Emotional Abuse and Munchausen's by Proxy: II

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Emotional Abuse

- Constant belittling, shaming, and humiliating
- Calling names and making negative comparisons to others
- Telling a child they're "no good," "worthless," "bad," or "a mistake"
- Frequent yelling, threatening, or bullying
- Ignoring or rejecting a child as punishment, giving them the silent treatment
- Limiting physical contact with a child—no hugs, kisses, or other signs of affection
- Exposing a child to violence against others, whether it is against the other parent, a sibling, or even a pet

Warning signs of emotional abuse

EXCESSIVELY WITHDRAWN, FEARFUL, OR ANXIOUS ABOUT DOING SOMETHING WRONG

SHOWS EXTREMES IN BEHAVIOR (EXTREMELY COMPLIANT, DEMANDING, PASSIVE, AGGRESSIVE)

DOESN'T SEEM TO BE ATTACHED TO THE PARENT OR CAREGIVER

ACTS EITHER INAPPROPRIATELY ADULT (TAKING CARE OF OTHER CHILDREN) OR INAPPROPRIATELY INFANTILE (THUMB-SUCKING, THROWING TANTRUMS)

More Signs and Symptoms

- Wanting attention or becoming clingy
- Not caring how they act or what happens to them
- Trying to make people dislike them
- Developing risky behavior, like stealing, bullying or running away.
- Problems feeling, expressing and controlling emotions
- Lacking confidence or causing anger problems
- Finding it difficult to make and maintain healthy relationships later in life
- Higher levels of depression and health problems as adults compared to those who experienced other types of child abuse

Munchausen's by Proxy

- Illness in a child that is faked or produced by parent or acting parent
- Presentation of the child for medical assessment and care usually persistently often resulting in multiple medical procedures
- Denial of knowledge by the perpetrator as to the etiology of the child's illness
- Acute signs and symptoms of the child abate when the child is separate from the perpetrator

Munchausen's

- First highlighted by British Pediatrician, Roy Meadow, and described in a number of publications (1977,1982, 1985) MSBP is dangerous
- It has been estimated that 6 to 10% of MBP victims die
- Cases that appear to involve only false reports or simulation of symptoms should be considered as dangerous as those in which induction of illness has been suspected or confirmed
- Furthermore, the diagnosis of MSBP takes time; average time for diagnosis ranges from 6 to 15 months (Parnell, Day, 1997)
- Many think that it is more common than reported

Typology of Victims

- Male = Female
- Average age: 48 months
- Time to diagnosis: 22 months
- Outcomes: long-term disability in 7-8%, death in 6-9%
- Siblings: 25% of sibs dead, 50% under “suspicious circumstances”

Typology of Perpetrators

- Female >> Male
- Mothers heavily represented
- Medical background: 14-27%
- Factious Disorder in caregiver: 29%
- Psych diagnosis: 23%
  - Depression, personality disorders, somatization
- Lie about the child's symptoms.
- Change test results to make a child appear to be ill.
- Physically harm the child to produce symptoms.

More about the Perpetrators

- Has medical skills or experience.
- Seems devoted to his or her child.
- Looks for sympathy and attention.
- Tries too hard to become close and friendly with medical staff.
- Needs to feel powerful and in control.
- Does not see his or her behavior as harmful.
- Abusers often feel like their life is out of control. They often have poor self-esteem and can't deal with stress or anxiety.
- The attention that caregivers get from having a sick child may encourage their behavior.
- Caregivers may get attention not only from doctors and nurses but also from others in their community

Diagnosis

Difficult because:

- Presentations vary greatly
- Medical personnel are involved in harm
- Multiple institutions, scattered records
- Failure to consider the diagnosis
- Failure to involve other professionals

Suspicions

- A child has a repeated or unusual illness, and no reason can be found.
- The child doesn't get better, even with treatments that should help. Symptoms only occur when the caregiver is with or has recently been with the child. But symptoms get better or go away when the caregiver is not there or is being closely watched.
- The other parent (usually the father) is not involved in the child's treatment, even though the child's condition may be serious.
- A caregiver suddenly changes doctors and lies about prior testing and treatment.
- Normal test results don't reassure the caregiver. And he or she may be strangely calm or happy when the child's condition is getting worse.
- The caregiver is seen (or videotaped or recorded) harming the child or causing symptoms.
- Another child in the family has had unexplained illness or death.

Case Vignette

- 3yo boy
- Complaints of GI and joint aches
- Parents are separated and share custody
- 14 visits to PCP in past year, 3 to ED
  - Complaints are typically vague and often involve GI, joint and head pain
- Mother has accused father of neglect and sexual abuse:
- Father doesn’t adhere to Mom’s special diet

What are next steps?

How do you make a diagnosis?

Case 3

- 6yo boy with asthma sx per mom
- “meds don’t help”
- Peak flow decreased in office, but improves w/ albuterol neb
- Improvements not sustained at home
- Mom asks for steroids
- Wants disability papers filled out