# Munchausen-by-Proxy Worksheet - for Investigators

## Relevant Personality Disorders:

***Section 1 (HPD – Histrionic Personality Disorder)***

1. Exaggerating the child's symptoms – to elicit sympathy and concern (attention-seeking)
2. Seeking frequent medical attention, even when there is no evidence of a medical condition.Visiting multiple doctors and specialists to reinforce the impression that the child has a rare or complex illness or condition.
3. Use of emotional manipulation – skilled at manipulating the emotions of others to draw attention to themselves and their perceived hardships. Will frequently share stories about their own or their child's health struggles to evoke sympathy and support (attention-seeking)
4. Creating public spectacles – make frequent posts on social media about their child's health issues, organize fundraisers, start go-fund-me accounts, or seek media attention to portray themselves as a heroic caretaker (attention-seeking and malingering both)
5. Assuming the role of the "suffering caretaker" – consistently portraying themselves as a self-sacrificing, devoted caregiver, and highlighting the emotional toll of caring for a sick child. Seeking praise and admiration for their dedication and resilience. (attention-seeking, playing the hero-victim)
6. Becoming overly involved with medical professionals – may seem to develop intense or overly intimate relationships with their medical professionals involved in the child's care. May seek constant contact with doctors, nurses, therapists… further reinforcing the appearance of a devoted caretaker.
7. Minimizing the child's autonomy – may undermine the child's autonomy and ability to communicate their own needs, making the child more dependent on them for medical decisions and care.
8. Neglecting the child's actual needs – while seeking attention for themselves, the caregiver may neglect the child's actual emotional and/or physical needs. They may focus more on their own emotional fulfillment by doing this, than on the actual well-being of the child.

***Section 2 (BPD - Borderline Personality Disorder)***

1. Unstable self-identity, profound sense of emptiness and/or uncertainty
2. Presenting themselves as a devoted caregiver – take on the role of the "heroic" caretaker
3. Intense fear of abandonment
4. Create distress and illness issues with the child to maintain child's proximity to them, and the dependence of the child on them as a caretaker, preventing the child from leaving or anyone else having access to the child, as if they are the only ones who are capable of caring for this child's needs
5. Attention-seeking behaviors, need to feel validating in beliefs and experiences.
6. By creating a medical crisis for the child, they can elicit sympathy, concern and attention from others to temporarily alleviate their feelings of loneliness or inadequacy.
7. Impulsivity and Self-Destructive Behaviors – seen in "induction" cases, the caregiver is not thinking ahead and fully considering the potential harm to the child or the ramifications of what will happen next. Only thinking about the immediate gratification of the attention received from the medical emergency/condition.
8. Emotional dysregulation and rapidly shifting emotions.
9. Creating these illnesses or conditions is a way for them to express their own emotional turmoil, or to distract themselves from their emotional pain.
10. Idealization and Devaluation – they begin relationships with a very idealized or fanciful idea of the person they are engaged with, but those feelings quickly turn to devaluation and hostility. Will begin by showing a lot of interest and excitement with a new medical healthcare provider but then take an oppositional stance with that provider when the provider doesn't go along with what they want, or tell them what they want to hear.

# Munchausen-by-Proxy Worksheet - for Investigators

## Relevant Personality Disorders (continued):

***Section 3 (NPD - Narcissistic Personality Disorder)***

1. Desire for attention and validation – intense need for attention and admiration from others.Present themselves as heroic and self-sacrificing caregiver of a sick child – fulfill their desire for admiration and validation from family, friends, and medical professionals.
2. Grandiosity and Sense of Superiority – inflated sense of their own importance and believe they are special or unique. See themselves as exceptionally caring and competent in managing their child's medical condition, even though it is (or parts of it are) fabricated or exaggerated.
3. Lack of Empathy – will disregard the child's emotional and physical well-being in pursuit of their own need for attention and validation.
4. Exploitative behavior – will exploit and deceive others to achieve their goals and fulfill their desires. Will exploit the child's vulnerability and dependence to manipulate situations and gain sympathy or some benefit from others.
5. Manipulative and Deceptive – Highly skilled manipulators and deceivers. Very convincing. Will be able to convincingly present false information to medical professionals, and other people in their lives to convince them of the narrative of their child's illness.
6. Difficulty handling criticism – cannot tolerate criticism and will react with anger, defensiveness, and/or attitudes of entitlement. If their deception is challenged or questioned, they may become hostile or aggressive.
7. Sense of entitlement – have an unreasonable sense of entitlement and believe they deserve special treatment. Will use the fabricated or exaggerated illness as a means to gain special treatment or resources from others.

***Section 4 (Other Psychologically Relevant Issues)***

***Depression and Anxiety***

1. Caregiver's Anxiety: Caregivers who engage in MBP may experience anxiety related to their need for attention and validation. Their anxiety about not being noticed or appreciated can drive them to create elaborate medical scenarios for their child, hoping that the resulting attention will alleviate their anxiety temporarily.
2. Anxiety about Identity: Caregivers with underlying anxiety issues might struggle with their own sense of identity and self-worth. Presenting themselves as the heroic caregiver of a sick child could be a way to validate their worth and establish an identity they lack.
3. Anxiety as a Motivator: The caregiver's anxiety about feeling powerless, insignificant, or ignored could motivate them to engage in MBP as a way to regain a sense of control and influence over their environment and relationships.
4. Coping Mechanism: For caregivers experiencing depression, the act of orchestrating the child's fabricated illness might serve as a maladaptive coping mechanism. The focus on the child's health might temporarily distract them from their own emotional pain and struggles.
5. Desire for Validation: Depression can lead to low self-esteem and a desire for validation. By presenting themselves as caregivers sacrificing for a sick child, individuals with depression may seek validation and admiration to counteract their negative self-perception.
6. Depression's Impact on Decision-Making: Depression can impair judgment and decision-making. Caregivers with depression may be less able to objectively assess the harm they're causing to the child, as their own emotional struggles could cloud their perspective.

