Medical child abuse, known by many different names, including the often-misunderstood Munchausen syndrome by proxy (MSBP), involves a young person receiving unneeded or harmful care brought about by a parent or other guardian. Offenders—usually the mother—fabricate or exaggerate the child’s medical history, induce an illness, or combine these acts.¹ Victims suffer a mortality rate of between 6 and 9 percent.²
The Tarrant County, Texas, Criminal District Attorney's Office (TCCDAO) learned of this type of crime in January 2009. Since that time, the office has investigated 16 reports of medical child abuse and assisted the Fort Worth Police Department with another 3. These inquiries have led to 7 prosecutions (5 felonies, 1 misdemeanor, and 1 case pending trial) and 1 current investigation.

Law enforcement agencies must learn to recognize and address this type of abuse. To this end, the author shares lessons learned to shed light on the subject and help guide personnel. Two case studies illustrate the challenges these investigations involve.³

**Offenders**

Persons who commit these crimes do so intentionally. Often, people mistakenly believe that such offenders have a mental illness, thus limiting their responsibility. However, evidence holds that they understand their actions.

The current *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* applies the mental diagnosis “factitious disorder imposed on another” to individuals guilty of these acts. *DSM-5* explains that such persons practice deception—indicating knowledge of right and wrong—and refers to them as perpetrators. It links the condition to illegal behavior and makes comparisons with impulse disorders and pedophilia, among other problems.⁴
Mr. Weber is a detective with the Tarrant County, Texas, Sheriff's Office.
An effective criminal investigation can help prove beyond a reasonable doubt that these offenders understand right and wrong. Psychological examination will reveal many such persons as normal. The most common finding—if any—is a behavioral disorder.\(^5\)

Usually, persons commit this abuse for attention. Perhaps a financial element serves as a secondary motive. Scholars also have suggested that offenders gain excitement from deceiving personnel in medical professions, charity organizations, and media outlets.\(^6\)

By providing false medical histories, perpetrators can hide their crimes, sometimes for years. When making diagnoses, doctors rely on the information given by a parent or other guardian. They cannot stay constantly with the victim to observe symptoms. Medical professionals do not expect caregivers to intentionally mislead them to obtain unneeded treatment for children.

Offenders proceed in various ways. For instance, they may present the victim to a doctor as having reflux or not eating, causing weight loss. Meanwhile, they simply do not feed the child at home. Or, perpetrators may push for placement of a feeding tube. If the physician refuses, they simply take the victim to another facility and repeat the process. Persistence eventually results in performance of the procedure.

Every medical child abuse case prosecuted in Tarrant County has involved a child receiving an unneeded gastric feeding tube. Although offenders commonly claim gastrointestinal disease, they can commit this fraud in various ways involving many different body systems.\(^7\)

**Investigations**

Upon receiving a report of abuse, law enforcement should take the matter seriously and conduct a thorough investigation. Failing to gather evidence can result in abusive conduct going unpunished, a child remaining in a dangerous situation, or a parent suffering the stigma of a false allegation.
To build a case against persons guilty of medical child abuse, agencies can find valuable information through a number of sources. Investigators must proceed properly to bring these individuals to justice and protect innocent victims.

**Multidisciplinary Team**

The applicable law enforcement agency, district attorney's office, board certified child abuse pediatrician, hospital legal adviser, child protective services (CPS) office and its attorney, and any other pertinent members of the team must meet and develop a plan.

Communication proves vital. For instance, investigators need to interview and obtain an affidavit from all doctors involved. Hospital legal advisers can help facilitate these meetings and emphasize that the investigation focuses on the actions of the offender, not the physicians.

**Social Media**

Investigators quickly should locate all of subjects’ social media accounts, including online blogs, and submit preservation requests for them. This proves important because in many jurisdictions, CPS meets with perpetrators immediately to explain the allegations. Offenders who detect suspicion may try to destroy evidence, especially incriminating posts.

After preserving these accounts, investigators should build probable cause to obtain a search warrant for all content, including personal messages.

In cases where perpetrators intentionally provided misleading medical information to doctors, investigators can search the public portion of subjects’ social media records for health-related posts regarding the victim.

