pre and post arrest reports. Without data from the surviving victim parents, one can still

hypothesize from a sociological standpoint that these parents were eagerly anticipating the arrival of their baby, preparing a nursery, attending birthing classes, and celebrating with family and friends at showers when they became victims of a crime. Emotionally, parents are bombarded with a multitude of feelings and experiences. Physically these mothers are preparing to nurse, healing from the delivery, and are attempting to recover from extreme biological and hormonal adjustments. An abduction is an event that brings all of these 'normal' occurrences to an abrupt stop, requires parents to focus on investigators questions, the hospital's investigation (when from a hospital setting), and face the possibility that their infant may not be recovered. Considering deception was the most common method of abduction (66%), meaning there was some level of interaction between the abductor and the caretaker, the parents were tricked by the abductor at some point prior to the abduction. FBI agents familiar with this area have indicated that it is evident these parents carry a great deal of guilt since they are often the ones who have handed their infants to the abductor. The NCMEC reports that even after an infant is recovered, parents still report "constriction of life activities, intermittent fear, and a chronic state of hypervigilance over the family" (2003). The report goes on to discuss the incidence of posttraumatic stress, elevated startle response, difficulty concentrating, disrupted sleep patterns, constant fear of another abduction, and nightmares (NCMEC, 2003). However, it is unclear whether the information provided in the report is empirically derived or obtained through more informal methods. A good area of research to start with would be how the abduction may have impacted parenting styles, what psychological issues exist and whether they remain, whether conflict exists within the

parental unit and identify how they now feel about the abduction, the offender, and the legal results.

The victims in these cases are often attributed with being too young to realize or understand the victimization that has occurred, and since they are often treated well by the offenders, they are rarely mentioned in the literature other than statistically accounting for race and age. It would be interesting to research whether parental attachment is similar among victims, whether their upbringing differs from siblings, whether they were told about the abduction, and if so how that has impacted them, whether there are personality traits common among victims, and whether they are in turn impacted in how they will parent their own children.

Finally, it is important to note that no matter how emotionally charged the area of infant abduction is for the parents, victims, and offenders, these crimes do not occur for these individuals in a vacuum. Healthcare workers, law enforcement personnel, attorneys, judges, and researchers are often involved in these crimes at the most intimate level and exposed to sometimes horrific detail. The potential impact on these individuals as professionals (and often parents) is largely unchecked and left out of research considerations. It would be interesting to determine the reasons these individuals work in the area of crimes against children, particularly those who have dedicated their careers to it, in an effort to identify whether they are affected by the emotional impact these crimes typically have.

**LIST OF REFERENCES**

Aldridge, G.M. (1995). Protecting hospitals against infant abductions. *Journal of Healthcare Protection Management*, 12, (1), 72-80.

Ankrom, L.G., & Lent, C.J. (1995). Cradle robbers: A study of the infant abductor. *FBI Law Enforcement Bulletin*, September, 12-17.

Artingstall, K.A. (1995). Munchausen syndrome by proxy. *FBI Law Enforcement Bulletin*, August, 5-11.

Best, J. (1988). Missing children, misleading statistics. *Public Interest*, 92, 84-92.

Best, J. (1990). *Threatened children: Rhetoric and concern about child-victims*. Chicago: University of Chicago Press.

Borgerhoff, M. (1998). The demographic transition: Are we any closer to an evolutionary explanation? *Trends in Ecology and Evolution*, 13, 266-270.

Boros, S.J. & Brubaker, L.C. (1992). Munchausen syndrome by proxy case accounts. *FBI Law Enforcement Bulletin*, June, 16-20.

Boudreaux, M.C., Lord, W.D., & Dutra, R.L. (1999). Child abduction: Aged-based analyses of offender, victim, and offense characteristics in 550 cases of alleged child disappearance. *Journal of Forensic Sciences*, 44, (3), 539-553.

Boudreaux, M.C., Lord, W.D., & Etter, S.E. (2000). Child abduction: An overview of current and historical perspectives. *Child Maltreatment*, 5, (1) 63-71.

Burgess, A.W., & Lanning, K.V. (Eds.). (2003). *An analysis of infant abductions: Second Edition*. Alexandria, VA: National Center for Missing and Exploited Children.

Burgess, A.W., & Lanning, K.V. (Eds.). (1995). *An analysis of infant abductions*. Alexandria, VA: National Center for Missing and Exploited Children.

Campbell, D.T., & Stanley, J.C. (1963). Experimental and quasi-experimental designs for research and teaching. In N.L. Gage (ed.), *Handbook of research on Teaching*. Chicago: Rand McNally.

Clark, E.G.I., Zumwalt, R.E., & Schanfield, M.S. (1990). The identification of maternity in an unusual pregnancy-related homicide. *Journal of Forensic Sciences*, 35, (1), 80-88.

Cloud, M.Y. (1996). *Abducted and murdered children: Behavioral based analyses of victims, offenders and remains disposal methodologies*. Dissertation Abstracts International, 57, (5), 3397.

Clutton-Brock, T.H. (1991). *The evolution of parental care*. Princeton, NJ: Princeton University Press.

Cole, M. & Cole, S.R. (1993). *The development of children*. New York, NY: W.H. Freeman and Company.

Crittenden, P.M., & Craig, S.E. (1990). Developmental trends in the nature of child homicide. *Journal of Interpersonal Violence*, 5, 202-216.

Daly, M., & Wilson, M. (1983). *Sex evolution and behavior*. Belmont: Wadsworth.

D'Orban, P.T. (1972). Baby Stealing. *British Medical Journal*, 2, 635-639.

Dixon, R.M. & Pasnak, R. (1997). Perceptions of the risk of child abduction or loss and the utility of child electronic security devices. *Child: Care, Health and Development*, 23, (5), 415-421.

Elliott, S.N. & Pendleton, D.L. (1986). S.321: The missing children act – Legislation by hysteria. *University of Dayton Law Review*, 11, 671-708.

Farley, T. (1991, March 8). Parents sue city hospital for \$56 Million. *The Daily Oklahoman*, p. 9.

Finkelhor, D. (1997). The homicide of children and youth: A developmental perspective. In G. Kaufman Kantor & J. Jasinski (Eds.), *Out of the darkness: Contemporary perspectives on family violence* (pp.17-34). Thousand Oaks, CA: Sage.

Finkelhor, D, Hotaling, G, & Asdigian, N. (1995). Attempted non-family abductions. *Child Welfare*, 124, (5), 941-955.

Finkelhor, D., Hotaling, G., Sedlak, A.J. (1990). *Missing, abducted, runaway, and throwaway children in America*. Washington, D.C.: U.S. Department of Justice.