# Munchausen-by-Proxy Worksheet - for Investigators

## Relevant Personality Disorders (continued):

***Section 4 (Other Psychologically Relevant Issues) - continued...***

***Impact on the Child:***

1. Child's Anxiety: The child victim may experience anxiety due to the constant medical interventions, tests, and treatments they undergo. The fabricated illnesses can lead to confusion, fear, and anxiety about their actual health status.
2. Child's Emotional Well-Being: As the child becomes aware of the caregiver's behavior, they might experience anxiety and fear regarding their relationship with the caregiver. They could also feel trapped between their loyalty to the caregiver and their desire for normalcy.
3. Long-Term Psychological Effects: The child's experiences of being subjected to MBP can lead to long-term psychological issues, including anxiety, depression, and difficulty forming trusting relationships. They might struggle with self-esteem and identity concerns due to their distorted experiences.
4. Mistrust and Emotional Distress: The child may develop mistrust towards medical professionals and caregivers, leading to heightened anxiety and emotional distress whenever they interact with healthcare providers.

***Section 5 (Instability in Life)***

***Work Instability:***

1. Frequent Job Changes: MBP offenders may struggle to maintain stable employment due to their preoccupation with the fabricated medical conditions of their child. Their behavior might lead to absenteeism, reduced productivity, and frequent job changes.
2. Interpersonal Conflicts: Their attention-seeking behavior, manipulation, and need for validation can create conflicts in the workplace. Colleagues may become frustrated with their constant stories about the child's health, leading to strained relationships.
3. Difficulty Meeting Responsibilities: The demands of orchestrating and maintaining the deception related to the child's health can interfere with their ability to fulfill work responsibilities effectively.

***Personal Relationships Instability:***

1. Turbulent Relationships: MBP offenders may have tumultuous personal relationships marked by intense emotions, idealization, and devaluation. These patterns can extend to friendships, romantic partners, and family members.
2. Lack of Intimacy: Their preoccupation with the fabricated medical conditions of the child may lead to emotional distancing from loved ones, making it challenging to form and maintain intimate relationships.
3. Manipulation and Deceit: MBP offenders might manipulate personal relationships for their own gain, including seeking emotional support and validation. Their deceptive behavior can erode trust and damage connections.

***Home Environment Instability:***

1. Chaotic Household: The deception involved in MBP can lead to a chaotic home environment, with constant medical appointments, treatments, and interventions disrupting daily routines.
2. Financial Strain: The costs associated with medical interventions and treatments, as well as potential legal consequences, can create financial strain and instability in the household.
3. Emotional Volatility: MBP offenders' emotional instability can contribute to a tense and unpredictable home environment. Rapid mood shifts and emotional dysregulation may impact the child's emotional well-being.
4. Isolation: The caregiver's focus on maintaining the fabricated medical conditions might result in social isolation, as they prioritize their attention-seeking behavior over interactions with friends and extended family.
5. Neglect of Household Responsibilities: The caregiver's fixation on the child's health might lead to neglect of household responsibilities, contributing to an overall disorganized and unstable environment.

# Munchausen-by-Proxy Worksheet - for Investigators

***Section 6 (Self-Esteem Deficits)***

1. Inadequacy and Low Self-Worth: MBP offenders may feel inadequate and have a low sense of self-worth. They might believe that they are not valued or appreciated for who they are, leading them to seek validation through the fabricated medical conditions of their child.
2. Need for External Validation: A core aspect of MBP offenders' self-esteem issues is their strong need for external validation. They often rely on others' admiration and sympathy to temporarily boost their self-esteem and counteract their negative self-perception.
3. Idealization of Caregiving Role: MBP offenders may idealize the role of being a caregiver, believing that they can gain the recognition and admiration they crave by presenting themselves as heroic caretakers of a sick child.
4. Dependency on Others' Opinions: Their self-esteem might be heavily dependent on others' opinions and feedback. Positive reactions to their caregiving efforts, even if based on deception, can provide temporary relief from their underlying self-doubt.
5. Creating a False Sense of Identity: Engaging in MBP allows offenders to create a false sense of identity as a dedicated, self-sacrificing caregiver. This fabricated identity provides a temporary boost to their self-esteem by positioning them as an exceptional and caring individual.
6. Fear of Rejection and Abandonment: Their self-esteem issues can be linked to a fear of rejection and abandonment. They might believe that if they don't engage in the abusive behavior, they will lose the attention, validation, and support they need to feel secure.
7. Distorted Self-Image: Offenders may have a distorted self-image, viewing themselves as unimportant or insignificant. This distorted self-perception drives them to exaggerate or fabricate medical conditions to gain attention and recognition they believe they lack.
8. Emphasis on External Appearance: Their focus on presenting themselves as the "perfect" caregiver can extend to their personal appearance and demeanor. They may feel compelled to maintain a façade of competence and selflessness to mask their underlying self-esteem issues.
9. Negative Self-Talk and Self-Criticism: Internal negative self-talk and self-criticism can contribute to their self-esteem issues. They might engage in a constant cycle of self-blame, further fueling their need for external validation.
10. Using the Child for Validation: MBP offenders exploit the child's vulnerability to gain sympathy and admiration, using their fabricated illnesses to bolster their own self-esteem. This behavior further demonstrates their need for validation.

