



Munchausen by Proxy in Educational Settings: Harm Disguised as Care: What School Nurses Need to Know




Presenter: Jordyn Hope, BSW



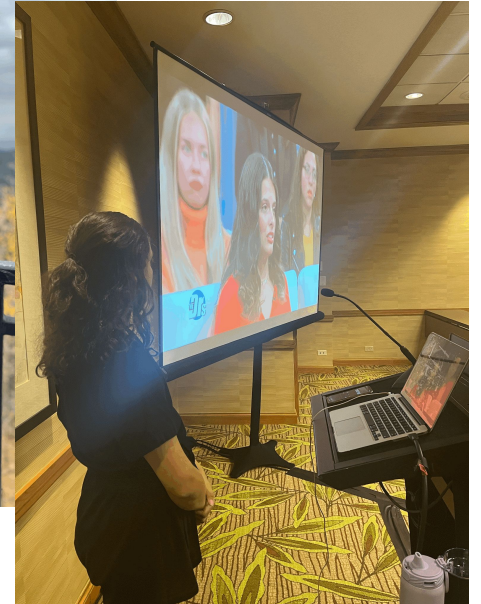
Trigger Warning: suicide, child abuse

Please take care of yourself: fidget,
stand-up, eat/hydrate, doodle, etc



Jordyn Hope

- MBPA Survivor Expert
- Survivor
- MBP committee board member
- Private Practice: Flourishing Wildly

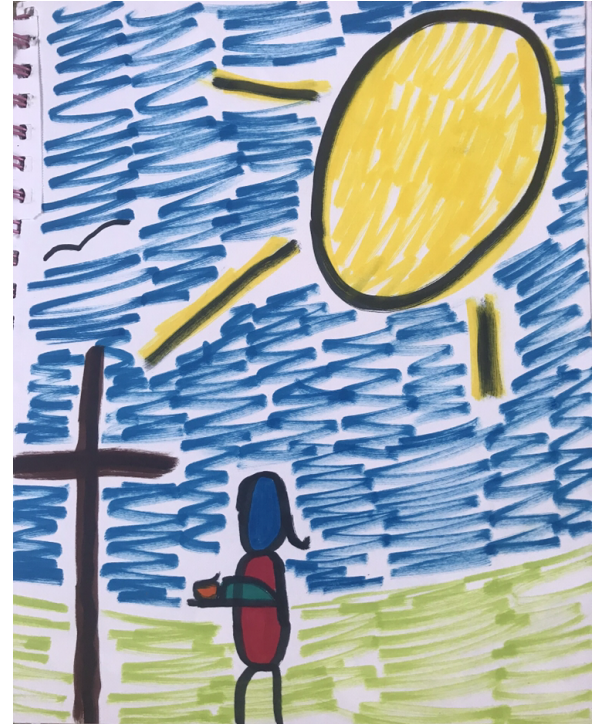


Flourishing Wildly

- Consults
- Media
- Trainings
- Record Review
- 1:1 Liberation Doula Support
- Workshops
- Advocacy through writing and online platforms

What to Expect

- What is MBPA?
 - Definitions, Red Flags, Reporting
- My Survivor Story
 - Medical record examples
 - Survivor After-Effects
- Morgan's Story
 - Artwork
 - Importance of this work
- Treatment for perpetrator and victim/survivor
- What does this mean for you?
- Questions



What is Munchausen by Proxy Abuse (MBPA)

- Munchausen by Proxy Abuse (MBPA)
 - When a caretaker (typically a mother) induces, fabricates, or exaggerates illness in a child for the purpose of gaining attention or sympathy from others
 - Can be medical, psychological, and/or educational
 - Child Abuse
- Factitious Disorder Imposed on Another (FDIA)
 - DSM term
 - While MBP/FDIA are child abuse, typically this is viewed as the pathology underneath the abuse
- Medical Child Abuse (MCA)
 - “Unnecessary and harmful or potentially harmful medical care at the instigation of a caretaker” (APSAC, 2017)
 - Umbrella term that is used instead of MBPA or FDIA but MCA isn’t always MBPA and MBPA isn’t always MCA

Statistics

- 95% moms commit this abuse
- 1% prevalence rate
- 6-9% of children die
- Underreported due to lack of understanding
- No current studies on survivors of MBPA