Finkelhor, D., Hotaling, G.T., & Sedlak, A.J. (1992). The abduction of children by strangers and nonfamily members: Estimating the incidence using multiple methods. *Journal of Interpersonal Violence*, 7, (2), 226-243.

Forst, M.L., & Blomquist, M.E. (1991). *Missing children: Rhetoric and reality*. Lexington, MA: Lexington Books.

Girdner, L.K., & Hoff, P.M. (1994). *Obstacles in the recovery and return of parentally abducted children: Final report*. Office of Juvenile Justice and Delinquency Prevention. Washington, D.C: U.S. Department of Justice.

Grant, R. (1990, May). The new baby snatchers. *Redbook*, 151-154.

Greif, G.L. (1998). The long-term impact of parental abduction on children: implications for treatment. *The Journal of Psychiatry & Law*, Spring, 45-60.

Greif, G.L. (1995). Parental abduction justification as ego defense. *Family and Conciliation Courts Review*, 33, (3), 317-323.

Gochman, E.R. (1989). A formulation of the psychodynamic purposiveness of a kidnapping: A brief report. *Psychoanalysis and Psychotherapy*, 7, (1), 85-87.

Hanfland, K.A., Keppel, R.D., & Weis, J.G. (1997). Case management for missing children homicide investigation. Olympia, WA: Attorney General of Washington.

Hegar, R.L., & Greif, G.L. (1991). Abduction of children by their parents: A survey of the problem. *Social Work*, 36, 421-426.

Kaufman, K.L., & Coury, D. (1989). Munchausen Syndrome by Proxy: A Survey of Professionals' Knowledge. *Child Abuse and Neglect*, 13, 141-147.

Krebs, J. & Clutton-Brock, T. (Eds.). (1984). *Reproductive Decisions, Monographs in Behavior and Ecology*. Princeton: Princeton University Press.

Lanning, K.V. (1995). Investigative analysis and summary of teaching points. In K.V. Lanning & A.W. Burgess (Eds.), *Child molesters who abduct: Summary of the case in point series*. Alexandria, VA: National Center for Missing and Exploited Children.

Mehl, A.L., Coble, L., & Johnson, S. (1990). Munchausen syndrome by proxy: A family affair. *Child Abuse and Neglect*, 14, 577-585.

National Center for Missing and Exploited Children. (2001). Abduction report summaries. (Available to law enforcement personnel, NCMEC, Arlington, Va. 22201-3052).

Pankratz, L. (1981). A review of munchausen syndrome. *Clinical Psychological Review*, 1, 65-78.

Pianka, E.R. (1970). On 'r' and 'K' selection. *American Naturalist*, 104, 592-597.

Plass, P.S., Finkelhor, D., & Hotaling, G.T. (1995). Police response to family abduction episodes. *Crime & Delinquency*, 41, (2), 205-218.

Price, J.H. & Desmond, S.M. (1987). The missing children issue: A preliminary examination of fifth-grade students' perceptions. *American Journal of Diseases of Children*, 141, 811-815.

Quayle, C. (1997). Robbing the cradle: Hospitals have learned the hard way that one baby stolen is one too many. *Health Facilities Management*, 10, (8) 20-27.

Rabun, J.B. (1991). Preventing abduction of infants from hospitals. *PTSM Series*, 4, 7-13.

Rosenberg, D. (1987). Web of deceit: A literature review of Munchausen syndrome by proxy. *Child Abuse and Neglect*, 11, 547-563.

Samuels, M.P., McClaughlin, W., Jacobson, R.R., Poets, C.F., & Southall, D.P. (1992). Fourteen cases of imposed upper airway obstruction. *Archives of Disease in Childhood*, 67, 162-170.

Sanchez, S. (1996, April 16). Delivering on safety: Hospitals tag babies. *USA Today*, p. 3A.

Schreier, H.A. & Libow, J.A. (1993). *Hurting for love, munchausen by proxy syndrome*. New York, NY: Guilford Press.

Shaner, D. (Ed.). (1998). *Natural right: The biological ethics of human nature*. New York: State University of NY Press.

Southall, D.P., Plunkett, M.C.B., Banks, M.W., Falkov, A.F., & Samuels, M.P. (1997). Covert video recordings of life-threatening child abuse: Lessons for child protection. *Pediatrics*, 100, (5), 735-760.

Spencer, P. (1995). Maternity security. *Parenting*, August, 26.

Stimmel, B. (1996). *Drug Abuse and Social Policy in America*. Binghamton, NY: Haworth Medical Press.

Turner, J.T. (1990). Infant abduction in health care: Critical incident response. *Journal of Police and Criminal Psychology*, 6, (1), 2-10.



U.S. Department of Commerce. (2001). United States Census Bureau, Population Estimates Program, Population Division, Washington, D.C. 20233.

U.S. Department of Justice, Bureau of Justice Statistics, *Criminal Victimization in the United States, 1994* (Washington, DC: USGPO, 1997), Table 42.

U.S. Department of Justice. (2004). Bureau of Justice Statistics, Prisoners in 2003 Bulletin, NCJ 205 335, Washington, D.D. 20233.

U.S. House of Representatives. (1985). Oversight hearing on the Missing Children's Assistance Act. Hearings held by the Subcommittee on Human Resources, Committee on Education and Labor. 99<sup>th</sup> Congress, 1<sup>st</sup> sess., 21 May.

Ventura, S.J., Martin, J.A., Curtin, S.C., Mathews, T.J., & Park, M.M., (2000) Births: Final data for 1998. National vital statistics reports, 48, (3). Hyattsville, MD: National Center for Health Statistics.

Waller, F.S. (1991). Hospital emergency room security – the next decade. *Journal of Healthcare Protection Management*, 7, (2), 43-45.

Wilson, E.O. (1975). *Sociobiology*. Cambridge, MA: Harvard University Press.

**APPENDIX A: INFANT ABDUCTION CODING FORM****Date of Abduction:****City:****State:****Victim****DOB****Race/Gender****Offender****DOB****Race/Gender****Criminal History****Location:****Method:****Security:****Infant ID****Reported Motivation:****Psychological Records:****Medical Records:****Contact Information:**

## APPENDIX B: LIST OF TABLES

**TABLE 1 INCIDENCE OF INFANT ABDUCTIONS COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2001\***

<b>YEAR</b>	<b>TOTAL ABDUCTIONS</b>	<b>TOTAL RECOVERED</b>
2001	13	12
2000	13	13
1999	3	3
1998	14	12
1997	10	9
1996	7	6
1995	8	8
1994	14	14
1993	11	10
1992	11	11
1991	18	18
1990	15	15
1989	17	15
1988	14	13
1987	19	16
1986	11	11
1985	7	6
<b>TOTAL</b>	<b>203</b>	<b>172</b>

\* NATIONAL CENTER OF MISSING AND EXPLOITED CHILDREN - VICTIMS AGED 0 – 6 MOS (2003).