***Section 7 (Psychological Escapism and Trauma-Blocking Behaviors)***

***Psychological Escapism:***

1. Focus on the Child's Condition: MBP offenders become fixated on the child's fabricated medical condition as a way to divert their attention from their own emotional challenges. This preoccupation allows them to escape from their own reality and immerse themselves in the role of the dedicated caregiver.
2. Avoidance of Personal Issues: Offenders might use the child's supposed medical needs as a distraction from their own unresolved personal issues, avoiding facing their own trauma, anxiety, or depression.
3. Shift of Responsibility: By focusing on the child's fabricated illnesses, offenders can shift the focus away from their own problems and insecurities, placing the attention on the child's health instead.
4. Temporary Relief: The act of orchestrating the child's medical conditions might provide temporary relief from their own emotional pain. The attention and validation they receive through this behavior offer momentary respite from their psychological struggles.

# Munchausen-by-Proxy Worksheet - for Investigators

***Section 7 (Psychological Escapism and Trauma-Blocking Behaviors) - continued...***

***Trauma-Blocking Behaviors:***

1. Idealization of Caregiver Role: Offenders may idealize the role of being a caregiver to block out memories or experiences related to their own trauma. This idealization helps them avoid confronting their own emotional wounds.
2. Emotional Numbing: Engaging in MBP might serve as a form of emotional numbing, helping them avoid experiencing and processing their own intense emotions related to trauma.
3. Control and Distraction: Orchestrating the child's medical issues gives offenders a sense of control and focus that distracts them from the painful memories and triggers associated with their trauma.
4. Pseudo-Healing: Offenders might believe that by "healing" the child through their fabricated interventions, they are indirectly addressing their own unresolved trauma, even though this is a distorted and harmful perspective.
5. Displacement of Emotions: Instead of addressing their own emotional pain, they project their emotions onto the child's fabricated medical condition, using it as a proxy to manage their feelings.
6. Externalizing Inner Turmoil: MBP offenders externalize their inner turmoil onto the child, as if the child's suffering is a reflection of their own struggles. This creates a sense of detachment from their own trauma.
7. False Sense of Purpose: By focusing on the child's fabricated medical conditions, they create a false sense of purpose that distracts them from their own feelings of emptiness or lack of direction.

***Section 8 (Offender's Personal History of Trauma)***

***History of Trauma:***

1. Childhood Abuse or Neglect: A history of childhood abuse or neglect can significantly impact an individual's emotional well-being. Experiencing trauma during their own upbringing might lead them to struggle with unresolved issues and negative coping mechanisms, contributing to their engagement in abusive behavior like MBP.
2. Loss or Grief: Traumatic experiences such as the loss of a loved one or significant life events can affect an individual's ability to cope with emotions. MBP might become a maladaptive way to manage their grief or loss.
3. Exposure to Traumatic Events: Being exposed to traumatic events or violence during their childhood can shape their understanding of relationships, emotional coping, and the concept of power and control.

***Home Environment during Upbringing:***

1. Unstable Family Dynamics: Growing up in an environment marked by unstable family dynamics, conflict, or dysfunction can contribute to the development of attachment issues and emotional difficulties that later manifest in MBP behavior.
2. Parenting Style: An authoritarian or neglectful parenting style during their own upbringing can influence their understanding of caregiving roles and their relationship with authority figures.
3. Lack of Emotional Support: Growing up in an environment with little emotional support or validation may lead them to seek attention and recognition through their child's fabricated medical conditions.

***Sociological and Generational Transmission:***

1. Family History of Dysfunction: Patterns of dysfunction, abuse, or neglect within the family can be passed down through generations. Offenders may repeat harmful behaviors they learned from their own parents or caregivers.
2. Cultural Factors: Sociocultural factors, including societal pressure to conform to specific roles or expectations, can influence how caregivers perceive their role and the lengths they are willing to go to gain validation.
3. Generational Transmission of Unresolved Trauma: Trauma and emotional difficulties that remain unaddressed within a family can be transmitted across generations. Offenders might unknowingly perpetuate these patterns by engaging in MBP.
4. Attachment Issues: A history of insecure attachment with their own caregivers can impact their ability to form healthy, genuine relationships. MBP may serve as a way to fulfill their unmet emotional needs.

# Munchausen-by-Proxy Worksheet - for Investigators

***Section 8 (Offender's Personal History of Trauma) - continued...***

***Offender's Personal Experiences with Abuse:***

1. Emotional Abuse: Experiencing emotional abuse as a child could lead MBP offenders to have low self-esteem, a distorted self-image, and a desperate need for validation. These emotional scars might drive them to seek attention and admiration through the fabricated illnesses of their child.
2. Neglect: If MBP offenders experienced neglect during their childhood, they might have learned that they need to exaggerate or create problems to receive attention. This pattern could carry over into their parenting, leading them to create fabricated medical conditions for their child to ensure they are noticed and cared for.
3. Physical Abuse: Past physical abuse could instill a fear of authority figures or an understanding that power and control are exerted through force. This might influence their need to exert control over their child's life through the manipulation of medical situations.
4. Sexual Abuse: Individuals who experienced sexual abuse might struggle with feelings of powerlessness and lack of control over their own bodies. Engaging in MBP could provide them with a sense of control over their child's body, even if it's through manipulation.
5. Psychological Trauma: Experiencing any form of trauma as a child can lead to various coping mechanisms, including seeking attention. MBP might become a way for them to cope with their own unresolved trauma by diverting their focus to the fabricated medical issues of their child.
6. Attachment Issues: A history of insecure attachment, where they didn't receive appropriate care or attention from their caregivers, might lead to difficulties in forming healthy relationships. They might manipulate medical situations to ensure they stay close to their child, even if it's through deceit.
7. Modeling Behavior: If they witnessed abusive or manipulative behaviors within their own family, they might internalize these patterns as "normal." This could influence their parenting style and lead them to engage in similar abusive behaviors.
8. Generational Patterns: Abusive behaviors can be passed down through generations. If they were raised in an environment where MBP or other forms of abuse were present, they might replicate these behaviors with their own child.

