

Munchausen by Proxy: Abuse by Pediatric Condition Falsification, Caregiver-Fabricated Illness in a Child, or Medical Child Abuse Due to Factitious Disorder Imposed on Another

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It is a pleasure to serve as Guest Editors for this focus issue of the *APSAC Advisor*. The Practice Guidelines and companion articles reflect years of data collection, experience, ongoing discussions, and consensus building among the members of the APSAC Munchausen by Proxy (MBP) Taskforce and others.

Beginning in the early 1990s, a small multidisciplinary group of professionals who were publishing and presenting on MBP began meeting during professional conferences—including the San Diego International Conference on Child and Family Maltreatment, the Academy of Pediatrics' Committee on Child Abuse, the APSAC Colloquium, the ISPCAN International Conference on Child Abuse and Neglect, and the Academy of Child and Adolescent Psychiatry—to share knowledge, experience, and challenges with this form of child abuse and neglect. In 1996, APSAC invited a group to develop working definitions to clarify the two components of MBP (the abuse and neglect and the associated psychopathology) and the Taskforce was formed. This work resulted in a position paper about MBP (Ayoub et al., 2002) within a special issue of *Child Maltreatment*, guest edited by Drs. Catherine Ayoub, Herbert Schreier, and Randell Alexander. At that time, the term *pediatric condition falsification* was developed to capture the abuse and neglect experienced by child victims of individuals with a factitious disorder.

Since then, the field of MBP, the terms used to describe it, and activities of our Taskforce and of other professional groups have evolved. To increase awareness and a sense of responsibility among pediatricians, the term *medical child abuse* (MCA) was introduced to describe when a child receives unnecessary and harmful, or potentially harmful, medical care at the instigation of a caregiver (Roesler & Jenny, 2009). In 2013, the American Academy of Pediatrics referred to this form of abuse and neglect as *caregiver-fabricated illness in a child* (CFIC) (Flaherty, MacMillan, & Committee on Child Abuse and Neglect, 2013). Also in 2013, *the Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition* (DSM-5) (American Psychiatric Association, 2013) was published with an updated name for the associated psychiatric disorder factitious disorder imposed on another (FDIA) and updated diagnostic criteria that were informed by our Taskforce, represented by a Taskforce member who also served as an Invited DSM Advisor, Brenda Bursch, PhD. Finally, most recently, the original 1996 Taskforce updated the term *pediatric condition falsification* to *abuse by pediatric condition falsification* (APCF) to define the abuse and neglect associated with MBP (APSAC Taskforce, 2018).

In 2013, the *Boston Globe* ran an editorial about this disorder: “Medical Child Abuse’ Lacks Adequate Standards, Guidelines.” It pointed out that

very few guidelines exist for the handling of

such cases.... Given an apparent rise in the number of children being removed from their parents' custody due to suspicions of medical child abuse, this is the rare situation in which assembling a blue-ribbon panel of medical and child-protection experts as well as attorneys could help dramatically in providing standards for ensuring a child's best interest. A good start would be establishing a clear, systematic approach for identifying medical child abuse.

We believe that assembling the Taskforce and developing these Guidelines will greatly assist those attempting to identify, properly assess, and effectively manage these extremely challenging cases, while also being and responsive to the media coverage regarding the need for interdisciplinary approaches to this type of abuse.

In 2015, the Taskforce reconvened at the San Diego International Conference on Child and Family Maltreatment to discuss the latest developments in the field. Additional members joined, and we committed to further the research, publish our data, and update best practices in the field. In 2016, Dr. Kathleen Faller, Publications Chair, and Tricia Gardner, President of APSAC, invited the Taskforce to develop the Practice Guidelines for this issue of the *APSAC Advisor*. We reached out beyond our core Taskforce to professionals who were publishing, presenting, conducting trainings, and working to educate the public about this type of abuse and to ensure disciplinary and geographic diversity. Our goal was to integrate the sometimes confusing differences that had emerged over time into one coherent document, and ultimately to improve the timeliness and quality of care received by child victims and their families.

Members of the Taskforce receive requests for experts who can evaluate and assist in cases of suspected MBP on a weekly basis, revealing the dire lack of qualified experts at a national level. Requests for assistance have increased over the last two decades as awareness has grown due to media coverage. Taskforce members also see surges of requests when high-profile cases are in the news or portrayed in other media outlets. It has become clear from the requests received as well as from many of these publicized stories that there is

a persistence of systems failures in cases of suspected MBP and of confusion among professionals about the nature of this extremely toxic and dangerous form of child abuse and neglect.

As an example, the well-researched reports on the Gypsy Blanchard case by Michelle Dean (2016) and the HBO True Crime documentary *Mommy Dead and Dearest* (Carr, 2017) described a horrific MBP case that resulted in the 23-year-old victim arranging for the murder of her abusive mother. These reports provided education for a lay audience about the fact that Gypsy tried several times during her childhood and adolescence to get away from the abuse, but Dee Dee, her very convincing mother, managed to persuade doctors to conduct many unnecessary surgeries and prescribe a plethora of medications that could cause the symptoms she presented. Dee Dee also lied to the police about Gypsy's age, convincing them to return Gypsy to her care when she ran away. The murder trial of Gypsy and her boyfriend brought national attention to how entire communities who interacted with this family failed to recognize numerous fabricated illnesses and even engaged in fund-raising for fraudulent conditions. The case also illustrated how the healthcare, law-enforcement, and child welfare systems failed to protect Gypsy or prevent her mother's murder.