**TABLE 2 LOCATION OF ABDUCTION COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2001\***

<b>YEAR</b>	<b>HOSPITAL</b>	<b>HOME</b>	<b>OTHER</b>	<b>TOTAL</b>
2001	8	1	4	13
2000	6	5	2	13
1999	0	3	0	3
1998	5	8	0	13
1997	4	5	1	10
1996	4	2	1	7
1995	2	2	4	8
1994	5	7	2	14
1993	5	5	1	11
1992	6	4	1	11
1991	12	6	0	18
1990	8	2	5	15
1989	10	7	0	17
1988	10	3	0	13
1987	10	6	3	19
1986	7	4	0	11
1985	6	1	0	7
<b>TOTAL</b>	<b>108 (53.2%)</b>	<b>71 (35.0%)</b>	<b>24 (11.8%)</b>	<b>203</b>

\*NCMEC Data Based on Victims Aged 0 – 6 mos.

**TABLE 3 STATE OF INFANT ABDUCTION COMMITTED BY FEMALE OFFENDERS  
COMMITTED BY FEMALE OFFENDERS OCCURRED IN THE UNITED STATES, 1985 – 2004\***

<b>STATE</b>	<b>NUMBER OF ABDUCTIONS</b>	<b>STATE</b>	<b>NUMBER OF ABDUCTIONS</b>
Alabama	4	Missouri	4
Arizona	4	Nevada	1
Arkansas	2	New Hampshire	2
California	30	New Jersey	4
Colorado	5	New Mexico	3
Connecticut	2	New York	11
Delaware	1	North Carolina	3
District of Columbia	5	Ohio	5
Florida	14	Oklahoma	3
Georgia	7	Oregon	2
Illinois	11	Pennsylvania	5
Indiana	2	Puerto Rico	3
Iowa	1	Rhode Island	1
Kansas	2	South Carolina	5
Kentucky	2	South Dakota	1
Maine	1	Tennessee	3
Maryland	9	Texas	25
Massachusetts	2	Virginia	3
Michigan	5	Washington	4
Minnesota	1	West Virginia	1
Mississippi	2	Wisconsin	2
<b>TOTAL</b>		<b>203</b>	

\* NATIONAL CENTER OF MISSING AND EXPLOITED CHILDREN - VICTIMS AGED 0 – 6 MOS (2003).

**TABLE 4 AGE OF FEMALE INFANT ABDUCTION OFFENDERS IN THE UNITED STATES, 1985 – 2001\***

YEAR	>15	16-20	21-25	26-30	31-35	36-40	>40	UNKNOWN	TOTAL
2001	3	3	1	1	2	0	2	1	13
2000	2	3	4	3	0	0	1	0	13
1999	0	0	1	1	0	0	0	1	3
1998	1	3	3	2	1	1	2	1	14
1997	1	2	2	1	2	1	0	1	10
1996	1	1	1	2	0	1	1	1	7
1995	0	2	2	2	0	2	0	0	8
1994	4	5	2	0	1	1	1	0	14
1993	0	4	0	2	1	1	1	2	11
1992	1	1	0	1	2	2	0	2	10
1991	1	1	6	2	2	3	1	2	18
1990	0	3	1	3	4	2	2	0	15
1989	1	1	3	4	2	2	2	2	17
1988	0	4	2	1	2	2	2	0	13
1987	2	2	3	4	3	0	3	2	19
1986	0	1	4	0	1	2	2	1	11
1985	0	0	3	1	0	1	0	2	7
<b>TOTAL</b>	<b>17</b> (8.3%)	<b>36</b> (17.3%)	<b>38</b> (18.7%)	<b>30</b> (14.9%)	<b>23</b> (11.3%)	<b>21</b> (10.3%)	<b>20</b> (9.9%)	<b>18</b> (8.9%)	<b>203</b>

\* NATIONAL CENTER OF MISSING AND EXPLOITED CHILDREN - VICTIMS AGED 0 – 6 MOS (2003).

**TABLE 5 GENDER OF INFANT ABDUCTORS IN THE UNITED STATES, 1985 – 2001\***

<b>YEAR</b>	<b>FEMALE</b>	<b>MALE</b>	<b>FEMALE W/ MALE ACCOMPLICE</b>	<b>FEMALE W/ FEMALE ACCOMPLICE</b>	<b>UNKNOWN</b>	<b>TOTAL</b>
2001	12	0	0	1	0	13
2000	12	0	1	0	0	13
1999	1	0	1	0	1	3
1998	9	0	4	0	0	13
1997	6	1	2	0	1	10
1996	3	0	2	1	1	7
1995	7	0	1	0	0	8
1994	13	0	0	1	0	14
1993	10	0	0	0	1	11
1992	10	0	0	1	0	11
1991	14	0	2	1	1	18
1990	15	0	0	0	0	15
1989	13	0	2	2	0	17
1988	9	1	2	1	0	13
1987	13	1	4	1	0	19
1986	8	0	3	0	0	11
1985	7	0	0	0	0	7
<b>TOTAL</b>	<b>162</b> (79.8%)	<b>3</b> (1.5%)	<b>24</b> (11.8%)	<b>9</b> (4.4%)	<b>5</b> (2.5%)	<b>203</b>

\* NATIONAL CENTER OF MISSING AND EXPLOITED CHILDREN - VICTIMS AGED 0 – 6 MOS (2003).

**TABLE 6 RACE OF FEMALE INFANT ABDUCTORS IN THE UNITED STATES, 1985 – 2001\***

<b>YEAR</b>	<b>CAUCASIAN</b>	<b>AFRICAN AMERICAN</b>	<b>HISPANIC</b>	<b>UNKNOWN</b>	<b>TOTAL</b>
2001	4	6	2	1	13
2000	2	10	1	0	13
1999	1	0	1	1	3
1998	3	6	4	0	13
1997	4	3	2	1	10
1996	2	3	1	1	7
1995	3	3	2	0	8
1994	3	4	6	1	14
1993	5	4	1	1	11
1992	6	2	3	0	11
1991	7	8	2	1	18
1990	8	5	2	0	15
1989	5	10	2	0	17
1988	5	6	2	0	13
1987	9	5	4	1	19
1986	5	5	1	0	11
1985	5	0	1	1	7
<b>TOTAL</b>	<b>71 (34.9%)</b>	<b>68 (33.4%)</b>	<b>35 (17.2%)</b>	<b>8 (3.9%)</b>	<b>203</b>

\* NATIONAL CENTER OF MISSING AND EXPLOITED CHILDREN - VICTIMS AGED 0 – 6 MOS (2003).