***Section 9 (Offender's Need for Power and Control)***

1. Need for Influence: MBP offenders often feel a compelling need to exert control and influence over their child's medical situation. They may believe that by controlling the child's health, they can manipulate the attention, sympathy, and care they receive from medical professionals, family, and friends.
2. Power and Dominance: For some MBP offenders, having control over the child's health may provide a sense of power and dominance that they lack in other areas of their lives. Manipulating medical scenarios allows them to feel in charge and capable, boosting their self-esteem.
3. Distorted Perception of Care: Offenders might equate control with caring for their child. In their distorted view, they believe that by orchestrating the child's illnesses and medical treatments, they are showing exceptional care and dedication as a parent.
4. Filling an Emotional Void: The need for control can stem from an emotional void or insecurity within the offender. By controlling the child's health, they fill this void temporarily and gain a sense of purpose and identity as the "heroic caregiver."
5. Avoiding Helplessness: Engaging in MBP can be a way for the offender to avoid feeling helpless or powerless. They manipulate medical situations to maintain a sense of authority and prevent situations where they might feel out of control.

# Munchausen-by-Proxy Worksheet - for Investigators

***Section 9 (Offender's Need for Power and Control) - continued...***

1. Coping with Anxiety: Control can be a way for MBP offenders to cope with their anxiety. By focusing on the child's fabricated medical conditions, they divert their attention from their own worries and anxieties.
2. Creating a Distraction: For some offenders, the need for control leads them to create a distraction from their own personal issues, responsibilities, or emotional difficulties. This diversion provides temporary relief from their underlying challenges.
3. Reinforcing Their Self-Image: MBP offenders might see themselves as highly capable and competent individuals. The act of controlling medical situations reinforces their self-image as someone who can handle complex situations, garnering admiration from others.
4. Manipulation of Attention: By controlling the child's health and medical interventions, offenders manipulate the attention and concern of medical professionals, family, and friends. They orchestrate situations that revolve around them, fulfilling their need for attention.
5. Eliciting Specific Reactions: Offenders might manipulate medical scenarios to elicit specific reactions from others, such as praise, concern, or admiration. They use their control over the child's health to trigger desired emotional responses.

***Section 10 (Offender's Own History of Feigning Medical Illness (on self)***

1. Normalizing Deception: Offenders who have a history of feigning their own medical conditions may have normalized deception as a way to gain attention and validation. This pattern of behavior can extend to their parenting style, leading them to believe that fabricating medical conditions for their child is an acceptable way to receive attention.
2. Learning Manipulative Techniques: Their personal history of feigning illnesses might have taught them manipulative techniques to elicit sympathy and support from others. They may apply these techniques to their child, using fabricated illnesses to garner similar reactions.
3. Projection onto the Child: Having successfully feigned their own medical conditions, offenders may project these behaviors onto their child. They might believe that if they could deceive others about their own health, they can easily manipulate the perception of their child's health as well.
4. Desire for Empathy and Attention: Offenders who have feigned their own health issues may have experienced the rush of empathy, concern, and attention that follows such behavior. They might seek to replicate these reactions by fabricating medical issues for their child, believing it will bring similar emotional rewards.
5. Escalation of Deception: Feigning their own medical conditions could create a pattern of escalating deception as they try to maintain or exceed the levels of attention and sympathy they received previously. This pattern might extend to their child, where they feel compelled to fabricate increasingly severe medical scenarios.
6. Lack of Empathy for Real Illnesses: Having falsely claimed their own illnesses, offenders might struggle to empathize with genuine medical conditions. This lack of empathy can lead them to downplay the severity of their child's actual health concerns.
7. Sense of Expertise: Offenders might perceive themselves as experts in feigning illnesses due to their past experiences. This self-perceived expertise could drive them to orchestrate complex medical scenarios for their child, making them believe they are knowledgeable caregivers.
8. Reinforcement of Behavior: The positive reinforcement they experienced when feigning their own illnesses—such as attention, concern, and support—may motivate them to replicate this pattern with their child, especially if they feel their personal history validates their actions.

***Section 11 (Pathological Lying)***

1. Elaborate Stories: MBP offenders are skilled at creating elaborate stories and narratives about their child's medical conditions. They might provide intricate details and descriptions to make their stories more convincing.
2. Consistency in Deception: Pathological liars often exhibit a remarkable consistency in their lies. They will craft their stories carefully to ensure they don't contradict themselves and maintain a coherent façade.
3. Emotional Manipulation: Offenders might use emotional language to manipulate listeners' feelings and generate sympathy. Their stories often involve vivid descriptions of their child's suffering, intended to evoke a strong emotional response.
4. Selective Omission: They might omit certain details that could reveal the fabricated nature of their stories. By being selective about what they share, they can maintain the illusion of authenticity.
5. Shifting Blame: When questioned, MBP offenders might shift blame onto medical professionals, suggesting that they are simply relaying what doctors have told them. This deflects suspicion and accountability away from themselves.
6. Playing the Role of a Concerned Caregiver: Pathological liars often portray themselves as concerned caregivers who are tirelessly advocating for their child's health. This role allows them to present themselves as heroes, garnering admiration and attention.
7. Adaptation to Different Audiences: When confronted by different individuals or authorities, they will tailor their lies to fit the audience's expectations or knowledge. They might provide more medical jargon when speaking to doctors and simplify their explanations for friends and family.
8. Inconsistencies in Details: Despite their efforts to maintain consistency, pathological liars might slip up and provide conflicting details. These inconsistencies can raise suspicions, especially when different versions of events emerge.
9. Feigning Concern for the Child: Offenders often display a level of apparent concern for the child's well-being. This helps them establish credibility and reinforces the image of being a devoted caregiver.
10. Intimidation and Defensiveness: When questioned about their child's condition or treatment, they might become defensive, intimidating, or overly protective. This behavior is intended to discourage further inquiry and protect their deceit.
11. Expert Role-Play: In some cases, they might present themselves as experts on medical matters, using technical terms and medical knowledge to make their stories seem more plausible.

