Fabricated or Induced Illness (FII)

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OUTLINE

- What is FII?

- Videos

- Overview on FII

- Issues

- LSCB protocol

- Discussion

What is FII?

- "A well child being presented by the carer as ill or disabled, or an ill or disabled child being presented with a more significant problem than he or she has in reality, and suffering harm as a consequence."

- First described in Lancet as Munchausen Syndrome by Proxy in 1977

Presentations:
1) Fabrication of signs and symptoms
2) Fabrication of Signs and Symptoms plus falsification of charts, records etc.
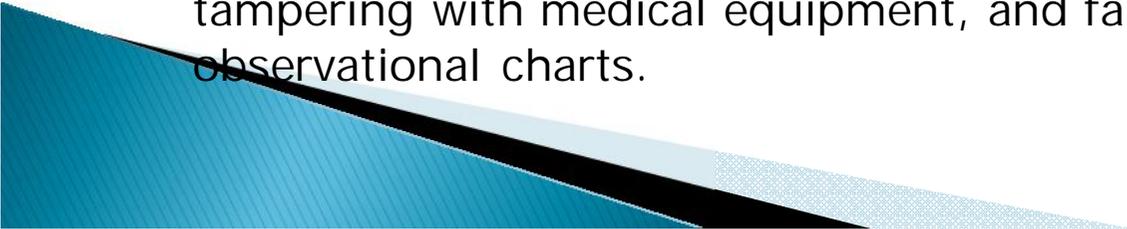3) Induction of illness

FII TERMINOLOGY

▸ Munchausen by Proxy (Meadow, 1977)

▸ Factitious disorder by Proxy (American Association of Psychiatrist 1994)

▸ Illness induction syndrome (Gray et al, 1995)

▸ Factitious Illness by Proxy (Bools, 1996;Jones and Bools 1999)

▸ Medical Child Abuse (American Association of Paediatrics 2009)

▸ Fabrication and Induction of Illness in a child (2002 and 2008) is the preferred terminology following DH supplementary guidance to Working Together
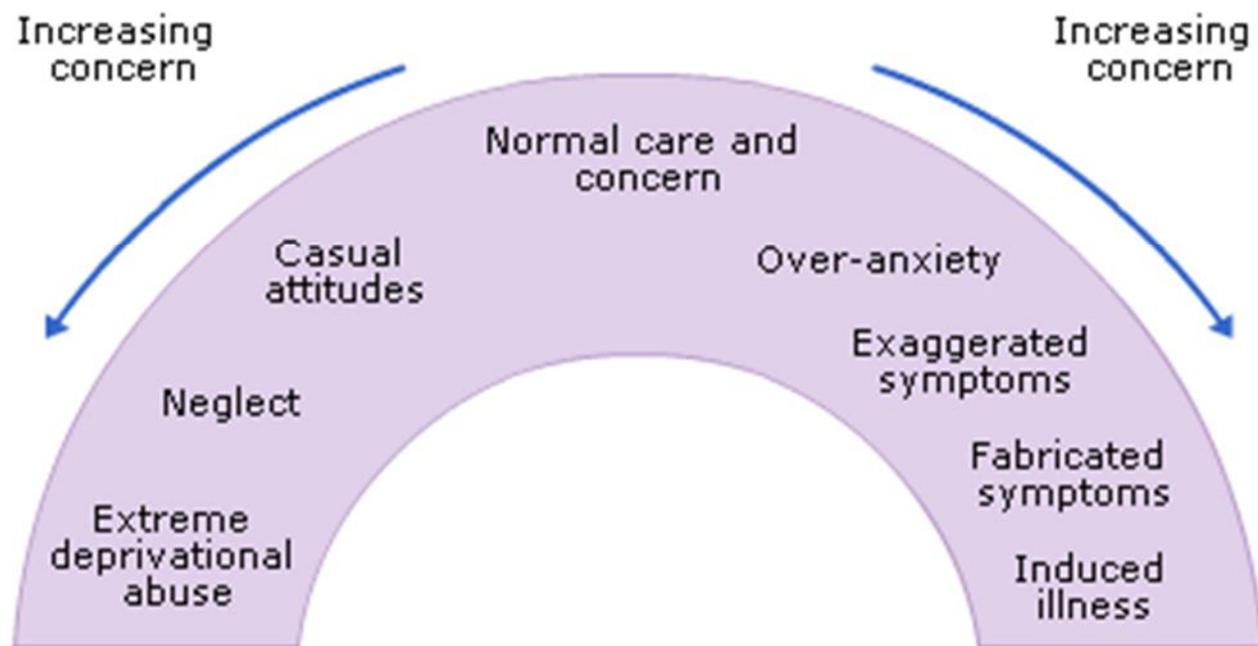
FII Epidemiology