For accounts set to private, investigators can interview offenders’ acquaintances about any such communications. These individuals often state that perpetrators regularly share about the child’s health on social media. Investigators should obtain written or recorded statements from such witnesses so subjects cannot change their story later.
Offenders’ writings on social media about the health of a victim serve as criminal evidence. The only defense subjects can present at trial is that they simply followed doctors’ instructions. However, social media pages often reveal a false medical history written by perpetrators. For every conviction in Tarrant County where investigators obtained these entries, the information differed substantially from medical records.

Investigators will find such posts by offenders valuable. For instance, if claims on social media vary from the medical facility’s account before a gastric feeding tube placement, they can take those records to an interview with the doctor who ordered the surgery.

**Medical Staff**

Investigators do not need a doctor to specify that victims suffer from MSBP or medical child abuse. They simply need the surgeon and specialist who ordered a procedure to say in an affidavit that they not knowingly would have relied on a fabricated medical history to justify it.

Most likely, a physician will not have the necessary expertise to cite medical child abuse. Such a confirmation should come from a board certified child abuse pediatrician who reviewed every medical record, social media post, and other type of information provided by the investigator. Evidence must support this diagnosis.

When interviewing doctors, investigators should avoid broad questions starting with such phrases as “Is it possible?” A more focused question would be “In your experience, how many times have you seen…?” For instance, if investigators want to know whether a child could recover quickly from malnourishment simply through feeding, they may ask, “In your experience, how many times have you seen an improvement like this that did not indicate abuse?”
Investigators should delineate between a provided medical history and testing that identified a condition. Often, doctors present the history as fact. They may say, “The victim came in with a positive diagnosis for reflux.” In response, investigators should ask the physician if the suspect claimed that condition or a medical test revealed it.

Nurses may spend the most time with victims and their caregivers. Perhaps they will be the only persons to see a child during an appointment. Investigators should interview these practitioners and obtain a statement.

When victims come from a two-parent family, investigators should determine who—absent a separate caregiver—supplies the medical history and brings the child to the doctor’s office. Often, physicians have contact with one parent, but not the other. This helps determine who holds guilt in these cases.

**Other Witnesses**

Individuals, such as work or personal acquaintances of offenders, can offer testimony to corroborate differences between perpetrators’ claims and medical records. These persons may share suspicions they have had about offenders and state that the children appeared healthy and ate well in their presence. Some may have expressed concerns to their spouse.

Investigators should obtain written or recorded statements from such witnesses. Defense attorneys most likely will present subjects as victims of a medical community attempting to shift blame. Having nonmedical persons validate medical testimony proves important.

When interviewing these individuals, investigators should ask about electronic communications (e.g., texts or e-mails), in addition to social media posts, from offenders that include discussions about the victim’s medical history. Investigators can obtain those messages through a computer forensic examination of the witness’s devices. They can do so with the owner’s consent or, if necessary, a search warrant.
Investigators also should ask such witnesses if they have seen offenders use an Internet search engine to look for medical conditions. This may help determine if perpetrators sought fraudulent symptoms to present to a doctor. Witnesses should note such observations in their statements.

**Initial Interview**

Investigators (in some cases, CPS personnel) best deal with subjects cordially, projecting little threat and downplaying the importance of the allegations. They should obtain a detailed medical and social history from birth for victims and any siblings and from at least 2 years before the arrival of the first child for offenders. Also important, investigators should ensure that subjects handle the victim’s care, including visits to the doctor and maintenance of the medical history.

Unfortunately, as an unintended consequence, the Health Insurance Portability and Accountability Act (HIPAA) can allow parents or caretakers to maintain the only knowledge of medical facilities that have treated victims.\(^8\)

The offender’s own medical and social history holds significance. In three of the seven cases prosecuted in Tarrant County, subjects falsely presented a medical history of cancer. Three of them also lied about significant life events. One stated that she held a Ph.D.; another claimed to have served as a neonatal pediatric intensive care nurse; and the other said that she knew seven different languages before her boyfriend—an alleged CIA spy—beat her on one of his missions, causing her to lose memory of five.

Criminal investigations proved all of these claims false, and they revealed a pattern of grandiose storytelling in addition to falsifying the medical records of children. Investigators can enter such extraneous incidents as evidence during trial if offenders take the stand and claim truthfulness.