Red Flags

According to the Association of Professionals Solving the Abuse of Children (APSAC), here are some common signs of MBP maltreatment to watch out for:


- Reported symptoms or behaviors that are not congruent with observations. For example, the abuser says the child cannot eat, yet the child is observed eating without the adverse symptoms reported by the abuser.
- Discrepancy between the abuser's reports of the child's medical history and the medical record.
- Extensive medical assessments do not identify a medical explanation for the child's reported problems.
- Unexplained worsening of symptoms or new symptoms that correlate with the abuser's visitation or shortly thereafter.
- Laboratory findings that do not make medical sense; are clinically impossible or implausible; or identify chemicals, medications, or contaminants that should not be present.
- Symptoms resolve or improve when the child is separated and well protected from the influence and control of the abuser.
- Other individuals in the home of the caregiver have or have had unusual or unexplained illnesses or conditions.

Munchausen by Proxy(APSAC Practice Guidelines 2017)


Red Flags Continued

- Animals in the home have unusual or unexplained illnesses or conditions—possibly similar to the child’s presentation (e.g., seizure disorder).
- Conditions or illnesses significantly improve or disappear in one child and then appear in another child; for example, when another child is born, she begins to have similar or other unexplained symptoms.
- Caregiver is reluctant to provide medical records, claims that past records are not available, or refuses to allow medical providers to discuss care with previous medical providers.
- The abuser reports that the other parent is not involved, does not want to be involved, and is not reachable.
- A parent, child, or other family member expresses concern about possible falsification or high-healthcare utilization.
- Observations of clear falsification or induction by the caregiver. This may take the form of false recounting of past medical recommendations, test or exam results, conditions, or diagnoses.

Munchausen by Proxy(APSAC Practice Guidelines 2017)



Responsibility of professionals and systemic flaws

- Reporting
 - Intervention
- 



APPSAC

APSAC Guidelines

- [APSAC Practice Guidelines](#)
- Created in 2017 by the MBP committee through APSAC to help professionals have guidance on investigating this abuse properly and giving proper treatment
- Help for all professions that may come across this abuse



Association of Professionals
Solving the Abuse of Children
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APSAC Guideline Table of Contents

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CPS Article

Medical Child Abuse: A Guide for Child Protection Workers

Katie Johnson, MD; Ken Feldman, MD; Haley Serralta, MSW; Cindy Christian, MD

Abstract

Medical child abuse (MCA) is a complex entity that can take years to accurately diagnose and report to Child Protective Services (CPS). In cases of suspected MCA, CPS is faced with parents who appear to be caring advocates for their child, children who appear to have complex medical issues, fragmentation of medical care among multiple providers and hospitals, and a dearth of standardized protocols for safeguarding children. The purpose of this report is to provide a single, accessible resource on the management of MCA for CPS investigators and child welfare workers. Its intended use is for situations in which there is a referral to CPS made by a medical provider for a concern of MCA.

Keywords: medical child abuse, Munchausen syndrome by proxy, factitious disorder imposed on another, child abuse, child maltreatment

Background

History and Definitions

Medical child abuse (MCA) is defined as “unnecessary and harmful or potentially harmful medical care at the instigation of a caretaker” (Flaherty et al., 2013). First described by Henry Kempe in “Uncommon Manifestations of Battered- Child Syndrome” (Kempe, 1975), the condition of a child suffering medical harm at the instigation of a caregiver has gone by many names: Munchausen syndrome by proxy, factitious disorder imposed on another (*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, 2022*), pediatric condition falsification, child abuse in a medical setting, fabricated or induced illness, caregiver- fabricated illness in a child (Flaherty et al., 2013), and MCA. There are nuanced differences between these various definitions that primarily depend on whether the focus is on the child as a victim, the caregiver’s motivation, or both.

MCA was so named with the intention of placing focus on the *harm to the child* rather than the psychopathology or motivation of the caregiver. Whether the harm is the result of intentional manipulation by the caregiver, desire for secondary gain, untreated anxiety, or another cause, the definition of MCA applies when the child is suffering medical harm or potential harm at the instigation of a caregiver. **Of course, caregiver psychopathology and motivation must be addressed if the long-term goal is rehabilitation with family preservation, but the first priority should always be safeguarding children from further harm.**

Patterns

MCA involves exaggeration, fabrication, falsification, misrepresentation, or induction of illness in a child by a caregiver. In all its forms, MCA leads physicians and other healthcare providers to perform unnecessary medical investigations and interventions that threaten or cause harm to a child.

