

How does one heal after surviving Munchausen by Proxy/ Medical Child Abuse

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Welcome!

- Getting to know you

Have you taken care of a client/patient with MBP or Medical Child Abuse?

- + Yes
- + No
- + Not Sure
- + Not applicable

. Do you have a family member or close friend with MBP or Medical Child Abuse?

- + Yes
- + No
- + Not Sure

- APSAC Guidelines 2017 (American Professional Society on the Abuse of Children www.apsac.org)

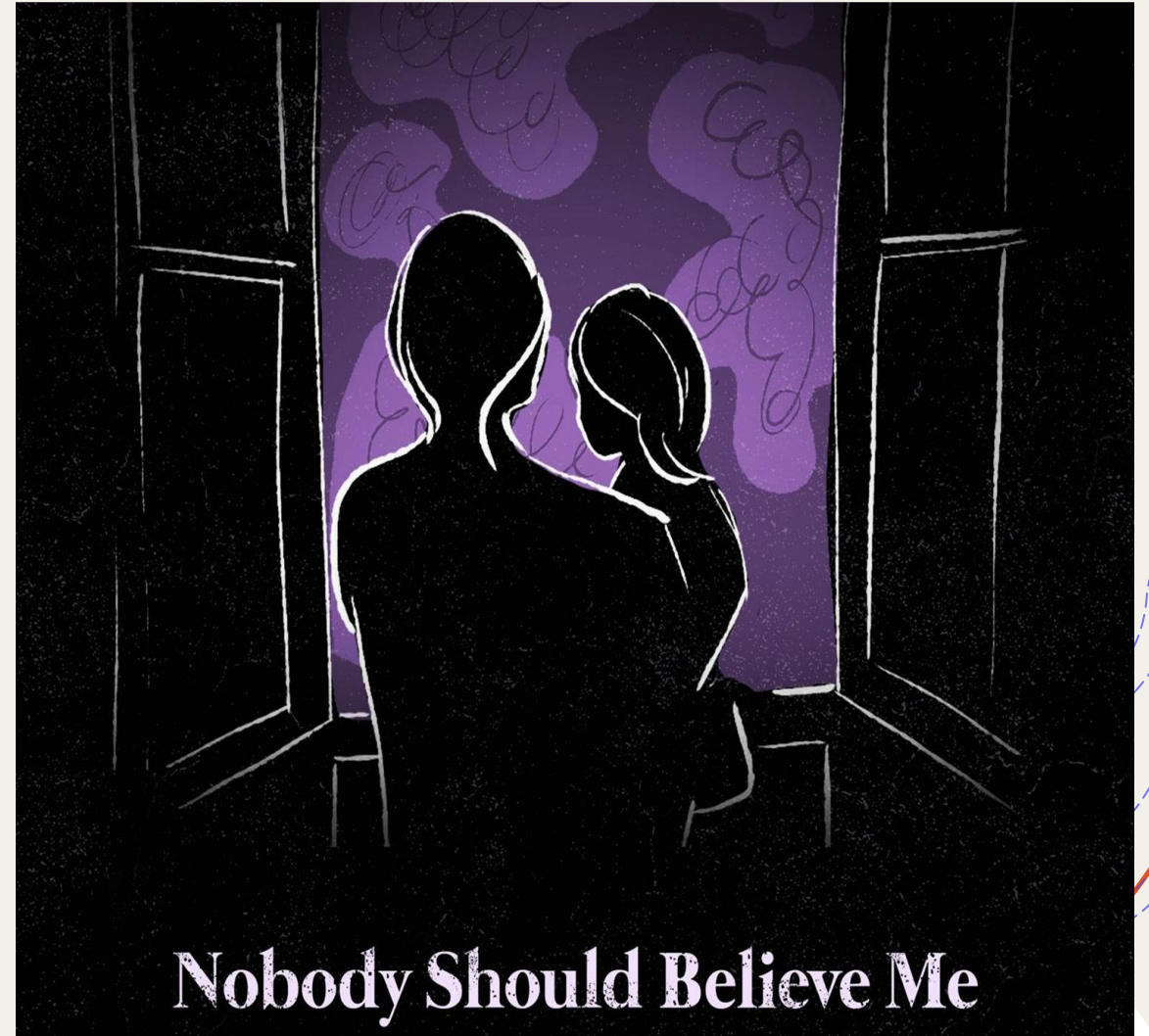
- 2018 published MBP theme issue of APSAC Advisor: <https://bit.ly/MBPAdvisor>

