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**Full title of manuscript: A Psycho-Social Analysis and Criminal Trajectory of Female  
Child Serial Killer Beverley Allitt**

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**Short title:** Beverley Allitt: Female Serial Killer

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**A Psycho-Social Analysis and Criminal Trajectory of Female Child Serial Killer  
Beverley Allitt**

**Abstract**

The current paper presents a psychological analysis of convicted female serial killer Beverley Allitt with reference to psychopathological and social psychological explanations of her crimes. Whilst cases of female serial homicide such as that of Allitt receive a large amount of attention within popular culture literature, less theorising to date has attempted to psychologically account for her rare form of gendered violence. Whilst the present exploration provides psychopathological reasoning as the primary explanation for Allitt's crimes, use of first hand interviews conducted with senior management that worked alongside her at the hospital where she killed, are used to argue that the complexities of her behaviour are best understood through the application of varying approaches. The present analysis therefore offers a unique and contemporary insight into the criminal behaviours of a female child serial killer.

*Key Words: homicide, female offending, gendered violence, Allitt, Munchausen syndrome*

## **Introduction**

In 1993 Beverley Allitt was convicted of four murders, three attempted murders and six counts of grievous bodily harm. Despite this, her name is not widely synonymous with that of other prolific serial killers. In part, this is because the percentage of female serial killers is comparably low to that of male perpetrators (Walters, Drislane, Patrick & Hickey, 2015), despite female violence generally, shown to be on the rise (Kamimura, Nourian, Assasnik, Rathi, & Franchek-Roa, 2016). The nicknames of serial killers are also usually more familiar due to the ‘celebritization’ and popular culture surrounding this type of crime within society (Jarvis, 2007). The sobriquet ‘Angel of death’ therefore may be more recognizable, referring to those who murder individuals under their care (Kelleher and Kelleher, 1998). The inquest into Allitt’s crimes concluded that she was likely to be suffering from Munchausen syndrome by proxy (MSBP), a condition where mental illness leads the sufferer to fabricate illness in others – typically children (Clothier, MacDonald & Shaw, 1994). The resulting legal defence of insanity meant she was incarcerated within England’s Rampton Secure Hospital, where she remains to this day and will do so indefinitely after being placed on the Home Offices list of individuals never eligible for parole. Born in 1968 Allitt’s life trajectory is anything but typical which makes for particular interest in exploring societal and psychological perspectives for understanding how an individual can perpetrate the crimes that she did.

Whilst full details of Allitt and her crimes have been examined in greater detail elsewhere (Davies, 1993; Ramsland, 2007), the present paper draws upon the most pertinent behaviours and incidents confirmed, in order to allow for thorough psychological examination of her criminality. To do so, the authors also draw on unique access and information gained through first hand interviews conducted with a senior member of staff who held a faculty managerial role, both prior to and during Allitt’s employment on ward 4 at the Grantham and Kesteven Hospital, where her crimes took place.

## **Background Case Characteristics**

The first incidents brought to the attention of senior healthcare staff took place in a nursing home in the locality of her later crimes, and included the smearing of excrement on walls and discovery of faeces being stored in employee fridges (Personal Communication, 2013). At the time staff were unaware who was responsible for the incidents and it was only after her subsequent arrest that these behaviours were connected. After applying for a nursing position

at the hospital, where it was procedure for managers to be present during interview, Allitt was refused a position on the basis of concerns around her suitability for the role. Undeterred she then applied to the paediatrics ward and despite having trained in adult medicine was able to secure a position, convincing those in charge that having always wanted to work with children, she would develop the relevant skills whilst in the role, something which the faculty manager interviewed stated was to result in dire consequences for patients under her care (Personal Communication, 2013).

During her employment at the hospital, one of the doctors had become concerned after receiving the blood results of one of her now known victims. Despite the seemingly atypical results, the doctor had initially doubted his diagnostic interpretation, however when consulting with other medical practitioners it was decided that the police were to be called in. The gathering of evidence was to take a long time in order to reliably indicate foul play, during which time the death of another child had occurred. Based upon a growing suspicion surrounding her behaviour Allitt was subsequently suspended. Around the same time media attention had intensified and Allitt had moved to live in another city with her girlfriend. Although suspended with suspicion surrounding her possible involvement in tampering with patient's medication, she was not exempt for gaining employment outside of Grantham and Kesteven Hospital and was recruited as a nurse at another nursing home. It was here that Allitt's behaviour is thought to have spiralled even further, becoming seemingly more deviant and less directed towards only children. Confirmed accounts display she would hide knives under pillows and knock walking sticks out of elderly resident's hands, bizarrely claiming such to have been done by a poltergeist (Ramsland, 2007). Around this time she is also known to have given a child a drink that led to him collapsing, and seen to inject an elderly resident in the care home with a large amount of insulin which she was not prescribed to take (Personal Communication, 2013; Ramsland, 2007). Whilst the combination of such behaviours at this stage can be quite readily explained as mere accidents or mistakes, an emergent pattern in her behaviour is apparent. A pattern somewhat deviant and that is at odds with the caring nature usually found within those work in the health profession (Repper, 1995).

