Medical Child Abuse:
Beyond Munchausen by Proxy

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Medical Child Abuse vs. Munchausen by Proxy

- MSBP is traditionally defined as the fabrication or introduction of illness in a child to gain attention.
- Results in needless and sometimes dangerous medical intervention and treatment.

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Prevalence

- Very difficult to determine except in the most severe cases of poisoning or suffocation.
- Does not address the less severe forms.
- Does not address the gray or less obvious areas (i.e. the vulnerable child, anxious parent)

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History

- Baron Von Munchausen told "tall tales" of his life and travels.
- Dr. Richard Asher-defined Munchausen Syndrome in 1951.
  - He described 3 case histories of patients who misled their physicians about illnesses.

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Historical background

- Sir Roy Meadow described MSBP in 1977
  - "Munchausen by Proxy, the hinterland of child abuse"
- Meadow's original two cases
  - A child who died from inflicted salt poisoning
  - A mother who fabricated renal disease on laboratory tests

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Growing awareness

- More in the mainstream of public awareness
- Featured in media and books
- MAMAs (Mothers Against Munchausen Allegations)

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Medical providers remain confused

- Despite growing awareness, this condition is misunderstood in the medical and mental health community.

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Why the confusion?

- Who is diagnosed?
  - The parent?
  - The child?
- Who makes the diagnosis?
  - Primary care physician?
  - Pediatrician or child abuse pediatrician?
  - Psychiatrist/Psychologist/Counselor?

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Shifts in terminology

- Child abuse concepts change over time
- Battered child---child physical abuse
- Shaken baby syndrome---abusive head trauma
- Sexual abuse perspectives have evolved from an early primary focus on incest.

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Efforts to Clarify

- Rosenberg suggested criteria to fulfill a definition of a "syndrome" (cluster of related signs/symptoms)
- Focus is on the child as a victim.
- Intent of the perpetrator is not considered.

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Rosenberg: Web of Deceit (1987)

- Illness is simulated or produced by a parent or someone acting *in loco parentis.*
- Presentation for medical care is persistent and often results in many medical procedures.
- The parent denies knowledge of the cause of the illness.
- Symptoms abate when child is separated from the caregiver.

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DSM-IV Factitious Disorder by Proxy

- FDP first appeared in DSM-IV in 1994
  (buried in discussion of Factitious Disorders; Dx: Factitious Disorder NOS, applied to perpetrator)
- Motivation of the perpetrator is a central feature (Dx focus on perp. is assumed)
- Does not consider the child as victim
  ("physical abuse of a child may be noted if appropriate")
- DSM-IV-TR, no changes from DSM-IV

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DSM-IV diagnostic criteria

- Intentional production or feigning of physical or psychological signs or symptoms (in another person under the individual's care).
- The motivation for the behavior is to assume the sick role (by proxy).
- External incentives are absent.
- Not better accounted for by another mental disorder.

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FDP + PCF = MSBP...What?!

- Factitious Disorder by Proxy
- (psychiatric diagnosis given to the caretaker) + Pediatric Condition Falsification (medical diagnosis given to the child victim) = Munchausen Syndrome by Proxy

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Medical Child Abuse: A new concept

- Described by Drs. Thomas Roesler and Carole Jenny (2009). Medical Child Abuse. American Academy of Pediatrics.

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Medical Child Abuse:

Child receiving unnecessary and harmful or potentially harmful medical care *at the instigation of a caregiver.*

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Medical Child Abuse Defined: A straightforward definition

- Caregiver's motivation is not needed to know that a child is being harmed.
- Mental health evaluation of the parent is not needed for medical provider to make the diagnosis.
- No need to determine if symptoms resolve with separation from the caregiver.

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Critical Points

- Easier diagnosis to make.
- More inclusive of less severe cases that still warrant some type of intervention.
- Logical diagnosis as the counterpart to medical neglect at the opposite end of the spectrum.
- Keeps the focus on the victim.

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- Medical child abuse and medical neglect are opposite ends of the same spectrum.
  - Obtaining too much care that is harmful or potentially harmful vs. failing to obtain needed medical care

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Continuum of Severity

- Parental anxiety leading to frequent medical visits-
  - Needs physician reassurance that child is OK
  - May relate to vulnerable child
- Exaggerating symptoms-
- Fabricating symptoms-
- Inducing symptoms (most dangerous)- poisoning, suffocation

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MCA Matches Continuum for Other Child Types of Abuse

- Most cases of MCA fall at the less severe end of the spectrum.
- More severe presentations gain most of the attention.
- Where is the line where intervention is needed?

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Clinical Presentation

- Seizures
- Recurrent apnea/suffocation
- Polymicrobial sepsis
- Poisoning (ipecac, sedatives)
- Bleeding (from anywhere)
- Multiple organ system involvement

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Less severe cases

- What about illness exaggeration and extreme parental anxiety?
- Many parents/children will fall here
- No room for these children with the old diagnostic criteria.
- Exaggeration of existing symptoms is far more common than fabrication or induction.

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Less Severe cases

- Sometimes a mother seeks help for social needs by presenting her child for medical care.
- Usually presents for 1 to 2 visits and stops once she receives the social support she needs.
- Usually does not qualify as MCA.

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Case

- 12-month-old child is repeatedly smothered by her mother until she stops breathing and turns blue.
- Is this medical child abuse?

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- This is a physical assault.
- This constitutes child physical abuse.

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- After an episode of "apnea", mother calls EMS, who transports the child to the hospital.
- She has further apneic "episodes" in the hospital when only the mother is in the room (when mother again smothers her or makes it up).
- She gets a bronchoscopy and several other tests in an effort to diagnose the cause of her apnea.
- Is this medical child abuse?

