

Fabricated or Induced Illnesses (FII)

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What is FII?

Fabricated or induced illness (FII) is a rare form of child abuse. It occurs when a parent or carer, usually the child's biological mother, exaggerates or deliberately causes symptoms of illness in the child.

FII is also known as Munchausen's syndrome by proxy. Munchausen's syndrome, also known as factitious disorder, is a condition where a person pretends to be ill or causes illness or injury to themselves.

However, healthcare professionals in the UK prefer to use the term fabricated or induced illness, or factitious disorder imposed on another. This is because the term Munchausen's syndrome by proxy places the emphasis on the person carrying out the abuse, rather than the victim.

The term Munchausen's syndrome by proxy is still widely used in other countries.

Behaviours in FII

The term FII covers a wide range of cases and behaviours involving parents seeking healthcare for a child. This ranges from extreme neglect (failing to seek medical care) to induced illness. Behaviours in FII include:

- a parent or carer who convinces their child they are ill when they are perfectly healthy
- a parent or carer who exaggerates or lies about their child's symptoms
- a parent or carer who manipulates test results to suggest the presence of illness – for example, by putting glucose in urine samples to suggest the child has diabetes
- a mother or other carer who deliberately induces symptoms of illness – for example, by poisoning her child with unnecessary medication or other substances

In over 90% of reported cases of FII, the child's mother is responsible for the abuse. However, cases have been reported in which the father, foster parent, grandparent, guardian, or a healthcare or childcare professional was responsible.

Signs of FII:

The types of presentation include:

- Frequent and unexplained absences from school
- Regular absences to keep a doctor's or a hospital appointment;
- Repeated claims by parent(s) that a child is frequently unwell and that they require medical attention for symptoms which, when described, are vague in nature, difficult to diagnose and which teachers have not themselves noticed e.g. headaches, tummy aches, dizzy spells, frequent contact with opticians and/or dentists or referrals for second opinions

The child may disclose some form of ill-treatment or might complain about multiple visits to the doctor. Either the child or their parent(s) may relate conflicting or patently untrue stories about illnesses, accidents or deaths in the family. Where there is a sibling in the same school, teachers should discuss their concerns with each other to see if children of different ages in the same family are presenting similar symptoms. If they are, it is likely that more than one child in the family is affected. There are also circumstances under which a child will demonstrate his or her anxiety or insecurity by presenting symptoms of an illness that will allow them to stay at home. This may occur as a response to family problems, for example, as a reaction to a parent who is ill, who has been in hospital or, after a divorce or separation.

The school should consider if bullying could be responsible for the child's desire to miss certain lessons or school in general. Genuine illness is much more common than FII.