- 2025 next theme issue scheduled

Podcast: Nobody Should Believe Me

- Munchausen by Proxy and a Sister's Search for Hope
- 66 (and counting) episodes
- Over 10,000,000 Downloads
- One of the **most watched** true crime podcasts

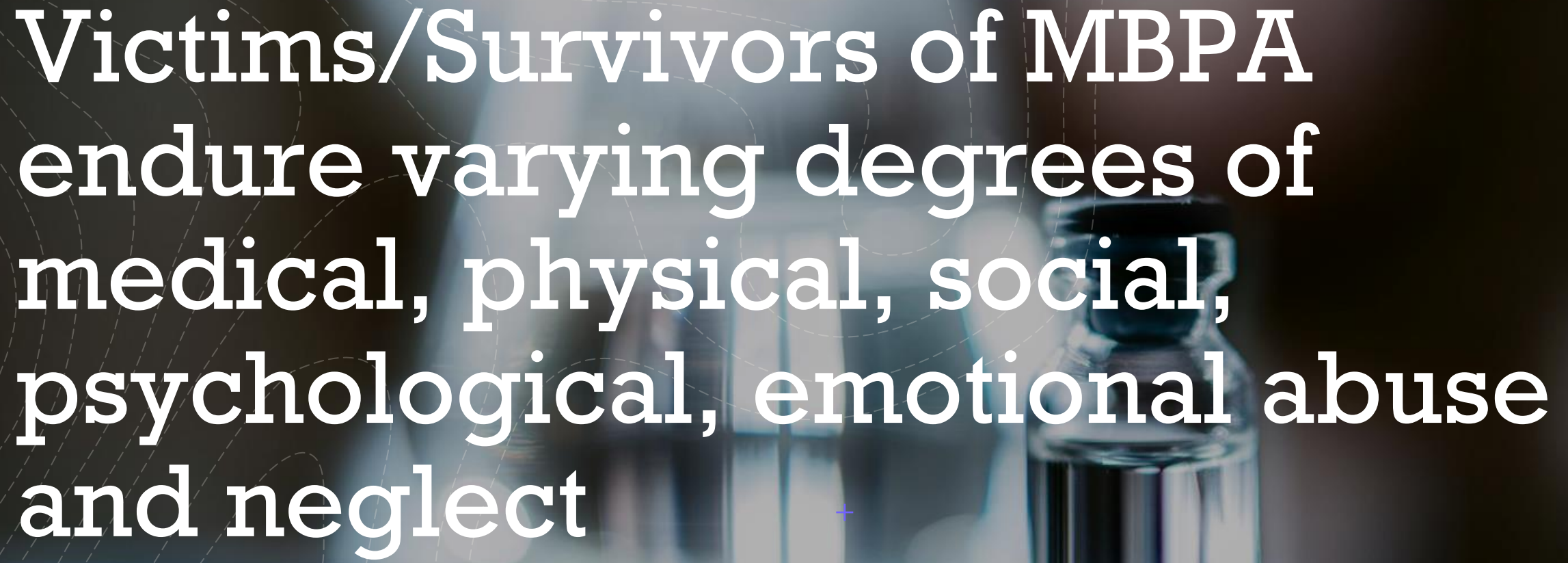
An unprecedented look at a complex and deadly form of abuse, told from the perspective of those whose lives were turned upside down by it.