▸ The British Paediatric Surveillance Unit (BPSU) epidemiological study in UK in the early 1990s included new cases which had been confirmed at least at the level of a Child Protection Case Conference. Most had also been confirmed in Family Courts. There were 97 new cases of FII in two years which means that *a large teaching hospital will only see 1–2 new cases per year and the average paediatrician will only manage 1–2 cases in their entire career.*

▸ However, it has been suggested that there is a national under reporting of FII(Schreier, 2004). In practice these cases are encountered more frequently due to the chronic nature of the presentations, the large number of professionals who may be involved and the broad spectrum including milder cases which may not all require a formal child protection response (Davis, 2009).

FII

- FII is a form of child abuse with boys and girls equally affected.

- It is perpetrated by those who have care of the child (usually the mother) and usually involves secondary medical services (it may first be manifested, although may be undetected, in primary care settings). Consequently it may be detected first by GPs.

- FII is seen in children of all ages. The reported severe or most dramatic events are usually seen in children under the age of 5 years (newborns in particular are the most likely to be harmed). However, there is a spectrum of significant FII across age groups. Older children may actively collude in the sick role with their parent.

- FII is a spectrum of disorders rather than a single entity. At one end less extreme behaviours include a genuine belief that the child is ill. At the other the behaviour of carers includes them deliberately inducing symptoms by administrating drugs, intentional suffocation, overdosing, tampering with medical equipment, and falsifying test results and observational charts.

The Spectrum of Care Seeking Behaviour

Increasing concern

Increasing concern

Normal care and concern

Casual attitudes

Over-anxiety

Neglect

Exaggerated symptoms

Fabricated symptoms

Extreme deprivational abuse

Induced illness

Template of Warning Signs for FII

- Reported symptoms and signs found on examination are not explained by any medical condition from which the child may be suffering
- Physical examination and results of medical investigations do not explain reported symptoms and signs
- There is inexplicably poor response to prescribed medication and other treatment
- New symptoms are reported on resolution of previous ones
- Reported symptoms and signs are not seen to begin in the absence of the carer
- The child's normal daily life activities are being curtailed beyond that which might be expected for any disorder from which the child is known to suffer
- Over time the child is repeatedly presented with a range of symptoms and signs
- History of unexplained illnesses or deaths or multiple surgery in parents or siblings or family
- Once the perpetrators access to the child is restricted, signs and symptoms fade and eventually disappear
- Incongruity between the seriousness of the story and the actions of the parents
- Erroneous or misleading information provided by parent

Impact on the child's health and development

▸ Long term impairment of their physical, psychological and emotional development

▸ Children being brought up in a fabricated sick role

▸ Emotional harm from disturbed family relationships

▸ Behaviour disorder, difficulties with attention and concentration, school related problems and non-attendance

Ref : Safeguarding children in whom illness is fabricated or induced

Covert Video Surveillance (CVS)

- The Royal College of Paediatrics and Child Health, and the Department of Health, both recommend the use of the controversial diagnostic method, covert video surveillance (CVS), **only** if there are concerns about child abuse that cannot be resolved in any other way (Foreman and Farsides, 1993).

- There are stringent protocols for implementing such surveillance. For example, it must be police-led and instigated with permission of the Trust's Chief Executive.

