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Kimberly L. Sweet

University at Buffalo School of Law (Student)

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MUNCHAUSEN SYNDROME BY PROXY: TREATMENT IN THE COURTS

BY KIMBERLY L. SWEET*

INTRODUCTION

Munchausen Syndrome by Proxy (hereinafter MSBP) has been characterized by some as a mental disorder, by others as a form of child abuse, and still others as a mental disorder that manifests itself as a form of child abuse. By nearly all accounts, instances of Munchausen Syndrome by Proxy are on the rise, and medical, mental health, and legal entities are rapidly trying to develop ways to deal with this disorder.

This article begins with a brief look at the development of Munchausen Syndrome and MSBP, and the common characteristics of those that suffer from MSBP. The article then looks closely at several criminal and family court cases that have broached the topic, and the outcomes of those cases. The article pays particular attention to the fact that in each case, the defendant was accused of having MSBP, rather than the defendant asserting that she suffered from MSBP to bolster a diminished capacity defense.

I. A BRIEF HISTORY OF MUNCHAUSEN SYNDROME AND MUNCHAUSEN SYNDROME BY PROXY

Hieronymus Karl Friedrich Freiherr von Munchausen was a German-born soldier and politician who lived during the 1700s,¹ and who is now famous for his habit of telling elaborate stories and exaggerations.² In 1951 the Baron's name was first used in a

* Juris Doctor Candidate, Class of 2009.

¹ Michael T. Flannery, *Munchausen Syndrome by Proxy: Broadening the Scope of Child Abuse*, 28 U. Rich. L. Rev. 1175, 1181 (1994)

² Bernard Kahan & Beatrice Crofts Yorker, *Munchausen Syndrome by Proxy: Clinical Review and Legal Issues*, 9 Behav. Sci. & L. 73, 76 (1991) (stating the tales told by the Baron Von Munchausen eventually became the basis for a children's book by Rudolph Eric Raspe entitled *The Amazing Travels and Adventures of Baron Von Munchausen* (Patterson, 1988)).

medical journal to describe adult patients who were apparently addicted to hospitals, and would induce or feign illness symptoms to get them admitted for treatment.³ Munchausen syndrome is “a condition characterized by a habitual presentation for hospital treatment of an apparent acute illness, the patient giving a plausible and dramatic history, all of which is false.”⁴ The most recent Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) published by the American Psychiatric Association defines “factitious disorder” as “physical or psychological symptoms that are intentionally produced or feigned in order to assume the sick role.”⁵

In 1977 a British pediatrician named Roy Meadow published an article that tied Munchausen Syndrome to a new form of child abuse. Dr. Meadow noticed a similar pattern of symptoms in mother's producing their children for treatment of illnesses that had either been feigned or brought about by the mother's own actions.⁶ Meadow coined this new form of child abuse Munchausen Syndrome by Proxy (MSBP).⁷ MSBP is a harmful, occasionally lethal disorder that is perpetrated by a parent (usually the mother) inducing symptoms or sicknesses in their child, forcing the child to undergo extensive medical procedures in an attempt to diagnose the nonexistent illness.⁸ There are four key elements that typically characterize MSBP:

- (1) The child suffers from an illness that is falsified or induced by a parent or guardian;
- (2) The parent asks for repeated medical evaluations and treatments of their child;

³ *Id.*

⁴ Dawn Doran Wilsey, *Munchausen Syndrome by Proxy: The Ultimate Betrayal*, Update (American Prosecutor's Research Institute, Child Abuse Section), Number 8, 2001.

⁵ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, (4th ed., text revision, 2000). [hereinafter DSM-IV-TR]

⁶ Wilsey, *supra* note 5.

⁷ Kahan, *supra* note 3.

⁸ Flannery, *supra* note 2, at 1182.

