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**Briefing – Fabricated and Induced Illnesses**

Fabricated or induced illness (FII) is a rare form of child abuse. It happens when a parent or carer, usually the child's biological mother, exaggerates or deliberately causes symptoms of illness in the child.

FII is also known as "Munchausen's syndrome by proxy" (not to be confused with [Munchausen's syndrome](https://www.nhs.uk/mental-health/conditions/munchausens-syndrome/overview/), where a person pretends to be ill or causes illness or injury to themselves).

**Signs of fabricated or induced illness**

Fabricated or induced illness (FII) covers a wide range of symptoms and behaviours involving parents seeking healthcare for a child. This ranges from extreme neglect (failing to get medical care) to induced illness.

Previous case reports of FII have uncovered evidence of:

* persuades healthcare professionals that their child is ill when they're healthy
* exaggerates or lies about their child's symptoms
* deliberately induces symptoms of illness, for example, by poisoning their child with unnecessary medicine or other non-prescribed substances
* parents or carers deliberately contaminating or manipulating clinical tests to fake evidence of illness. For example, by adding blood or glucose to urine samples, placing their blood on the child's clothing to suggest unusual bleeding, or heating thermometers to suggest the presence of a fever
* infecting their child's wounds or injecting the child with dirt or poo
* inducing unconsciousness by suffocating their child
* not treating or mistreating genuine conditions so they get worse
* withholding food, resulting in the child failing to develop physically and mentally at the expected rate

The abuse that happens in FII takes a range of forms and can be difficult to recognise, but there are warning signs to look out for:

* symptoms only appear when the parent or carer is present
* the only person claiming to notice symptoms is the parent or carer
* the affected child has an inexplicably poor response to medicine or other treatment
* if one particular health problem is resolved, the parent or carer may then begin reporting a new set of symptoms
* the child's alleged symptoms do not seem plausible – for example, a child who has supposedly lost a lot of blood but does not become unwell
* the parent or carer has a history of frequently changing GPs or visiting different hospitals for treatment, particularly if their views about the child's treatment are challenged by medical staff
* the child's daily activities are being limited far beyond what you would usually expect as a result of having a certain condition – for example, they never go to school or have to wear leg braces even though they can walk properly
* the parent or carer has good medical knowledge or a medical background
* the parent or carer does not seem too worried about the child's health, despite being very attentive
* the parent or carer develops close and friendly relationships with healthcare or other professional staff, but may become abusive or argumentative if their own views about what's wrong with the child are challenged
* One parent (commonly the father) has little or no involvement in the care of the child
* the parent or carer encourages medical staff to perform often painful tests and procedures on the child (tests that most parents would only agree to if they were persuaded that it was absolutely necessary).

**How common is FII?**

It's difficult to estimate how widespread FII is because many cases may go unreported or undetected, but it is thought to be very rare. One study published in 2000 estimated 89 cases of FII in a population of 100,000 over a 2-year period. However, it's likely that this figure underestimates the actual number of cases of FII.

FII can involve children of all ages, but the most severe cases are usually associated with children under 5.

In around 85% of reported cases of FII, the child's mother is responsible for the abuse. However, there have been cases where the father, foster parent, grandparent, guardian, or a healthcare or childcare professional was responsible.

**Causes**

It's not fully understood why some parents or carers fabricate or induce illness in their child.

However, it's likely the parent or carer will have a history of previous traumatic experiences. Recent studies have shown that mothers who carry out the abuse have abnormal "attachment" experiences with their own mothers, which may affect their parenting and relationship with their children. An example of this is repeatedly seeing a doctor to satisfy an emotional need to get attention for the child.

## Child abuse

A study found that almost half of mothers who were known to have fabricated or induced illness in their child were victims of physical and sexual abuse during their own childhood. However, it's worth noting that most people who are abused as children do not go on to abuse their own children.

## Previous medical history

One or both parents may have a history of [self-harm](https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/self-harm/getting-help/) or drug or [alcohol misuse](https://www.nhs.uk/conditions/alcohol-misuse/).

Some case studies also revealed that the mother may have experienced the death of another child, or a difficult pregnancy.

