

What is Fabricated and Induced Illness in Adults (FII)?

FII is mostly associated with children. However, there are increasing numbers of incidents involving adults with and without capacity, and younger adults going through the transition into adulthood.

Even if FII is suspected, access to medical treatment (including emergency treatment) should never be delayed.

Links to Safeguarding

FII is not always a safeguarding concern, but it can be if:

- Another person has intentionally (or unintentionally) induced the illness;
- Another person has used coercive or controlling behaviour to force the adult to fabricate or induce the illness;
- Another person is fabricating an illness in themselves for the purpose of coercing or controlling the adult;
- The illness has been induced because the adult is neglecting their own needs.

Definitions

Fabricated illness: This involves an adult presenting as ill when they are not.

Induced illness: This involves an adult doing something to themselves to cause (or induce) illness. For example, rubbing dirt into a wound to cause an infection or drinking a harmful substance to bring about vomiting.

Fabricated or induced illness by proxy: Occurs when the presenting illness has been fabricated (made up) or induced (caused) by a third party including multiple people coordinating the FII.

Suspected FII: is the term used to describe the situation when the current state of health of the adult may be caused by a FII, but it is not yet possible to confirm. May sometimes be referenced to perplexing presentation.

Causes of FII

There are many reasons why an adult may present with a FII, and it is important to use professional curiosity to investigate all potential causes.

Abuse or neglect: particularly when the adult has numerous unexplained injuries (sprains, bruises, lacerations etc.), or their presenting symptoms indicate:

- Overdose, misuse or omission of prescribed/unprescribed medication;
- Neglect/omission of basic needs (hydration, nutrition);
- Neglect/omission of care and support needs (e.g., continence care, oral care);
- Self-neglect, of basic or care and support needs by the adult themselves.

If there is no evidence to suggest self-harm or abuse or neglect, other causes and motivators should be considered. There will always be a reason that the adult (or other person) is FII. Examples of other causes are:

- To expediate access to a social care, health or other service;
- Homelessness and housing issues;
- Poverty (being in hospital ensures warmth and a meal);
- Social isolation (being in hospital combats loneliness);
- Fraud (for example, to claim benefits).

In many cases, supporting the adult to address their primary concern can prevent further occurrences of FII.

Factitious Disorder (formally known as Munchausen syndrome), is a very rare psychological condition where the main intention of the adult is to FII in themselves so that people care for them and/or they are the centre of attention. The cause of the FII is unlikely to be Factitious Disorder. As such, it should only be considered as a possible cause when all other causes have been ruled out.

Indicators of FII in Adults

- Reported or actual symptoms are not explained by any medical condition that the adult is, or may be experiencing;
- Physical examination/results of medical investigations do not explain reported or actual symptoms;
- There is an inexplicably poor response to medication or treatment of the reported symptoms;
- New symptoms are swiftly reported on resolution of previous ones;
- Over time, repeatedly presenting to different medical professionals in a range of settings (either with the same or varying symptoms)-including GP hopping and seeking multiple opinions to try and validate symptoms;
- Known excessive use of medical websites.
- Concerns may also be raised by other professionals or agencies who may notice discrepancies between reported and observed medical conditions.

Indicators of FII by proxy

- During health appointments/examinations, the other person does not allow the adult to speak for themselves or limits their opportunities to do so;
- Symptoms are not observed in the absence of the other person;
- Regardless of the adult's views, the other person is insistent on additional tests/examinations, including repeated requests for tests already carried out, as well as failing to accept the results of tests or examinations;
- Regardless of the adult's views, the other person is keen for them to be admitted into hospital, for follow up appointments or referrals to specialist services to be made, or for new medication to be prescribed;
- The other person repeatedly presents the adult to different medical practitioners in a range of settings (either with the same or varying symptoms). For example, GP, contacting 101, A & E, walk in centres, pharmacy);
- The adult's normal daily activities are being restricted beyond that expected with any medical condition they have.

This is an incredibly complex and challenging area of practice. The indicators listed are not exhaustive and should act as triggers for further investigation and do not on their own confirm that an illness is fabricated or induced and the following must be considered:

- All the circumstances of the case and evidence from the full range of available sources should be carefully considered by an appropriate medical professional;
- Historical evidence of fabricated illness should not alone be the basis upon which a decision is made that an adult's current illness is fabricated;
- Medical tests and investigation should be carried out as necessary to confirm the presence (or not) of an illness.

Raising a safeguarding concern

If any of the following apply (or may apply), and the adult has (or appears to have) a need for care and support, the safeguarding duty may apply, and a safeguarding concern must be raised to the relevant Local Authority:

- Another person has or is suspected to have intentionally (or unintentionally) induced the illness (fabricated or induced illness by proxy);
- Another person has or is suspected to have used coercive or controlling behaviour to force the adult to fabricate or induce the illness;
- Another person is or suspected of fabricating an illness in themselves for the purpose of coercing or controlling the adult;
- Self-neglect is suspected

Please refer to [Before Raising a Safeguarding Concern - West of Berkshire \(sabberkshirewest.co.uk\)](http://sabberkshirewest.co.uk) for support in decision making when raising a safeguarding concern.

When received, the concern should be managed in line with the requirements of the Care Act 2014.

If you are concerned that an adult or child is being abused or neglected in an emergency situation, then call the Police on 999. If you think there has been a crime but it is not an emergency, call the Police on 101.

Acknowledgement/Further information

- [Royal College of Psychiatrists: Assessment and management of adults and children in cases of fabricated or induced illness \(FII\)](#)
- [Fabricated or Induced Illness and Perplexing Presentations](#)
- [SCIE Webinar: Fabricated and Induced Illness](#)
- This learning brief has been written based on the: [Fabricated or Induced Illness in Adults \(trixonline.co.uk\)](http://trixonline.co.uk)