- (3) The parent or guardian inducing the illness denies having any knowledge as to the etiology of the mysterious illness;
- (4) The symptoms cease when the perpetrator is separated from the child.⁹

Mothers suffering from MSBP routinely smother, inject, overmedicate or induce fevers in their children, among other things.¹⁰

The medical community appears to have reached a consensus that the incidence of MSBP is on the rise, with some estimates of between two hundred and one thousand diagnosed cases since Meadow first published his article documenting the syndrome.¹¹ In an estimated ten percent of those cases, one or more child has already died prior to the diagnosis of the mother with MSBP.¹² Those suffering from MSBP, or factitious disorder by proxy, fall under the DSM-IV-TR criterion of “factitious disorder not otherwise specified.”¹³ The DSM-IV-TR also includes factitious disorder by proxy in its appendix covering “criteria sets and axes provided for future study”¹⁴ The American Academy of

⁹ *Id.* at 1184. Some authors also suggest an additional characteristic: other unexplained infant deaths or near-deaths in the same family. Melissa A. Prentice, *Note: Prosecuting Mothers Who Maim and Kill: The Profile of Munchausen Syndrome by Proxy Litigation in the Late 1990s*, 28 *Am. J. Crim. L.* 373, 390 (2001).

¹⁰ Prentice, *supra* note 10, at 376. Common substances given to children by MSBP mothers include psychotropic drugs, lye, salt, insulin, laxatives, ipecac, and arsenic; also common is contamination of lab samples with blood, urine, feces, or sputum. *See Kahan, supra* note 3, at 78.

¹¹ Prentice, *supra* note 10, at 377.

¹² *Id.*

¹³ DSM-IV-TR, *supra* note 6, at 517. “This category includes disorders with factitious syndromes that do not meet the criteria for other Factitious Disorder. An example is factitious disorder by proxy: the intentional production or feigning of physical or psychological signs or symptoms in another person who is under the individual’s care for the purpose of indirectly assuming the sick role.” *Id.*

¹⁴ *Id.* at 781-83.

Pediatrics has not yet formulated any specific policy on dealing with MSBP.¹⁵

II. COMMON PERSONALITY PROFILE OF PERSONS AFFLICTED WITH MUNCHAUSEN SYNDROME BY PROXY

The vast majority of parents who are suffering from MSBP are mothers.¹⁶ Two primary categories of persons suffering from MSBP have been identified: doctor addicts and active inducers.¹⁷ Doctor addicts, or fabricators, falsify the existence of symptoms, excessively exaggerate reports of actual symptoms, or stage symptoms.¹⁸ MSBP sufferers who fall into this category find themselves obsessively compelled to seek medical treatment for their children's falsified or nonexistent illnesses.¹⁹ Active inducers, in contrast, directly generate symptoms of illness in their children through active steps such as poisoning or smothering.²⁰ Many cases of MSBP involve a combination of fabrication and the active inducement of symptoms.²¹

Mothers suffering from MSBP also typically share certain other characteristics. MSBP mothers often have a history in the health care field, and usually seem to possess an excessive amount of medical knowledge about their child's illnesses.²² MSBP mothers thrive in the hospital environment, fostering close relationships with the doctors, nurses, and other families in the hospital, and are often the picture of loving, doting parents.²³

¹⁵ Prentice, *supra* note 10, at 377.

¹⁶ E. Selene Steelman, *Note: A Question of Revenge: Munchausen Syndrome by Proxy and a Proposed Diminished Capacity Defense for Homicidal Mothers*, 8 *Cardozo Women's L.J.* 261, 268 (2002).

¹⁷ *Id.* Some authors have also suggested that a third category exists: help seekers, who attempt to shift the stress of their own personal problems onto others through the reporting of upsetting symptoms in their children. See Flannery, *supra* note 2, at 1193.

¹⁸ Steelman, *supra* note 17, at 268.

¹⁹ *Id.*

²⁰ *Id.*

²¹ *Id.*

²² Tracy Vollaro, *Note: Munchausen Syndrome by Proxy and its Evidentiary Problems*, 22 *Hofstra L. Rev.* 495, 498-99 (1993).

²³ *Id.*

MSBP mothers may have a history of mental or medical problems themselves.²⁴ In many instances, MSBP mothers may also suffer from Munchausen Syndrome themselves.²⁵ The husbands of MSBP mothers are often emotionally or physically absent for long periods of time.²⁶ In addition, it is fairly common that MSBP mothers are the result of an abusive childhood, and are therefore insecure and dependent in their adult life.²⁷ It has been theorized that afflicted mothers are in effect transferring “their own unmet parental needs ... onto pediatricians, nurses, spouses, maybe even the community and get from these people through their child’s illness the attention and sympathy they never got from their own parents.”²⁸ Often, MSBP mothers actively seek out media publicity for their struggles with their child’s mysterious illnesses.²⁹