***Section 12 (Secondary Gain and Malingering)***

1. Financial Gain: MBP offenders might seek financial benefits by exploiting the child's fabricated medical conditions. They might create situations that prompt medical expenses, consultations, and treatments, potentially leading to insurance claims, government assistance, or monetary donations from well-wishers.
2. Notoriety and Attention: Some offenders crave attention and recognition. By presenting themselves as heroic caregivers battling for their child's health, they can gain notoriety within their social circles or even on social media platforms, where people offer support and admiration.
3. Access to Special Programs: Offenders might use their child's fabricated illness to gain access to special programs or organizations that offer assistance to children with medical needs. This can include "make a wish" foundations, which grant special experiences, and other charitable initiatives that cater to children with health challenges.
4. Lawsuits and Legal Action: MBP offenders might exploit their child's fabricated medical conditions to file lawsuits against medical professionals or institutions, claiming negligence or malpractice. This can be a way to further validate their claims, gain financial compensation, and continue the cycle of deception.
5. Leverage in Custody Disputes: In contentious child custody disputes, offenders might use the fabricated medical conditions to portray themselves as more caring and dedicated parents, while painting the other parent as neglectful. This strategy can be used to alienate the child from the other parent and gain an advantage in custody battles.

# Munchausen-by-Proxy Worksheet - for Investigators

***Section 12 (Secondary Gain and Malingering) - continued...***

1. Emotional Manipulation: MBP offenders might use the child's fabricated illnesses to emotionally manipulate family members, friends, and medical professionals. This manipulation can lead to others becoming more sympathetic, supportive, or accommodating towards them.
2. Distraction from Personal Issues: By focusing on the child's fabricated health issues, offenders can divert attention from their own problems, such as financial troubles, relationship conflicts, or personal insecurities.
3. Reinforcement of Self-Esteem: Obtaining secondary gains validates the offender's self-perception as the heroic caregiver, reinforcing their self-esteem and self-worth through the positive reactions and support they receive.
4. Control over Relationships: Gaining attention and support through the child's fabricated medical conditions can solidify relationships, as friends and family may feel more invested in their lives. This reinforces the offender's sense of control over their social network.
5. Emotional Fulfillment: For some offenders, the attention, sympathy, and validation they receive through their child's fabricated illnesses provide emotional fulfillment and a sense of purpose that they lack in other areas of their lives.

***Section 13 (Parent-Child Bonding Considerations)***

1. Superficial Attachment: MBP offenders might present a facade of close attachment to their child, but this attachment is often superficial and driven by their need for attention. People outside the family might perceive them as dedicated and caring parents, unaware of the underlying manipulation.
2. Excessive Dependency: Offenders might excessively depend on their child for emotional validation and support. This dependency can be seen as overprotective or overly involved parenting by outsiders, masking their true motives.
3. Over involvement in Medical Care: To maintain control and attention, offenders might involve themselves excessively in the child's medical care. This can be misinterpreted as diligence and concern by medical professionals and others.
4. Public Display of Devotion: Outside observers might see the MBP offender as a devoted parent, as they often display their caregiving efforts publicly, such as sharing updates on social media or participating in fundraisers. This public display can further obscure their hidden motives.
5. Manipulative Behavior: People outside the family might not immediately recognize the manipulation and deception behind the offender's actions. Their efforts to control medical situations and seek validation can be mistaken for genuine caregiving.
6. Projection of Needs: MBP offenders might project their own emotional needs onto the child, seeking validation and attention through the fabricated medical conditions. This can be interpreted as a sign of concern by outsiders, rather than manipulation.
7. Positive External Image: Outside observers may see the MBP offender as a responsible and dedicated parent, especially if the child's illnesses are perceived as legitimate. This positive external image can hide the true nature of their behavior.
8. Relatability and Sympathy: Offenders often share relatable stories of their child's struggles, evoking sympathy from others. This relatability can make outsiders more likely to believe their narratives and not suspect manipulation.
9. Disguising Neglect or Abuse: In some cases, the offender's MBP behavior might be used to cover up neglect or abuse. Outsiders might not immediately recognize the harm being inflicted on the child due to the camouflage of fabricated medical issues.
10. Gullibility of Others: MBP offenders might take advantage of the gullibility of people outside the family who are less informed about medical conditions. This can further perpetuate the offender's deceptive narratives.

# Munchausen-by-Proxy Worksheet - for Investigators

***Section 14 (Skilled in Deception; Knowledgeable in Medical Conditions and Treatments)***

1. In-Depth Research: MBP offenders are often meticulous researchers. They might extensively study medical conditions, symptoms, and treatments, allowing them to craft convincing stories about their child's health.
2. Medical Terminology: They use medical terminology fluently to describe their child's condition, which can impress medical professionals and make their fabricated stories appear more credible.
3. Medical Jargon: MBP offenders might deliberately use complex medical jargon to overwhelm and confuse medical professionals, making them less likely to question the accuracy of the information provided.
4. Frequent Consultations: To maintain their façade, they may seek multiple medical consultations and opinions. This frequent interaction with medical professionals can help them refine their narratives and avoid suspicion.
5. Networking with Medical Professionals: Some offenders might attempt to build relationships with medical professionals to gain credibility. This might involve seeking employment in healthcare or volunteering in medical settings.
6. Seeking Specialized Employment: They might purposefully pursue careers or roles that provide access to medical resources, knowledge, and information. This gives them an advantage in maintaining their deception.
7. Staying Updated on Medical Advancements: MBP offenders often keep up with medical advancements and news to ensure that their fabricated stories align with current medical knowledge and practices.
8. Creating Illusion of Expertise: They might present themselves as experts on their child's condition, using their apparent knowledge to deflect suspicion and gain credibility.
9. Feigning Collaboration with Professionals: MBP offenders might pretend to collaborate with medical professionals, even going so far as to suggest treatment options to make their involvement seem legitimate.
10. Manipulating Medical Tests: Some offenders might manipulate medical tests or misrepresent test results to further support their claims. This can create a false sense of urgency and validity.
11. Impersonating Caregiver Advocates: They might impersonate caregivers who are knowledgeable advocates for their child's health, using their apparent expertise to gain trust and influence decisions.
12. Gaining Sympathy and Support: Their knowledge and expertise can evoke sympathy and admiration from family members, friends, and medical professionals, who may view them as dedicated caregivers.

