Investigation of Factitious Disorder Imposed on Another or Medical Child Abuse

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Since 2009, 19 cases of medical child abuse (MCA), or factitious disorder imposed on another (FDIA, as it is referred to in the DSM-V), have been investigated in Tarrant County, Texas, which includes Fort Worth. Of these, seven were filed as criminal cases with five of the defendants pleading guilty to Felony Injury to a Child, one defendant pleading guilty to misdemeanor theft by Medicare fraud, and one case pending trial. Three cases are currently under investigation by the Fort Worth Police Department. This is compared with one case in Harris (Houston) County in the last three years and no cases in Bexar (San Antonio) County (Boyd, 2015 b). The author has investigated 16 of the 19 cases, including all six cases in which a conviction was obtained, and has consulted with Fort Worth Police Department on the three pending cases. All seven of the victims in convicted cases had a feeding tube needlessly inserted into their stomachs. Of the seven offenders, three had false claims about their own cancer and three had lied about their educational or employment status to employers or friends, or both.

Many lessons and have been learned from these complicated criminal investigations and have been shared in the Texas District and County Attorneys Association journal, the Texas Prosecutor, which details some basic concepts for conducting a criminal and child protective services investigation into this subset of physical child abuse (Weber, 2014). The higher than usual number of prosecutions in Tarrant County is attributed to greater sensitivity and recognition of this pattern of abuse as the different entities of the Alliance for Children (child advocacy center) multi-disciplinary child abuse team (Cook Children's Hospital, Texas Department of Family of and Protective Services, the Fort Worth Police Department, and a specialized investigator with the Tarrant County District Attorney's Office) worked together to learn about, and follow up on, warning signs of MCA.

It is important for prosecutors, judges, and law enforcement to understand the life-threatening potential of fabricated or exaggerated illness. Medical child abuse is significantly more than an overprotective mother worried about her child. This behavior is a conscious, planned pattern of deception that has a variety of motives (described in the guidelines by the APSAC Taskforce, 2018) that result in excessive diagnostic procedures and medical interventions on a child. Such abuse occurs because physicians are trained to rely on the medical history supplied by the primary caregiver to form a diagnosis. If a caregiver intentionally fabricates or exaggerates a medical history, even the best practitioners can come to a false diagnosis. Because the history provided by a caregiver is such an essential component of guiding diagnostic tests, medications, treatments, and surgeries, this type of abuse is easy to commit.

The conviction of Hope Ybarra is a recent high-profile case that illustrates the level of deception and challenge to investigators that medical child abuse presents (Boyd, 2015 d). Ms. Ybarra was a college-educated chemist who held a position as director of laboratories at a food-testing company. For years, Hope presented her youngest female child as having cystic fibrosis, anemia, gastric problems (prompting the placement of a gastric feeding tube), constipation, and a host of other ailments. The victim had tested

positive on multiple occasions for both pseudomonas aeruginosa, a bacterial cause of pneumonia, and staphylococcus aureus, commonly referred to as a staph (bacterial) infection. The Ybarra investigation, along with the cases of Lacey Spears (Roberts, 2016), Elisabeth Hunnicutt (Boyd, 2015 a), Brittany Phillips (Boyd, 2015 b), Cecilia Ransbottom (Boyd, 2015 c), and Gypsy Blanchard (McLaughlin, 2015) are used in this article to illustrate several elements of investigation and prosecution of MCA

Evidence Collection

Fabricated illness/medical child abuse cases present atypical crime scenes that require an understanding of the depth of deception the perpetrators are capable of. Searches in hospitals, clinics, doctor's offices, as well as the home should be conducted with knowledge of potential deception. The types of evidence that investigators might find during these searches include unused or accumulated prescription medications, used syringes with residue that can be tested, and other substances that show up on toxicology screenings. When prescribed medications are found, the suspect may not have administered it to the child, knowing that she or he does not have the condition warranting the medicine, or, as in the case of Gypsy Blanchard (McLaughlin, 2015), her mother hoarded medications to overdose her daughter and induce symptoms to maintain the appearance of her disabilities. The same goes for prescribed medical devices such as a wheelchair, crutches, and breathing and suctioning equipment that may be used unnecessarily or unused. In the Lacy Spears case, after her son died of sodium poisoning, the police investigators obtained a search warrant for Spears' home. They found feeding bags hanging from an IV-type pole with whitish liquid along with a can of salt behind four or five medicines in a kitchenette table (Roberts, 2016).