## Personality disorder

A high proportion of mothers involved in FII have been found to have a personality disorder and, in particular, a [borderline personality disorder](https://www.nhs.uk/mental-health/conditions/borderline-personality-disorder/overview/).

[Personality disorders](https://www.nhs.uk/mental-health/conditions/personality-disorder/) are a type of mental health problem, where a person has a distorted pattern of thoughts and beliefs about themselves and others. These distorted thoughts and beliefs may cause them to behave in ways that most people would regard as disturbed and abnormal.

A borderline personality disorder is characterised by emotional instability, disturbed thinking, impulsive behaviour, and intense but unstable relationships with others. It's important to note that not all mothers with borderline personality disorder go on to abuse their children.

Sometimes, people with personality disorders find reward in behaviour or situations that other people would find intensely distressing. It's thought that some mothers who carry out FII find the situation of their child being under medical care rewarding.

Other mothers who've been involved in FII have reported feeling a sense of resentment towards their child because they have a happy childhood, unlike their own.

## Role playing

A further theory is that FII is a kind of role playing. It allows a mother to adopt the role of a caring and concerned mother, while at the same time allowing her to pass the responsibility of caring for a child on to medical staff.

## Escapism

Another theory is that FII is a way for the mother to escape her own negative feelings and unpleasant emotions. By creating a permanent crisis situation surrounding her child, she's able to focus her thoughts on the treatment of her child, while keeping her own negative feelings and emotions at bay.

**Financial**

The parent/carer may be motivated by financial gain; this can be through the receipt of benefits or the provision of a placement within an educational setting (e.g. residential school for special educational needs).

**What to do if you suspect a child is at risk**

All professionals who have concerns about a child's health should discuss these with their line manager or their agency's nominated safeguarding lead and the GP or paediatrician responsible for the child's health. If the child is receiving services from Children's Social Care, the concerns should be discussed with them immediately.

If the health professional has concerns about the mental health of the carer they should consider if a referral to the mental health access team would be appropriate. This assessment would then be available to inform the overall assessment. This referral would have to be made with the consent of the adult.

Joint working is essential, and all professionals should:

* Be alert to potential indicators of illness being fabricated or induced in a child;
* Be alert to the risk of harm which individual abusers may pose to children in whom illness is being fabricated or induced;
* Share and help to analyse information so that an informed assessment can be made of children's needs and circumstances;
* Contribute to whatever actions and services are required to safeguard and promote the child's welfare;
* Assist in providing relevant evidence in any criminal or civil proceedings;
* It is an expectation that a senior health professional leads for health and the same should apply for all other agencies as these cases are complex and difficult;
* A Health Professionals meeting should be arranged by the lead Paediatric Consultant following the collation of chronologies. All professionals involved with the child and family who have produced chronologies will be invited to review and discuss the case and contribute to the decision making process around future management. The chair of the meeting should be determined for each case and is likely to be the Responsible Paediatric Consultant or Named Doctor in their absence. Minutes of the meeting will be recorded and agreed actions will be distributed to those in attendance. If there are any professional disagreements around the management of FII, staff will inform named health professionals. Staff should follow the escalation process if there are disagreements.

If any professional considers that their concerns are not taken seriously or responded to appropriately, they should discuss this as soon as possible with the designated doctor or designated nurse for child protection/safeguarding.

All concerns and discussions must be recorded contemporaneously in their agency records for the child, dated and signed.

**Further information**

This briefing is an amalgamation of information from the [NHS](https://www.nhs.uk/mental-health/conditions/fabricated-or-induced-illness/overview/) and the [Greater Manchester Safeguarding Children’s Procedures chapter 5.9.4](https://greatermanchesterscb.proceduresonline.com/chapters/p_fab_ind_illness.html) and further information is available from both these sources.

The Royal College of Paediatrics and Child Health has published information and guidance about the protection of children in cases of FII

[Fabricated or Induced Illness by Carers (FII): A Practical Guide for Paediatricians](https://www.rcpch.ac.uk/resources/fabricated-or-induced-illness-fii-carers-practical-guide-paediatricians)