**TABLE 7 AGE OF ABDUCTION VICTIMS COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2001\***

<b>YEAR</b>	<b>1 – 50 DAYS OLD</b>	<b>50 – 100 DAYS OLD</b>	<b>100 – 150 DAYS OLD</b>	<b>150 – 200 DAYS OLD</b>	<b>&gt;200 DAYS OLD</b>	<b>TOTAL</b>
2001	6	3	3	1	0	13
2000	9	2	1	1	0	13
1999	2	1	0	0	0	3
1998	9	2	2	0	0	13
1997	7	1	1	1	0	10
1996	7	0	0	0	0	7
1995	3	1	4	0	0	8
1994	10	2	2	0	0	14
1993	8	2	1	0	0	11
1992	7	2	0	1	1	11
1991	16	2	0	0	0	18
1990	12	2	0	0	1	15
1989	16	0	0	0	1	17
1988	9	2	2	0	0	13
1987	14	2	2	1	0	19
1986	10	0	1	0	0	11
1985	5	2	0	0	0	7
<b>TOTAL</b>	<b>150 (73.9%)</b>	<b>26 (12.8%)</b>	<b>19 (9.4%)</b>	<b>5 (2.5%)</b>	<b>3 (1.4%)</b>	<b>203</b>

\* NATIONAL CENTER OF MISSING AND EXPLOITED CHILDREN - VICTIMS AGED 0 – 6 MOS (2003).

**TABLE 8 GENDER OF ABDUCTION VICTIMS COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2001 \***

<b>YEAR</b>	<b>MALE</b>	<b>FEMALE</b>
2001	8	5
2000	6	7
1999	1	2
1998	2	11
1997	6	4
1996	5	2
1995	2	6
1994	9	5
1993	5	6
1992	5	6
1991	9	9
1990	9	6
1989	11	6
1988	8	5
1987	10	9
1986	6	5
1985	4	3
<b>TOTAL</b>	<b>106 (52.5%)</b>	<b>97 (47.5%)</b>

\* NATIONAL CENTER OF MISSING AND EXPLOITED CHILDREN - VICTIMS AGED 0 – 6 MOS (2003).

**TABLE 9 RACE OF ABDUCTION VICTIMS COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2001\***

YEAR	CAUCASIAN	AFRICAN AMERICAN	HISPANIC	OTHER	TOTAL
2001	2	5	6	0	13
2000	3	8	1	1	13
1999	1	0	2	0	3
1998	2	7	4	0	13
1997	4	3	3	0	10
1996	2	4	1	0	7
1995	2	4	2	0	8
1994	1	4	8	1	14
1993	3	6	2	0	11
1992	2	2	7	0	11
1991	7	9	2	0	18
1990	7	6	2	0	15
1989	4	10	1	2	17
1988	6	6	1	0	13
1987	9	5	5	0	19
1986	5	5	0	1	11
1985	4	0	3	0	7
<b>TOTAL</b>	<b>64 (31.5%)</b>	<b>84 (41.4%)</b>	<b>50 (24.6%)</b>	<b>5 (2.5%)</b>	<b>203</b>

\* NATIONAL CENTER OF MISSING AND EXPLOITED CHILDREN - VICTIMS AGED 0 – 6 MOS (2003).

**TABLE 10 RACIAL MATCHING IN INFANT ABDUCTION CASES COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2001\***

		OFFENDERS				
		CAUCASIAN	AFRICAN AMERICAN	HISPANIC	OTHER	TOTAL
VICTIM RACE	CAUCASIAN	57	2	2	2	<b>63</b>
	AFRICAN AMERICAN	7	74	2	3	<b>86</b>
	HISPANIC	11	2	32	4	<b>49</b>
	OTHER	2	2	1	0	<b>5</b>
	TOTAL	<b>77 (37.9%)</b>	<b>80 (39.5%)</b>	<b>37 (18.2%)</b>	<b>9 (4.4%)</b>	<b>203</b>

\* NATIONAL CENTER OF MISSING AND EXPLOITED CHILDREN - VICTIMS AGED 0 – 6 MOS (2003).

**TABLE 11 METHOD OF ABDUCTION COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2001\***

YEAR	CON	FORCE/VIOLENCE (PARENT(S) MURDERED)	CON AND FORCE/VIOLENCE	NO CON OR FORCE/VIOLENCE	TOTAL
2001	10	1	0	2	13
2000	5	2	1	5	13
1999	2	1(1)	0	0	3
1998	8	4(3)	0	2	14
1997	5	2(1)	0	3	10
1996	3	4(1)	0	0	7
1995	5	1(1)	0	2	8
1994	11	0	0	3	14
1993	7	0	1	3	11
1992	9	0	0	1	10
1991	11	3(2)	1	2	17
1990	11	1(1)	1	2	15
1989	14	1(1)	0	2	17
1988	11	0	0	3	14
1987	8	4(3)	1	6	19
1986	7	0	1	3	11
1985	4	1	0	2	7
<b>TOTAL</b>	<b>131</b> (64.5%)	<b>25</b> (12.3%)	<b>6</b> (3.0%)	<b>41</b> (20.2%)	<b>203</b>

\* NATIONAL CENTER OF MISSING AND EXPLOITED CHILDREN - VICTIMS AGED 0 – 6 MOS (2003).

**TABLE 12 METHOD OF VICTIM IDENTIFICATION IN ABDUCTION CASES COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2001\***

<b>Year</b>	<b>Visual</b>	<b>Footprints</b>	<b>DNA</b>	<b>Blood Tests</b>	<b>Confession</b>	<b>Unreported</b>	<b>Missing</b>	<b>Total</b>
2001	3	1	0	0	1	7	1	13
2000	2	0	0	0	0	11	0	13
1999	0	0	1	0	0	2	0	3
1998	4	2	1	0	1	5	1	14
1997	5	2	0	1	1	0	1	10
1996	2	1	1	0	0	2	1	7
1995	2	0	0	0	0	6	0	8
1994	9	2	0	1	0	2	0	14
1993	0	2	0	1	1	6	1	11
1992	2	1	0	4	1	2	0	10
1991	5	3	0	0	2	7	0	17
1990	3	3	0	0	2	7	0	15
1989	3	0	0	3	1	8	2	17
1988	4	5	0	2	0	3	0	14
1987	4	0	0	3	0	9	3	19
1986	3	2	0	3	0	3	0	11
1985	3	1	0	0	1	1	1	7
<b>TOTAL</b>	<b>54</b> (26.6%)	<b>25</b> (12.3%)	<b>3</b> (1.5%) )	<b>18</b> (8.9%)	<b>11</b> (5.4%)	<b>81</b> (39.9%)	<b>11</b> (5.4%) )	<b>203</b>

\* NATIONAL CENTER OF MISSING AND EXPLOITED CHILDREN - VICTIMS AGED 0 – 6 MOS (2003).

