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Malingering-by-proxy: Need for child protection and guidance for reporting



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ABSTRACT

The feigning of disabling illness for compensation at the direction or pressure by others, which is called malingering by proxy (MBP), has been the subject of several spirited articles. [Chafetz and Prentkowski \(2011\)](#) suggested that MBP has the potential for real harm to the child. In a poster at the AACN scientific session in 2011, [Chafetz and Binder \(2011\)](#) pursued a case of MBP that showed the child had clearly suffered and failed to progress in the 6 years that had passed since she was first evaluated as an 11 year old. In the present article, we identify three cases that compare and contrast effects of MBP, illustrating that child abuse and/or neglect can be a serious and reportable consequence of MBP behavior. To illustrate how MBP behavior can cause child abuse, we compare MBP behavior with Munchausen Syndrome by Proxy (MSBP), another condition of volitional noncredible behavior produced in a vulnerable person at the direction or pressure by others. Guidance criteria for reporting MBP as child abuse/neglect are introduced in this article.

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Introduction

Laws regarding child protection attempt to balance the constitutional and civil rights parents enjoy concerning their children with children's fundamental interest in being protected from abuse and neglect. The *parens patriae* (i.e., "parent of the country") doctrine gives all states the right to intervene when a child has been harmed or is at-risk of being harmed ([American Psychological Association Practice Organization, 2013](#)). When a report is made to the state Child Protection Agency, interventions usually occur in conditional stages: (1) investigation; if the findings indicate sufficient risk for harm, then (2) the State can assume custody and care through the foster system, and help rehabilitate the parents; if this step fails, then (3) the state moves toward final disposition, which may include adoption and termination of parental rights ([American Psychological Association, 2013](#)). The primary purpose during the investigation phase is to determine if a child's health or welfare has been harmed.

Definitions of what constitutes abuse vary among states and authors. A growing body of research has been dedicated to empirically validating criteria of abuse to promote agreement among the gatekeepers of services for the victims ([Heyman & Slep, 2009](#); [Slep, Heyman & Snarr, 2011](#)). This article seeks to provide evidence that directing or pressuring one's child to exaggerate or feign symptoms to obtain financial assistance for the parent, malingering-by-proxy (MBP), is a form of abuse and should be treated as such by protective agencies. We will provide guidance with criteria for clinical use in determining when the threshold of abuse has been reached and a report to proper authorities should be made.

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Malingering-by-proxy (MBP) as abuse

Malingering involves the intentional production or exaggeration of symptoms (illness) for obtaining compensation or avoidance of duty/punishment. Historically, when the feigning occurs at the “direction or pressure by others” in the context of secondary gain, the issue of MBP is invoked (Slick, Sherman, & Iverson, 1999). Concerning adults, malingering specifically requires the presence of potential for secondary gain – the A criterion in Slick et al. (1999). In children, self-directed and intentional compensation seeking behavior initiated by the child may not be as common (Rohling, 2004), though participation in the parent’s plan may lead to devastating consequences for the child, as the reader will see.

Case-studies serve to illustrate conditions under which parents induce malingering-by-proxy, and the potential consequences. For example, Cassar, Hales, Longhurst and Weiss (1996) presented the case of a 13 year old 8th grader whose mother disagreed with the initial psychiatric diagnosis of uncomplicated ADHD, insisting that the child had a bipolar disorder and admitting him. During hospitalization and under the therapeutic milieu, the child was weaned off methylphenidate without emergence of symptoms of any psychiatric diagnosis. The mother indicated displeasure with these findings, as she had applied for disability benefits on the grounds of “chronic mental illness.” Moreover, the parents of this child recently divorced, leaving the mother without benefit of her now ex-husband’s disability benefits. Desire for monetary gain was thus established. Apparently, this mother was willing to have her child diagnosed with one or more mental disorders, and be medicated for them, when indeed medication was unnecessary.

In a case of MBP in a Social Security Disability (SSD) examination, Chafetz and Prentkowski (2011) highlighted the example of a 9-year-old boy who obtained scores of 14/50 and 9/50 on the first two trials of the Test of Memory Malingering (TOMM; Tombaugh, 1996), which are significantly below chance levels of performance considering the binomial distribution. He obtained scaled scores of 1 on all WISC-III subtests, and showed a number of compelling inconsistencies (e.g., not knowing birthday). When the performance is this egregious, Pankratz and Erickson (1990) have indicated that the motivation is clear enough to be termed “the smoking gun of intent.” This case was considered as willful participation in the parent’s attempts to secure reliable compensation through the Social Security Disability program. The authors were also concerned about the future consequences for this child, given that he was fighting frequently and not doing well in school.

Lu and Boone (2002) similarly presented a case of a 9-year-old male involved in litigation. There were noncredible findings on validity testing, and the parents had been found to be deceptive in providing inaccurate information about the child’s premorbid functioning.

As cited in Chafetz and Prentkowski (2011), Kompanje (2007) communicated a case of MBP reported in 1593 by the renowned surgeon, Guilielmus Fabricius Hildanus (1560–1634). In this historic case, the parents eventually admitted to authorities a “gruesome and barbaric piece of roguery” in which they had opened up the top of their child’s head and inserted a small pipe, enlarging the child’s head by inflating with air through the pipe. The pipe was withdrawn, and the opening was covered and disguised with wax. By showing their child from town to town as a monster, and deriving profit from the show (secondary gain), this case was considered malingering by proxy, rather than Munchausen Syndrome by Proxy. The parents were penalized to pay with their lives.

Munchausen syndrome by proxy (MSBP)

The DSM-IV-TR (American Psychiatric Association, 2000) defines Factitious Disorder by Proxy as the “deliberate production or feigning of physical or psychological signs or symptoms in another person who is under the individual’s care” (p. 781). It is noted that DSM-5 [American Psychiatric Association, 2013] codes under factitious disorder imposed on another, but for consistency we remain with the DSM-IV-TR nomenclature. The DSM-IV-TR indicates that the motivation for the perpetrator’s behavior is considered to be the psychological need to assume the sick role by proxy, but the need to be seen as the better parent in a custody matter may give rise to similar behavior.

In more extreme cases in which frank illness is produced, the term Munchausen Syndrome by Proxy (MSBP) is applied (Jones, Butler, Hamilton, Perdue, Stem, & Woody, 1986; Stirling, 2007). MSBP includes physical and psychological abuse, and medical neglect (Stirling, 2007). To determine a case of MSBP, it is instructive to consider recognized signs (Jones et al., 1986; Stirling, 2007) of the disorder. Frequently, there are numerous discrepancies between the parent’s (and child’s) presentation of illness and the determination of actual illness. In the most extreme of cases, the parent may secretly bruise a child with a hammer, or suffocate the child and kill him during a hospitalization for “apnea” (Stirling, 2007).

Terminology of abuse

The Louisiana Department of Social Services (LDSS, 2012) provides a public document that contains a glossary of various terms for abuse. This document includes a definition and criteria for “Factitious disorder by proxy/Munchausen by proxy syndrome.” This definition includes the statement: “this allegation does not include cases in which a parent’s motive is . . . a result of their concern for the child *or fabrications for monetary gain*” (LDSS, 2012, p. 23; italics added for emphasis). Although this exclusion is appropriate given the DSM-IV-TR diagnostic criteria of factitious disorder and MSBP (APA, 2000), there is no additional consideration of symptom exaggeration for financial gain in the LDSS definitions. This is troublesome when considering that negative outcomes can occur whether the behavior occurs to fulfill a psychological or financial need of the parent.

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