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Invited Review

The perpetrators of medical child abuse (Munchausen Syndrome by Proxy) – A systematic review of 796 cases

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ABSTRACT

Introduction: Little is known about the perpetrators of medical child abuse (MCA) which is often described as "Munchausen's syndrome by proxy" or "factitious disorder imposed on another". The demographic and clinical characteristics of these abusers have yet to be described in a sufficiently large sample. We aimed to address this issue through a systematic review of case reports and series in the professional literature.

Method: A systematic search for case reports and series published since 1965 was undertaken using MEDLINE, Web of Science and EMBASE. 4100 database records were screened. A supplementary search was then conducted using GoogleScholar and reference lists of eligible studies. Our search yielded a total sample of 796 perpetrators: 309 from case reports and 487 from case series. Information extracted included demographic and clinical characteristics, in addition to methods of abuse and case outcomes.

Results: Nearly all abusers were female (97.6%) and the victim's mother (95.6%). Most were married (75.8%). Mean caretaker age at the child's presentation was 27.6 years. Perpetrators were frequently reported to be in healthcare-related professions (45.6%), to have had obstetric complications (23.5%), or to have histories of childhood maltreatment (30%). The most common psychiatric diagnoses recorded were factitious disorder imposed on self (30.9%), personality disorder (18.6%), and depression (14.2%).

Conclusions: From the largest analysis of MCA perpetrators to date, we provide several clinical recommendations. In particular, we urge clinicians to consider mothers with a personal history of childhood maltreatment, obstetric complications, and/or factitious disorder at heightened risk for MCA. Longitudinal studies are required to establish the true prognostic value of these factors as our method may have been vulnerable to publication bias.

1. Introduction

Medical child abuse (MCA) is a variant of child maltreatment in which the victim is subjected to 'unnecessary and harmful or potentially harmful medical care at the instigation of a caretaker' (Roesler & Jenny, 2008, p. 1). Perpetrators of MCA exaggerate, falsify, simulate, or actively induce illness in children to convince pediatricians that medical attention is warranted. In these cases, 'detailed medical history from the parents, which is the physician's most valuable tool in diagnosis for most illnesses, is rendered invalid' (Hall, Eubanks, Meyyazhagan, Kenney, & Johnson, 2000, p. 1311).

Published accounts of MCA show that virtually any pediatric illness can be fabricated (Roesler, 2015) and that the same apparent

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illness can be presented in different ways. For example, epilepsy may be misdiagnosed if caregiver lies about the child having seizures (Doughty, Rood, Patel, Thackeray, & Brink, 2016) or poisons them with a drug that causes seizures, such as alimemazine (Gomila et al., 2016). Renal disease may be simulated through surreptitious addition of blood to the child's urine samples (Tsai et al., 2012) – or urine to their blood samples (Mantan, Dhingra, Gupta, & Sethi, 2015).

Pediatricians should not take into account the apparent intentions of the caregiver when there are clinical grounds to suspect MCA. Nor should they rule out the possibility of MCA on the basis of the caregiver's psychiatric history. MCA is no different in principle to any other form of child cruelty. Stirling (2007) provides a helpful comparison:

> 'A mother might violently physically assault her infant because she is fed up with the child crying, she is intoxicated or drugged, or she earnestly thinks that is the way to get the infant to behave and start eating, but it is still called physical child abuse.' (p. 1028)

Confusion arises because cases of MCA have traditionally been described in terms of perpetrator psychology. Often, these terms designate mental disorders *imposed on another* or experienced *by proxy*. The most famous example is 'Munchausen Syndrome by Proxy (MSBP)', which was first used by the British pediatrician Roy Meadow in 1977 (Meadow, 1977). MSBP occurs when a caregiver fabricates illness in a child to satisfy their own desire for sympathy and attention. More recently, MSBP has been replaced with the term 'Factitious Disorder Imposed on Another (FDIOA)' (American Psychiatric Association, 2013). Authors have used 'Bulimia by Proxy' (Feldman, Christopher, & Opheim, 1989) and 'Anorexia by Proxy' (Scourfield, 1995) to describe caregivers who pressure (or coerce) children into conforming to their disordered eating behaviors. 'Hypochondria by Proxy' does not generally involve deception, but rather pathological *anxiety* about a child's health that is nevertheless associated with the "doctor-shopping" seen in MSBP/FDIOA (Bools, Neale, & Meadow, 1994; Moreira & Moreira, 1998). In similar cases known to the authors, parents with Asperger's syndrome have become morbidly preoccupied with the possibility of a rare, overlooked disease in their child (Bass and Glaser, 2014).