**TABLE 13 INCIDENCE OF INFANT ABDUCTIONS COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2001**

STATE	NUMBER OF ABDUCTIONS	STATE	NUMBER OF ABDUCTIONS
ALABAMA	3	MISSOURI	4
ARIZONA	5	NEVADA	1
ARKANSAS	1	NEW HAMPSHIRE	1
CALIFORNIA	29	NEW JERSEY	4
COLORADO	4	NEW MEXICO	4
CONNECTICUT	2	NEW YORK	9
DELAWARE	1	NORTH CAROLINA	4
DISTRICT OF COLUMBIA	6	OHIO	5
FLORIDA	14	OKLAHOMA	3
GEORGIA	7	OREGON	2
ILLINOIS	10	PENNSYLVANIA	5
INDIANA	2	RHODE ISLAND	1
IOWA	1	SOUTH CAROLINA	4
KANSAS	2	SOUTH DAKOTA	1
KENTUCKY	2	TENNESSEE	3
MAINE	1	TEXAS	25
MARYLAND	9	VIRGINIA	4
MASSACHUSETTS	2	WASHINGTON	3
MICHIGAN	5	WEST VIRGINIA	1
MINNESOTA	1	WISCONSIN	2
MISSISSIPPI	2		

(TOTAL 195)

**TABLE 14 INCIDENCE OF INFANT ABDUCTIONS COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2004\***

STATE	NUMBER OF ABDUCTIONS	STATE	NUMBER OF ABDUCTIONS
ALABAMA	3	MISSOURI	6
ARIZONA	5	NEVADA	1
ARKANSAS	1	NEW HAMPSHIRE	1
CALIFORNIA	29	NEW JERSEY	5
COLORADO	5	NEW MEXICO	4
CONNECTICUT	2	NEW YORK	9
DELAWARE	1	NORTH CAROLINA	4
DISTRICT OF COLUMBIA	6	OHIO	6
FLORIDA	16	OKLAHOMA	4
GEORGIA	7	OREGON	2
ILLINOIS	10	PENNSYLVANIA	5
INDIANA	2	RHODE ISLAND	1
IOWA	1	SOUTH CAROLINA	4
KANSAS	2	SOUTH DAKOTA	1
KENTUCKY	3	TENNESSEE	3
MAINE	1	TEXAS	26
MARYLAND	9	UTAH	2
MASSACHUSETTS	2	VIRGINIA	5
MICHIGAN	5	WASHINGTON	3
MINNESOTA	1	WEST VIRGINIA	1
MISSISSIPPI	2	WISCONSIN	2

TOTAL  
(208)

\* 2002 – 2004 DATA RECENTLY PROVIDED BY NCMEC AND BASED ON VICTIMS AGED 0 – 6 MONTHS AND WAS THUS NOT UTILIZED IN THE STATISTICAL ANALYSES.



**TABLE 15 RACE OF OFFENDERS IN INFANT ABDUCTION CASES COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2004\***

YEAR	CAUCASIAN	AFRICAN AMERICAN	HISPANIC	OTHER / UNKNOWN	TOTAL
2004	3	1	1	0	5
2003	2	2	1	0	5
2002	1	1	1	0	3
2001	5	6	2	1	14
2000	2	11	1	0	14
1999	1	0	1	1	3
1998	2	5	3	1	11
1997	4	2	2	1	9
1996	2	3	1	1	7
1995	3	3	2	0	8
1994	4	3	6	1	14
1993	7	4	1	1	13
1992	5	2	3	0	10
1991	6	7	2	1	16
1990	7	5	1	0	13
1989	5	9	1	1	16
1988	6	6	0	0	12
1987	9	5	3	0	17
1986	5	5	1	1	12
1985	4	1	1	0	6
<b>TOTAL</b>	<b>83 (39.9%)</b>	<b>81 (38.9%)</b>	<b>34 (16.3%)</b>	<b>10 (4.8%)</b>	<b>208</b>

\* 2002 – 2004 DATA RECENTLY PROVIDED BY NCMC AND BASED ON VICTIMS AGED 0 – 6 MONTHS AND WAS THUS NOT UTILIZED IN THE STATISTICAL ANALYSES.

**TABLE 16 OFFENDER AGE IN INFANT ABDUCTION CASES COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2004\***

YEAR	JUVENILE 13 - 17.11 YEARS	ADULT 18 – 24 YEARS	ADULT 25 – 44 YEARS	ADULT 45 + YEARS	TOTAL
2004	0	1	4	0	5
2003	0	2	3	0	5
2002	0	1	2	0	3
2001	5	3	5	0	13
2000	5	4	5	0	14
1999	0	0	2	0	2
1998	2	5	3	0	10
1997	2	3	3	0	8
1996	2	2	2	0	6
1995	2	2	4	0	8
1994	5	5	3	1	14
1993	0	5	5	1	11
1992	2	1	7	0	10
1991	2	5	8	0	15
1990	0	4	9	0	13
1989	1	4	8	1	14
1988	1	4	7	0	12
1987	1	3	10	0	14
1986	0	6	5	0	11
1985	0	2	2	0	4
<b>TOTAL</b>	<b>30 (15%)</b>	<b>62 (32%)</b>	<b>99 (51%)</b>	<b>3 (2%)</b>	<b>192</b>

16 OFFENDERS REMAIN AT LARGE

\* 2002 – 2004 DATA RECENTLY PROVIDED BY NCMEC AND BASED ON VICTIMS AGED 0 – 6 MONTHS AND WAS THUS NOT UTILIZED IN THE STATISTICAL ANALYSES.

