

# FORENSIC ASPECTS, CHALLENGES, AND LEGAL CONSEQUENCES OF THE MÜNCHAUSEN BY PROXY SYNDROME

**Report of 6 Cases from the Institute of Forensic Medicine Aarhus  
Denmark and 1 from the Brody School of Medicine, University of  
East Carolina.**

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# Introduction

- In 1977 Sir Roy Meadow introduced the term “Münchausen syndrome by proxy”
- Child caregivers had either induced or fabricated disease in a child, resulting in considerable medical attention and treatment for the child
- Rare form of child abuse
- Incidence unknown
- Affected feign disease, illness, or psychological trauma to draw attention, sympathy, or reassurance to themselves

# Introduction

- Majority of cases, the abuser is the mother or another female guardian or caregiver
- Usually, fathers deny the possibility of abuse, even in the face of overwhelming evidence
- An elusive, potentially lethal, and frequently misunderstood and overlooked form of child abuse or medical neglect
- Post-mortem diagnosis of Münchausen by proxy is very difficult (probably not possible) without clear investigational evidence and medical records

# Introduction

- Mortality of Münchausen by proxy is estimated to range from 8% to 12%
- Psychiatric long-term morbidity is reported close to 50%
- Median age of children was  $39.8 \pm 32.1$  months and abuse lasted for  $14.9 \pm 14$  months

Ref: Rosenberg DA; Munchausen Syndrome by Proxy: medical diagnostic criteria. Child Abuse Negl. 2003;27(4):421-30.

# Aims for Current Presentation

As a number of cases suspicious for the Münchausen by Proxy Syndrome have never been diagnosed, the incidence of Münchausen by Proxy Syndrome is low, and almost every case is unique and idiosyncratic, we believe that this presentation can contribute to recognizing and diagnosing the Münchausen by Proxy Syndrome

# Case 1

**4-year-old girl** over three year period had a total of 27 out-patient consultations and admissions in the Ear-Nose-Throat Department due to pain, bleeding from the left ear and perforations of the left tympanic membrane.

She underwent surgery on her left ear 11 times including 4 tympanomastoidectomy procedures with myringotomy tube placement.

*Morganella morganii* species cultured from the left ear.

# Case 1

A nurse occasionally observed that the mother was standing over the girl with her right hand over her daughter's left ear

The girl said spontaneously to a nurse, "Mom hurts my ear," while she put her hand on her left ear.

The mother walked over to the TV and said "No, I'm about to put the video on"

## Case 2

**4 children (10-year-old girl, 5-year-old boy, 3-year-old boy, and 1-year-old girl).**

**Child A, Girl:** The eldest daughter had been hospitalized three times in pediatric department after drinking lamp oil, chlorine, and gasoline.

**Child B, Boy:** Admitted at the age of 3-months for pneumonia after swallowed water during a bath

**Child C, Boy:** Admitted twice for a possible epileptic seizure and fever and unconsciousness and gasoline smell.

# Case 2

## Child D, Girl: longest and most complex illness

Within her first year she had been admitted 15 times

The vast majority of times she was admitted due to fever, upper respiratory symptoms and dyspnea. She was treated with antibiotics

X-ray examinations performed several times showed bilateral patchy infiltrates

A few episodes were associated with swimming, two others with smell of petrol and with smell of “deodorant”

# Case 3

- **Two children, 14 months (deceased) and 8 month old with seizures.**
- **Boy A:** The oldest boy had "seizures" with onset at age 6-months; he died at home during a "seizure" at the age of 14-months, while the mother was alone with him
- In both children all of the "seizures" occurred when the mother had been alone with the child, mostly in the bathroom
- Some "seizures" occurred in the hospital, always while staff was not present
- "Seizures" were not observed while the mother was away from the children

# Case 3

- **Boy B**: began having “seizures” at the age of 3-months
  - “Seizures” continued during a number of hospitalizations and extensive anticonvulsant treatment
  - Strong suspicion that there was “...something wrong with the child and his mother...” and covert video monitoring was established

# Case 3

- Video

# Case 4

Girl was examined at Institute of Forensic Medicine in Aarhus for suspected sexual assault perpetrated by the girl's father five times: at the age of 5-, 6-, 8-, 10-, and 11-years, respectively

The girl was accompanied by her mother on each visit

The mother described in detail the sexual assault including intercourse allegedly perpetrated by the girl's father during weekend stays

On each of the 5 examinations, genital examination revealed redness and possible scarring of the hymen

# Case 5

5-year-old boy with intellectual and developmental disability had many contacts with health professionals, both practitioners call physicians, emergency rooms, children's departments, and various other departments

