A COPYCAT CASE OF MEDICAL CHILD ABUSE: THE BRITTANY PHILLIPS INVESTIGATION

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History

• Munchausen’s by Proxy
• Factitious Disorder by Proxy
• Factitious Disorder Imposed on Another
• Pediatric Condition Falsification
• Caregiver Fabricated Illness
• Medical Child Abuse

WHEN TO CONSIDER THIS DIAGNOSIS OF ABUSE?

• Multiple symptoms over several body systems that do not make medical sense.
  ◦ Gastric and neurological symptoms claimed (for example).
MEDICAL CHILD ABUSE DEFINED

- The intentional exaggeration, fabrication, or induction of illness by a caregiver in a person under their care.

BUT IS THIS MENTAL ILLNESS?

DSM 5 DEFINITION
Factitious Disorder Imposed on Another

- Falsification of physical or psychological signs or symptoms, or induction of injury or disease, in another, associated with identified deception.
- The individual presents another individual (victim) to others as ill, impaired, or injured.
- The deceptive behavior is evident even in the absence of obvious external rewards.
- The behavior is not better explained by another mental disorder, such as delusional disorder or another psychotic disorder.
- The Perpetrator, not the victim, receives this diagnosis.
DSM 5 DISCUSSION

• Factitious Disorder Imposed on Another
  • Whereas some aspects of factitious disorders might represent criminal behavior (e.g., factitious disorder imposed on another, in which the parent's actions represent abuse and maltreatment of a child), such criminal behavior and mental illness are not mutually exclusive. The diagnosis of factitious disorder emphasizes the objective identification of falsification of signs and symptoms of illness, rather than an inference about intent or possible underlying motivation. Moreover, such behaviors, including the induction of injury or disease, are associated with deception.

DSM 5

• 2013 - First publication to ever apply the diagnosis to the offender, not the child.
• Contains an entire chapter on pedophilia.
• Pedophilia has been in the DSM since 1952

Commonalities with Pedophilia

• Compulsive behavior in which offender engages despite knowledge of consequences
• Psychological treatment of offender difficult
• Grooming of victim (psychologically and emotionally)
• Pattern of deceit to avoid detection
• Victims often love the criminal offenders
• Manipulation of adults around the victim and offender
EVIDENCE BASED DIAGNOSIS

GET USED TO THIS PHRASE

WORDS MEAN SOMETHING

- Medical **CHILD ABUSE**
- Factitious **DISORDER** by Proxy
- Pediatric **CONDITION** Falsification
- Caregiver Fabricated **ILLNESS** in a Child
- Munchausen **SYNDROME** by Proxy
- Factitious **DISORDER** Imposed on Another

FACTITIOUS DISORDER IMPOSED ON ANOTHER VS MEDICAL CHILD ABUSE

External Reward is the key determinant

No external reward = Factitious Disorder Imposed on Another

External Reward = Medical Child Abuse

Can fundraisers provide internal reward (attention)?

Concern to LE and CPS?
INITIAL INVESTIGATIVE STEPS

- Notifications come from doctors, speech therapists, teachers...
- Affidavit needed from reporting doctor documenting concerns of abuse
- Referral to Board Certified or eligible Child Abuse Pediatrician – affidavit of diagnosis for Medical child abuse (MSBP)
- Complete and extremely detailed medical and social history from the suspect (preferably obtained by CPS investigator) before removal. This needs to include suspect’s participation in any medical charity organization, medical online group, or any medical blog.

Interviews with Treating Doctors

- Interview the doctors involved in treating the children.
  - Distinguish information obtained from the suspect or information verified based upon medical observations or testing. MUST ASK
  - Do not rely solely on the Physician Affidavit.
  - NEVER ask a doctor “is it possible”
- Interview nurses, nurse practitioners in specialty clinics, and hospital social workers for their interactions and observations of the suspect.

CPS REMOVAL OF VICTIM

- Victim must not be placed with anyone that is sympathetic to the suspect
  - CPS and law enforcement should discuss the potential risks of a parental child safety placement (PCSP) with the CPS attorney. If a PCSP is required, an in-depth assessment of the caregiver’s protective capacity should be completed.
- Suspects in these cases are very good at manipulation, especially with someone who believes they are innocent
- Suspect should only have HEAVILY supervised visitation (supervised by CPS)
CPS REMOVAL OF VICTIM

- Have placement parents keep a daily log of the victim’s activities, food intake, and illnesses
- This allows documentation of what is and is not wrong with the victim

CPS SUPERVISED VISITATION

- Suspect not allowed to change the victim, give the victim anything, take the victim to the bathroom
- Worker should be with victim at all times during visitation
- Rosenberg’s Research of 117 victims showed a 9% mortality rate

Interview with the Child

“Often and often afterwards, the beloved Aunt would ask me why I had never told anyone how I was being treated. Children tell little more than animals, for what comes to them they accept as eternally established.”

- Rudyard Kipling
Forensic Interview?