In essence, physicians become the instrument through which caregivers harm the child. MCA is differentiated from malpractice, in which a medical provider orders excessive, inappropriate, and harmful interventions in response to a *reliable* history from the caregiver (Roesler, 2010). In MCA, the history from the caregiver is *unreliable*, and the physician's response to the unreliable history is what leads to harm. As described in the *APSAC Practice Guidelines*, "highly competent clinicians can be misled into providing unnecessary or harmful care to the child" (APSAC, 2017).

Many victims of MCA do have underlying medical disease(s), and it can be challenging to recognize MCA in children who start out with legitimate medical signs, symptoms, or diagnoses (Rosenberg, 1987). Nevertheless, MCA commonly involves several distinctive patterns of manipulation of the healthcare system by a caregiver (Flaherty & Macmillan, 2013), including fragmenting care among many medical institutions and providers, and exaggerating or misrepresenting the results of prior medical evaluations. As noted in the *APSAC Practice Guidelines*, "some abusers seek out clinicians who provide nonstandard or substandard care to further their goals" (APSAC, 2017). There is often an *overutilization* of *inappropriate* care paired with *underutilization* of *appropriate* care. The underutilized care often consists of mental health services and primary care (Jenny & Metz, 2020; Johnson et al., 2022). A case of MCA may involve all of these patterns or a subset. It may develop insidiously or abruptly (as is the case with suffocation or poisoning, i.e., direct induction of harm).

In addition to medical harm, victims of MCA are at risk of great psychological harm by being manipulated to adopt the sick role and experiencing social isolation as they are often removed from school and extracurricular activities because they are "too ill." The children often have visual indicators of their falsified illness (e.g., intravenous lines, feeding tubes, glasses, wheelchair, walker). The caregivers are sometimes very active on social media, seeking sympathy and sometimes funding pertaining to their child's illness (Brown et al., 2014). Caregivers sometimes directly harm their child to "prove" the falsified illness. MCA can be fatal; the risk of mortality is 6%–9% (Jenny & Metz, 2020).

Medicolegal Context

To some CPS and child welfare workers, MCA will be a new concept. Although the harms of physical abuse or sexual abuse are relatively self-evident, it may not be immediately apparent to CPS and child welfare workers how excessive medical care can cause harm. While MCA research is in its relative infancy compared with some other forms of maltreatment, Figure 1 demonstrates the exponential increase in peer-reviewed publications relating to MCA over the past 50 years. To date, there are nearly 17,000 peer-reviewed publications on MCA. The breadth of existing research on MCA may help reinforce the validity of such concerns brought to CPS by a medical provider.

Date: [MM/DD/YYYY]

Re: [Patient full name], DOB: [MM/DD/YYYY]

To whom it may concern:

This is a letter summarizing concerns of medical child abuse leading to Child Protective Services intake for [Patient full name].

Medical child abuse is defined as “unnecessary and harmful or potentially harmful medical care at the instigation of a caretaker.” It is sometimes referred to as Munchausen Syndrome by Proxy, but unlike Munchausen Syndrome by Proxy, the definition of medical child abuse focuses on the *harm to the child* rather than the motivation or diagnosis of the abuser. Medical child abuse can involve exaggeration, misrepresentation, fabrication, falsification, or induction of illness in a child.