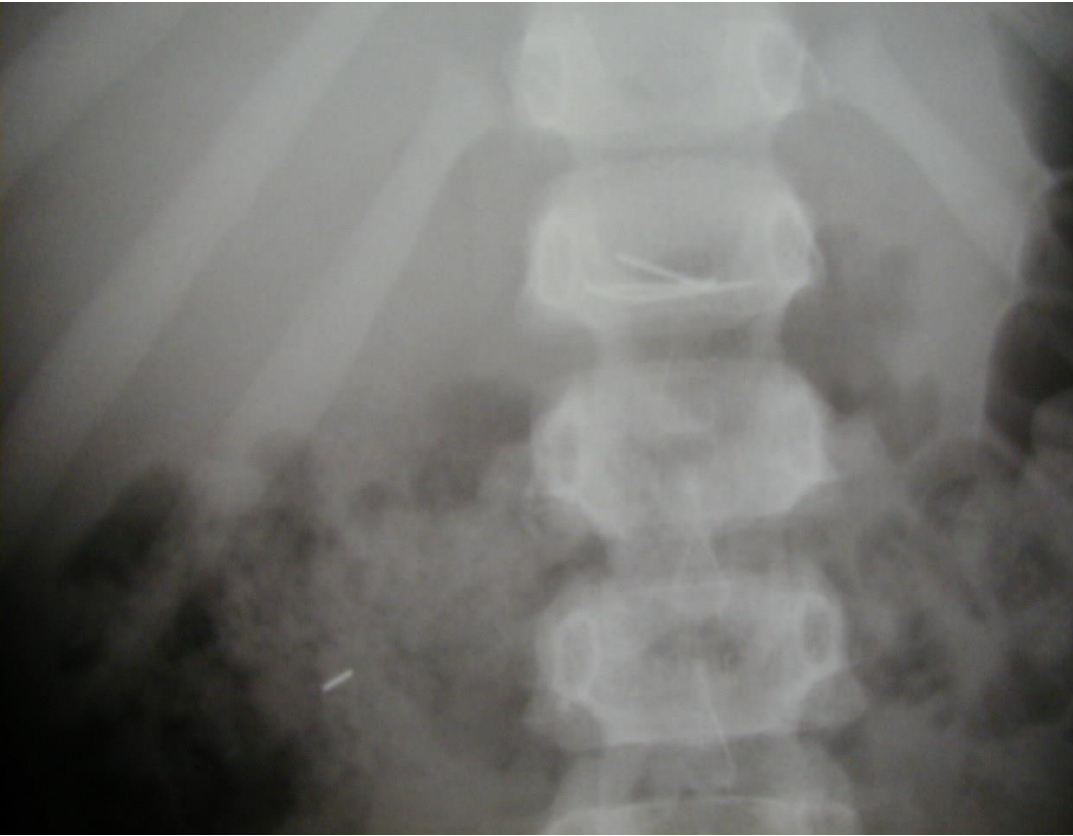
First Admission: Short needle found; according to the mother, the needle was swallowed during play while at school

Second Admission: Reportedly “ingested” four needles; X-ray showed three close to each other, probably in the stomach, and the fourth separate

Last Admission: Reportedly “ingested” a single needle; the needle was found in the throat and was removed

Upon questioning, the mother eventually admitted placing needles in child’s throat





# Case 6

**Family with 4 children: 6-, 4-, 3-, 1-years-old**

## **Girl A:**

Hospitalized of a total of 334 days in different Pediatric, Surgical and Psychiatric Units for constipation, fever and sepsis and malnutrition. Colostomy placement

## **Girl B:**

Numerous admissions for fever and sepsis; no infectious focus found; blood culture identified intestinal bacteria

Massive constipation

Ileostomy, after surgery; continued with fever and sepsis

Surgery removed most of the colon; no definite abnormality was found in resected colon

# Case 6

A syringe with possible intestinal contents was found in the home by police

After removal of children from family:

Children were observed to thrive and developmental conditions improved significantly

None of children have had significant infections subsequently

Intestinal stomas were reversed

# Case 7

**3-month-old girl** and an unrelated child had multiple episodes of arrest requiring cardiopulmonary resuscitation while in daycare.

The other child had no episodes when at home or with other caregivers.

This clinical forensic consultation was considered the result of intentional actions after review by TEDI Bear Children's Advocacy Center, pediatricians, and forensic pathologist and was reported to the Department of Social Service Child Protective Services.

# Discussion

- Similarities
- Differences
- Long-standing abuse
- Features described by Sir Roy Meadow in 1977 are present in these cases

# Discussion

- Persistent feeling that “something is wrong”, but long time before action is taken
- Other causes cannot be completely excluded
- Strong feelings are often involved
- Sparse or no evidence
- Many controversial opinions



# Take Home Messages

- Münchausen by proxy is difficult to diagnose
- Even if suspected, difficult to prove
- Almost impossible to diagnose post-mortem without significant investigative evidence
- Controversial opinions and unclear evidence
- Serious legal consequences for caregivers
- Interdisciplinary team effort is necessary