III. SELECTED CASES OF MUNCHAUSEN SYNDROME BY PROXY

Priscilla Phillips (hereinafter ‘Phillips’) possessed a master’s degree in social work, and worked at the Marin County Health and Human Services Department.³⁰ She and her husband had two biological children before she had to undergo a hysterectomy in 1975.³¹ After her hysterectomy, Phillips and her husband adopted an infant from Korea, whom they named Tia.³² Upon arriving in November of 1975, Tia was brought to a pediatrician, where except for diaper rash and a minor ear infection, she was given a clean bill of health.³³ Over the course of the next few months, Tia was brought back to the pediatrician on three different occasions, the last of which was March 2nd, 1976

²⁴ Prentice, *supra* note 10, at 391 (stating mothers with MSBP tend to have psychiatric problems such as hysterical, narcissistic, anti-social, or borderline personality disorders). See Steelman, *supra* note 17, at 270.

²⁵ Flannery, *supra* note 2, at 1191.

²⁶ Steelman, *supra* note 17, at 270.

²⁷ Prentice, *supra* note 10, at 391.

²⁸ Vollaro, *supra* note 23, at 498.

²⁹ Prentice, *supra* note 10, at 392.

³⁰ *People v. Phillips*, 122 Cal. App. 3d 69, 73 (Cal. Ct. App. 1981).

³¹ *Id.*

³² *Id.*

³³ *Id.* at 73-74.

for various symptoms such as vomiting and a persistent fever.³⁴ After the visit to Tia's pediatrician on March 2nd, Phillips brought her daughter to the Kaiser Hospital in San Rafael, where she was admitted for observation.³⁵ A battery of tests were performed on Tia, and a minor procedure to remove fluid from her eardrums was performed on March 5th.³⁶ Phillips was informed the following day that all of Tia's test results were normal, and that her daughter would be released within the next 48 hours.³⁷

That night, Tia began to cry inconsolably, vomit, and have diarrhea, as a result of which her diet was changed to clear liquid.³⁸ Doctors were baffled that Tia would improve when on intravenous fluids, and worsen when fed by mouth, and also at the high levels of blood serum sodium and bicarbonate in her blood.³⁹ She remained hospitalized in various hospitals until July 28th, when she was finally discharged after eating solid foods and exhibiting normal body functions. On August 6th, Phillips called Tia's pediatrician complaining that Tia's symptoms had returned, and examination at the hospital found an extreme level of sodium in her blood.⁴⁰ Tia was hospitalized twice in September, twice in October, and twice in December for the same symptoms.⁴¹ Tia's final visit to the hospital was on February 2, 1977.⁴² She was suffering from seizures, again had an extreme level of sodium in her blood, and exhibiting abnormal posturing indicative of central nervous system damage.⁴³ Tia died the following day.⁴⁴

Phillips and her husband adopted another baby girl, named Mindy, from Korea several months after Tia's death.⁴⁵ Mindy was rushed to the hospital on February 3rd and February 16th, 1979,

³⁴ *Id.* at 74.

³⁵ *Id.*

³⁶ *Id.*

³⁷ *Id.*

³⁸ *Id.*

³⁹ *Id.* at 74-75.

⁴⁰ *Id.* at 75.

⁴¹ *Id.* at 75-76.

⁴² *Id.* at 76.

⁴³ *Id.*

⁴⁴ *Id.*

⁴⁵ *Id.*

exhibiting the same symptoms that Tia had exhibited.⁴⁶ Noting the similarities between Mindy's case and Tia's it became apparent to the pediatric staff that they had to consider the possibility of poisoning as the cause of the illness.⁴⁷ On February 25th, the pediatrician on duty had a sample of Mindy's formula tested, and the results showed that the formula's sodium content was nearly thirty times the normal level.⁴⁸ After Mindy was moved to the ICU unit and Phillips was forbidden from feeding her, her condition rapidly improved.⁴⁹