**Computing Devices and Other Evidence**

Investigators need to verify the origins of any incriminating social media posts, as well as text messages or e-mails acquaintances have received from the perpetrator. Additionally, when such associates state that they observed the offender searching for medical symptoms online, the devices’ Internet histories will need examination.
This information can help build probable cause to obtain a search warrant for all of offenders’ computing equipment, including cellular telephones with Internet connections. Such devices can contain valuable evidence.

Search warrants always depend on the facts of the case, but investigators should not overlook the presence of potential digital evidence. However, when they obtain a warrant to retrieve social media and other records and find incriminating evidence, investigators need to ensure that the offender owns those accounts.

In addition to digital records, investigators also may need a warrant for other, more traditional, evidence, such as medication. In an induction case, this includes suspected contaminants.

**Integrating the Data**

In these cases, investigators uncover a lot of information. They should integrate everything into an electronic spreadsheet, sorted by date.

Medical records need page-by-page examination. Any medical history given by offenders should be transcribed onto the spreadsheet. Often, there are thousands of pages of such records, but their importance justifies the time and manpower. Splitting them between law enforcement and CPS can help lighten the burden.

All social media posts, text messages, and e-mails containing a victim’s medical history provided by the perpetrator also should populate the spreadsheet by date, event, facility, treating physician, records examiner, and page number. Sorting transcribed information by date can reveal a terrible pattern of lying and abuse.

Investigators should consult with prosecutors to determine which agency holds responsibility for completing the spreadsheet. Prosecutors may want to delegate the task to their office staff. This provides an advantage in that the spreadsheet would constitute a work product not accessible by the defense. Otherwise, a police-generated spreadsheet may need to be provided to defense attorneys, depending on the jurisdiction’s policies and the laws.
Interrogation

The timing of a subsequent criminal interrogation depends on the particular case, but delays present special risks. Subjects often seek civil legal counsel when authorities remove victims from their care. While this does not prevent law enforcement from interrogating offenders, a civil attorney may advise subjects beforehand not to speak with investigators. Also, accusing them without full case knowledge can lead to denials or minimal admissions.

Investigators must decide how to proceed based on the specific facts. They should approach offenders by surprise. Because of the potential involvement of a civil attorney, investigators ought to force subjects to decide immediately whether to talk with them. Contacting perpetrators after meeting with CPS provides an ideal scenario.

An interview room recorded for sight and sound proves best. Investigators should introduce and identify themselves, claiming that they do not understand the medical records and simply need to communicate about the victim. They can strive to appear as unmotivated civil servants “just going through the motions.” These offenders have become skilled at fooling people, and investigators want to encourage this thought process. Investigators should proceed while armed with complete knowledge of the facts.

“Often, people mistakenly believe that such offenders have a mental illness, thus limiting their responsibility.”

Once in the interrogation room, investigators should tell subjects that they may leave at any time and let them do so at the conclusion, thus alleviating the Miranda requirement. They can emphasize to offenders the need for help in understanding the events.

As a starting point, investigators should obtain a complete medical and social history for the victim, any siblings, and the offender. Of course, this was done in the initial interview, but in the guise of unmotivated civil servants, investigators should ensure that subjects provide their version of events. This may differ from what they shared with CPS and medical personnel. Later, investigators can focus on the inconsistencies if the interrogation becomes confrontational.
The conversation should revolve around the perpetrator. Persons who abuse their children’s health for emotional gain often are narcissistic. Using themes that highlight a subject’s positives may lead to admissions.

In one case in Tarrant County, the offender claimed to have done the right things since her separation from the victim. By focusing on the person’s honesty and positive actions, interrogators eventually obtained an admission of falsifying a sweat test for cystic fibrosis by contaminating it with salt water-based nasal spray. That individual also admitted to removing pathogens from her workplace and putting them in her daughter’s sputum sample to present the victim as having an infection.

Investigators will need to keep the lines of communication open with offenders even after an interview involving admissions. They may need to speak with them again on another occasion.

**Case Studies**

Medical child abuse investigations prove complex. Two cases investigated in Tarrant County illustrate this point and also demonstrate the lack of training and knowledge often found among police and CPS agencies. Fortunately, authorities brought both of these perpetrators to justice.