[Patient]’s Medical History

[Provide a brief summary of the patient’s medical history]

Involvement of Reporting Provider

[Provide a brief description of how the reporting provider came to know the patient, and how concerns culminated in a mandated report]

[Include the following 3 sections as applicable, with a bulleted list of examples specific to the patient]

Concerning Pattern of Healthcare Seeking

Perpetrators of medical child abuse often fragment medical care between different providers and undergo frequent care transitions. There is often overutilization of inappropriate medical care, and underutilization of appropriate medical care, as observed in [Patient]'s case:

- *[Examples may include, but are not limited to: seeking care from many different hospitals and clinics, resisting the release of records from one institution to another, or seeing multiple subspecialists within the same specialty. It can be helpful to provide a complete list of all the hospitals and clinics where the patient has been seen]*

Exaggeration, Fabrication, Misrepresentation, or Induction of Illness

Medical child abuse involves exaggeration, fabrication, misrepresentation, or induction of illness. The following are examples of this in [Patient]'s case:

- *[Examples may include, but are not limited to: exaggerating symptoms, reporting symptoms that have never been observed by another person, misrepresenting the medical opinions of other doctors, reporting diagnoses that have not been confirmed, or inducing illness such as through suffocation or poisoning]*

Harm to [Patient]

The inappropriate utilization of healthcare by [suspected perpetrator] has potential for serious harm. The following are examples of harm or risk of harm in [patient]'s case:

- *[Examples may include, but are not limited to: unnecessary medical exams, labs, imaging, radiation exposure, medication side effects, procedures, surgeries, risks of anesthesia, missed school, educational neglect, unsought psychiatric or psychologic care, medical neglect, removal from social activities that are important for child's development, and being placed in the psychological sick role]*

Summary of Concerns

In summary, it is my medical opinion that [patient] is a victim of medical child abuse by [suspected perpetrator]. This type of abuse is often difficult to recognize because the perpetrator gives an impression of caring and advocating for the child. However, the pattern of overutilization of inappropriate healthcare services and underutilization of appropriate healthcare services leads to undue medical harm to the child. Medical child abuse can have long-term physical and psychological repercussions. It can lead to unnecessary surgeries and can cause death. Thank you for your close review of this case and I welcome you to contact [me/us] with any questions.

Sincerely,

[Signatures and contact information for medical provider(s) making report]



My Story of Medical MBPA



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Hutchinson, MA

DRIVE VISITS

NAME: Wanda H.
 ADDRESS: 714
 EDUCATION: High School
 OCCUPATION: Retired

DATE: 10/1/04

BY: Scott
 WITH: Wanda
 AT: 714

Wanda is a very nice
 woman who has
 a very good sense of
 humor. She is
 very friendly and
 is very helpful.
 She is very kind
 and is very helpful.




DATE: 10/1/04

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Responsibility of professionals and systemic flaws

- Treatment
- 

Munchausen by Proxy Abuse Survivor Symptoms/after effects

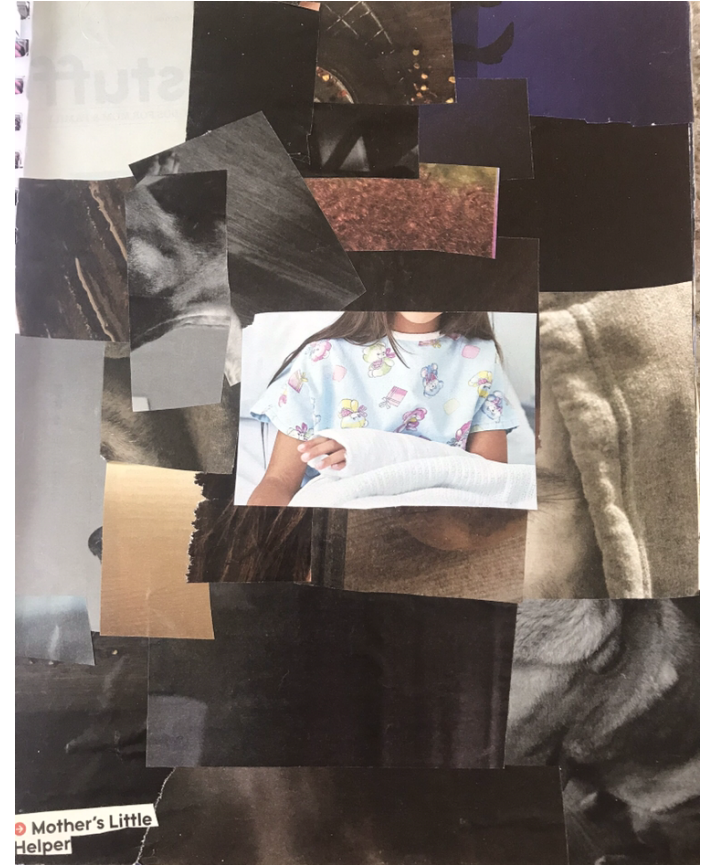
- Characteristics unique to survivors
 - Engaging in Munchausen behaviors
 - Multiple psych hospitalizations and/or residentials
 - Avoidance of medical providers/hospitals
 - Obsession with medical providers/hospitals
 - Avoidance of medication
 - Hoarding patterns with medications
 - Obsession over health status
 - Not knowing health status
 - Inability to decipher psychosomatic/PTSD related pains from objective physical pain
 - Physical repercussions caused by trauma
 - Feeling sheltered and naive