***Section 15 (How the Psychological Manipulation Affects the Child Victim)***

***Psychological Issues in the Child Victim:***

1. Identity Distortion: The child might develop a distorted sense of self, as they've been conditioned to believe that their identity revolves around being sick.
2. Anxiety and Depression: Constant manipulation and uncertainty can lead to anxiety and depression as the child tries to navigate the confusing and emotionally distressing environment.
3. Feelings of Inadequacy: The child might internalize the offender's narrative that they are always sick, leading to feelings of inadequacy and helplessness.
4. Fear of Abandonment: The child might fear that if they are not "sick," they will lose the attention, care, and love they receive from the offender.
5. Attachment Issues: The child's attachment to the offender can become deeply dysfunctional, affecting their ability to form healthy relationships with others.
6. Distorted Perceptions: The child's understanding of reality might become skewed, making it difficult for them to distinguish between genuine and fabricated medical issues.

# Munchausen-by-Proxy Worksheet - for Investigators

***Section 15 (How the Psychological Manipulation Affects the Child Victim) - continued...***

1. Belief in Their Own Illness (Psychosomatic Conditions): Due to the prolonged manipulation, the child might develop genuine physical symptoms that result from their emotional distress. Psychosomatic conditions are physical symptoms that are influenced by emotional factors. The child's belief in their own illnesses, driven by the offender's manipulation, can trigger real physiological responses.
2. Trauma Bonding: The child might bond with the offender through shared traumatic experiences. They may feel a conflicting mix of fear and attachment to the offender, which can result in loyalty and attachment even in the face of abuse.
3. Stockholm Syndrome: Over time, the child might begin to develop positive feelings or loyalty toward the offender, even though they are the source of their suffering. This is a psychological survival mechanism to cope with the traumatic situation.
4. Normalizing the Abusive Environment: The child grows up in an environment where manipulation, deceit, and fabricated illnesses are normalized. This can skew their understanding of healthy relationships and appropriate boundaries.
5. Suppression of Own Needs: The child might learn to suppress their own needs, feelings, and desires in order to please the offender and maintain the attachment.
6. Distrust of Their Own Perception: The constant manipulation can lead the child to doubt their own perceptions and reality. They may second-guess their feelings, thoughts, and experiences.
7. Difficulties in Seeking Help: Due to the intense emotional manipulation, the child might feel trapped and unable to seek help or speak out against the offender. They might even fear the consequences of revealing the truth.

***Section 16: (Common Medical Claims in MBP Cases – list not exhaustive – symptoms and disorders are limited only by the abuser's imagination)***

***Neurological Conditions:***

1. Seizures or Epilepsy
2. Migraine Headaches
3. Developmental Delay or Learning Disabilities
4. Autism Spectrum Disorder
5. Cerebral Palsy
6. Multiple Sclerosis
7. Tourette Syndrome
8. Dizziness

***Gastrointestinal Conditions:***

1. Gastroesophageal Reflux Disease (GERD)
2. Inflammatory Bowel Disease (Crohn's or Ulcerative Colitis)
3. Celiac Disease
4. Food Allergies
5. Gastroparesis
6. Lactose Intolerance
7. Irritable Bowel Syndrome (IBS)
8. Abdominal Pain
9. Diarrhea
10. Vomiting
11. Swallowing difficulties

# Munchausen-by-Proxy Worksheet - for Investigators

***Section 16: (Common Medical Claims in MBP Cases – list not exhaustive – symptoms and disorders are limited only by the abuser's imagination) - continued...***

***Cancer Conditions:***

1. Leukemia
2. Brain Tumors
3. Lymphoma
4. Neuroblastoma
5. Retinoblastoma
6. Osteosarcoma
7. Ewing's Sarcoma

***Respiratory Conditions:***

1. Asthma
2. Chronic Obstructive Pulmonary Disease (COPD)
3. Cystic Fibrosis
4. Pneumonia
5. Bronchitis
6. Sleep Apnea
7. Interstitial Lung Disease
8. Excessive coughing with apnea
9. Reactive Airway Disease

***Hematologic Conditions:***

1. Anemia
2. Hematuria
3. Leukopenia
4. Thrombocytopenia
5. Polycythemia
6. Hemophilia
7. Von Willebrand Disease
8. Pancytopenia
9. Coagulopathy
10. Hemochromatosis
11. Lymphadenopathy
12. Purpura
13. Hemolytic Anemia
14. Sickle Cell Disease
15. Aplastic Anemia
16. Thrombophilia
17. Eosinophilia
18. Hemorrhagic Diathesis
19. Idiopathic Thrombocytopenic Purpura (ITP)

# Munchausen-by-Proxy Worksheet - for Investigators

***Section 16: (Common Medical Claims in MBP Cases – list not exhaustive – symptoms and disorders are limited only by the abuser's imagination) - continued...***

***Cardiopulmonary Conditions:***

1. Congenital Heart Defects
2. Heart/Chest Pain
3. Shortness of Breath
4. Arrhythmias
5. Cardiomyopathy
6. Rheumatic Heart Disease
7. Kawasaki Disease
8. Heart Murmurs
9. Hypertrophic Cardiomyopathy