- Depending on the age of the victim
- Victim will normally not be able to provide helpful information in these types of cases (but this is not an absolute)
- Case by case basis
- Siblings or other children in the home can add additional insight into the victim’s home environment

The Importance of Social Media

- Suspects often post medical diagnosis on social sites that are different than the actual diagnosis
- Obtain records of any site where suspect posts entries (either through search warrant or subpoena)
- Inconsistencies with what the suspect posts about the victim’s medical condition and what is reflected in the medical records
- Ask for photographs in your search warrant. Review all photographs. Do they show a sick child? Are there inconsistencies? Photo albums of hospital visits?
- Search warrant for computing devices (computers and cell phones)?
User: Vipha N Cesar Guerrero (1183399487)
Text: awe, poor thing, sorry to hear. hope they get her all better...let us know if u need anything....
Time: 2011-07-31 21:03:11 UTC

User: (675421840)
Text: Thank you Vipha. I appreciate it. So far I am good.
Time: 2011-07-31 21:04:22 UTC

User: Trisha Russow Morscheier (10000146442870)
Text: Poor... give her a hug and kiss for me!
Time: 2011-07-31 21:16:03 UTC

User: (675421840)
Text: I will. Thank you
Time: 2011-07-31 21:17:00 UTC

User: Ann Rethard (1851720564)
Text: Which hospital?
Time: 2011-07-31 23:50:12 UTC

User: (675421840)
Text: We were at cooks back home for the time being. They sent us home. Got sugars up and now I have to just watch really close.
Time: 2011-07-31 23:51:00 UTC
HOSPITAL PICTURE ALBUMS

OF UNNEEDED MEDICAL INTERVENTIONS

Title: My poor baby girl's belly.
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Link to Dreamin’ Demon article


BRITTANY PHILLIPS

- Viewed this article on 08/24/11 at approx 7:26 PM
- Googled “Poop in feeding tube” on 08/24/11 at 7:28 PM
- Googled “pee in veins” “pee in stomach” “Eating poop for children” “poop in stomach” (no time stamp)

BRITTANY PHILLIPS

- 08/25/11 11:20 PM- Phillips demanding labs come and take a sample of victim’s blood. Knows victim is sick
- 08/26/11 12:11 AM- told the victim had a dangerously low white blood count. Was dismissive of nurse and had no reaction
BRITTANY PHILLIPS

• Blood cultured and grew Staph Aereus, Strep Veridens, and E Coli.

• Infectious Disease Dr. Mazade - "never seen those pathogens together in a blood sample in my 14 years as a Pediatric Infectious Disease doctor." Extremely suspicious for induction.

BRITTANY PHILLIPS

• 08/26/11 – Phillips placed in room with covert video surveillance

• Immediately points at hidden camera and says "that wasn't in my last room. That's a camera! I would never hurt my child!"

• First time in 15 years nurse ever had anyone point out the camera.

JURY

• 10 women and 2 men

• Thorough

• One female an IT expert, one female the goddaughter of Cook Children's custodian of records

• One male 65 year old dentist
Interview with the Suspect

- The threat of escalation is ever present and could have lethal consequences

- In a perfect investigation, after all medical records have been reviewed and all witnesses interviewed, the suspect interview will be last

- This will be case specific. Sometimes a suspect interview can’t wait

Interview with the Suspect

- Best to approach suspect without warning and not during a scheduled appointment

- Enable the suspect to explain what is wrong with their child. They are the expert on their child, and you are just here to do your job.

- The medical information is overwhelming – can they explain what’s going on?

- Prepare yourself for manipulation. These caregivers will change tactics based upon your response. They can present as sad, overwhelmed, confused, angry, and friendly.
  - Remember, these suspects are used to fooling doctors. The less of a threat you present, the more likely they will think they can fool you.
PROSECUTING INTENTIONAL FALSE MEDICAL HISTORY CAUSING SURGERY

- Penal Code 7.02 (a)(1) In Texas:
  - A person is criminally responsible for an offense committed by the conduct of another if, acting with the kind of culpability required for the offense, he causes or aids an innocent or nonresponsible person to engage in conduct prohibited by the definition of the offense.
  - YOUR JURISDICTION?

PROSECUTION CRIMINAL COURT

- Seven criminal investigations that have led to charges, including six successful convictions in Tarrant County, Texas (Two pending)
- The 1st Texas Court of Appeals and Court of Criminal Appeals has upheld convictions for Medical Child Abuse

RESOURCE INFORMATION

- FBI Law Enforcement Bulletin article:

- APSAC Best Practice Guidelines:
  - [https://docs.wixstatic.com/ugd/4700a8_c9e9904c0b6042cb9e4a3dd06553bbdc.pdf](https://docs.wixstatic.com/ugd/4700a8_c9e9904c0b6042cb9e4a3dd06553bbdc.pdf)
RESOURCES AND RESEARCH MATERIAL

- Dr. Marc Feldman (Munchausen.com)
  Authored over 100 peer-reviewed, published articles. Authored or co-authored 4 books on Factitious disorders

- “Munchausen by Proxy: Identification, Intervention, and Case Management”
  Authors Louisa Lasher and Mary Sheridan

- “Medical Child Abuse, Beyond MSBP”- Thomas Roesler, MD and Carole Jenny, MD, MBA, FAAP

Media on Tarrant County Cases

http://media.star-telegram.com/munchausenmoms/

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QUESTIONS?