**TABLE 17 ACCOMPLICES IN INFANT ABDUCTION CASES COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2004\***

YEAR	NO ACCOMPLICE	ONE ACCOMPLICE	TWO ACCOMPLICES	THREE ACCOMPLICES	UNKNOWN	TOTAL
2004	5	0	0	0	0	5
2003	4	0	1	0	0	5
2002	3	0	0	0	0	3
2001	13	0	0	1	0	14
2000	13	0	1	0	0	14
1999	2	0	0	0	1	3
1998	7	1	2	0	1	11
1997	8	0	0	0	1	9
1996	6	0	0	0	1	7
1995	7	0	1	0	0	8
1994	13	1	0	0	0	14
1993	11	0	1	0	1	13
1992	9	1	0	0	0	10
1991	14	2	0	0	0	16
1990	13	0	0	0	0	13
1989	13	3	0	0	0	16
1988	10	2	0	0	0	12
1987	17	0	0	0	0	17
1986	11	1	0	0	0	12
1985	6	0	0	0	0	6
	<b>185</b> (88.9%)	<b>11</b> (5.3%)	<b>6</b> (2.9%)	<b>1</b> (.5%)	<b>5</b> (2.4%)	<b>208</b>

\* 2002 – 2004 DATA RECENTLY PROVIDED BY NCMEC AND BASED ON VICTIMS AGED 0 – 6 MONTHS AND WAS THUS NOT UTILIZED IN THE STATISTICAL ANALYSES.

**TABLE 18 OFFENDER CRIMINAL HISTORY IN INFANT ABDUCTION CASES COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2001**

<b>YEAR</b>	<b>FINANCIAL /PROPERTY CRIME</b>	<b>DRUGS</b>	<b>VIOLENT PERSONS</b>	<b>PREVIOUS ABDUCTION</b>	<b>FINANCIAL &amp; DRUG</b>	<b>FINANCIAL &amp; VIOLENT</b>	<b>FINANCIAL/ PROBATION</b>	<b>NONE</b>	<b>MISSING / UNKNOWN</b>	<b>TOTAL</b>
2001	4	1	0	0	0	0	0	7	2	14
2000	1	0	0	1	0	1	0	10	1	14
1999	0	0	0	0	0	0	0	2	1	3
1998	6	0	1	0	0	0	0	3	1	11
1997	1	1	0	0	1	1	0	4	1	9
1996	2	0	0	0	1	0	0	2	2	7
1995	2	1	0	0	1	2	0	2	0	8
1994	2	1	0	0	0	0	1	9	1	14
1993	4	0	0	0	2	2	0	4	1	13
1992	5	1	0	0	1	0	0	3	0	10
1991	5	1	0	0	0	0	0	8	2	16
1990	3	1	2	0	1	0	0	6	0	13
1989	5	0	0	0	0	0	0	8	3	16
1988	5	0	0	0	0	0	0	7	0	12
1987	4	0	0	0	0	0	0	9	4	17
1986	1	0	0	0	0	1	1	8	1	12
1985	1	0	0	0	1	0	0	1	3	6
<b>TOTAL</b>	<b>51</b> (26.2%)	<b>7</b> (3.6%)	<b>3</b> (1.5%)	<b>1</b> (.5%)	<b>8</b> (4.1%)	<b>7</b> (3.6%)	<b>2</b> (1.0%)	<b>93</b> (47.7%)	<b>23</b> (11.8%)	<b>195</b>

**TABLE 19 MOTIVE IN INFANT ABDUCTION CASES COMMITTED BY FEMALE OFFENDERS  
IN THE UNITED STATES, 1985 – 2001**

<b>YEAR</b>	<b>RELATIONSHIP</b>	<b>MATERNAL DESIRE</b>	<b>OTHER/UNKNOWN</b>	<b>TOTAL</b>
2001	10	1	3	14
2000	10	2	2	14
1999	1	0	2	3
1998	7	2	2	11
1997	8	0	1	9
1996	6	0	1	7
1995	6	1	1	8
1994	11	0	3	14
1993	8	3	2	13
1992	8	0	2	10
1991	12	2	2	16
1990	12	1	0	13
1989	10	1	5	16
1988	11	1	0	12
1987	10	4	3	17
1986	7	2	3	12
1985	3	1	2	6
<b>TOTAL</b>	<b>140 (71.8%)</b>	<b>21 (10.7%)</b>	<b>34 (17.4%)</b>	<b>195</b>

**TABLE 20 MENTAL HEALTH OF OFFENDER IN INFANT ABDUCTION CASES COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2001**

<b>YEAR</b>	<b>NO DIAGNOSIS</b>	<b>AXIS I</b>	<b>AXIS II</b>	<b>AXIS I &amp; II</b>	<b>TOTAL</b>
2001	2	1	1	2	6
2000	0	2	0	2	4
1999	0	1	0	0	1
1998	0	1	0	1	2
1997	0	0	1	2	3
1996	1	2	0	0	3
1995	0	0	1	3	4
1994	2	4	0	0	6
1993	0	2	0	4	6
1992	0	1	2	1	4
1991	0	2	0	2	4
1990	4	0	0	4	8
1989	2	2	1	4	9
1988	1	2	2	4	9
1987	0	3	5	1	9
1986	3	3	0	1	7
1985	0	1	0	0	1
<b>TOTAL</b>	<b>15</b> (17.4%)	<b>27</b> (31.5%)	<b>13</b> (15.1%)	<b>31</b> (36.0%)	<b>86</b>

**TABLE 21 RACE OF VICTIMS IN INFANT ABDUCTION CASES COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2004\***

YEAR	CAUCASIAN	AFRICAN AMERICAN	HISPANIC	OTHER	TOTAL
2004	3	1	1	0	5
2003	2	2	1	0	5
2002	0	1	2	0	3
2001	3	5	6	0	14
2000	3	9	1	1	14
1999	1	0	2	0	3
1998	1	6	3	1	11
1997	4	1	3	1	9
1996	2	4	1	0	7
1995	0	4	2	2	8
1994	1	4	8	1	14
1993	4	7	2	0	13
1992	2	2	6	0	10
1991	4	7	2	3	16
1990	6	6	1	0	13
1989	3	10	1	2	16
1988	5	6	0	1	12
1987	9	5	3	0	17
1986	6	5	0	1	12
1985	3	0	3	0	6
<b>TOTAL</b>	<b>62</b> (29.8%)	<b>85</b> (40.9%)	<b>48</b> (23.1%)	<b>13</b> (6.2%)	<b>208</b>

\* 2002 – 2004 DATA RECENTLY PROVIDED BY NCMEC AND BASED ON VICTIMS AGED 0 – 6 MONTHS AND WAS THUS NOT UTILIZED IN THE STATISTICAL ANALYSES.