In another case in West Virginia, Mary Beth Davis (hereinafter 'Davis') began her career as a registered nurse in 1972; her husband entered medical school in 1979.⁵⁰ Two children were born to the couple: Tegan, a daughter, born on February 27th, 1979 and Seth, a son, born on July 18th, 1981.⁵¹ On September 30th, 1981, two-and-a-half month old Seth was rushed to the hospital after he had what appeared to be a seizure.⁵² Initial tests performed at the hospital revealed a normal level of blood sugar, but low readings of spinal fluid.⁵³ Seth was then transferred to Pittsburgh Children's Hospital for further testing, where it was discovered that he had an unusual amount of insulin in his infant body.⁵⁴ The conclusion reached by the attending doctor was that Seth had been injected with a large dose of insulin.⁵⁵ As a result of this incident, Seth was left severely brain damaged, suffering from severe retardation and in a vegetative state.⁵⁶

Less than a year later, on March 10th, 1982, Tegan was rushed to the hospital for vomiting and burning urine.⁵⁷ While in the hospital, Davis was observed by a nurse injecting something

⁴⁶ *Id.*

⁴⁷ *Id.*

⁴⁸ *Id.* at 77.

⁴⁹ *Id.* at 77-78.

⁵⁰ *State v. Davis*, 519 S.E.2d 852, 857 (W. Va. 1999).

⁵¹ *Id.*

⁵² *Id.*

⁵³ *Id.*

⁵⁴ *Id.*

⁵⁵ *Id.*

⁵⁶ *Id.*

⁵⁷ *Id.*

into her daughter, after which she took a turn for the worse.⁵⁸ Tegan died two days after she was initially rushed to the hospital.⁵⁹ An autopsy performed on her revealed that the cause of her death was a caffeine overdose, with “beads” from caffeine diet pills found in her stomach.⁶⁰ Mr. Davis discovered packaging from caffeine diet pills in a garbage bag on his porch on the evening of Tegan’s death.⁶¹

In August 1994, a Georgia mother rushed her toddler son, C.M., to the emergency room for treatment of his high fever.⁶² He had previously been taken to the emergency room twenty-eight times during his short life.⁶³ While in the emergency room during his last visit, E.Coli bacteria, a component of human feces, was found in his bloodstream.⁶⁴ After the toddler was transferred to another hospital, a hidden camera recorded the mother injecting the contents of a syringe into his intravenous line while alone with him in his room.⁶⁵ The syringe was later determined to have contained human urine and feces.⁶⁶ Hospital records showed that a younger sibling, M.M. had also been taken to the emergency room nineteen times during the first nine months of her life, despite the lack of any documented medical conditions.⁶⁷

In a heavily publicized example from Florida, Jennifer Bush had been admitted to the hospital two hundred times, undergone over forty surgeries, many of which were serious,⁶⁸ and spent nearly two full years of her life in hospitals during the first nine years of her life.⁶⁹ Her mother, who has since been accused of

⁵⁸ *Id.* at 858.

⁵⁹ *Id.*

⁶⁰ *Id.*

⁶¹ *Id.*

⁶² *In the Interest of C.M. et al.*, 236 Ga. App. 874, 875 (1999).

⁶³ *Id.* at 876.

⁶⁴ *Id.* at 875.

⁶⁵ *Id.* at 875, 877.

⁶⁶ *Id.*

⁶⁷ *Id.* at 878.

⁶⁸ Prentice, *supra* note 10, at 381 (stating Jennifer’s surgeries included the implantation of feeding tubes into her stomach and intestines and the removal of her gall bladder, appendix, and part of her intestines).

⁶⁹ *Id.*

being afflicted with MSBP, became a spokesperson and lobbyist for chronically ill children, appearing on national talk shows and visiting the White House.⁷⁰ Hospital staff members noticed that her condition while in the hospital would often deteriorate after visits from her mother.⁷¹ Toxic levels of drugs were found in Jennifer's body, and nurses observed that it appeared that her feeding tubes had been tampered with.⁷² After being removed from her mother's care and placed into foster care, she miraculously exhibited a full recovery, gaining weight, eating wide varieties of foods, and had not been hospitalized once during her first two years in foster care.⁷³

IV. USE OF MUNCHAUSEN SYNDROME BY PROXY IN FAMILY AND CRIMINAL COURTROOMS

In the Phillips case, which was the first case in which a court broached the existence of this disorder, Phillips was charged with and convicted by a jury of murdering one child, and willfully endangering the life or welfare of another.⁷⁴ Psychological testimony regarding MSBP was permitted to be entered as evidence against Phillips during her trial, and on appeal the appellate court upheld the use of such expert testimony by the prosecution.⁷⁵ The court held that “[t]he existence, nature, validity, and applicability to these facts of the phenomenon characterized as ‘Munchausen syndrome by proxy’ are all matters sufficiently beyond common experience that expert opinion would assist the trier of fact....”⁷⁶ The appellate court also rejected Phillips' claim that evidence about MSBP was unreliable because MSBP was not a widely accepted medical condition, holding that the evidence was allowable and the testimony met the standards of “reasonable

⁷⁰ *Id.*

⁷¹ *Id.* at 382.