### **Kind and Caring or Cold and Calculated?**

The manipulation that Allitt was able to exert is arguably one of the most pertinent factors in this case. The families of the victims had been so convinced of her innocence that one father

hired a private detective in defence of Allitt and parents of another, made her an official godmother to the child (Davies, 1993). The staff at the hospital also fell victim to her manipulation and in the aftermath of her conviction, many lost their careers (Personal Communication, 2013; Ramsland, 2007). One of the doctors had been persuaded by Allitt to administer a fatal dose of insulin to a patient, resulting in her death, despite never needing the medication. The nurse in charge, quoted to have said, ‘poor Beverley Allitt had been there on every occasion, she has been a rock’ (Davies, 1993:13) with regards to the number of paediatric deaths on the ward that she had been witness too, later committed suicide as a result of being duped by the perpetrator. The impact of her actions and ability to manipulate those around her despite her culpability, clearly had far reaching implications. The retrospective accounts of Beverley Allitt’s behaviour appear in part, to display an existence of core psychopathic features commonly found in forensic and non-forensic sufferers including; interpersonal manipulation, egocentrism and an apparent lack of empathy (Boduszek & Debowska, 2016; Boduszek, Debowska & Willmott, 2017; Debowska et al., 2017). Whilst such psychopathic tendencies are often the source of discussion within popular crime literature (Jarvis, 2007), the current paper seeks to draw first upon psychopathological principles as the likely explanation for the complex trajectory of behaviour that led to her crimes.

### **Psychopathological Approach**

Based upon Allitt’s clinical diagnosis and the testimony presented at the public inquiry, explanations of her crimes are largely rooted in psychopathology. Munchausen syndrome by proxy (*hereafter referred to as MSBP*) is more formally denoted to be, a ‘factitious disorder imposed on another’ within the DSM-IV (p.325, American Psychiatric Association, 2013). Within clinical literature, it is argued that MSBP is associated with higher mortality, morbidity, abuse, family disruption, and harm to siblings than other factitious disorders (Davis et al., 1998) and is more typically associated with an individual’s own children (Bande & Garcia-Alba, 2008; Bools, Neale & Meadow, 1994; Boyd, Ritchie & Likhari, 2014; Rosenberg, 1987). Although, there is some evidence of MSBP also occurring within intimate partner relationships (Krebs, Bouden, Loo, & Olie, 1996) and in health care workers (Repper, 1995). It is argued that underdiagnoses results in poor management of the disorder within society and subsequent forensic dilemmas emerge as these unusual but serious pathologies transcend into criminal acts (Bande & Garcia-Alba, 2008). In comparison to other psychiatric disorders, a diagnosis of a

factitious disorder is rare (Bass & Halligan, 2014). Allitt only received a diagnosis of MSBP during an inquest into her crimes, at no point prior is there any information to suggest that such a diagnosis was made or even explored. In this case there is the added complexity of Allitt being in a nursing position as opposed to a parent. Often when making a diagnosis of MSBP the physician will ask, 'is the child receiving unnecessary and harmful or potentially harmful medical care' (p. 1027, Stirling, 2007), referring to the presence of fabricated symptoms and subsequent unrequired treatment. Examining offence characteristics of Allitt, it is apparent that all of her victims were under her care because they required treatment and had been initially admitted on the basis of genuine illness. It was therefore not the initial fabrication of illness that was a feature of Allitt's modus operandi but instead the medical 'treatment' she provided that was not making the children healthier. Rather her treatment was intentionally making the patients' health worse, seemingly as a function of her being able to receive praise from staff and the victims' relatives upon subsequent health improvements being made. Typically, sufferers of the disorder are considered to target only child victims and research is infrequent that considers manifestations onto older victims (Moreno-Arino & Bayer, 2017). Classifications of the disorder also lack acknowledgement of variations within sufferers (Duggan & Gibbon, 2008), something which makes accurate diagnosis in Allitt's case difficult to confidently ascertain.