Interviews

As part of any medical child abuse investigation, the law enforcement officer should get an extensive social history from the defendant and interview possible witnesses who have contact with the defendant and victim. They may have information that medical professionals simply cannot provide. For instance, in the Ybarra case, we contacted her former employer to ask why she had left that job. There were rumors that she presented herself falsely as a PhD, and the employer confirmed that Hope Ybarra had claimed for years that she had a PhD. However, the investigation revealed she had never received a master's degree, much less a doctorate. We also discovered that Ybarra came under investigation by this former employer for ordering pathogens not used by her employer, shortly after which the director of human resources became suddenly ill at work one day and suspected Ybarra of poisoning her water bottle (though it could not be proven through their internal investigation).

The bottle was tested and found to contain pseudomonas aeruginosa, a pathogen to which Ybarra had access as director of the laboratory. The same pathogen was found inside her daughter on multiple occasions and is the cause of pneumonia that is common in cystic fibrosis patients (but not common in those who do not have the disease). Four of the nine pathogens to which Ybarra had access had appeared inside her daughter at some point during her brief 5 years of life, including staphylococcus aureus. This information was vital to the investigation and was not known by the medical professionals.

Hope Ybarra's mother also turned over petri dishes labeled as pathogens (pseudomonas aeruginosa and staphylococcus aureus) in a plastic storage box Hope had left at her mother's house. The dishes were later identified by personnel at Hope's employer, the food-testing company, as stolen from their laboratory. A search warrant was executed at the suspect's residence in which a bottle of liquid laxative was seized; that laxative contained one of the four pathogens found inside the victim during medical testing (details follow in Boyd, 2015 d).

In the Spears case, police interviews of acquaintances and neighbors proved very helpful. One neighbor said Lacey "had asked me to go to her apartment and take the feeding bag off the stand and dispose of it." She said she obliged because she was very emotional that Lacey could be losing her child. After she was told the police had been to search Lacey's home, she had second thoughts about disposing of the bag, so she brought it home. The recovered bags were sent out for testing and showed toxic levels of sodium (Roberts, 2016).

Another important reason to interview the suspected parent early in the process is that he or she typically focuses most conversations toward the victims' medical problems. The Guidelines discuss possible reactions of the suspected perpetrator when interviewed. Often the medical history provided by a suspect during a police interview is inconsistent with medical records, incomplete, or in many cases, just blatantly false. When confronted, perpetrators may say that the doctors and nurses misunderstood what they reported. For example, a perpetrator may say "No, I told them I thought she may have cystic fibrosis, not that she does have the disease. They just wrote it down wrong." Investigators and attorneys can discredit that statement by talking to the suspect's friends and acquaintances and getting statements regarding exactly what was said about the child's condition. When these statements are compared with medical records, any inconsistencies between what is told to people outside the medical community and what is reported as part of the history to doctors and people inside the medical community provide useful evidence of deception.

Interviews and statements from friends and acquaintances regarding how the child victim acted in their presence also provide useful evidence. Ask whether the child appeared ill and ask for specific symptoms or appearance. We frequently found reliable witnesses outside the medical community who stated that the victim appeared to be healthier than the suspect had portrayed. Many will tell you that they were confused by the suspect's reports when they saw the victim in person. In the Gypsy Blanchard case, family members said they knew that Gypsy did not need her wheelchair, but they saw Gypsy get in it when her mother was around. This is important because the suspect typically portrays herself as a victim of a skeptical medical community or that she was just doing what the doctors told her to do in relation to the victim's care. Having witnesses outside the medical community who confirm the suspicions of those inside the medical community is vital to these cases.