**Elisabeth**

An attractive woman in her late 20s and her husband, a marine deployed overseas for much of their marriage, had two boys. As a stay-at-home mother and sole caregiver for the children, Elisabeth falsely presented the older boy as autistic from age 3 and obtained a prescription for a powerful sedative. At this time, the family resided in San Diego, California.

Elisabeth gave birth to her younger boy—the main victim—prematurely. She soon began telling medical professionals that he had a severe case of reflux. The child did not gain weight and quickly fell to the bottom of the growth chart. An interview with one of her friends later revealed that Elisabeth fed him only water, rather than his prescribed formula. Despite the friend’s concerns, she did not notify authorities.
Four months after the boy’s birth, Elisabeth began claiming he had feeding problems, as well as reflux. However, the victim gained weight and showed no signs of the alleged conditions during several hospital stays.

At 7 months of age, at Elisabeth’s insistence, doctors placed a feeding tube in the child’s stomach and performed a fundoplication due to Elisabeth’s reports of reflux. Even after this procedure, the boy’s weight still presented a problem.

After returning from deployment, the father moved the family to Fort Worth, Texas, in part because of the boys’ medical problems. At this point, Elisabeth claimed that the child had neurological problems and sought a specialist.

According to Elisabeth, he slept 18 hours per day, and she pushed for a diagnosis of hydrocephalus. A neurologist who observed the boy’s lethargy suggested testing for this condition by placing an intracranial pressure monitor inside his skull to measure spinal fluid pressure. After the procedure, doctors observed the victim for several days in a hospital setting. He tested normal.

Two months later, with Elisabeth still saying that the boy had this condition, his paternal grandmother—leery of her claims—visited. One morning, the grandmother noticed the older child’s sedative in the victim’s yogurt. She removed the pill and notified the father at work. He later confronted Elisabeth and subsequently contacted police. The father had no knowledge of this form of abuse or what to call it.

When police arrived, he tried to explain what happened. Elisabeth claimed that she suffered from anorexia and would enter treatment. Confused, officers allowed her to commit herself and filed an information report for accidental overmedication of the child. The upset father separated the boys from Elisabeth. Immediately, the victim began to thrive for the first time in his 1-1/2 years of life, eating normally and exhibiting none of the alleged symptoms.

For 6 months, the father fought to have an offense report generated. The case was assigned to a detective with no understanding of medical child abuse who later contacted him to say that no offense occurred. Eventually, the officer’s
agency contacted TCCDAO, which ordered the filing of the case—almost 1 year after the father called police to his home. Fortunately, he was not the typical passive spouse normally partnered with these offenders.

TCCDAO received an endangering a child case for accidental overmedication. The prosecutor located an affidavit from the neurologist who diagnosed the boy with MSBP. Immediately, the office referred the case to a board certified child abuse pediatrician, who began reviewing medical records.

According to the father, Elisabeth remained active on social media and wrote four different fraudulent diagnoses for the victim, including hydrocephalus. One month earlier, doctors advised that he did not have this condition. TCCDAO contacted the site administrators, had the account frozen, and obtained all records. The other three diagnoses also were lies. Multiple physicians on numerous occasions told Elisabeth that the boy did not have two of the other conditions, and medical records did not indicate the fourth.

The father also supplied one of her social media addresses. He and the grandmother said that she posted almost daily about the health of both boys. This provided the probable cause needed to obtain a search warrant for her entire account. When TCCDAO received the records, Elisabeth had deleted all posts.

However, pictures and related comments by friends remained. When contacted, these individuals shared valuable information. Many still had messages from Elisabeth about the victim’s health, including diagnoses not in the medical record, and agreed to provide them.

For instance, Elisabeth told one friend that a hospital diagnosed the boy with a metabolic disorder, although no testing had occurred at that time. Later tests showed no such problem. Elisabeth also shared the same four false medical diagnoses with numerous friends on multiple occasions through social media.

She also described the boy differently to online and real-life friends. If someone knew her through social media but not in person, Elisabeth would express pessimism about the victim’s future, even telling one individual that he could die
any day from a metabolic crash. However, she showed optimism to friends who knew her and the child in real life. These social media records proved immensely important in the criminal prosecution.