⁷² *Id.*

⁷³ *Id.* at 381-82.

⁷⁴ *Phillips, supra* note 31, at 73.

⁷⁵ *Id.* at 82.

⁷⁶ *Id.* at 84. The psychiatrist who testified on behalf of the prosecution had never actually examined Phillips, and instead testified using hypothetical examples of how someone with MSBP might behave. *Id.* at 82-84.

reliability.”⁷⁷ The court found that the studies cited by the prosecution’s expert witness demonstrated that the “intentional poisoning of infants by their mothers [is] another form of child abuse”⁷⁸ and, without any reason to think that the studies were invalid, held the testimony acceptable.⁷⁹

In the West Virginia case, Davis was eventually convicted of first-degree murder for Tegan’s death and attempting to injure her son Seth by poison.⁸⁰ Although the murder and injuries occurred in the early 1980s, the state did not indict Davis until approximately fifteen years had passed, in 1996.⁸¹ She was sentenced to life without parole for the murder conviction and a consecutive sentence of three to eighteen years for the attempting to injure by poison conviction.⁸² Davis appealed her conviction on several grounds, including the failure to dismiss for a pretrial indictment delay, all of which were denied on appeal.⁸³ In dismissing her appeal, the court noted that some of the evidence did not surface until the early-to-mid 1990s, and in the interim the state had become aware of the existence of MSBP as a medical theory, which could be used to establish a motive for the crimes.⁸⁴ Defense attorneys argued at her trial that Tegan died from a disease called Reye’s syndrome, which is triggered by aspirin and can lead to liver damage and brain swelling,⁸⁵ and that Seth’s illness was triggered by a genetic defect of some sort of hormone growth deficiency.⁸⁶ They also asserted that MSBP, which was the prosecution’s main motive for the crimes, was “nothing more than

⁷⁷ *Id.* at 84-88.

⁷⁸ *Id.* at 87.

⁷⁹ *Id.*

⁸⁰ *Davis, supra* note 51 at 857.

⁸¹ *Id.* at 858.

⁸² *Prentice, supra* note 10 at 387.

⁸³ *Davis, supra* note 51 at 858.

⁸⁴ *Id.* at 863.

⁸⁵ *Id.* at 861.

⁸⁶ *Id.* at 860. The defense asserted that Seth suffered from a form of Leigh’s Disease, a rare neurometabolic disorder that causes a human growth hormone deficiency. *Id.*

character assassination and smoke.”⁸⁷ Davis also testified on her own behalf, asserting that she never poisoned her children.⁸⁸

In the Bush case from Florida, Kathy Bush was charged with fraud and child abuse, convicted on both counts in October 1999, and sentenced three months later to a total of ten years, five years in prison and five on probation.⁸⁹ A district judge ruled that testimony on MSBP was not to be presented by the prosecution or their witnesses because of its inherent unreliability stemming from the disagreement among experts about the syndrome and how to diagnose it.⁹⁰ The prosecuting attorneys were then forced to rely on circumstantial evidence to prove that Bush had induced the illnesses in her daughter and caused her to undergo invasive and unnecessary surgical procedures.⁹¹ Bush’s defense attorneys asserted that her daughter’s symptoms were legitimate and that she and her siblings suffered from the same organic illness that Jennifer outgrew at the same point in time that she was transferred to foster care.⁹² They also maintained that the accusations by doctors and nurses that Bush suffered from the “unsubstantiated syndrome du jour”⁹³ was their attempt to cover their own backs from a malpractice suit for failing to properly diagnose Jennifer’s condition.⁹⁴

In the case from Georgia, the MSBP mother’s parental rights were permanently terminated as to her children.⁹⁵ The Georgia Appellate Court found that there was ample evidence to show that the mother was an active inducer suffering from MSBP, and had done egregious things to both of her children while suffering from MSBP.⁹⁶ The court further found that the evidence was “clear and convincing” that the deprivation caused by the MSBP-afflicted mother would continue, and therefore that

⁸⁷ Prentice, *supra* note 10 at 386-87.