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Yes

- This child is receiving unnecessary and harmful or potentially harmful medical care due to being smothered by her mother (inducing symptoms) or the mother saying she was apneic when she is not (fabricating symptoms).

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- The mother of a 5-month-old adds salt to the baby's formula. The infant dies of salt poisoning
- Is this medical child abuse?

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- No. This is homicide and physical abuse.

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- This 5-month-old is admitted to the hospital and receives multiple tests (including blood draws) to evaluate his abnormally high sodium levels.
- Is this medical child abuse?

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Management

- Recognize that abuse is occurring.
- Stop the abuse.
- Provide for ongoing safety of the child.
- Treat the physical and psychological damage to the child.
- Help maintain family integrity as much as possible.

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Recognize abuse is occurring

- Requires that physician reaches a tipping point. (some never do)
- Shift from trusting the parent to questioning the parent's honesty.
- More complex to recognize.
- Physicians are part of the abuse.
- They may have difficulty recognizing their role in the perpetration.

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Recognition

- Physicians often emphasize that the diagnosis lies in the history and a mother is the best source of information about her child.
  - If the mom said the child vomited last night, we don't have to see the vomit.
- MCA stands the good practice of medicine on it's head!

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Challenges to recognition

- Primary Care doctor
  - Has a long standing relationship with the patient
  - Feels guilty regarding their participation
- Subspecialists
  - Have brief history with the family
  - They have a goal of figuring out puzzling cases, ordering esoteric tests, digging deeper.

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More challenges

- The practice of "defensive medicine"
- Fear of malpractice
  - Physicians may order tests to avoid missing a diagnosis that would result in malpractice
  - "What if"
    - This may be something rare or fatal and I will miss it.

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Recognition

- Medical records review.
  - Central feature of evaluation.
- Complicated and time-consuming.
- MUST GET ALL RECORDS!
- All doctors, health departments, hospitalizations, ED visits, urgent care clinics, subspecialists.
- Ask for a complete record (including nursing notes).

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Recognition

- Organize medical records into a chronological table
- Look for multiple encounters on the same day (ED, office visit, Urgent care)
- Is there objective, observable evidence to support the complaints.
- Multiple treatments for the same complaint

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Table

Date	Age	Dr	PMH	HPI	Exam/ Labs	Plan

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Stop the abuse

- Medical community must recognize and agree that harmful or potentially harmful medical care is taking place.
- Often need multidisciplinary team to agree on a plan of action.
- Conference with all professionals (medical and nonmedical) to be on the same page.

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Stopping the abuse-Intervention

- Informing session.
- Invite parents, others closely involved.
- Need to have involvement of other parent and caregivers for this to be successful.
- In the past, this was often a "confrontation" where the child was then removed from mother's custody.

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Stop the abuse

- Not a confrontation but a notification of a new treatment plan.
- Focus on the positive—"Your child is not sick."
- "Now that we have a clear understanding of your child's health, any further health care–seeking behavior would be harmful and would constitute abuse."
- May need psychiatric care on standby.

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Treatment

- Minimum influence necessary
- Education—least forceful.
- Persuasion—"I know you may not agree with my advice, but I/we want you to follow it anyway."
- Asking the person to change the behavior, because you want her to, only works if she wants to preserve the relationship.

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Treatment

- Separation of mother and child has been considered necessary in many cases.
- Presumption is that abuse would worsen along the spectrum to induction of illness and possible death.
- Still may be necessary in severe cases, but not a requirement.

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Long term treatment

- How do we define treatment?
- Of whom?
  - Child
  - Mother/Parent
  - Family
- How do we define success?

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Perpetrator Motivation

- How could a mother do that to her child?
  - The question we all want answered in these cases.
  - As with other forms of child abuse, the motivation for the perpetrator varies widely.
- Diagnostically irrelevant for MCA
- Prognostically very important

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Treatment of Perpetrator

- Most important element is admission of responsibility (accountability).
- Significant increase in success of treatment with specialized focus.
- Motivation may be identified and confronted in psychotherapy, with more time, better information/context than at time of MCA diagnosis.
- Help perpetrator confront the reasons why she harmed her child and the results of her actions.

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High risk of treatment failure

- Persistence of fabrication after confrontation
- Mandated treatment with specialized perpetrator-like focus may be necessary
- Other family members believe mother
- History of unexplained death of siblings
- Symptom induction—poisoning, suffocation
- Other psychiatric symptoms

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Perpetrator Motivation

- Many different theories have been described.
- Assume the sick role by proxy for attention
- Manipulate and outsmart the doctors
- Use their child as an object to get their own needs met. Sound familiar?

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Perpetrator Motivation

- Knows what he/she is doing but may be unconscious of motivation.
- Versus malingering—conscious awareness of motivation, external gain is likely.
  - Such as claiming child is sick to obtain disability benefits.

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Perpetrator profile: not helpful or accurate

- Interest or expertise in medicine.
- Life revolves around child's illness.
- "Good parent" or martyr.
- Overly comfortable with medical staff.
- Does not appear relieved with normal test results.

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More profile

- Promotes invasive tests and procedures.
- Enjoys being in the spotlight.
- May have personality disorder, Munchausen syndrome (Factitious Disorder), or Somatization Disorder.

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Outcome for Child

- Attachment disorder
- Betrayed trust between parent and child
- PTSD
- Symptoms of depression and anxiety
- Cognitive and behavioral disorders
- Children may see their reality as normal.
- May be delayed if not aware of falsification.

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Outcomes

- Feelings expressed via somatic symptoms.
- Older children often begin to participate in illness behavior.
- Normal response to being told you are sick is to feel sick.
- Patients begin to think and act like a sick person.

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Thanks

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