***Genetic, Endocrine or Metabolic Disorders:***

1. Diabetes
2. Hypoglycemia
3. Addison's Disease
4. Thyroid Disorders
5. Pancreatitis
6. Mitochondrial Disorders
7. Muscular Dystrophy
8. Amyotrophic Lateral Sclerosis
9. Myasthenia Gravis
10. Chronic Progressive External Ophthalmoplegia (CPEO)
11. Unexplained Fevers

***Infectious Diseases:***

1. Lime Disease
2. Chronic Fatigue Syndrome (CFS)
3. Fibromyalgia
4. Multiple Sclerosis
5. Chronic Pain Syndromes
6. Recurrent Infections
7. Polymicrobial Blood Infections

***Psychiatric Disorders:***

1. Psychosis
2. Schizophrenia
3. Schizoaffective Disorder
4. Delusional Disorder
5. Brief Psychotic Disorder
6. Depression
7. Dysthymia (Persistent Depressive Disorder)
8. Major Depressive Disorder (MDD)
9. Bipolar Disorder
10. Adjustment Disorder
11. Borderline Personality Disorder

# Munchausen-by-Proxy Worksheet - for Investigators

***Section 16: (Common Medical Claims in MBP Cases – list not exhaustive – symptoms and disorders are limited only by the abuser's imagination) - continued...***

***Psycho-Educational Disorders:***

1. Attention-Deficit/Hyperactivity Disorder (ADHD)
2. Various Learning Disabilities
3. Dyslexia
4. Oppositional Defiant Disorder (ODD)
5. Conduct Disorder
6. Autism Spectrum Disorder (ASD)

***Sexual Abuse or Physical Abuse Pathology***

1. Injury or disease caused by sexual abuse (according to offender)
2. Injury or disability caused by physical abuse (according to offender)
3. Injury of disability caused by neglect (according to offender)
4. Other suspicious injuries (like broken bones) that occur while around the offender

***Section 17 (Other areas MBP Offenders May Falsify Information)***

*Munchausen by Proxy (MBP) offenders often exhibit a pattern of deception and manipulation that extends beyond fabricating medical conditions for their children. Their history might include falsifying various aspects of their lives to gain attention, sympathy, or control. Here are some additional issues that MBP offenders might falsify or have a history of falsifying:*

1. Personal Health Issues: MBP offenders might falsely claim to have serious medical conditions themselves, seeking sympathy and attention for their supposed struggles.
2. Falsifying Victimhood: They might falsely claim to be victims of crimes, such as domestic abuse, assault, or harassment, to gain sympathy and support from others.
3. Faking Pregnancy and Miscarriage: Some offenders might fabricate pregnancies, including miscarriages, to elicit sympathy and concern from family and friends.
4. Fabricating Mental Health Issues: MBP offenders could falsely claim to have mental health disorders or traumatic experiences to gain understanding or special treatment.
5. Falsifying Legal Issues: They might fabricate legal problems, such as lawsuits or pending court cases, to gain attention or sympathy from others.
6. Faking Financial Hardship: MBP offenders might falsely claim financial difficulties or hardships, seeking financial assistance or support from others.
7. Manipulating Documents for Benefits: Some might falsify medical documents or benefits applications to gain access to disability benefits, insurance claims, or financial assistance.
8. Exploiting Charity and Support Groups: They might falsely present themselves as needing assistance from charitable organizations or support groups to receive financial help or sympathy.
9. Pretending to Be a Hero or Savior: MBP offenders might falsely present themselves as heroes or saviors, claiming they've rescued someone or helped others in dire situations.
10. Falsifying Achievements or Accomplishments: Some might exaggerate or falsify their achievements, qualifications, or experiences to garner admiration and validation.
11. Inventing Tragic Life Stories: They might create tragic life stories, such as a history of loss, abuse, or adversity, to gain empathy and sympathy from others.
12. Pretending to Be Involved in Charitable Acts: MBP offenders might falsely claim to be involved in charitable work or volunteer activities to portray themselves in a positive light.

# Munchausen-by-Proxy Worksheet - for Investigators

***For Investigators Only – Not in the Questionnaire - MBP Offender Statement and Psychological Analysis:***

*MBP offenders often employ a range of deceptive language techniques when interacting with law enforcement, Child Protective Services (CPS) investigators, or other authorities. These techniques are designed to deflect suspicion, manipulate perceptions, and maintain the illusion of their fabricated narratives. Here's how they might verbalize these deceptions:*

1. Distancing: Offenders might use language that distances themselves from any wrongdoing, implying they are innocent or unaware of any problems. For example, they might say, "I don't know how this happened, I've done everything I can to help my child."
2. Minimization: They might downplay the severity of the situation to make it seem less alarming. For instance, they might state, "It's just a minor health issue, nothing too serious."
3. Rationalization: Offenders could provide rational-sounding explanations for their actions, making it seem like there's a logical reason behind their behavior. They might say, "I was just trying to get the best care for my child, even if it meant seeking multiple opinions."
4. Justification: They may offer justifications that cast their actions in a positive light. For instance, they might say, "I've always been an advocate for my child's health, and I was doing what I thought was best."
5. Victim-Blaming or Blame-Shifting: Offenders might subtly shift blame onto others or even onto the child. They might say, "It's been really stressful taking care of my sick child; it's hard to know what's really happening."
6. Cognitive Distortions: Offenders might exhibit cognitive distortions, such as black-and-white thinking or selective memory, to support their fabricated stories. They could say, "I've seen so many doctors, and they all said the same thing about my child's condition."
7. Emotional Manipulation: They may use emotionally charged language to garner sympathy or understanding from investigators. For example, they might say, "I've sacrificed so much for my child's health, and now I'm being accused of something I would never do."
8. False Collaboration: Offenders might pretend to cooperate fully while subtly steering the conversation away from the truth. They might say, "I'm more than willing to do whatever it takes to prove my child's condition is real."
9. Shifting Focus: They might divert attention from their deceptive behavior by focusing on unrelated details or tangents. For example, they could say, "I've been researching medical conditions tirelessly to find answers."
10. Playing the Concerned Parent: Offenders may emphasize their genuine concern for their child's health to make it seem like their intentions are purely caregiving. They might say, "All I want is the best care for my child; I've been living in fear of their condition."