Nobody Should Believe Me

Munchausen Support Foundation and Website

- + From October 2023 to October 2024, Munchausen Support website received 2,308 emails, with **832 containing the word "survivor"** and **985 mentioning "group(s)."**
- + To date, a thriving community of over 40 survivors worldwide have completed support groups. They continue to foster mutual support in various ways.
- + Eight Non-Offending Family groups have been formed over the past three years: 5 Father groups, 1 couples/step-mothers group, 1 sibling group, and 1 grandmother group, serving over 44 people in various stages of trying to protect their children.
- + More than sixteen people are currently awaiting placement in upcoming peer-led support groups, so the need for expanded services is clear.

A blurred background image of medical supplies, including a syringe and a vial, with a blue and white color scheme. The text is overlaid on this background.

Victims/Survivors of MBPA
endure varying degrees of
medical, physical, social,
psychological, emotional abuse
and neglect

*No doubt MBPA constitutes an
Adverse Childhood Experience*

Publications to date are anecdotal observations from case work, and a handful of books written by survivors.

We are learning from the Lived Experiences of those that are recovering, surviving and thriving after Munchausen By Proxy Abuse



Literature Review:

- + **Medical:** Hospital admissions, prolonged hospitalization, unnecessary medical investigations, medications, and surgeries, incorrect diagnosis, medical reports shared online, invalidism without medical justification, and coaching in falsified illness
- + **Physical violence/ Inducing Illness:** Smothering, poisoning or substance abuse, unprescribed medications, manipulation of medical equipment, skin lesions, burns, and deliberate neglect of wounds to cause infections. *MANY substances can be easily introduced through a feeding tube.*

Continued

- + **Emotional:** Isolated, controlled, distorted sense of love, manipulated, perpetual state of fear/anxiety, much at a pre-verbal age, coercion to maintain deception, forced to be dependent, and unable to interact with peers
- + **Neglect:** Restricted diet, negative reinforcement when not abiding by medicalisation, and missed education, failure to follow appropriate medical therapeutics, restrictions from peer activities and play

Psychological

- + Depression- Low self-worth, negative self-appraisal, and despair
- + Dissociative episodes are common
- + Conversion Disorder- Unable to distinguish emotional pain from physical, to separate prior episodes from current reality, and intense confusion about bodily symptoms
- + Somatic Symptom Disorder- over somatisation, hyper fixation regarding physical symptoms
- + Health Anxiety (previously labelled hypochondria)- preoccupation with health, fear of being poisoned, diseases, and death. Unable to trust judgment on health
- + Doctor/Hospital phobia- panic attacks and triggers when getting medical care leads to avoidance, and often, failures of preventive care, or timely detection of serious disease, sometimes until it is too late

Record Review

- + Sanders, Bursch, Ayoub, and clinicians who work with survivors describe how reviewing medical records in a supportive/therapeutic environment is often an essential phase of recovery.
- + This should be paced according to the inquiries and readiness of the survivor
- + Records can include; Hospital, Psychiatry, Educational, Medications, Insurance claims, Surgeries, Child Protection, Police, etc.
- + *Clinician notes can be very triggering.

Jo's record review with their Pediatrician





OFFICE VISITS

NAME: [Handwritten Name]
ADDRESS: [Handwritten Address]
OCCUPATION: [Handwritten Occupation]
EMPLOYER: [Handwritten Employer]

DATE - VITAL SIGNS

PERCENTAGE OF [Handwritten]
- [Handwritten symptoms]
- [Handwritten symptoms]
- [Handwritten symptoms]
- [Handwritten symptoms]

DATE

07-2-2004

[Handwritten notes describing symptoms and observations]

Emerging Model of MBPA Treatment for young victims who have been separated

STORIES (Sanders, Bursch under review)

