Warning Signs for Factitious Disorder in Caregivers

Medical-Related Behaviors:

- **Frequent Medical Visits:** The offender ensures the child has an unusually high number of medical appointments, often with various doctors and specialists.
- **Inconsistent Medical History:** The offender provides a medical history that is inconsistent or does not match the clinical findings.
- **Reluctance to Leave the Child:** The offender is overly protective and reluctant to allow medical staff to examine the child alone.
- **Seeking Attention:** The offender appears to enjoy the attention and sympathy they receive from medical professionals and others.
- **Repeated Evaluations:** The offender has the child repeatedly evaluated for abuse (both psychologically and/or medically) and seems dissatisfied with negative or equivocal results.
- **Welcoming Repeated Examinations:** The offender welcomes repeated medical examinations and procedures with the child, even if these are painful or upsetting for the child.
- **Doctor/Provider "Shopping":** The offender seeks out healthcare providers who are willing to validate and support their claims of illness or disease, switching professionals if they receive negative feedback or responses from others.
- **Inducing Symptoms:** Evidence or suspicion that the offender may be inducing symptoms in the child through various means (e.g., administering substances, causing physical harm).
- **Control Over Medical Decisions:** The offender exerts excessive control over the child's medical care, often overruling medical advice or dictating treatment plans.
- **Detailed Knowledge of Medical Terminology:** The offender has an unusual or detailed understanding of medical terminology and procedures that is not typical for a layperson.
- **Inconsistencies in Symptoms:** Symptoms described by the offender do not match the child's actual medical condition or are inconsistent when reported to different healthcare providers.
- **Rapid Symptom Resolution:** Symptoms often resolve or improve when the offender is not present or when the child is in a different environment, such as during hospitalization.
- **Frequent Change of Residence:** The offender moves frequently to avoid continuity of care or consistent monitoring by medical professionals familiar with the child's history, especially when those medical professionals have begun voicing their concerns about Munchausen-by-Proxy and the medical deception.

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Legal and Reporting Behaviors:

- **Frequent Reports to Authorities:** The offender frequently reports the child as being abused or neglected by the other parent or another adult.
- **Knowledge of Abuse Protocols:** The offender has extensive knowledge of abuse protocols and legal procedures.
- **Reluctance for Unsupervised Visits:** The offender is resistant to allowing the child to have unsupervised visits with the accused parent or adult.
- **Case-Building Focus:** The offender is more interested in building a case against the alleged offender than in helping the child deal with the alleged abuse and move forward appropriately.
- **False Allegations:** The offender makes false allegations of abuse or neglect against the other parent, or other members of that parent's household and/or family.
- **Contradictory Allegations:** The offender makes allegations of abuse that are not grounded in reality and seem to contradict many of the corroborative efforts made by investigators.
- **Bizarre or Improbable Allegations:** The offender makes bizarre or improbable allegations, such as multiple family members being accused, including the grandparents on the alienated side.
- **Overemphasis on Documentation:** The offender keeps meticulous records of every medical visit, report, and incident, often more detailed than necessary.
- **Discrepancies in Reports:** Reports given to medical and legal authorities vary significantly, raising concerns about their accuracy and reliability.
- **Frequent Change of Residence:** The offender moves frequently to avoid investigative jurisdictional issues, or consistent monitoring by legal professionals familiar with the child's history that might have concerns about the deception and the welfare of the child-victim.
- **Welcoming Repeated Examinations**: The offender welcomes repeated sexual assault examinations and interrogations of the child, even if these are painful or upsetting for the child.
- **Professional "Shopping":** The offender seeks out professionals who are willing to validate and support their claims of abuse, switching professionals if they receive negative feedback or responses from others.

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Manipulative and Control Behaviors:

- **Negative Talk:** In parental alienation and false allegations of abuse cases, the offender frequently speaks negatively about the non-offending parent to the child or in the child's presence. In cases involving medical deception, the offender frequently speaks negatively about the healthcare providers that are not validating their assertions of illness.
- **Limiting Contact:** In parental alienation and false allegations of abuse cases, the offender restricts or interferes with the child's contact and communication with the non-offending parent. In cases involving medical deception, the offender limits contact and involvement with the child for any person who may act against the interests of protecting the child against the medical deception.
- **Undermining Authority:** The offender undermines other caregiver's authority and parenting decisions, especially in front of the child, or any other protective person acting in a manner that either questions the offender's actions and beliefs, or in a way that is protective for the child.
- **Encouraging Rejection:** In parental alienation and false allegations of abuse cases, the offender encourages or subtly rewards the child's rejection of the non-offending parent. In cases involving medical deception, the offender encourages the child to reject any person who doesn't validate the beliefs and actions of the offender.
- **Gatekeeping:** The offender acts as a gatekeeper, controlling all aspects of the child's interaction with any person that might act protectively for the child or possibly question the offender's motives, beliefs or actions.
- **Isolating the Child:** In parental alienation cases, the offender isolates the child from the non-offending parent's extended family and friends, not only the non-offending parent. In cases involving medical deception, the offender isolates the child from various social circles that might not validate the offender's beliefs, actions, and motives.
- **Emotional Manipulation:** The offender uses emotional manipulation, such as guilt or fear, to influence the child's feelings toward other protective people. The offender also uses emotional manipulation to influence professionals in ways to validate and support the offender's beliefs, motives and actions.
- **Reluctance for Mediation:** In parental alienation cases, the offender is resistant to co-parenting counseling or mediation efforts that might improve the child's relationship with the non-offending caregiver. In medical deception cases, the offender will resist any medical efforts or legal efforts to legitimately evaluate the child's condition with the intent to examine the legitimacy of the medical illness condition (specifically regarding the "**diagnostic separation test**").
- **Exaggerating Minor Issues:** In parental alienation cases, the offender exaggerates minor parenting disagreements or incidents to paint the non-offending parent in a negative light. In medical deception cases, the offender will exaggerate minor disagreements regarding medical treatment of the child and make outrageous claims of mistreatment and malpractice.
- **Manipulation of Information:** The offender manipulates information by fabrication, omission, or distortion of the truth.

Warning Signs for Factitious Disorder in Caregivers

Behavioral and Interaction Patterns:

- **Seeking Sympathy:** The offender seeks sympathy and support from professionals and community members by emphasizing the child's victimization or medical ailments.
- **Accuser's Abuse History:** The offender gives a history of themselves being the victim of prior sexual abuse, domestic violence or other violent assault.
- **Enmeshed Relationship:** The offender insists on staying in the room with the child during any forensic interviews, counseling sessions, or examinations of any kind regardless of whether or not they are medical or psychological in nature.
- **Projection of Victimhood:** The offender consistently portrays themselves as a victim of the accused (or of the medical professionals and institutions they are using), using this narrative to gain sympathy and support from others.
- **Inconsistencies in Behavior:** The offender's behavior and demeanor may change significantly when speaking to different professionals or when observed in different contexts.
- **Encouraging Illness Behavior:** The offender encourages or rewards the child for exhibiting signs of illness or distress, reinforcing the child's role as a patient or victim.

General Observations:

- **History of Similar Behavior:** A documented history of similar behavior or accusations in previous relationships or with other children.
- **Pattern of Escalation**: A noticeable escalation in the severity or frequency of allegations or symptoms over time, particularly when previous efforts to gain attention or support have diminished.
- **Use of Social Media:** Excessive use of social media to share details about the child's alleged medical conditions or victimization, often seeking public sympathy or support (including financial support for excessive medical bills).

Warning Signs for Factitious Disorder in Child-Victims

Medical and Physical Health Behaviors:

- **Symptoms Only in Presence of Caregiver:** The child's symptoms improve when they are separated from the caregiver or worsen when they are with the caregiver-offender.
- **Unexplained Medical Conditions:** The child presents with medical conditions that are rare, unusual, or difficult to diagnose.
- **Multiple Hospitalizations:** The child has a history of multiple hospitalizations without clear medical necessity.
- **Invasive Procedures:** The child has undergone numerous invasive procedures or surgeries that are not clearly indicated by the child's medical condition.
- **Inconsistent Injuries:** The reported injuries do not match the child's physical condition or medical records. The explanation for the injuries is inconsistent with the type and severity of the injuries observed.
- **Therapeutic Regression:** The child does not recover from abuse through therapy, or a previously well-adjusted child regresses during therapy, developing nightmares and engaging in bedwetting, etc.
- **Rapid Symptom Disappearance:** Symptoms rapidly disappear when the child is separated from the caregiver-offender for a significant period (or when the caregiver-offender believes that medical professionals are "on to them" regarding their application of the medical deception).
- **Psychosomatic Symptoms:** The child exhibits symptoms that have no physical explanation but may be linked to psychological stress or manipulation by the caregiver-offender. This will be especially evident in older children (usually 10 years old and older) when the child exhibits the psychosomatic symptoms or outright false medical symptoms (indicative of malingering) in times of high-stress such as during school tests or activities that the child does not want to engage in.
- **Multiple Unnecessary Tests:** The child undergoes numerous diagnostic tests that are not medically justified, often at the insistence of the caregiver-offender.
- **Complex Symptoms and Illness:** The child presents to medical providers with multiple, complicated symptoms, across multiple body systems (for example: seizures and neurological deficits, seen alongside blood disorders, gastrointestinal problems, and immunodeficiencies) that do not seem to respond to normal courses of treatment.