*MBP offenders often employ sophisticated manipulation tactics to reinforce a "hero/victim" ideology, evoke sympathy, and convince investigators that the fabricated condition is real. Here are more examples focusing on these aspects:*

***Hero/Victim Ideology:***

- "I've sacrificed my own well-being to care for my child's serious health issues. I'm just doing what any loving parent would."
- "I've been tirelessly researching and advocating for my child's condition. I'm their only hope for getting better."

***Invoking Sympathy:***

- "It breaks my heart to see my child suffer every day. I'm doing everything I can to alleviate their pain."
- "I can't sleep at night, knowing my child is in so much pain. I'm begging for answers."

***Convincing Investigators of Truth and Reality:***

- "I've consulted countless medical experts who all confirm my child's condition. I'm only trying to follow their advice."
- "I understand it's hard to believe, but I'm just a desperate parent trying to get the help my child needs."

# Munchausen-by-Proxy Worksheet - for Investigators

***For Investigators Only – Not in the Questionnaire - MBP Offender Statement and Psychological Analysis - cont...***

***Emotional Manipulation:***

- "I've been through so much emotional turmoil because of my child's health struggles. This is a nightmare I can't wake up from."
- "The stress of dealing with my child's condition has taken a toll on my mental health. I'm doing my best."

***Selfless Dedication:***

- "I've put my life on hold to care for my child. It's been a long, painful journey, but I'll do whatever it takes."
- "I've lost everything to support my child through this. I'm willing to do anything for their well-being."

***Creating a Narrative of Desperation:***

- "I've reached out to specialists across the country, seeking answers. I'm a parent fighting against all odds."
- "I'm trapped in a cycle of medical uncertainty. All I want is a proper diagnosis for my child."

***Expert Persona:***

- "I've become an expert in my child's condition out of sheer necessity. I know every detail of their medical history."
- "I've immersed myself in medical research to understand my child's rare condition. It's a journey I never expected."

***Pleading for Understanding:***

- "Please put yourself in my shoes. I'm desperate for someone to finally understand what my child is going through."
- "I know it's hard to believe, but I promise you, I'm telling the truth. My child's pain is real."

***Common Dynamics with Suspect History:***

- In their teenage years, offenders will often "suffer" an apparently debilitating medical condition that requested heavy medical intervention and heavy caregiving (wheelchair, paralysis, super-debilitating illness or injury, cancer, etc…).
- Offenders are seen faking medical conditions to far end or extreme side of the spectrum.
- Offenders may have a history of doctors not being able to figure out what was wrong with them.
- Offenders are known to fake cancer... even going as far as to shave head and eyebrows to keep up the deception; then later having a miraculous recovery from the cancer (or whatever medical condition they are claiming); and offenders might physically pull out their hair instead of shaving their head to make the lie more believable.
- Offenders often display an outright refusal to get mental health evaluation or treatment for themselves or their child even if requested or recommended by medical doctors treating them.
- Offenders experience an onset of medical conditions and issues in times of high stress (in school, work or personal relationships).
- Offenders seem to have very superficial or shallow relationships with their close loved ones.
- Offenders will often fake entire pregnancies and claim miscarriages as the reason the pregnancy didn't reach the term. Offenders will even buy urns for the ashes of the baby that never existed to keep up the deception appearance.
- Offenders will engage in suicidal attempts and ideation if other manipulation and attention-seeking behaviors aren't working.
- Offenders are known to lie on job applications to gain certain employment or opportunities; or they may misrepresent themselves in a professional context claiming expertise in fields they have no formal education in.
- If multiple children, the abuse will have been "practiced" on the oldest, but perfected with the younger children.
- Offenders engage regularly in "doctor shopping", but not for second opinions. Instead they will insist on the same tests and treatments through several different medical healthcare providers – even leaving the area entirely to seek medical care from a completely different geographic location when they are unsuccessful in obtaining them.
- Offenders are known to alter test results or tamper with tests to obtain the medical results they want, or to confuse the results and any attempts to interpret the results of legitimate testing.
- Failure to thrive is commonly seen in the children of these offenders, but when child is at the hospital, the child appears to be gaining weight.

# Munchausen-by-Proxy Worksheet - for Investigators

***Common Dynamics with Suspect History:***

- Offenders are known to give medications to the child that are not prescribed or necessary. Offenders are also known to introduce other substances into the child's body (by any conceivable manner) that are also unnecessary or harmful (with intent to deceive doctors or manipulate test results - and induce illness in the child).
- Offenders are known to conduct very heavy research on medical conditions (books, online searches, a lot of questioning to medical professionals) so they are better informed about how to manipulate and deceive.
- Offenders are known to isolate the child from other family members or protective adults from being able to have any involvement in the medical care of the child victim, that way they are the only person who is responsible for the medical care or medical history for the child.
- Offenders are highly deceptive, impulsive, and showing poor judgement.
- Offenders have history of infidelity sometimes.
- Offenders are seen lying about many aspects of their life, not just medical-related.
- Offenders may engage in behaviors that limit the child's access or ability to engage in education or exposure to schools (areas where they have no control and people might question what is going on with the child).
- Offenders may position themselves within their social and familial networks in a way that makes them appear to have higher levels of credibility.
- Offenders will often have obstetrical complications during their legitimate pregnancies.
- Offenders will often have little to no success in the parent-child bonding process with this victim child.