The Texas Penal Code states, “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.” This applies to subjects who obtain unneeded surgeries on a child. Authorities charged Elisabeth with the placement of the intracranial pressure monitor. Additionally, they deemed the surgeon’s scalpel a deadly weapon.

Elisabeth was indicted in Texas for “injury to a child–bodily injury” for the procedure, a lower felony. The court could not charge her with “injury to a child–serious bodily injury” because the Texas Penal Code defines it as “an injury that causes a substantial risk of death, a protracted loss of a bodily function or member, or permanent disfigurement.” The placement of the monitor did not involve the large and substantial scarring needed to meet this requirement.

TCCDAO also referred the case to the San Diego District Attorney’s Office for prosecution regarding the feeding tube surgery. No provisions in California law allowed for charging Elisabeth with the unneeded procedure, so authorities charged her with starving the victim, a lower felony. If the operation had occurred in Texas, she could have received a first-degree felony charge, punishable by 5 to 99 years in prison under the serious bodily injury statute for the loss of feeding.

Elisabeth pled guilty to the charges in both states and received 10 years of probation in Texas, with only heavily supervised visitation permitted by CPS, and 4 years of probation with no such contact in California.

The father got Elisabeth to terminate her rights pertaining to the victims. Sometimes, offenders may make this decision because they fear a civil deposition during which they may incriminate themselves, but this was not a factor. He spent more than $60,000 in civil attorney costs to ensure the boys’ safety, despite criminal charges pending against her. Family court was set to return the children to Elisabeth for unsupervised visitation the day of her arrest on the new charges.
Brittany

A mother in Texas gave birth at 29 weeks to a 2-1/2 pound baby girl. The child’s father had no involvement in any aspect of her life.

During her first 6 months, the victim gained weight and had no health conditions. After this time, Brittany claimed that the child had reflux, and the girl’s weight began fluctuating. She also presented the victim as having other conditions, such as asthma, constipation, food allergies, sleep apnea, dehydration, gagging while eating, diarrhea, and cyanosis.\textsuperscript{16} Multiple visits to doctors and hospitals revealed none of these problems. The child did have low blood sugar, as alleged by Brittany, who seemingly induced it by administering insulin.

When the victim reached 16 months of age, Brittany pushed for a feeding tube because of alleged weight inconsistencies, reflux, and swallowing issues. Approximately 1 month later, a hospital in Dallas performed the procedure. Of course, this did not correct the victim’s weight problems.

Subsequently, another hospital replaced the feeding tube at Brittany’s request. Later at the same facility, she brought in the victim with the tube’s base out of her stomach, claiming that it kept falling out. The girl later would say that Brittany removed it on multiple occasions, despite no valid medical reason for her to do so.

Brittany’s primary care physician made the first mention of MSBP in the medical record after growing concerned that the child would not gain weight. This suspicion came approximately 8 months after the feeding tube placement. The doctor did not alert authorities immediately.

One month later, the same physician referred the child to an inpatient feeding program. During this treatment, medical staff noticed numerous discrepancies between Brittany’s reports of the victim’s ailments and what they observed. Staff members even saw her strike the 2-year-old's face out of frustration.

The girl ate well and gained weight. However, Brittany alleged that the child was sick and decreased her food intake, despite no evidence of illness. The staff could not feed the victim against the mother’s wishes.
“Upon receiving a report of abuse, law enforcement should take the matter seriously and conduct a thorough investigation.”

Medical personnel dismissed the child from the feeding program after 1 month. Because of Brittany’s behavior, both her primary physician and staff at the feeding clinic reported their suspicion of medical child abuse to CPS.

One month later, a friend had Brittany and the victim over for a play date and noticed a bruise on the girl’s face in the shape of a handprint. Brittany confessed that she had slapped the child out of frustration. The friend took pictures of the girl’s face. She also saw the victim eat normally and watched Brittany become upset at her for doing so.