Closer consideration of the case characteristics displays that Allitt, when suspended from her position on the paediatric ward, gained a position at a nursing home where she was accused of again attempting to murder an elderly woman. Whilst contradicting previous understanding of the MSBP disorder, this may be explained as the result of her no longer having access to children and as such, the behaviours appear likely to have manifested onto alternative available victims. Moreno-Arino & Bayer (2017) recently found that in cases of MSBP the primary motivation is the sympathy and attention received by health and social care staff, and sometimes family members of the victim's. It is clear from first hand interviews conducted with faculty management where Allitt offended and alternative confirmed accounts (Personal Communication, 2013; Ramsland, 2007), that Allitt did receive such sympathy from staff, with comments such as 'poor Beverley Allitt has been there on every occasion, she's been a rock' displaying this. Therefore, it appears likely that when no longer receiving the desired attention from traditional victims she targeted, she sought further opportunistic situations whereby she would again attain such sympathy. Importantly, recent developments in understanding of MSBP highlight that it is the psychological reward for behaviour, as opposed to external

personal gain, that can be considered as the primary motivator (Moreno-Arino & Bayer, 2017), further supporting the aforementioned notion of Allitt's actions.

Whilst Allitt never appears to have wanted any notoriety for committing the crimes, maintaining her innocence throughout her trial and after being found guilty, she appears instead to be driven by the sympathy she obtained from her involvement. Although recent research provides evidence of distinct variants between offenders motivations for their crimes, thought to be consistent between differing offence types and rooted in intrinsic narrative justifications (cf. Willmott & Ioannou, 2017), Allitt in fact makes no such justifications of her criminality. Whilst it has not been suggested that there were any other older victims of Allitt, previous literature suggests that due to older individuals having greater medical complexity and low physiological reserve, the risk of death as opposed to younger victims of MSBP, is significantly greater. Accordingly, it is often more difficult to detect foul play that may have occurred (Moreno-Arino & Bayer, 2017). One diagnostic criteria of 'factitious disorder imposed on another' however is that, the 'behaviour is not better explained by another mental disorder, such as, delusional disorder or another psychotic disorder' (p.325, American Psychiatric Association, 2013). This warrants further exploration here as Allitt also appears to exhibit a number of characteristics associated with Borderline personality disorder (BPD). Within the Diagnostic Statistics Manual of mental disorders used throughout the western world, DSM-5 BPD is characterised as 'a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning in early adulthood and present across a variety of contexts' (p. 663, American Psychiatric Association, 2013). The first signs of Allitt's attention seeking behaviour occurred in secondary school where confirmed accounts suggest she would frequently wear plasters, bandages and plaster casts, without medical necessity (Clothier, MacDonald, & Shaw, 1994; Ramsland, 2007). These behaviours were at the time dismissed as trivial and thought to have resulted from her 'clumsiness' (Davies, 1993). Yet at one point, Allitt is known to have convinced doctors that she had appendicitis which led them to perform unnecessary surgery on her (Davies, 1993). Whilst under the age of 18, even if Allitt's behaviour had alerted medical practitioners, Miller, Muehlenkamp, and Jacobson (2008) suggest historically, psychiatrists are reluctant to place such a diagnosis on an individual's exhibiting early indicators and argue that such oversights often exacerbate serious problems in the future. This appears somewhat of an accurate account of Allitt's subsequent offences. The combination of her criminality and the unusual incidents known to have occurred, appear to show a pattern of abnormal behaviour and instability, which began early

on and were present across multiple situations within her life, conforming to the characteristics of BPD (p. 663, American Psychiatric Association, 2013).

Problematically, the DSM diagnosis of a factitious disorder has little clinical validity (Kanaan & Wessely, 2010) and the lack of detailed understanding around the condition (cf. Bande & Garcia-Alba, 2008) makes any decision on its presence or absence in the case of Allitt difficult to confidently ascertain. The lack of clinical validity may cast doubt on the diagnosis and therefore may suggest the co-occurrence of symptoms with another disorder, such as personality disorder. Some research has in fact shown that Munchausen syndrome is often accompanied by a personality disorder (Feldman & Ford, 2000), which only amplifies the potential issues around diagnosis and management on the basis of the DSM-5 in this case (Bande & Garcia-Alba, 2008). Allitt clearly possesses a number of characteristics that indicate a complex psychopathology and this is something which appears to be best explained through the presence of both factitious disorder and BPD, rather than the existence of one such disorder in isolation. In light of the rarity of female gendered violence which targets victims in this way (cf. Parker & Hefner, 2015), psychopathological accounts of criminality gather further credence.

### **Competing Explanations**

Although the psychopathological approach to explaining Allitt's case has strengths, such perspectives are often criticised, not least for the notion that they introduce an element of excusing the perpetrators agency in criminal conduct (Debowska & Boduszek, 2016; Debowska, Boduszek & Willmott, 2017; Raine, 2013). The implications of Allitt's diagnosis mean that she is held in a secure hospital rather than a general population prison. Social learning theory first proposed by Bandura (1977), suggests that an individual's behaviour is often acquired and learned through a process of observation, imitation and modelling. The assumptions of social learning theory offer an alternative useful explanation for Allitt's behaviour. As previously stated, growing up Allitt would frequently be seen wearing plasters, bandages and even casts (Clothier, MacDonald, & Shaw, 1994). It is typical during their early years that children, at some point, sustain some form of injury or become ill. As such, through a process of observational learning, Allitt is highly likely to have experienced such incidents and acquired knowledge surrounding typical behaviours and symptoms of illness, subsequently mimicking this behaviour by way of falsifying injuries or illnesses. Whilst case characteristics

examined do not appear to display the presence of a criminal social identity (Boduszek, Dhingra, Debowska, 2016; Sherretts & Willmott, 2016), social learning appears to have some influence upon accounting for Allitt's behaviour.