Social Media

Social media is one of the most important aspects of medical child abuse investigations. Although the motives for this type of crime may be case-specific, in the cases we investigated the offender was seeking attention of some sort. Early in the investigation, before contacting the suspect and before he or she has a chance to remove blogs or texts, send a preservation request to every media outlet—Facebook, MySpace, Twitter, CarePages, Instagram, GoFundMe, and any other social media site—on which the suspect might have posted information about the victim's health. Follow up with search warrants for the suspect's account to obtain what the suspect has written about the health of the child. Then, search for postings, blogs, or news articles on the child. When conducting initial interviews of collateral witnesses, ask if they are social media friends with the suspect and whether the suspect posts about the child's health condition on her account. Witnesses will typically say that the suspect was posting constantly about the health of the victim; use that as an entrée to further questions and as probable cause for a search warrant for the Facebook account. Any writing by the offender about the health of the alleged victim is evidentiary in this type of criminal case. Ask if the suspect kept a blog on any other site and if the suspect was active on any medical condition support group sites. These sites should be preserved before the first interview of the offender by either child services or police to ensure the offender does not destroy this evidence.

This approach proved useful in the investigation of Elisabeth Hunnicutt (Boyd, 2015 b), a mother of two who had presented her children as ill for years. The youngest child received the majority of the medical abuse. Hunnicutt regularly posted online that the youngest had four diagnosed serious conditions, including hydrocephalus, agenesis of the corpus callosum, cerebral atrophy, and cerebral palsy. Hunnicutt posted the victim had hydrocephalus on a social media site three weeks after the victim had an invasive medical procedure (brain monitor placement), after which she was explicitly told that the victim did not have hydrocephalus. Two of the other ailments she claimed in this social media post were also false, and she had been told by many doctors and specialists that the victim did not have these disorders on multiple occasions.

Hunnicutt would message friends about the health of her child, again presenting the same four false medical diagnoses (that had never been diagnosed by medical

professionals) to those specific friends. Hunnicutt's messages were interesting because she presented the victim differently to those who were only friends through Facebook and had no contact with the victim. To these people, Hunnicutt would present the child with life-threatening or terminal conditions, telling one online friend that the victim "could die at any time." Meanwhile, to friends who saw the victim in person on a regular basis, Hunnicutt presented a much less dire picture of the victim's diagnoses. This demonstrates intentional deception undertaken on the part of offenders when they present differently to friends, family, and treating physicians.

Elisabeth was discovered placing the older child's clonidine pill in the victim's yogurt by the paternal grandmother, who told the father of the victim that evening. The father confronted Elisabeth, who admitted dosing the victim with the clonidine, a powerful sedative. It then dawned on the father what had been occurring, that Elisabeth had been dosing the victim with clonidine and then taking the victim to the neurologist appointment to present the victim as having symptoms of hydrocephalus.

The father immediately took the victim and the sibling into a back bedroom, locked the door, and called the police in an attempt to report the abuse. When the police showed up, the father tried to explain what had occurred, but had no idea what medical child abuse was, much less how to articulate the abuse that had occurred. The police allowed Elisabeth, an attractive woman with no criminal history, to check herself into the county psychological ward. The responding officers did not file an offense report.

The father fought for a full year to get a criminal case filed against Elisabeth. The case was filed with the Tarrant County DA's Office as an accidental overdose, even though there was an affidavit from the neurologist diagnosing Munchausen by Proxy. The father spent approximately $65,000 in an attempt to terminate Elisabeth's rights, which happened only after she pled guilty to abusing the victim in criminal courts in California (where she had an unneeded feeding tube surgically placed in the victim's stomach) and in Tarrant County.
Typically, offenders will take their children to a doctor, have a test for a certain disease, be told the test is negative, and then days later take the child to another doctor and give a history of the child having that very ailment. An example of this occurred in the case of Brittany Phillips (Boyd, 2015 b), who presented the victim as ill for years. Phillips had the victim tested for cystic fibrosis in Texas and the tests were negative. This didn't stop Phillips from transporting her daughter to another state and giving a medical history of her daughter having cystic fibrosis to doctors in that state. Brittany also lied about a sleep study, telling early childhood intervention professionals that the victim was positive for sleep apnea when the victim had not shown any signs of apnea during the sleep study earlier that week. Brittany had also falsely presented the victim as ill in order to obtain a feeding tube for the victim. Medical child abuse was reported to CPS four times in Texas without any action being taken.