**TABLE 22 VICTIM AGE IN INFANT ABDUCTION CASES COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2004\***

<b>YEAR</b>	<b>1 – 50 DAYS OLD</b>	<b>51 – 100 DAYS OLD</b>	<b>101 – 150 DAYS OLD</b>	<b>151 – 200 DAYS OLD</b>	<b>&gt;200 DAYS OLD</b>	<b>TOTAL</b>
2004	4	0	0	1	0	5
2003	4	1	0	0	0	5
2002	2	0	0	1	0	3
2001	6	3	3	1	1	14
2000	9	2	1	1	1	14
1999	2	1	0	0	0	3
1998	8	2	1	0	0	11
1997	6	1	2	0	0	9
1996	7	0	0	0	0	7
1995	3	1	4	0	0	8
1994	10	2	2	0	0	14
1993	8	2	1	0	2	13
1992	7	1	0	1	1	10
1991	14	2	0	0	0	16
1990	10	2	0	0	1	13
1989	15	0	0	0	1	16
1988	8	2	2	0	0	12
1987	13	1	2	1	0	17
1986	11	0	1	0	0	12
1985	4	2	0	0	0	6
<b>TOTAL</b>	<b>151 (72.6%)</b>	<b>25 (12%)</b>	<b>19 (9.1%)</b>	<b>6 (2.9%)</b>	<b>7 (3.4%)</b>	<b>208</b>

\* 2002 – 2004 DATA RECENTLY PROVIDED BY NCMEC AND BASED ON VICTIMS AGED 0 – 6 MONTHS AND WAS THUS NOT UTILIZED IN THE STATISTICAL ANALYSES.



**TABLE 23 VICTIM GENDER IN INFANT ABDUCTION CASES COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2004\***

<b>YEAR</b>	<b>MALE VICTIMS</b>	<b>FEMALE VICTIMS</b>
2004	2	3
2003	3	2
2002	1	2
2001	8	6
2000	7	7
1999	1	2
1998	2	9
1997	4	5
1996	5	2
1995	2	6
1994	9	5
1993	7	6
1992	5	5
1991	7	9
1990	7	6
1989	11	5
1988	7	5
1987	9	8
1986	5	7
1985	3	3
<b>TOTAL</b>	<b>105 (50.5%)</b>	<b>103(49.5%)</b>

\* 2002 – 2004 DATA RECENTLY PROVIDED BY NCMEC AND BASED ON VICTIMS AGED 0 – 6 MONTHS AND WAS THUS NOT UTILIZED IN THE STATISTICAL ANALYSES.

**TABLE 24 NUMBER OF DAYS VICTIM MISSING IN INFANT ABDUCTION CASES  
COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2004\***

<b>YEAR</b>	<b>0 - 7 DAYS</b>	<b>8 - 30 DAYS</b>	<b>31 – 60 DAYS</b>	<b>61 - 120</b>	<b>&gt;120 DAYS</b>	<b>TOTAL</b>
2004	5	0	0	0	0	5
2003	5	0	0	0	0	5
2002	3	0	0	0	0	3
2001	12	0	1	0	0	13
2000	13	0	1	0	0	14
1999	2	0	1	0	0	3
1998	10	0	0	0	0	10
1997	8	0	0	0	0	8
1996	4	2	0	0	0	6
1995	7	1	0	0	0	8
1994	12	2	0	0	0	14
1993	12	0	0	0	0	12
1992	8	0	0	1	1	10
1991	13	2	0	0	0	15
1990	11	2	0	0	0	13
1989	11	2	1	0	0	14
1988	11	1	0	0	0	12
1987	11	1	0	0	2	14
1986	10	1	0	0	1	12
1985	4	0	1	0	0	5
<b>TOTAL</b>	<b>172 (87.8%)</b>	<b>14 (7.2%)</b>	<b>5 (2.5%)</b>	<b>1 (.5%)</b>	<b>4 (2%)</b>	<b>196</b>

(12 Infants Remain Missing)

\* 2002 – 2004 DATA RECENTLY PROVIDED BY NCMEC AND BASED ON VICTIMS AGED 0 – 6 MONTHS AND WAS THUS NOT UTILIZED IN THE STATISTICAL ANALYSES.

**TABLE 25 METHOD OF VICTIM IDENTIFICATION IN ABDUCTION CASES COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2001**

YEAR	CONFESSION	FOOT PRINT	VISUAL	BLOOD TEST	UNKNOWN	HOSPITAL BAND	MULTIPLE METHODS	STILL MISSING	TOTAL
2001	1	0	6	0	0	0	6	1	14
2000	1	0	10	1	0	1	1	0	14
1999	0	0	2	0	0	0	1	0	3
1998	1	0	2	1	0	0	6	1	11
1997	2	0	2	0	0	1	3	1	9
1996	1	0	2	1	0	0	2	1	7
1995	4	0	2	0	0	1	1	0	8
1994	1	1	7	0	0	0	5	0	14
1993	4	1	2	0	0	0	5	1	13
1992	0	0	2	1	0	0	7	0	10
1991	3	1	5	0	0	0	6	1	16
1990	3	0	4	0	0	1	5	0	13
1989	4	0	2	1	1	0	6	2	16
1988	2	1	3	0	0	0	6	0	12
1987	2	2	4	2	1	1	2	3	17
1986	2	2	2	2	0	0	4	0	12
1985	0	2	3	0	0	0	0	1	6
<b>TOTAL</b>	<b>31</b> (15.9%)	<b>10</b> (5.1%)	<b>60</b> (30.8%)	<b>9</b> (4.6%)	<b>2</b> (1.0%)	<b>5</b> (2.6%)	<b>66</b> (33.8%)	<b>12</b> (6.2%)	<b>195</b>

**TABLE 26 LOCATION OF INFANT ABDUCTION CASES COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2004\***

<b>YEAR</b>	<b>HOSPITAL</b>	<b>HOME</b>	<b>OTHER</b>	<b>TOTAL</b>
2004	2 (40%)	3 (60%)	0	5
2003	1 (20%)	1 (20%)	3 (60%)	5
2002	1 (33.3%)	0	2 (66.6%)	3
2001	8 (57.1%)	2 (14.3%)	4 (28.6%)	14
2000	6 (42.9%)	6 (42.9%)	2 (14.2%)	14
1999	3 (100%)	0	0	3
1998	7 (63.6%)	3 (27.3%)	1 (9.1%)	11
1997	5 (55.6%)	3 (33.3%)	1 (11.1%)	9
1996	3 (42.9%)	3 (42.9%)	1 (14.2%)	7
1995	2 (25%)	2 (25%)	4 (50%)	8
1994	6 (42.9%)	5 (35.7%)	3 (21.4%)	14
1993	6 (46.1%)	4 (30.8%)	3 (23.1%)	13
1992	4 (40%)	4 (40%)	2 (20%)	10
1991	5 (31.3%)	10 (62.5%)	1 (6.2%)	16
1990	2 (15.4%)	7 (53.8%)	4 (30.8%)	13
1989	7 (43.8%)	9 (56.2%)	0	16
1988	3 (25%)	9 (75%)	0	12
1987	4 (23.5%)	8 (47.1%)	5 (29.4%)	17
1986	4 (33.3%)	8 (66.7%)	0	12
1985	1 (16.7%)	4 (66.7%)	1 (16.7%)	6
<b>TOTAL</b>	<b>80 (38.4%)</b>	<b>91 (43.8%)</b>	<b>37 (17.8%)</b>	<b>208</b>

\* 2002 – 2004 DATA RECENTLY PROVIDED BY NCMEC AND BASED ON VICTIMS AGED 0 – 6 MONTHS AND WAS THUS NOT UTILIZED IN THE STATISTICAL ANALYSES.