Warning Signs for Factitious Disorder in Child-Victims

Language and Communication Patterns:

- **Borrowed Scenarios:** The child uses language and phrases that seem to be borrowed from the mother, indicating they are repeating things they have been told rather than their own experiences.
- **Automatic Support:** The child reflexively and automatically supports the offender's views and behaviors, even in situations where it seems unreasonable.
- **Derogatory Statements:** In parental alienation cases, the child makes derogatory or demeaning statements about the non-offending caregiver that could appear rehearsed or coached. In cases involving medical deception, the child may make these statements with respect to the medical healthcare providers or other professionals that are not validating or supporting the medical illness narrative being pushed by the offending caregiver.
- **Inconsistent Statements:** The child's account of the alleged abuse changes significantly over time or contains discrepancies and/or contradictions.
- **Developmentally Inappropriate, Overly Structured Narratives:** The child uses language or describes situations that seem too advanced for their age, suggesting they may have been coached. Or the child provides excessively structured (seemingly rehearsed) and detailed descriptions of the abuse that seem developmentally inappropriate for the child.
- **Stereotyped Descriptions:** In parental alienation cases, the descriptions of the alleged abuser's behavior are stereotyped and lack the nuances of real-life interactions or any grounding or anchoring in reality.
- **Sudden Allegations:** In parental alienation cases, the allegations appear suddenly, often in the context of a custody dispute or following a significant conflict between the parents, or significantly timed around important court dates or settings.
- **Inconsistent Child Responses:** The child answers negatively about the abuse when questioned away from the offending caregiver. The child may make statements like, "Mommy says I was molested," or "Mommy says that I am really sick."
- **Evolving Allegations:** The child adds more detailed abuse over time if the offender feels like the investigation is stagnant and that professionals don't believe the child and/or offender.
- **Rote Recitation of Allegations:** The child recites allegations of abuse in a rote manner (structured production of the abuse narrative). The child is eager to tell the story of their abuse. The child describes the abuse in non-developmentally appropriate language, especially if it mirrors or parrots the language of the accusing adult.
- **Lack of Spontaneity:** The child lacks spontaneity in their descriptions, often waiting for cues from the caregiver to speak.

Warning Signs for Factitious Disorder in Child-Victims

Psychological and Social Influences:

- **Psychological Pressure:** The child appears to be under psychological pressure from a parent or caregiver to maintain the allegations or illness.
- **Behavioral Inconsistencies:** The child's behavior is inconsistent with someone who has experienced severe abuse, or who is undergoing significant medical ailments, illness or disease.
- **Implausible Scenarios:** The scenarios or illness symptoms described by the child are implausible or highly unlikely.
- **Influence of Accuser:** The child's statements closely reflect the narrative provided by the accusing parent or caregiver.
- **Signs of Psychological Manipulation:** The child shows signs of psychological manipulation, such as fear of displeasing the caregiver or repeating phrases verbatim that the caregiver uses.
- **Social Withdrawal:** The child withdraws from social activities or exhibits changes in social behavior that correlate with the caregiver's influence.
- **Discrepant Reports:** Reports from teachers, friends, or other observers indicate a significant discrepancy between the child's behavior in different environments (e.g., school vs. home).

General Observations:

- **History of Previous Allegations:** The child or caregiver has a history of previous allegations of abuse or medical issues that were not substantiated.
- **Professional Opinions:** Consider seeking opinions from multiple professionals (e.g., pediatricians, psychologists) to obtain a well-rounded view of the child's condition and allegations.
- **Third-Party Observations:** Observations from third parties (e.g., teachers, babysitters) that may provide insight into the child's behavior and symptoms when away from the caregiver. ***Any concerns from people within the child's social circles, or offender's social circles that appear they are concerned about Munchausen-by-Proxy or Parental Alienation, should be seen as extremely credible and noteworthy for the purpose of a professional investigation and evaluation.***