A full year and several unneeded medical procedures after the CPS case was closed, an emergency room doctor at Cook Children's Hospital was finally able to obtain action when the victim had a highly suspicious polymicrobial blood infection occur during hospitalization. As a result of a diligent police investigation, an examination of Brittany's laptop that she had in the hospital revealed that she had googled an article about another offender who had poisoned her daughter by placing feces in her child's IV line. Brittany's computer evidence also revealed that she had googled terms such as "poop in feeding tube," "pee in veins," and "pee in blood" while in the hospital room with the victim.

Approximately 28 hours after googling these terms, the victim became ill with a polymicrobial blood infection, multiple organisms in the blood. The organisms were E coli, staphylococcus aureus, and strep viridans, three organisms that should not have been in the victim's blood. The infectious disease specialist physician wrote an affidavit stating that was the first time he had seen these three organisms in a blood culture in his 14 years of infectious disease practice.

Obtaining the computer history was the key piece in filing charges against Phillips for inducing a blood infection in her daughter. Obtaining the computing devices is essential to the law enforcement investigation in these cases (see guidelines). Phillips

posted that her child had been to Cook Children's Hospital for blood sugar issues. There were no medical records for the victim at Cook Children's for the date claimed by Phillips, evidence that Phillips had falsified the visit. Phillips also posted pictures of the victim's surgical sites immediately after surgery and had albums of photographs for each hospital visit.

After a hung jury (11-1 for guilty) in her trial, Phillips pleaded guilty and accepted a 5-year prison term. Phillips also forfeited parental rights before the criminal trial took place. The protective foster parent spent over $20,000 in attorney and civil court fees before Phillips forfeited her rights, even though Phillips did not have the financial means for a long-drawn-out civil court battle.

Atypical Presentation

These offenders rarely have criminal histories and appear to be loving, caring mothers to friends and even close family members. This atypical presentation compounded with the finding that offenders are extremely manipulative and often skilled at deception makes it understandable that a family or juvenile court judge, guardian ad litem (GAL), or even a prosecutor without knowledge of this form of abuse could be deceived by an offender. This has happened and will continued to happen without further education and training on this topic. For example, parents persuaded a judge who had removed a child for MCA to return their child. According to prosecutors, within two years, "either one or both of her parents poured a caustic substance into her cecostomy tube, a medical tube used to flush her intestines. She became critically ill and lost two-thirds of her bowel and part of her bladder."(Everett, 2016).

Another example is Pamela Sue Austin (Austin v. State, 2007). The family court judge returned the older victim to Austin despite the objections of a court appointed psychologist and the child protective service attorney. Austin was suspected of injecting something into the older child's IV line during a hospital stay. That older child died a short time after the return to Austin. Austin was later found to have injected her younger child with insulin in order to induce a hypoglycemic episode. The older child's body was exhumed, and an injection site was found on the body. The coroner changed the ruling on the older child's death from natural causes to homicide.

It is extremely important for the juvenile or family court to listen to all the witnesses and not believe the convincing presentation of the possible offender due to appearance, social status, character witnesses, or offender's legal counsel. Only the evidence should be given weight.

Proper hearings will be time consuming (multiple days) and should never be shortened for expedience. In an unfortunate example, a judge told a medical expert witness, "I know all about Munchausen by proxy" and was then observed by that witness googling the term while the witness testified. These are alarming examples of the issues in cases of convincing fabricators, and the outcome of poorly conducted hearings is a failure to protect the victim.

Separation Evidence

Criminal investigations into this form of abuse are time consuming and take months to complete. One of the most important aspects of the criminal investigation is having a separation period between the offender and the victim. This allows observation of the victim to occur outside the control of the possible offender. If this is a case of medical child abuse, falsified conditions in the victim will improve very rapidly outside the care of the offender, although other psychological conditions (such as eating disorders) in the victim may be present as a consequence of the abuse. In the Hunnicutt and Phillips cases, the victims were weaned off all medication, eating solely by mouth with no gastrointestinal issues, and gained weight within two weeks after separation from the offender. Problems arise when the victim is placed with a family member who believes the offender is innocent or if the offender is allowed anything other than professionally supervised, extremely short-term visitation at CPS offices with the victim.