- The use of CVS is governed by the Regulation of Investigatory Powers Act (Home Office, 2010).
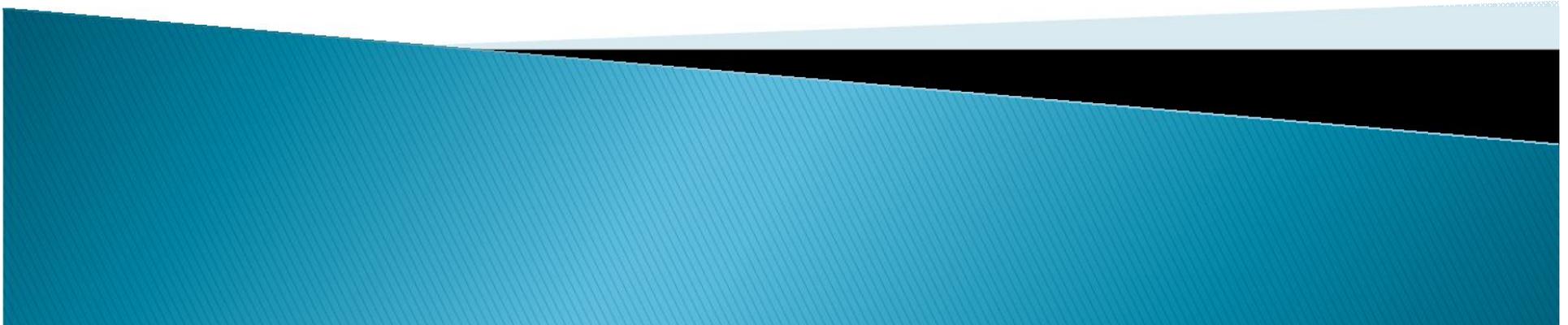
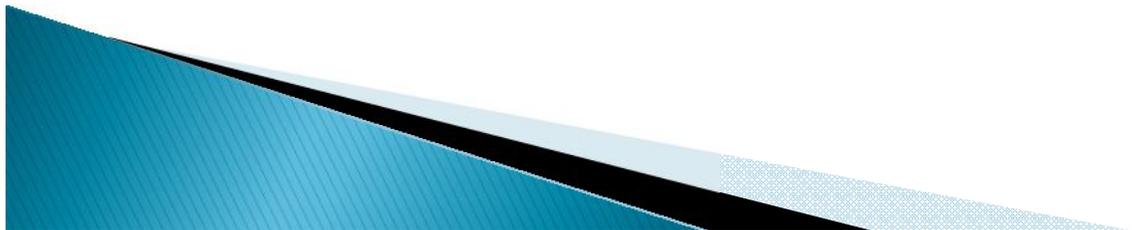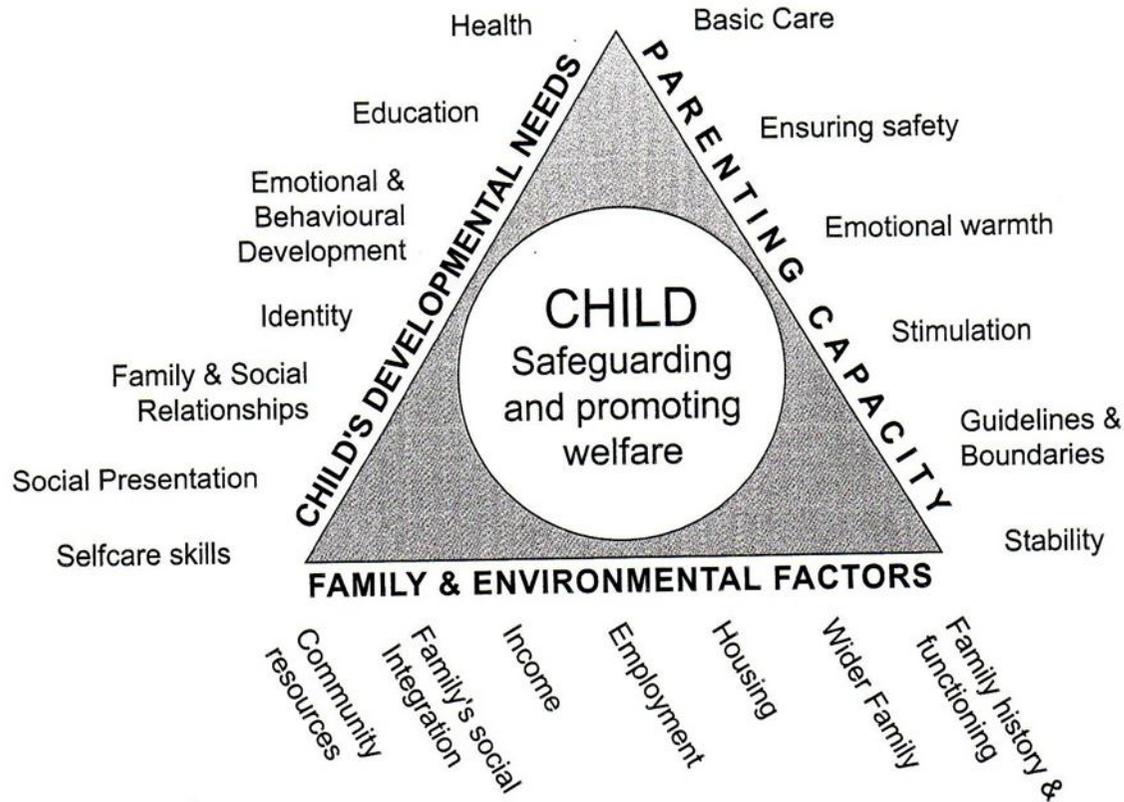# National documents

