

Introduction

Fabricated or Induced Illness was formerly known as Munchausen Syndrome by Proxy. The change of name signifies a shift in emphasis from a more binary definition, which depends on whether the perpetrator 'has' the condition or not, to one that focuses on the impact on the child of the behaviour by the perpetrator.

It has been a notoriously contentious form of child maltreatment which is not always well understood or adequately researched. Working with such cases can take a very long time from recognition to intervention because of the particular dynamics associated with FII that practitioners are not always familiar with. The underlying dynamic is the (usually, but not exclusively) mother's need to have her child recognised and treated as ill or more ill than the child actually is. The mother's behaviour is directed at professionals in order to convince them. The impact on the professionals who work closely with these cases can be especially distressing.

Definition

The child is harmed by being presented for medical attention with an injury or symptoms / signs of illness which have been falsely reported or deliberately caused by an adult carer who does not disclose the true nature of the child's illness or condition

This can include misrepresenting the child's behaviour in order to gain a diagnosis (e.g. autism, ADHD) leading to medication and/or special educational provision

Presentation of FII

- Fabricated Illness- false account of symptoms reported which results in unwarranted medical intervention
- Falsified Specimens- used to support fabrication but do not injure child e.g. adding glucose to urine to simulate diabetes
- Induced Illness- direct harm to child e.g. salt poisoning, suffocation

Harm Caused to Children Through FII

- Frequent attendance at different health settings
- Frequent and invasive medical procedures
- Unnecessary treatment
- Missed education and social isolation
- Limitation in daily life/ adoption of the sick role/ lifestyle as a disabled person
- Characterisation as being disabled through receipt of disability benefit or special education provision
- Anxiety, confusion or mistaken beliefs about state of health and abilities which could last a lifetime despite intervention
- Induction of illness by the caregiver through overmedication, poisoning, deprivation of food and medication (relatively rare)

Characteristics of FII Perpetrator

Research indicates that 85% of perpetrators are women, usually the mother or female carer. They may purport to have a medical background or involvement with hospitals. The perpetrator almost always has many unmet emotional needs themselves often stemming from a childhood history of maltreatment or being a victim of FII in their own right. They may also present with self-harming, substance misuse or factitious accounts of their own health.

These women are often very plausible, articulate and well-informed with a tendency to seek publicity about their child's condition through social media, joining pressure groups and fund raising. They may threaten to invoke complaints procedures or change their child's school, medical treatment team or geographical location if they feel they are under suspicion.

Working with these mothers is very challenging for professionals who sometimes doubt their own reality in the face of such persuasiveness. Some clinicians describe perpetrators as pathological liars and impossible to work with. If they are given a psychiatric diagnosis, it is likely to be some form of personality disorder.

Some of the mothers act on their fixed erroneous beliefs about the child's ill health.

Warning Signs of Possible FII

- 'Perplexing Presentations' that are unusual, inconsistent and mainly dependent on information from the mother alone
- unexplained, prolonged illness
- parents who are unable to be reassured that child is improving or found to be symptom-free
- illness not responding to treatment
- multiple consultations, often to different hospitals
- unusual or unexplained death in previous children

Procedural Points in Investigations

Effective and regular communication between the agencies is essential. This can be complicated by high staff turnover with few professionals 'holding the history' of the child's presentations and the mother's behaviour. Variations in willingness by different agencies to share information can be a barrier.

Perpetrators of FII can attempt to sabotage investigations by deliberately giving inconsistent information to professionals and 'playing favourites' within the multi-agency team. Establishing a central point of contact, usually the paediatrician, can help.

Careful attention should be given to all medical records in the family. Composite chronologies from different agencies should be gathered.

Avoid premature approach to the parent/caregiver about suspicions to avoid the behaviour toward the child becoming more invasive in order to prove that they are right.

Barriers to Recognition

- Perpetrator is plausible
- Child has a 'bona fide' illness or disability
- Genuine medical condition might be overlooked
- Fear of litigation/ complaints/ adverse publicity
- Collusion with members of the professional network
- Lack of time, resources, expertise and energy

Response to warning signs

- Consult a colleague, preferably safeguarding professional / named doctor or nurse
- Involve Health to ensure the assessment of the child's current state of health and ascertaining who is currently involved in the child's care

Desirable Indicators in Deciding About Family Reunification

- Child has had a period of time in other care settings/environments with supervised contact and during which they are symptom free
- Perpetrator acknowledges true state of child's health
- Perpetrator acknowledges fabrication
- Immediate family believes that child has been harmed by the actions of the perpetrator
- Cessation of deliberate self-harm/ substance misuse/somatisation
- Stable relationship with social supports
- Can work in collaboration with professionals who provide long-term follow-up in the aftermath of reunification
- Adequate assessment resources

Warning signs of Fabricated or Induced Illness
Reported symptoms and signs found on examination are not explained by any medical condition from which the child may be suffering
Physical examination and results of medical investigations do not explain reported signs and symptoms
There is an inexplicably poor response to prescribed medication or other treatment
New symptoms are reported on resolution of previous ones
Reported symptoms and found signs are not seen to be present in the absence of the carer
The child's normal, daily life activities are being curtailed beyond that which might be expected for any medical disorder from which the child is known to suffer
Over time the child is repeatedly presented with a range of symptoms
History of unexplained illnesses or deaths or multiple surgery in parents or siblings of the family
Once the perpetrator's access to the child is restricted, signs and symptoms fade and eventually disappear
Exaggerated catastrophes or fabricated bereavements and other extended family problems are reported
Incongruity between the seriousness of the story and the actions of the parent
Erroneous or misleading information provided by parent

NB Even if a suspected case of FII encompasses all the categories in the template that is not diagnostic of child abuse. The categories are indicators and there might be justifiable reason for the event occurring that does not involve maltreatment.

Further information

[Royal College on Paediatrics and Child Health Guidance \(February 2021\)](#)

[Perplexing Presentations \(PP\)/Fabricated or Induced](#)

Royal College of Psychiatrists FII Guidelines (March 2020)

[Assessment and management of adults and children in cases of Fabricated or Induced Illness](#)

Royal College of Psychiatrists

Incredibly Caring: Fabricated or Induced Illness in a Child by a Carer- a reader

By Chris Bools (2007) available on Amazon

Podcast about the recent death of Megan Bhari after years of Fabricated or Induced Illness perpetrated by her mother:

[BBC Sounds - Believe in Magic](#)

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