- + S: Safety: Provide safe environment for survivor
- + T: Treatment: Provide appropriate medical treatments
- + O: Obtain records: Provide corrective medical information
- + R: Re-storying: Help survivor re-story based on new information
- + I: Identity: Help survivor explore self story and separate identity
- + E: Empowerment: Help survivor regain personal power
- + S: Support: Promote healing with support systems

Healing before having a label for this abuse

Paige Barker

Healing through Peer Facilitated Support Groups

- + Jo, Chrissy and Flynn developed a model for MS survivor groups
- + Every 2 weeks via zoom for 90-120 minutes (small, 4-6)
- + Recognizes that every person is the expert of their own experience
- + Trained facilitator with their own experience of MBPA hosts first 10 sessions
- + Group has option to continue



Heather Farbey

Themes from our adult survivor groups

- + Making sense of childhood experiences
- + Health related anxiety
- + Strategies to regulate nervous system and emotional regulation
- + Boundary setting
- + Navigating contact and relationships with abusers and enablers
- + Building trust
- + Navigating the healthcare and mental health care systems
- + Journey from surviving to thriving

We noted

- + A significant number of survivors describe disordered eating
- + Common to struggle with suicidal ideation
- + Housing insecurity
- + Clarifying accommodations—shift to PTSD rather than illnesses
- + Two steps forward, one step back. Regression, triggers, life cycle events

Themes in survivors' healing processes

- A reclaiming of identity:
 - change of name
 - change in appearance
 - tattoos
 - change in spiritual beliefs
 - new expressions of gender identity or sexual orientation
- Looking for community and others who “get it”
- Moving far from hometown + family of origin
- Pursuing artistic outlets of self-expression
- Wanting to tell their story

Healing journey of a very young victim with her Grandmother

+ **Tish Ortiz**

*Introduction to MBP

*Awareness of the need to implement the 'Separation Test'

*Healing from non-visual scars

*Loved, secure and addressing developmental delays

*Healing without knowing you are healing

*Resiliency

*Will there be a day?

*Healing through a Grandmother Support Group

The background features a light beige gradient with decorative elements. On the left, there are several overlapping, wavy, dashed blue lines that curve upwards and to the right. In the top-left corner, a white circle is partially visible. In the bottom-right corner, another white circle is partially visible, with a solid orange line curving upwards and to the right, crossing over the dashed blue lines.

Healing with other Fathers And through facilitating support groups

+ Brian Fleming

The background features a light beige gradient with decorative elements. On the left, there are several overlapping, wavy, dashed blue lines that curve upwards. A white circle is partially visible in the top-left corner. On the right side, there are more wavy lines, including a solid orange line and several dashed blue lines, all curving upwards. A white circle is partially visible in the bottom-right corner.

Healing through Storytelling

+ Andrea Dunlop

Healing by sharing our lived experiences

- + 3. Have you reported a case of MBP or MCA to CPS or LE
 - + Yes
 - + No
 - + Not Sure
 - + Not applicable
- + Being here now is healing my own secondary trauma from the shock and stress of doing this work for 40+ years–Bea
- + Experiences presenting, writing, and talking–All
- + Thank YOU all for listening, caring, and being part of the healing journey

A default treatment approach can be Trauma-informed CBT

C-PTSD is characterized by chronic and long-term exposure to traumatic experiences and lack of safety while growing up (e.g., having an unpredictable and/or dangerous caregiver).

1. avoidance symptoms (e.g., dissociation, denial, and compartmentalization)
2. invasive symptoms (e.g., re-experiencing and hypervigilance)
3. depressive symptoms (e.g., despair, hopelessness, and anhedonia).



Somatic Therapies are a group of therapeutic approaches that focus on the connection between mind and body, aiming to address trauma, stress, and emotional issues by releasing physical tension and bringing awareness to bodily sensations. Based on the understanding that trauma and emotional distress are often "stored" in the body, somatic therapies help individuals process these experiences physically as well as mentally. By working through bodily sensations, gestures, and movement, people can gain access to underlying emotional experiences and regulate their nervous systems. Common types of somatic therapies include (not an exhaustive list by any means):

Somatic Experiencing is a trauma-focused approach that involves "completing" the physical responses that were suppressed during a traumatic event. It involves recognizing and safely releasing pent-up energy from the body to reset the nervous system and reduce the physiological effects of trauma.