Exploring the relationship between behaviour and consequence further, the principles of operant conditioning (Skinner, 1957) may be applied. Here, reinforcement as a key role in criminal and deviant behaviour has received a lot of attention (Akers & Jensen, 2006). Allitt may have observed and understood the consequences of injury and illness as positive, due to the attention attained which it is agreed was her likely motivation, instead of negative, due to the pain of injury. One likely reason for this may be that many of her injuries were fabricated resulting in minimal pain and discomfort which usually precedes negative reinforcement of behaviours and thus the reinforcement obtained can be considered largely positive causing her to repeat the behaviours. However, whilst there were other occasions where pain would have been present, such as upon convincing doctors to remove her appendix unnecessarily, the greater degree of attention she obtained was likely to outweigh the pain inflicted. Mobini (2015) suggests that factious disorders and health seeking behaviours may have origins in the learning experience during childhood. It is possible that such origins continued to develop throughout Allitt's childhood and into adolescence and adulthood. By this time it is also likely that such behaviours had become reinforced and learnt such that Allitt would instead be focused on the internal 'positive' consequence of attention gained, not the 'negative' consequences of her behaviour. Akers & Jensen (2006) argue that it is the social interaction in which the words and responses of people provide the setting for reinforcement. Here that is the sympathy and attention displayed by individuals around Allitt that provided a situation whereby deviant behaviour was continually reinforced.

Explaining the transition from self-harm to the desire to harm others however, is not so easily explainable using social learning and operant conditioning principles. Due to the length of time working in the healthcare profession, it is likely that Allitt had at some point, witnessed the attention that staff or family members received when someone in their care was seriously ill and had died. Resultantly, it is plausible that she had replicated this behaviour to receive the same attention. At first Allitt's actions did not cause death, but instead made children sick and subsequently she would make them better. As such, this process brought her the attention and praise desired. Through positive reinforcement, this behaviour appears to have continued and at some point, whether initially intentional or unintentional, her actions ultimately caused death. However, instead of this acting as negative reinforcement, the attention she received

from those giving sympathy appears to have led to further positive reinforcement – and the continuation of such deviant criminal behaviours. Despite being somewhat speculative in nature, a combination of social-environmental influence and psychopathology, therefore offers a more complete explanation of Allitt's crimes, than MSBP appears to in isolation.

### **Conclusions**

The current exploration attempts to provide greater insight into the psychological underpinnings of female child serial killer Beverly Allitt's, criminality. Whilst female perpetrators of such crimes are extremely uncommon and the gendered nature of serial killing is evident within past research (Walters et al; 2015), the rarity of the offence undoubtedly warrants further examination. The psychopathological components of Allitt's actions display the presence of serious and complex pathologies, seemingly rooted in a clinical disorder. However, the infrequency of MSBP as an official diagnosis and lack of scientific understanding around such, results in the accuracy of this as a complete explanation for her crimes remaining unresolved. Nonetheless, thorough examination of confirmed offence characteristics that surround Allitt's criminality and behaviour more generally, appears to suggest that a combination of clinical disorders alongside social-environmental influences may offer a more complete account of her actions. Whilst the presence of MSBP is not contested, it is argued that such a diagnosis should not restrict attempts to fully understand her criminal trajectory, particularly in light of evidence which appears to support the presence of BPD. Likewise, social and environmental influences also appear to have relevance in accounting for how Allitt's behaviour developed and continued throughout her life. Summing up this notion well, the faculty manager interviewed as part of this exploration suggested, that although Allitt began offending simply to be noticed, the need for "theatrics" developed to such a point that "killing became necessary so that she could ensure she had the attention she craved" (Personal communication, 2013). Therefore whilst the case of Beverley Allitt is undoubtedly complex, it is likely that a multitude of factors played a role in her criminal trajectory, leading to the eventual killings that took place. The present psychological analysis has suggested that there is value in considering competing explanations for Allitt's behaviour beyond the primary explanation that her behaviour was caused by the presence of MSBP as concluded by the inquest into her crimes. Only by considering such non-psychiatric contributing factors, are

professionals able to manage and prevent such atypical violent offending within similar perpetrators of the future.

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