CONDITION

Factitious disorder by proxy

Factitious disorder by proxy involves deliberately fabricating or causing illness in another person

WHAT IT IS
Fabricating or causing illness in someone under another's care

BODY SYSTEM
Mental and behavioral health; harm can affect any body system

MAIN SYMPTOMS
Deception, fabricated symptoms, induced illness, repeated unnecessary healthcare

WHAT CAUSES IT
Unknown; psychological and social factors may contribute

HOW IT IS DIAGNOSED
Multidisciplinary assessment, record review, and safeguarding investigation

MAIN TREATMENT
Safeguarding, coordinated healthcare, and specialist mental health treatment

CAN IT BE CURED?
Sometimes - sustained recovery may follow specialist treatment

IS IT AN EMERGENCY?
Sometimes - breathing trouble, unconsciousness, poisoning, or immediate danger

LONG-TERM OUTLOOK
Protection supports recovery; repeated harm remains possible

Overview

Factitious disorder by proxy involves a person deliberately making someone else appear ill or actually causing illness in them. The affected person is usually someone in their care, such as a child, an older adult, or a disabled person.

The current psychiatric term is factitious disorder imposed on another . Child-protection services may use terms such as fabricated or induced illness or caregiver-fabricated illness . "Munchausen syndrome by proxy" is an older term.

The psychiatric diagnosis applies to the person carrying out the deception. The person presented as ill is experiencing abuse, even if no physical illness was directly caused. False reports can still lead to painful tests, medication, hospital stays, missed education, and emotional harm.

This condition is different from making an honest mistake, being very anxious about someone's health, or struggling to explain complex symptoms. It involves intentional deception. However, proving someone's motivation is not necessary before taking steps to protect a person from harm.

Symptoms

There is no single symptom pattern in the affected child or adult. Almost any illness may be reported, exaggerated, fabricated, or deliberately caused.

Possible warning patterns include:

The person responsible may appear highly involved, medically knowledgeable, calm during serious events, or eager for further tests. They may also seem worried or distressed. No personality style, reaction, or single behavior confirms the condition.

The affected person may have a genuine medical condition as well. Real illness and fabricated or induced illness can occur together. This makes careful review important and means unexplained symptoms should not automatically be treated as evidence of deception.

Older children or dependent adults may repeat an inaccurate medical story because they have been taught it, feel frightened, or believe they are ill. In some cases, they may later take part in the deception. This does not remove the need to understand possible coercion or abuse.

- Reported symptoms that repeatedly conflict with medical observations or records
- Illness descriptions that change between appointments or healthcare services
- New or unexplained problems appearing mainly in one person's presence
- A long history of investigations, procedures, or treatment without a consistent explanation
- A caregiver giving misleading information, altering samples or records, or interfering with care
- Symptoms improving when the affected person is safely separated from the suspected source of harm

Causes and risk factors

The cause is not fully understood. Different psychological and social factors may contribute, but there is no reliable profile that identifies who will develop the condition.

Some people diagnosed with factitious disorder imposed on another have a history of trauma, unstable relationships, factitious disorder involving themselves, or other mental health problems. Some have extensive healthcare knowledge or experience. These associations do not prove that a person is harming someone, and most people with these experiences never do so.

The behavior is not usually explained by a clear outside reward such as money, avoiding work, or obtaining drugs. Deception mainly for an external benefit is called malingering , which is different. In real situations, motives may be unclear or mixed.

Whatever the cause, psychological distress does not excuse abuse or reduce the need to protect the affected person.

Diagnosis

There is no blood test, scan, or questionnaire that confirms factitious disorder by proxy. Diagnosis requires a detailed clinical assessment and evidence that illness has been intentionally misrepresented or caused.

Assessment usually involves professionals from healthcare and safeguarding services. Depending on the situation, social care, mental health specialists, law enforcement, schools, and the courts may also be involved.

The process may include:

A psychiatric assessment can examine the suspected person's behavior, mental health, and possible motives. Denial is common, so the assessment may need to rely on documented evidence rather than an admission.

This work must be handled carefully. A mistaken allegation can cause harm, but failing to respond can expose someone to further abuse. One unusual illness, a worried caregiver, or disagreement with healthcare professionals is not enough to establish the diagnosis.

- Building a timeline from records across different healthcare services
- Comparing reported events with test results and direct observations
- Confirming previous diagnoses, prescriptions, procedures, and hospital visits
- Reassessing whether current treatment is medically necessary
- Speaking with the affected person in a safe, age-appropriate way
- Evaluating immediate and longer-term safety

Treatment and management

The first priority is the safety and medical welfare of the affected person. This may require supervised contact, temporary separation, or another safeguarding plan. Decisions are made by the appropriate protection agencies and, in some cases, a court.