- RCPCH (Fabricated or Induced Illness by carers-2009)

- HM Government (Safeguarding children in whom illness is fabricated or induced)

Assessment Framework
(Working Together Paragraph 5.38)

Assessment Framework

1. What are the developmental needs of the child?

2. Are the parents able to respond appropriately to the child's identified needs?

3. What impact are the family functioning and history, the wider family and environmental factors having on their parents' capacity to respond to their child's needs and the child's development progress?

4. Is action required to safeguard and promote the welfare of the child?
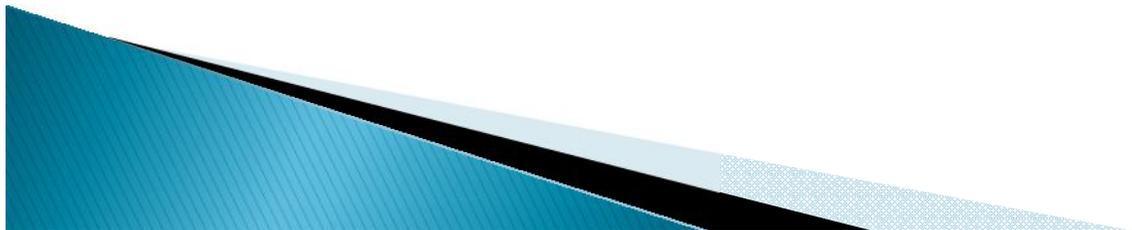
Issues

1) Do these children actually suffers from an illness?

2) If so, does the recognised illness explain all the child's reported signs and symptoms?

3) If not, what is the likely cause of the child's reported signs and symptoms?