Sensorimotor Psychotherapy combines talk therapy with mindfulness of the body's sensations and movements. It is particularly useful in working with trauma, as clients work to rewire the nervous system by engaging in mindful physical actions and movements that foster self-regulation.

Eye Movement Desensitization and Reprocessing (EMDR) is a form of psychotherapy designed to help individuals process and heal from traumatic memories and distressing life experiences. EMDR is built on the adaptive information processing model, which suggests that the brain has a natural ability to process and integrate experiences. Traumatic memories may disrupt this process, leading to mental health issues. EMDR is designed to "unlock" these memories so the brain can resume processing them adaptively.

Bioenergetics therapy involves exercises to release bodily tension and promote the free flow of energy. This therapy encourages physical expression—such as stretching, progressive muscle relaxation, breathing exercises, and vocal release—to work through repressed emotions and reduce mental and physical distress.

Other body-focused practices including techniques such as breathwork, yoga, acupuncture, massage therapies, aromatherapy, expressive dance, and drama therapy can also fall under the somatic therapy umbrella.

Internal Family Systems Therapy (IFS) is a type of psychotherapy that helps people explore and integrate the different "parts" of themselves. It operates on the idea that the mind contains multiple sub-personalities, or "parts," each with its own perspective, emotions, and intentions. These parts form an "internal family" with distinct roles, which may conflict with each other, often leading to internal stress and difficulties. These parts can include younger versions of the self. IFS aims to create harmony among the parts by acknowledging and understanding each part's role, motivations, and fears. By listening to and healing wounded parts, individuals can experience greater internal alignment and balance, reducing inner conflict and promoting self-acceptance. In an IFS session, the therapist guides the client to identify their parts, understand their roles, and cultivate a relationship with them. The process often involves: Encouraging the Self to take a compassionate and curious stance; Engaging with parts to release them from burdens or extreme roles they took on during past experiences; Helping parts feel safe and understood so they no longer feel the need to act protectively or reactively. IFS has shown to be effective for a range of issues, including trauma, depression, anxiety, and relationship conflicts. It emphasizes self-compassion, empowerment, and the ability to bring inner peace and resilience by integrating all parts into a harmonious internal system.

Munchausen by Proxy and Medical Child Abuse:

Updates for Interdisciplinary Practice

Sunday, January 26, 2025 | 8:00 AM - 4:30 PM | San Diego, CA

**Pre-conference Presented by California Chapter of the American
Professional Society on the Abuse of Children (CAPSAC)**

OVERVIEW

- This full day in person training provides crucial context and information for medical, legal, child protection, law enforcement, and mental health professionals.
- Adult survivors will share their discovery and recovery journeys and offer perspectives on how the healthcare system can provide trauma-informed care to those experiencing fabricated and induced illness.
- Non-offending family members who have tried to protect victims will share their stories and discuss the benefits of peer-support networks.
- A podcaster, author, and advocate will share the impact of these stories in the media and the dangerous misconceptions that proliferate around so-called “medical kidnapping”.



Scan the QR code to register and pay or visit:

<https://cirinc.wufoo.com/forms/z14aqj051d7a7o2/>

\$350 Registration Fee

\$325 for APSAC Members and Students

Discount code: CAPSAC25!

Presenters

Shalon Nienow, MD, FAAP

Mary Sanders, PhD

Mike Weber

Jordyn Hope, BSW

Tiffany Paugh, ASW

Kenneth Feldman, MD

Andrea Dunlop

Beatrice Yorker, JD, RN, MS



**For Questions about this
preconference, please contact:**

**Beatrice Yorker at
byorker@calstatela.edu**

Continuing education credits available.

Additional fees apply.



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