This friend—a nurse—called CPS the next day to report the bruise, as well as a suspicion of medical child abuse. Her observations of the child contradicted Brittany’s dire social media posts. She also knew that Brittany cared for her diabetic mother and suspected that administering insulin to the nondiabetic child could have induced the girl’s hypoglycemia. When the friend called to share this suspicion with medical personnel during one of the victim’s many hospitalizations, a nurse she spoke with did not take her concern seriously.

Two months later, a new feeding therapist filed another report with CPS after seeing differences between the child’s eating and the history provided by Brittany. Upon the suggestion of a detailed feeding plan, Brittany smiled, nodded, and cancelled all future appointments.

CPS had reports of medical child abuse from numerous sources. However, little investigation occurred before the merged complaints resulted in a disposition of “unable to determine for abuse.”

The victim continued having medical problems until admission to a hospital a full year after the initial report of abuse made to CPS. During the stay, doctors became suspicious after she suffered three blood infections, all involving multiple organisms. Available medical records for the child revealed numerous
inconsistencies. A consultation with an infectious disease specialist resulted in another report to CPS. An experienced doctor wrote a strong affidavit claiming that Brittany was committing medical child abuse.

TCCDAO had implemented a special protocol for reporting these cases. After CPS received this latest notification through its hotline, an employee who served as a liaison to the medical facility contacted TCCDAO to provide a secondary report. This system ensures that such situations do not go unaddressed if assigned to police officers or CPS personnel who do not understand the allegations.

The criminal investigation conducted by TCCDAO initially focused on the placement of the feeding tube. The office preserved Brittany’s social media accounts before her first interview with CPS. During the interview, CPS only told Brittany that the allegations involved medical neglect and that personnel simply needed to review all of the victim’s history to check her story.

CPS also asked Brittany to verify her social media account information. Later, an examination of her laptop computer revealed that on the same day as the initial meeting with CPS, she had searched for information on how to delete such accounts. This indicated an attempt to destroy evidence and a consciousness of guilt.

An examination of Brittany’s social media records revealed numerous inconsistencies between her claims about the victim’s care and what occurred during medical visits. For instance, she posted that the child would receive a feeding tube, but a doctor had yet to decide on performing the procedure. She also lied about an emergency room visit with the victim for a low blood sugar episode on a certain date. Records for every location of that hospital showed that doctors had not seen the girl within a week of the day claimed by Brittany.

She also posted that doctors diagnosed the victim as having a severe allergy to chocolate. One month later, Brittany shared a picture of the child eating chocolate cake. She had a sleep study performed that did not indicate sleep apnea; 1 week later, Brittany told early childhood intervention personnel that the girl had an
episode during the test. She told many such lies about her daughter’s care to friends, family members, and health care professionals through social media and in person.

TCCDAO spoke with numerous witnesses outside of the medical community, including her sister, who claimed to have seen stacks of printed medical diagnoses next to Brittany’s computer. The sister had suspected for a long time that Brittany falsely presented her child as ill. She also confirmed that Brittany had access to insulin because of her diabetic mother.

These statements, along with the inconsistencies on social media, provided probable cause for a search warrant to seize and examine all of Brittany’s computing devices, including a laptop that she used during the victim’s last hospitalization. TCCDAO consulted with Dallas County prosecutors, who accepted the charge of injury to a child–serious bodily injury for the feeding tube placement.

After filing the case, TCCDAO waited for a year on the computer analysis. An examination of Brittany’s Internet history revealed searches related to urine or feces in feeding tubes, veins, and stomachs and even the oral consumption of such substances. This seemed to explain the rare blood infections described by the infectious disease specialist.

TCCDAO sought to determine if any available dates of the searches coincided with the last hospitalization. According to medical records, two of them occurred approximately 28 hours before a blood sample grew E. coli, staphylococcus aureus, and streptococcus viridans.\(^7\) The doctor described such infections as rare and revealed that if Brittany had induced them by introducing feces through the feeding tube or IV line, the victim would become symptomatic within 24 to 48 hours. On the same day, Brittany had read an online article about a lady caught on covert video surveillance putting feces in her child’s feeding tube.\(^8\)
Medical records showed that Brittany became upset and demanded lab work when the victim developed a low-grade fever, yelling at nurses until staff took a blood sample. Yet, when a nurse advised her that the child had a dangerously low white blood cell count and a serious blood infection, Brittany simply wanted the numbers and dismissed the nurse without emotion.