The APSAC Practice Guidelines for MBP reflect the Taskforce's efforts to reach consensus regarding approaches to MBP that have transpired in the last two decades. They also meet the need for comprehensive education for all disciplines involved in recognition and protection. They are the first nationally endorsed and published multidisciplinary guidelines for the identification, assessment, and management of suspected cases of MBP. They provide detailed education and guidance on terminology, warning signs and identification, assessment of abuse and psychopathology, reporting requirements, case management, treatment, and reunification. The APSAC Board engaged in a lively discussion with the Taskforce that resulted in final approval of the Guidelines in October 2017. Kathleen Faller (Publications Chair), Tricia Gardner (President), and David Corwin (President Elect) of APSAC responded to the Board:

This document reflects not only learned discourse representing the best minds in the world about MSBP, but also demonstrates efforts that have been truly attentive to the input from APSAC and timely in your responses to input. This is now the definitive statement on this complex and difficult form of child maltreatment. Thanks for your commitment to getting the Guidelines into such a fine, comprehensive, carefully vetted, and considered set. Your work will benefit thousands of professionals grappling with these kinds of cases! (personal communication, October 23, 2017)

The companion articles in this issue provide even more detailed information in specific areas beyond what could be covered in the Guidelines. For those interested in learning more about the various ways that pediatric conditions may be simulated or induced, Kelly and Wang categorize and summarize a vast array of presentations in the literature to aid diagnosis. Schreier and Bursch provide descriptions of how MBP can present in school and mental health settings. Weber describes his extensive experience with sixteen investigations of MBP Medical Child Abuse with recommendations for evidence collection, interviewing, and successful child protection. Bursch offers specific guidance for child protective services case management. Ersenio-Jenssen, Alexander, Feldman, and Yorker discuss how electronic and Internet advances have impacted the presentations, evaluations, backlash, and interventions in cases of MBP. Finally, Sanders, Ayoub and Bursch provide guidance for assessing safety parameters and supporting relatives or family friends who are potential placement options for MBP victims.

Future activities planned by the Taskforce include presenting the Guidelines at the 2018 APSAC Colloquium and submitting research and scholarly articles. The Taskforce is also working with the International Society on the Prevention of Child Abuse and Neglect (ISPCAN) to expand these guidelines for an international audience. Members of the Taskforce are also planning local and regional trainings that will include the new guidelines. The California State

Chapter of APSAC will offer specific outreach on MBP in 2018. The APSAC virtual “Circle” for Munchausen by Proxy hosted by Michael Weber (see apsac.org) was initially formed to answer questions involving investigative strategies for Law Enforcement and CPS, but it has the potential to provide resources and responses to any questions on this form of abuse and neglect. Finally, there is a need for psychotherapists who understand this form of abuse and neglect to work with victims, abusers, and other family members when circumstances dictate. Developing a reservoir of such talent will be an ongoing challenge that the Taskforce is willing to assume. Most important is developing the means to prevent the underlying reasons for this form of abuse. Such prevention will require better understanding of the effects of adverse childhood experiences at the individual level, and why some turn to medical, educational, or mental health professionals to satisfy their own psychological needs at the expense of their children.

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American Psychiatric Association (APA). (2013). *Diagnostic and statistical manual of mental disorders: Fifth edition. (DSM-5)*. Washington, DC: Author.

APSAC Taskforce. (2018). Munchausen by proxy: Clinical and case management guidance. *APSAC Advisor*, 30(1), 8-31.

Ayoub, C. C., Alexander, R., Beck, D., Bursch, B., Feldman, K. W., Libow, J., Sanders, M., Schreier, H., & Yorker, B. (2002). Position paper: Definitional issues in Munchausen by proxy. *Child Maltreatment*, 7(2), 105–111.

Carr, E. L. (Producer/Director). (2017). *Mommy dead and dearest*. New York: HBO. Available at <https://www.hbo.com/documentaries/mommy-dead-and-dearest>

Dean, M. (2016, August 18). *Dee Dee wanted her daughter to be sick, Gypsy wanted her mom to be murdered*. Retrieved from <https://www.buzzfeed.com>

Flaherty, E. G., MacMillan, H. L., & Committee on Child Abuse and Neglect. (2013). Caregiver-fabricated illness in a child: A manifestation of child maltreatment. *Pediatrics*, 132(3), 590–597.

Medical child abuse needs clearer standards, guidelines [Editorial]. (2013). *Boston Globe*. Retrieved from <https://www.bostonglobe.com/opinion/editorials/2013/12/23/medical-child-abuse-needs-clearer-standards-and-guidelines/m0gf4a07zm4OtQXbXPZCjP/story.html>

Roesler, T. A., & Jenny C. (2009). *Medical child abuse: Beyond Munchausen syndrome by proxy*. Elk Grove Village, IL: American Academy of Pediatrics.