4) Are these children suffering or at risk of harm?
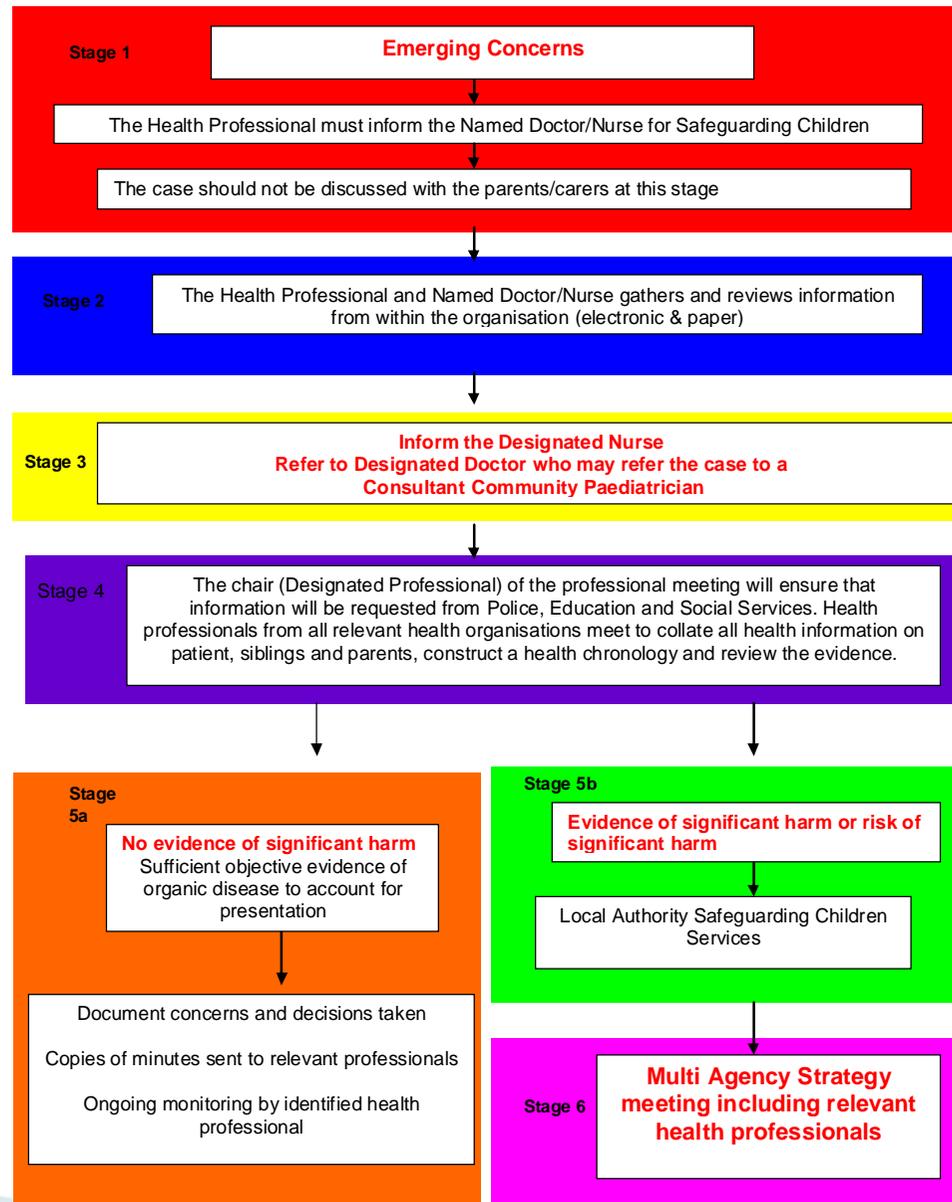
FII Management

- As soon as suspected, a complete record of the medical history of the family should be undertaken, including detailed health chronologies of all children in the family.

- Records and photographs of all symptoms and physical signs should be kept for evidence in court. Professionals have a very difficult task balancing confidentiality and raising concerns and questions when there is uncertainty. Maintaining a balance between the child's and family's needs versus the risks of harm is difficult and uncomfortable. Health professionals have to clarify reported medical problems, checking with any other medical professionals involved and balance their questions about whether further investigations are needed to avoid missing a genuine health problem versus continuing to do unnecessary things to a child.

- **Multi-agency collaboration and communication** is crucial in diagnosis and management of any form of child maltreatment, including FII.

Cheshire West and Chester
Fabricated or Induced Illness Guidelines for Health Professionals

Stage 1

Emerging Concerns

The Health Professional must inform the Named Doctor/Nurse for Safeguarding Children

The case should not be discussed with the parents/carers at this stage

Stage 2

The Health Professional and Named Doctor/Nurse gathers and reviews information from within the organisation (electronic & paper)

Stage 3

Inform the Designated Nurse
Refer to Designated Doctor who may refer the case to a
Consultant Community Paediatrician

Stage 4

The chair (Designated Professional) of the professional meeting will ensure that information will be requested from Police, Education and Social Services. Health professionals from all relevant health organisations meet to collate all health information on patient, siblings and parents, construct a health chronology and review the evidence.

Stage 5a

No evidence of significant harm
Sufficient objective evidence of organic disease to account for presentation

Document concerns and decisions taken

Copies of minutes sent to relevant professionals

Ongoing monitoring by identified health professional

Stage 5b

Evidence of significant harm or risk of significant harm

Local Authority Safeguarding Children Services

Stage 6

Multi Agency Strategy meeting including relevant health professionals

be done & information shared without parent's knowledge/consent.
NB. If the ... out of the area, liaise with Designated Doctor for that area

Summary

- Is it an anxious parent or a genuine problem?

- Awareness and understanding of FII

- Listening to children

- Some illnesses can be genuine. Hence every illness should be taken seriously

- Being aware of the LSCB FII pathway

Thank You