Further, when medical staff moved the victim to a room with hidden video surveillance, Brittany found and pointed to the camera, telling the nurse, “I would never hurt my child!” No one had accused Brittany of anything at that point. The girl returned to normal when in the monitored room and had no further blood infections. Clearly, Brittany used the media story to help her plan poisoning the victim with feces.

After a meeting with the infectious disease doctor, who confirmed the timeline and stated that he had not seen a child’s blood contain those three contaminants in 14 years of practice, the assistant district attorney decided to accept the charges in Tarrant County for injury to a child–serious bodily injury.

The case, completely circumstantial and built on what doctors found in the victim’s blood, along with Brittany’s Internet searches and odd behavior during the final admission, went to trial. No video existed of the offenses.

Prosecutors from Tarrant County proceeded. The defense and the state agreed that MSBP would not be mentioned at trial. Brittany initially claimed innocence, and not mental illness. The state’s attorneys did not want to imply such a condition. Rather, they called it medical child abuse.

During the 2-week trial, the state called over 25 witnesses, including multiple doctors. The jury deliberated for 2 days before declaring an 11 to 1 split for conviction. Retrial meant risks for both the prosecution (acquittal or probation) and defense (guilty verdict and long prison sentence).
Brittany pled guilty to the offenses in both counties in exchange for 5 year prison terms served concurrently. More important, faced with a deposition in civil court during the custody battle before the criminal trial, she signed over her rights to the child, rather than pleading the fifth amendment or giving an incriminating statement in a civil proceeding.

The girl, now in the custody of extended family members who protect her and know of Brittany’s guilt, has thrived as a normal child without any of the ailments claimed by her mother.

“Many states do not educate authorities regarding medical child abuse.”

**Dangers of Not Investigating**

Doctors suspected one mother, Austin, of injecting an unknown substance into her older child’s IV line during his inpatient hospital treatment. After separation from his mother, the victim recovered. No one filed criminal charges, and a family court judge returned the boy to Austin against the advice of CPS and a psychologist who examined her. The child’s death—attributed to natural causes—occurred shortly thereafter.

Several years later, Austin presented her younger son to a hospital, alleging low blood sugar. Doctors suspected that she administered insulin, and they found an injection site. Police arrested Austin and charged her with injury to a child—serious bodily injury.

Later, authorities exhumed the older boy’s body and found an injection site. The medical examiner changed the cause of death to homicide. Austin was convicted and sentenced to 99 years in prison.\(^{19}\)

Although extreme, this example illustrates the continued abuse and potential death that can occur absent an effective police investigation.
Conclusion

Medical child abuse is a reprehensible crime. Most people seem to hold the mistaken belief that offenders must have a mental illness to commit such acts. This form of abuse is widely misunderstood.

Many states do not educate authorities regarding medical child abuse. Often, law enforcement and CPS professionals, as well as judges, simply see a normal, caring parent or guardian and dismiss such allegations. However, a thorough investigation is needed to identify these situations, protect victims, prosecute perpetrators, and clear innocent persons.

Hopefully, federal law—because these cases may cross state lines—can focus more intently on medical child abuse in the future. The amount of work involved taxes local authorities who struggle to bring such criminals to justice. In the meantime, police agencies and CPS offices must facilitate training for their personnel so they can properly address these crimes and keep children safe.

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Resources

Endnotes


3 This article features a broad overview and general discussion of investigative techniques regarding medical child abuse cases. It does not offer legal advice, nor does it present an outline for routine application in all such investigations. Each case requires a specific plan developed by the prosecution team after a thorough discussion of the unique facts and circumstances.


6 For instance, see “Munchausen by Proxy Syndrome,” KidsHealth, August 2015,
7 Roesler and Jenny, 148-50.
11 For additional information, see University of California San Francisco Department of Surgery, Fundoplication, accessed June 29, 2018, https://pediatric.surgery.ucsf.edu/conditions--procedures/fundoplication.aspx.
14 Beckham, 7.
16 For additional information, see “Cyanosis,” Texas Heart Institute, accessed June 29, 2018, https://www.texasheart.org/heart-health/heart-information-center/topics/cyanosis/.
streptococci.