**TABLE 27 METHOD OF INFANT ABDUCTION CASES COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2004\***

YEAR	DECEPTION	FORCE (PARENT(S) MURDERED)	THEFT	TOTAL
2004	3	1(1)	1	5
2003	4	1(1)	0	5
2002	1	1(1)	1	3
2001	11	1(1)	2	14
2000	6	3(2)	5	14
1999	2	1(1)	0	3
1998	4	4(3)	3	11
1997	6	1(1)	2	9
1996	3	4(3)	0	7
1995	5	1(1)	2	8
1994	10	0	4	14
1993	9	2	2	13
1992	8	1	1	10
1991	11	3(1)	2	16
1990	10	2(1)	1	13
1989	13	1(1)	2	16
1988	9	0	3	12
1987	9	5(3)	3	17
1986	8	1	3	12
1985	4	1	1	6
<b>TOTAL</b>	<b>136</b> (65.3%)	<b>34(21)</b> (16.4%)	<b>38</b> (18.3%)	<b>208</b>

\* 2002 – 2004 DATA RECENTLY PROVIDED BY NCMEC AND BASED ON VICTIMS AGED 0 – 6 MONTHS AND WAS THUS NOT UTILIZED IN THE STATISTICAL ANALYSES.

**TABLE 28 SECURITY REPORTED IN INFANT ABDUCTION CASES COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2001**

<b>YEAR</b>	<b>CAMERAS</b>	<b>PERSONNEL</b>	<b>TAG DEVIC E</b>	<b>NONE</b>	<b>N/A</b>	<b>MULTIPLE METHODS</b>	<b>TOTAL</b>
2001	2	0	0	2	9	1	14
2000	0	1	4	2	6	1	14
1999	0	0	0	0	3	0	3
1998	2	0	0	2	7	0	11
1997	2	0	0	1	5	1	9
1996	0	0	0	2	4	1	7
1995	1	1	0	0	6	0	8
1994	0	0	0	5	8	1	14
1993	1	0	0	3	9	0	13
1992	1	1	0	3	5	0	10
1991	1	2	1	5	6	1	16
1990	0	2	0	7	4	0	13
1989	0	6	0	2	7	1	16
1988	1	2	0	6	3	0	12
1987	0	2	0	8	7	0	17
1986	0	4	0	4	4	0	12
1985	0	1	0	3	2	0	6
<b>TOTAL</b>	<b>11</b> (5.6%)	<b>22</b> (11.3%)	<b>5</b> (2.6%)	<b>55</b> (28.2%)	<b>95</b> (48.7%)	<b>7</b> (3.6%)	<b>195</b>

**TABLE 29 RACIAL PREFERENCE IN INFANT ABDUCTION CASES COMMITTED BY FEMALE OFFENDERS IN THE UNITED STATES, 1985 – 2004\***

		OFFENDERS				
		CAUCASIAN	AFRICAN AMERICAN	HISPANIC	OTHER	TOTAL
VICTIM RACE	CAUCASIAN	55	3	2	2	<b>62</b>
	AFRICAN AMERICAN	7	73	1	4	<b>85</b>
	HISPANIC	11	3	31	3	<b>48</b>
	OTHER	9	2	1	1	<b>13</b>
	TOTAL	<b>82 (39.5%)</b>	<b>81 (38.9%)</b>	<b>35 (16.8%)</b>	<b>10 (4.8%)</b>	<b>208</b>

\* 2002 – 2004 DATA RECENTLY PROVIDED BY NCMEC AND BASED ON VICTIMS AGED 0 – 6 MONTHS AND WAS THUS NOT UTILIZED IN THE STATISTICAL ANALYSES.

## VITA

Ms. Lisa Kathleen Strohman, born in Sacramento, California on February 25<sup>th</sup>, 1972, earned her Bachelor of Science degree at the University of California, Davis in May 1994. During her undergraduate career, she worked as Program Coordinator for 4 years for a family utilizing the funding of a private, nonprofit agency, Families for Early Autism, in Davis, CA. In addition, she worked as a Family Reunification therapist and Hospice Counselor for families in need. In addition she was President of Psi Chi, a National Honor Society (1993), a member of Phi Kappa Phi, became a member of the Golden Key National Honor Society in 1994, and was awarded the University Campus Leadership Award and the Departmental Outstanding Achievement Award in 1994.

She began her graduate studies in the Law-Psychology Program at MCP-Hahnemann University and Villanova University School of Law located in Philadelphia, PA. During her graduate studies, Ms. Strohman worked as a legislative intern in the United States Congress, with recognition in the Congressional Record, as an Honor Intern for the Federal Bureau of Investigation (FBI), and as a researcher in the areas of substance abuse, risk communication, and child abduction.

In May 2000, she graduated Cum Laude from Villanova University School of Law having actively participated in the Villanova Criminal Law Society, the Villanova Law Psychology Society, and the Villanova Tax Law Society. After graduation, she moved to Phoenix, AZ and was sworn into the Arizona Bar on September 11, 2001. In May 2003, she started her own business named Premiere Consulting Strategies, LLC. In collaboration with other professionals, her company provides services to professional athletes and entertainers.

Ms. Strohman completed her predoctoral internship after working with seriously mentally ill civil patients and forensic patients on restoration to competency and those determined to be guilty except insane at the Arizona State Hospital in August 2003. While completing this internship, Ms. Strohman worked with the Federal Bureau of Investigation's Behavioral Analysis Unit, of the National Center of the Analysis of Violent Crime as a Visiting Scholar to complete her dissertation research titled "Stranger Infant Abduction: Offense Characteristics, Victim Selection, and Offender Motivation of Female Offenders." Ms. Strohman currently dedicates the majority of her time consulting with professional athletes to assist them in career transitioning strategies and nonprofit alliances to provide their communities with essential resources. Athletes are enlightened to the benefits of how creating nonprofit organizations, planning community events, and attending personal appearances will contribute to their future after their sports career. Professional memberships include American Bar Association, Arizona Bar Association, Arizona Legislative Committee, American Psychological Association, American Business Women's Association, American Psychology – Law Society, and the American Sports Psychology Association.