

Fabricated or Induced Illness Briefing 2024

ADULT

1. Background

Fabricated or induced illness (FII) is most commonly associated with children. However, there are increasing numbers of incidents involving adults and younger adults going through the transition into adulthood.

Failing to identify a case of fabricated or induced illness by proxy can lead to harmful or unnecessary medical interventions being carried out, based upon symptoms that have been falsely described, fabricated or induced.

It is essential that all professionals are aware that this form of abuse exists and know what to do if they are concerned. [Report a Concern.](#)

2. Presentations

Perplexing Presentations (PP) - presentation cannot be adequately explained by a diagnosis and the situation is impacting on health and social wellbeing. Medically unexplained Symptoms (MUS) - The symptoms which the adult complains, and presumed to be genuinely experienced are not fully explained by any known pathology. These are usually psychosocial and may be part of other presentations.

Fabricated or induced illness (FII) is a rare form of abuse. It is a clinical situation in which an adult is, or is very likely to be, harmed due to carers or their own actions to convince doctors that their state of physical and/or mental health or neurodevelopment is impaired. FII results in emotional and physical abuse and neglect. These types of cases need expert input from a variety of disciplines and are challenging for professionals to work with.

3. Indicators

Illness may not be verified or respond to treatment. These signs may be in context of known illness. Carers may want more investigations, multiple opinions or present with new symptoms or present to numerous medical settings. Despite this, they may not be taken to appointments, and there may be resistance to speaking alone to the adult. Carers may object to communication between professionals and may make frequent complaints about professionals.

4. Response

Professionals should seek to speak to the adult and ascertain what they understand about their health and medical needs. Where there are concerns about cognitive impairment the duties under the Mental Capacity Act must be followed. Self-harm should be considered as the possible cause of an induced illness and requires a trauma informed approach. The paramount consideration is the impact on their health and wellbeing. These signs may not amount to FII but should be considered along with general safeguarding concerns as to whether there is harm to the individual. When including family in discussions the possibility of the harm being caused by domestic abuse must be considered

5.Specialist Support

Ensure the appropriate professional is engaged with the adult and every opportunity to speak to them alone explored. Consider an independent [advocate](#). They may be the victim of [domestic abuse](#) or harm caused by a carer and at risk of increased harm by speaking to professionals.

Consideration should be given to arranging a [Multi-agency Professionals Meeting](#) This may include the police and social care and must include an agreed communication strategy with parents/carers at all stages.

6.Multi-agency working

All professionals should familiarise themselves with the warning signs of FII found [here](#).

Meeting minutes should be detailed and state clearly the reasons for concerns, actions taken and by whom.

If harm is being caused by a person who works or volunteers with adults a [PiPoT](#) referral must be made.

If there are concerns for an adult at risk a referral must be completed to [Gateway to Care](#).

7.Resources

- [The Royal College of Psychiatrists Assessment and Management of FII](#)
- [Fabricated or Induced Illness in Adults](#)
- [Safeguard Guide No 9 - Professional Curiosity and Challenge](#)
- [Managing Concerns involving a 'Person in Position of Trust' \(PIPOT\)](#)
- [The prevalence and impact of allegations of FII](#)