



RI Forum SW 16th December 2020

Safeguarding – raising awareness of FII

FABRICATED ILLNESS

FABRICATED OR **INDUCED ILLNESS** (FII) IS A RARER FORM OF CHILD ABUSE. IT OCCURS WHEN A PARENT OR CARER, USUALLY THE CHILD'S BIOLOGICAL MOTHER, EXAGGERATES OR DELIBERATELY CAUSES SYMPTOMS OF **ILLNESS** IN THE CHILD.

A clinician may suspect fabricated or induced illness if, after carrying out examinations and tests, there appears to be no explanation for the child's symptoms (for more information, you can read the NICE guidance about [when to suspect child maltreatment in under 18s](#)).

They should also look out for one or more of the following warning signs:

- 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 medication 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 don't seem plausible – for example, a child who has supposedly lost a lot of blood but doesn't 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



PATTERNS AND LEVELS OF ABUSE

The patterns of abuse found in cases of FII usually fall into one of six categories. these are ranked as follows, from least severe to most severe:

- **least severe** - exaggerating or fabricating symptoms and manipulating test results to suggest the presence of an illness
- **intentionally** withholding nutrients from the child or interfering with nutritional intake
- **inducing** symptoms by means other than poisoning or smothering, such as using chemicals to irritate their skin
- **poisoning** the child with a substance of **low toxicity** – for example, using [laxatives](#) to induce [diarrhoea](#)
- **poisoning** the child with a poison of **high toxicity** – for example, using insulin to lower a child's blood sugar level
- **most severe** -deliberately smothering the child to induce unconsciousness



OTHER SIGNS

- parents or carers lying about their child's symptoms
- 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
- poisoning their child with unsuitable and non-prescribed medicine
- infecting their child's wounds or injecting the child with dirt or faeces (stools)
- 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

CAUSAL FACTORS

PREVIOUS MEDICAL HISTORY

One or both parents may have a history of self-harm or drug or alcohol misuse.

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

CHILD ABUSE

One 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.

UNKNOWN

No known /diagnosable cause

WHY? CAUSAL FACTORS.

ROLE PLAYING

This is a complex one- the mother “adopts” the role of being concerned and caring but in reality is passing on the care for her child to medical staff

A FORM OF ESCAPISM

It detracts from the mother’s own issues but gives her access to doctors/medical staff and a central role. Keeps her own issues at bay

PERSONALITY DISORDER

Personality disorders 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.

WHAT HAPPENS?

- two paediatricians review evidence , patterns etc .
- refer for child protection processes
- risk of immediate harm- child may be removed
- child protection plan always in place
- fabricated or induced illness by carers *does* exist. However, the personality disorder msbp does *not* currently exist as a formally recognised mental disorder for the purposes of clinical diagnosis.
- fabricated or induced illness by carers is relatively rare but this should not undermine or minimise its serious nature or the need for practitioners to be able to identify when parents or carers are fabricating or inducing illness in children.

HOW DO YOU SUPPORT A CHILD WHEN THIS MAY HAVE BEEN THEIR EXPERIENCE?

- What issues may arise?
 - How may they present?
 - How should staff shape their response?
 - What may be the risks for the young person and the team?
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- Small groups to discuss