Issues With Visitation

If CPS removes the victim from the offender, a hearing may occur very quickly with the offender demanding the return of the child. At this point, the police investigation, if there is one, will have just

begun. Police and CPS will be at the very beginning of a long process that will take months to properly complete. The victim will be in the initial stages of separation from the offender and just beginning his or her recovery. Allowing any form of visitation during this time period is not recommended. If visitation is permitted, it should be supervised only by a person knowledgeable of this type of abuse.

The Phillips case (Boyd, 2015 b) illustrates the rationale for not allowing the abusive parent to give any gifts, food, or items to the child during supervised visitation. Ms. Phillips was allowed to give the victim a backpack filled with items at a supervised visitation at the CPS offices. The foster parent (a nurse practitioner) had driven only one block away after the visit and had to stop the car because of the overpowering scent of cologne. The foster parent had to drive with the windows down the rest of the way home. Upon arrival home, the foster parent was able to pinpoint the smell as coming from the backpack. Phillips had doused the backpack in cologne in an attempt to elicit an allergic reaction from the victim. Phillips had also packed the movie Tangled in the backpack for the victim to watch. Tangled is a children's movie about a child kidnapped from her mother and contains a song that repeats the line, "Mommy knows best." The foster parent did not allow the victim to view the movie. The victim was 4 years old at the time this occurred.

This form of abuse not only includes physical abuse but psychological and emotional abuse and control as well (Schreier & Bursch, 2018). There are many other examples of the offending parent tampering with snacks and drinks or otherwise surreptitiously harming the child during supervised visitation. As outlined in the Guidelines, the offender should not be allowed to bring anything into the visitation room, to feed the victim, or take the victim to the bathroom. The supervising professional should be extremely attentive to the interactions between the offender and victim, both physically and verbally, and should document these interactions. Visitation in general is not recommended during the investigation (see Guidelines). Even with supervised visitation, offenders often escalate their behavior to induce illness once separated, in order to prove the victim is ill outside of the offender's care. They are highly motivated to prove to child protective services, the criminal, and/or civil court that the symptoms continue when separated, so are even more surreptitious.

The Gypsy Blanchard case (McLaughlin, 2015) demonstrates a large psychological control element to this form of abuse. If children are told they are sick by a primary caregiver, they will believe they are sick. In the Buzard case (Hayes-Freeland, 2014), the child was placed with a family member who believed the mother and continued to treat the child as sick, presenting her with the same fabricated history provided by the offender. Even more dangerous is a caregiver who allows the offender access to the child. Placing the child with a family member who believes the offender is innocent is harmful to the victim and the criminal case and could slow or stop the recovery of the victim.

Bools, Neale, and Meadow (1993) looked at 54 previous victims of medical child abuse. Thirty had been returned to the offender after the initial report, 10 of the 30 were found to have suffered additional abuse through unneeded medical intervention, and eight were presented at specialty clinics with symptoms reported by the offender but not seen by medical staff. The risk for future abuse is evident in this study.

Psychological Evaluation

Sanders and Bursch (2002) found that psychological testing and interviewing of the suspected perpetrator may not indicate any psychopathy and were not reliable diagnostic tools. There is not an effective psychological "test" for medical child abuse, although 89% of offenders in one study were found to have a personality disorder (Bools, Neale & Meadows, 1993). These offenders are comfortable lying to doctors, family members, and psychiatric evaluators. The proper diagnostic tool for medical child abuse is evidence based (see APSAC Taskforce, 2018).

Not Diminished Capacity

Often, the crime is so unbelievable that judges and juries tend to think the person has to be mentally ill to engage in this behavior. The criminal legal standard for insanity in Texas is whether the offender knew right from wrong. A review of liability for factitious

disorders (Yorker, 1998) found that some defendants have tried to use their Munchausen disorder as a defense in cases of MBP; however, in general, the courts are reluctant to consider deliberate falsification a mental illness. The planning, manipulation, and changing of stories by these offenders is a strong indication that they do know right from wrong. Hope Ybarra (Boyd, 2015 d) illustrated in her multiple interviews before and after incarceration that she knew right from wrong. She illustrated this during the investigative interview by first lying about her conduct before changing her story to make admissions without ever giving a full account of abuse. Lying for self-preservation is a strong indication of knowing consequences for one's bad behavior. This is a pattern seen in many child abuse suspect interviews by experienced investigators and is by no means unique to medical child abuse. After several years of incarceration in prison, Hope granted an interview with a reporter, where, facing no further consequences, she made additional admissions and admitted that she has a problem telling the truth on simple matters.