However, in many cases of MCA, there is no evidence that the perpetrator has a psychiatric disorder. Some caregivers fabricate illness in their children purely for financial gain, as can be seen in published reports of 'Malingering by Proxy' (Amlani, Grewal, & Feldman, 2016). While the perpetrators of MCA 'usually ha[ve] no intention of killing or maiming the child' (Sigal, Gelkopf, & Levertov, 1990, p. 740) their actions may put children at risk of death or long-term disability. Sheridan (2003) reviewed 451 published accounts of MCA, noting a fatal outcome in 27 cases (6%) and prolonged or permanent disability in 33 (7.3%). It has been hypothesized that 10% of sudden infant deaths (SIDS) are due to deliberate suffocation by a caregiver (Craft & Hall, 2004) which may be a manifestation of MCA (Bass, Acosta, Adshead, & Byrne, 2014). Emotional problems have been reported by survivors of the abuse, including post-traumatic stress symptoms (Bools, Neale, & Meadow, 1993; Libow, 1995). Unwarranted investigations and treatments can lead to iatrogenic complications in these cases (Bass et al., 2014) – as can "heroic" interventions undertaken on a false pretext. Surgeons have performed pancreatectomy (Giurgea et al., 2005) hemicolectomy (Malatack, Wiener, Gartner, Zitelli, & Brunetti, 1985), and limb amputation (Dershewitz, Vestal, Maclaren, & Cornblath, 1976) under pressure from caregivers.

MCA was once believed to be a rare form of abuse, but surveys administered to pediatricians in recent decades have shown prevalence rates that range from 0.002% to 0.27% (Denny, Grant, & Pinnock, 2001; Light & Sheridan, 1990; McClure et al., 1996). Studies conducted in specialist settings or inter-disciplinary settings return the highest estimates: 1%–13% (Ferrara et al., 2013; Godding & Kruth, 1991; Rahilly, 1991; Warner & Hathaway, 1984). MCA appears to be encountered more frequently by doctors who specialize in pediatric illnesses that are difficult to objectively rule out, such as food allergy (Warner and Hathaway, 1984) and asthma (Godding and Kruth, 1991). MCA is probably more common than many of the diagnoses routinely excluded by pediatricians before considering the possibility of abuse (Hall et al., 2000).

Although "gold-standard" tests for MCA do exist, such as the separation test (Bass et al., 2014) and covert video surveillance (Southall, Plunkett, Banks, Falkov, & Samuels, 1997) these tests are used in practice to *confirm* suspicions of abuse, which are typically aroused by the behavior of the child's caregiver. Psychiatrists working in hospital settings may therefore be required to estimate the risk of MCA purely on the basis of their assessment of the caregiver. Evidence is needed to guide this assessment and, potentially, to plan for intervention.

Unfortunately, little is known about the perpetrators of MCA (Bass & Jones, 2011; Rosenberg, 1987) because the professional literature is mostly concerned with their victims. Only three studies known to the authors have examined a large sample of perpetrators: two major case series (Bass & Jones, 2011; Bools et al., 1994) and Sheridan's (2003) literature review. Their findings would suggest that perpetrators of MCA are usually young (25–31.43 years), female (92–100%), married (43–79%), and the mother of the victim (76.5–100%). Many have been sexually or physically abused, (21.7%–79%). Personality disorders (8.6–75%), mood disorders (5.3–50%), and somatoform disorders (52%–72%) are common, as are features of 'Factitious Disorder Imposed on the Self (FDIOS)' (29.3–64%) which is a psychiatric disorder in which sufferers intentionally fabricate their own illness for psychological gratification (American Psychiatric Association, 2013; Yates and Feldman, 2016). Perpetrators may report employment or training in a healthcare profession (14.3–14.6%).

Individual case reports and smaller case series offer an additional source of information about the perpetrators of MCA (Rosenberg, 1987) if analyzed in aggregate via systematic literature review. This method can provide researchers with larger samples than might be expected from empirical studies, and has been used as such to profile victims of MCA (Sheridan, 2003) and patients with FDIOS (Yates & Feldman, 2016; Libow, 2000). No such review of perpetrators has been undertaken since Sheridan's (2003) analysis, which was limited to case studies of MSBP/FDIOA published before 1999, and extracted only minimal information. Accordingly, we conducted a systematic and up-to-date review of MCA cases in the professional literature, focusing for the first time exclusively on perpetrators.