⁸⁸ *Id.* at 386.

⁸⁹ *Id.* at 382.

⁹⁰ *Id.*

⁹¹ *Id.*

⁹² *Id.*

⁹³ *Id.*

⁹⁴ *Id.*

⁹⁵ *Interest of C.M.*, *supra* note 64, at 877-78.

⁹⁶ *Id.* at 877.

removing them from her custody was in the best interests of the children.⁹⁷

The unique nature of MSBP within our legal system is that despite being considered a form of mental illness, MSBP is something that is used against defendants in the courtroom by prosecutors seeking to find motive for a child's death.⁹⁸ In virtually all other areas of criminal law, any form of mental illness would be used by the defendant's legal team as a diminished capacity defense.⁹⁹ Generally mothers accused of suffering from MSBP vehemently deny having such a disorder, asserting up until their sentencing that their children really were sick and the doctors just failed to determine the cause of their sickness.¹⁰⁰

In family court cases, it is asserted that "parental rights should be terminated when the mother's mental deficiency and the manifestation of the disorder in the form of abusive behavior preclude her from providing the guidance and care necessary to her child's physical and emotional growth."¹⁰¹ In contrast, in criminal court cases, prosecutors paint a picture of MSBP as being "more akin to excessive narcissism and vanity rather than a true mental disorder."¹⁰² It can be argued that since MSBP is a medical and psychiatric diagnosis that has been accepted and used by the medical community, it should not be admissible by prosecution attorneys and witnesses as proof that child abuse has occurred.¹⁰³ Prosecutors nonetheless have endeavored to illustrate that MSBP provides a motive for the homicide, and expert testimony of the disorder is used as a character assassination against the mother.¹⁰⁴ The criminal justice system in the United States has chosen to regard MSBP as a behavior, rather than a mental disorder, and

⁹⁷ *Id.* at 879.

⁹⁸ Steelman, *supra* note 17, at 263.

⁹⁹ *Id.* at 291-92.

¹⁰⁰ *Id.* at 299.

¹⁰¹ *Id.* at 281-82.

¹⁰² *Id.* at 283.

¹⁰³ *Id.* at 282.

¹⁰⁴ *Id.* at 288.

focuses its attention on the actus reus of the abuse as opposed to the mother's mens rea.¹⁰⁵

Unfortunately for MSBP sufferers, an allegation of MSBP is very difficult to rebut, while relatively easy to make.¹⁰⁶ Prosecutors can introduce expert witnesses that will explain in detail the medical research that exists on MSBP and that denial is a common symptom of the disorder.¹⁰⁷ Any contention of being a caring or doting mother can be discredited by prosecutorial witnesses that say that upholding a façade of being a caring and good mother is an integral component of MSBP.¹⁰⁸ Critics argue that principles of fairness require the law to accept evidence of MSBP as a mental disorder, especially where the charge is murder.¹⁰⁹ "If the prosecution is permitted to introduce evidence of MSBP to prove child abuse and is permitted to use it as a sword against a defendant, then equity requires that the mother be allowed to claim a mental disorder and to use MSBP as a shield in a diminished capacity defense."¹¹⁰ However, the problem with MSBP is that it does manifest itself in a form of child abuse that can go largely unnoticed until it is much too late.¹¹¹ Like many other forms of child abuse, the ending result is far too often the death of a child who can do little to protect itself.¹¹²

V. CONCLUSION

MSBP is an area that has been garnering increased attention over the past few decades, and necessarily so. There are still members of the medical and legal community who are unaware of the existence of such a disorder, and therefore ill-equipped to deal with it when presented with it in treatment and in court. The American Psychiatric Association has already

¹⁰⁵ *Id.* at 290.

¹⁰⁶ *Id.* at 289.

¹⁰⁷ *Id.*

¹⁰⁸ *Id.*

¹⁰⁹ *Id.* at 291.

¹¹⁰ *Id.*

¹¹¹ Vollaro, *supra* note 23, at 519.

¹¹² *See Id.*

recognized the need for further research into understanding and diagnosing the disorder, and other medical and mental health organizations are sure to follow suit. A uniform and consistent approach to identifying, diagnosing, and treating this disorder is essential to the safety of unsuspecting and innocent children.