(taken from www.munchausensupport.com, and extended with personal experiences/hypotheses)

Survivor Themes/Struggles

- “The world is scary”
- “People aren’t safe”
- “I can’t trust others”
- Imposter syndrome
- Coming out of survival
- Trusting self
- Asking for support
- Grief process
- Self confidence/ability to succeed
- Listening to intuition
- Going from surviving to fully living
- Independence



Common Co-occurring Mental Health Diagnoses

- Eating Disorder
- DID or other Dissociative Disorder
- PTSD or cPTSD
- Depression
- Social Anxiety and/or other Anxiety Disorder
- Paranoia



(taken from www.munchausensupport.com, and extended with personal experiences/hypotheses)

Treatment of Victim/Survivor

- Maslow's Hierarchy of Needs
- Therapy
 - Identity Building
 - Boundaries
- Support Groups
- IFS/SE
- EMDR
- Community/Support



Systemic Struggles

- Struggle to see mothers as anything but loving
- Adulthood
 - Parental rights
- Most states don't recognize medical child abuse
 - "Not illegal to lie to doctors"
- Kowalski case
 - Lehigh Valley
 - Radys Children's
- "The good victim/survivor" narrative
- Societal definition of life worth living
- Making survivors fight for validation/acceptance



Treatment of Perpetrator

Protocol for treatment of instigating caregivers. The “ACCEPTS” model is one published protocol that provides guidance on the treatment of caregivers who have instigated MCA (Bursch, 2018; Sanders & Bursch, 2020). This protocol may be shared with the mental health provider consulting on the case. The key components of the ACCEPTS model as described by Drs. Sanders and Bursch are as follows:

- **AC: Acknowledgement.** It is important that the instigating caregiver is able to acknowledge and take responsibility for their behaviors that placed the child at risk and/or caused harm.
- **C: Coping.** It is important that the instigating caregiver has developed and can implement skills to cope with their own stress and emotional needs.
- **E: Empathy.** It is important that the instigating caregiver demonstrates ability to empathize with the child, including an appropriate cognitive and emotional response to the past harm caused through MCA.
- **P: Parenting.** It is important that the instigating caregiver demonstrates effective parenting skills, including the ability to put the needs of the child before their own needs.
- **T: Taking charge.** It is important that the instigating caregiver take charge of their own recovery and stability, including proactive plans for how to prevent relapses.
- **S: Support.** It is important that a structure is built around the instigating caregiver for ongoing support and monitoring of potential relapses into MCA.



Reporting Example

What can you do?

- Might be the only safe space a child has
- Be aware of the red flags
- Show compassion and offer validation
- Know when to report
 - Work with a team
- Always remember that kids are communicating in the best way they can
 - Manipulation
 - Body aches
 - Attention Seeking
 - Etc.
- Write thorough notes when applicable
- Be a safe space

If you only remember one slide, remember this one!

1. NEVER talk about child where they might hear you
2. Validate, Acknowledge, Support unconditionally
3. Don't take it personal
4. YOUR DOCUMENTATION MATTERS
5. Understand what is likely happening for the child
6. Harm reduction
7. Take care of you, and know you're doing enough
8. MBPA is abuse

Looking for Consultation Training, Support, or something else? Connect With Me!

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Linkedin - Jordyn Hope

Instagram - [@flourishingwildly](https://www.instagram.com/flourishingwildly)

Patreon: Flourishing Wildly

Website: www.flourishingwildly.com *(coming soon)*

Feedback form



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- <https://www.youtube.com/watch?v=tjrudaKd7WA>



Questions/Discussion