The investigative interview with Cecilia Ransbottom (Boyd, 2015 c) also illustrates how an offender will lie and then change the story to fit the facts presented. On top of presenting her child as ill, Ransbottom had also presented herself as having cancer. In the investigative interview, Ransbottom gave a history of a certain type of cancer. When told that investigators would check her personal medical records to see if she had been diagnosed with cancer, Ransbottom then changed her story and said that she had human papillomavirus (HPV), and was in a pre-cancerous stage. This was in direct conflict with what she had said just moments earlier and to friends and family for years, including having family care for the child while she supposedly went to chemotherapy treatments. This illustrates how suspected perpetrators will adjust their statements when presented with facts. This type of contradiction demonstrates the mental state of these parents to avoid consequences and provides strong indication that they know right from wrong.

Conclusion

This is often a confusing and misunderstood form of child abuse that investigators should be aware of. This article is intended to provide guidance to law enforcement, prosecutors, and healthcare providers regarding the atypical presentation of fabricated illness, difficulties with evidence collection, and the importance of a team approach. Social media and computer evidence have been instrumental in several successful prosecutions. The APSAC Taskforce on MBP/FDIA/MCA has worked diligently to provide guidelines for all disciplines that encounter fabrication or exaggeration of a child's condition, fraud, and this type of child abuse.

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

Austin v. State, 222 S. W.3d 801 (Tex. App.—Houston [14th Dist.] 2007

Bools, C. N., Neale, B. A., & Meadow, S. R. (1993). Follow up of victims of fabricated illness (Munchausen syndrome by proxy). *Archives of Disease in Childhood, 69*(6), 625–630. doi: 10.1136/adc.69.6.625

Boyd, D. (2015 a, December 18). *Elisabeth Hunnicutt: Son had monitor put on his brain*. Star-Telegram. Retrieved from http://www.star-telegram.com/news/special-reports/article50436120.html

Boyd, D. (2015 b, December 18). *Tarrant County gets tough with medical child abusers*. Star-Telegram. Retrieved from http://www.star-telegram.com/news/special-reports/article50435160.html

Boyd, D. (2015 c, December 18). *Cecilia Ransbottom: Insisted on feeding tube for daughter*. Star-Telegram. Retrieved from http://www.star-telegram.com/news/special-reports/article50436245.html

Boyd, D. (2015 d, December 18). *Munchausen mom: 'I didn't want her to die'. Star-Telegram*. Retrieved from http://www.star-telegram.com/news/special-reports/article50437920.html

Everett, R. (2016, July 26). *Why was Christopher and Julie Conley's toddler returned to them after DCF found evidence of medical child abuse?* [Massachusetts Local News]. Retrieved from http://www.masslive.com/news/index.ssf/2016/07/why_was_the_conley_toddler_ret.html

Hayes-Freeland, L. (2014, September 9). Mom accused of harming infant son sentenced to 5–20 years [CBS News, Pittsburgh]. Retrieved from http://pittsburgh.cbslocal.com/2014/09/09/mom-accused-harming-infant-son-sentenced-to-5-20-years/

McLaughlin, M. (2015, June 18). Daughter faked disabilities for years before allegedly killing mother. Huffington Post. Retrieved from http://www.huffingtonpost.com/2015/06/17/gypsy-blancharde-fraud_n_7604878.html

Roberts, T. (2016, September). A mother accused. [CBS News]. Retrieved from https://www.cbsnews.com/news/48-hours-lacey-spears-a-mother-accused/

Sanders, M. J., & Bursch, B. (2002). Forensic assessment of illness falsification, Munchausen by proxy, and factitious disorder, NOS. *Child Maltreatment, 7*, 112–124.

Schreier, H. A., & Bursch, B. (2018). Munchausen by proxy in educational and mental health settings. *APSAC Advisor, 30*(1), 61-65.

Weber, M. (2014, January–February). Investigating medical child abuse. Retrieved from http://www.tdcaa.com/journal/investigating-medical-child-abuse

Yorker, B. C. (1998). Liability associated with factitious disorders. *Journal of Nursing Law, 5*(4), 7–17.