Healthcare is usually coordinated through a limited number of professionals. This helps prevent conflicting plans and repeated tests. Existing diagnoses and treatments are reviewed, but necessary care for genuine illness continues.

The affected person may need treatment for injuries or medical complications. They may also benefit from psychological support. Therapy can address fear, confusion about their health, disrupted family relationships, trauma, and difficulty trusting their own bodily experiences.

For the person carrying out the behavior, treatment generally involves specialist mental health assessment and psychotherapy. Therapy may explore patterns of deception, emotional needs, trauma, relationships, and safer ways of responding to distress. Other mental health conditions may need treatment as well.

Long-term monitoring may be necessary because behavior can continue or return. Family reunification or unsupervised contact is not based only on attendance at therapy or verbal promises. It requires evidence of sustained change and a careful safety assessment.

Complications

The affected person may experience harm from both induced symptoms and unnecessary healthcare. Possible complications include injury, medication side effects, infection, disability, or death in severe cases.

Repeated medical care can also disrupt education, work, friendships, and ordinary family life. A child may come to see themselves as fragile or seriously ill. Later, they may have anxiety, trauma symptoms, difficulty trusting caregivers, or uncertainty about when they truly need medical help.

Other children or dependent people in the same household may also be at risk. Healthcare professionals therefore consider the safety of everyone under the suspected person's care.

Prevention

There is no proven way to prevent every case of factitious disorder imposed on another. It

cannot be prevented simply by avoiding known risk factors, because there is no single cause or reliable profile.

Healthcare systems can reduce harm by keeping clear records, confirming medical histories, coordinating care between services, and reviewing repeated unexplained presentations. Early safeguarding action may prevent further unnecessary treatment or induced illness.

Members of the public should not try to investigate, secretly test, or confront a suspected person. These actions can increase risk or interfere with a formal investigation. Concerns are best passed to professionals who can assess them safely.

Living with it and what to expect

Recovery for the affected person often begins when the harmful behavior stops and healthcare becomes consistent. Unnecessary medicines or diagnoses may be removed gradually after medical review. Genuine conditions still need appropriate treatment.

Over months or years, some people regain confidence in their health and return to school, work, relationships, and usual activities. Others continue to experience physical complications, trauma, anxiety, or uncertainty about their symptoms. Progress may not be steady.

Children may need age-appropriate explanations of what happened. They should not be blamed for repeating false information or for feeling loyalty toward the person who harmed them. Contact with that person may be supervised, restricted, or stopped according to ongoing safety assessments.

For the person with the factitious disorder, lasting change is possible but can be difficult. Acknowledging the behavior and engaging consistently with treatment may support recovery. Continued denial, repeated deception, or moving between healthcare services can increase the chance of further harm.

When to get medical help

Call emergency services if someone has trouble breathing, becomes unconscious, has a seizure, may have been poisoned, has a serious unexplained injury, or appears to be in immediate danger.

If you suspect a child or dependent adult is being made ill but there is no immediate emergency, contact an appropriate child-protection or adult-safeguarding service. You can also tell a healthcare professional, social worker, teacher, or police service. Describe specific events, statements, or records rather than trying to assign a diagnosis.

Seek routine medical follow-up when there are concerns about unnecessary medicines, conflicting diagnoses, repeated unexplained symptoms, or care spread across many services. A coordinated review can check what treatment is still needed while safeguarding concerns are assessed.

Avoid confronting the suspected person if doing so could increase danger, lead to evidence being destroyed, or cause the affected person to be removed from care.

Common questions

Is factitious disorder by proxy the same as Munchausen syndrome by proxy?

"Munchausen syndrome by proxy" is an older name. Factitious disorder imposed on another is the current psychiatric term. Safeguarding professionals may instead describe the situation as fabricated or induced illness or caregiver-fabricated illness.

Does the person know they are lying?

The deception is intentional, meaning the person knows the information or presentation is false. Their deeper reasons may not be fully conscious or easy to explain. This differs from health anxiety, in which someone genuinely believes illness is present.

Can the affected person also have a real illness?

Yes. A genuine condition may be exaggerated, treated inappropriately, or used as part of the deception. Professionals must protect the person without dismissing real symptoms or suddenly stopping necessary care.

Why would someone make another person seem ill?

There is no single explanation. Psychological needs, trauma, relationship patterns, or a desire to occupy the caregiver role may contribute. An exact motive may remain unclear, and understanding it does not excuse the harm.

Can families stay together after this happens?

Sometimes, but safety comes first. Decisions about contact or reunification consider the seriousness of the harm, whether the person accepts responsibility, evidence of sustained change, treatment engagement, and the affected person's needs.

Should I collect proof myself?

Do not put yourself or the affected person at risk. Keep any records already lawfully available to you and report specific concerns to safeguarding professionals. Do not interfere with medicines, arrange secret tests, or attempt surveillance on your own.

Sources

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