

# **Munchhausen Syndrome and Munchhausen Syndrome by Proxy: A Bizarre Psychopathic Condition**

**by Pat Brown**

Often I am asked if there is any such thing as a female serial killer. Many people believe serial homicides must include rape as well as murder and therefore think only men are serial killers. But many serial killers, both male and female, commit homicides that do not necessarily involve sexual assault. Serial killers kill for the power and control they experience during the murders and for the added ego boost they get in the aftermath from community fears, media coverage, and the police investigations. They kill to take revenge on the society they feel has ignored and disrespected them, and the kind of murder they employ is often a matter of personal taste.



David Berkowitz

Serial killing can take many forms: the "traditional" rape and murder of individuals in the fashion of Ted Bundy, one of America 's most well-known serial killers; the shooting of victims from a distance, which was the method of David Berkowitz, the infamous Son of Sam; or murdering patients, which was the practice of vocational nurse Genene Ann Jones. As for other serial crimes committed by women, some aid their boyfriends and husbands in abducting, torturing, and killing young women. Such was the kind of "assistance" Karla Homolka gave her boyfriend, Paul Bernardo, during their heyday of slaughtering Canadian schoolgirls. There are women who kill their tenants (and perhaps steal their social security checks) and women who kill their husbands one after the other ("black widows"). Many of these women are labeled psychopaths, except the women who assist their lovers, who are often considered domestically abused women who were under the control of their male partners.



Genene Jones

Last but not least among serial killer methodologies, we have women who kill their own children. These women we usually label as Munchausen's Syndrome by Proxy (MSBP). We surmise they have a disorder, some latent mental condition from a horrible childhood that causes them to murder their own kids. They must be mentally ill; no, they must be insane.

## Such a Sweet, Unlucky Girl

(The names of the people in the following accounts have been changed, not to protect the innocent, but to prevent lawsuits.)

It was three o'clock in the morning on a sweltering July morning in Washington D.C. back in the early 1980s when my pager went off. The room was hotter than hell and I was already awake, so when I got the call from the emergency room at Washington Hospital Center , I wasn't all that put out.



### Washington Hospital Center

"Yeah, what have you got?" I asked the dispatcher. At the time, I was a medical sign language interpreter for the deaf. I provided services to a number of area hospitals, facilitating communications between patients and the medical staff. I spent a good portion of my time in the emergency rooms as Gallaudet University , the only university for the deaf in the world, which is located in Washington DC . Therefore, the nation's capitol has more deaf

living there than any other location in the world.

"We have a sexual-assault victim who just came in by an ambulance."

"On my way."

I was out of the house within five minutes. It was my policy to be at the hospital in emergency situations as quickly as humanly possible. Even in the wee hours of the morning with no red lights, the minimum time needed for the drive was twenty-two minutes. My estimated time of arrival was approximately thirty minutes from the time I was notified to the time I hit the front door of the hospital. I still had to sign in at security, show my ID, sign in again with the dispatch office on the interpreter's log, then get over to the emergency room. By that time, forty minutes or more would pass, leaving the patient without any suitable method of communication with the doctors and nurses. My heart went out to the poor woman who had suffered a traumatic event and now was struggling to relate what happened.



Washington Hospital Center sign

The nurse told me the patient was in Room Ten, which really meant Cubicle Ten. A police investigator greeted me and said he had been awaiting my arrival to get the details.

I slipped in through the curtain. A large piece of paper was spread out on the floor and a naked woman was standing there with a pile of clothes at her feet. For the victim of a rape, standing unclothed and vulnerable in such a public location must be a humiliating experience. Unfortunately, it was also necessary as this is the only way to be sure no evidence gets lost when clothing is removed.

The young woman had her back to me and the nurse was helping her into a hospital gown. I felt tears well up in my eyes and I immediately forced myself to regain my composure. I was a professional and couldn't allow my emotions to interfere with my job.

The young woman turned around.

"Hi, Pat!" she signed to me. It was Angela.

"Angela!" I signed back. Suddenly, my sympathy turned to something more akin to curiosity.

"Angela, what happened?"

Angela's eyes got big. "I got raped! Can you believe it?"

I almost said no. "Really? Wow! How did this happen?"

Angela smiled cheerfully at me, which seemed an odd expression considering the circumstances. "I got off the bus and this man who was on

the bus in the seat behind me started following me, and when I headed toward my apartment, he pulled me into the alley and raped me."

"Wow!" I said again, fanning my right hand up and down in a sign language gesture of amazement. "That's awful!"

Angela nodded in agreement. "Yeah!" She looked at me with those big beautiful brown eyes that reminded me of an innocent little doe. She was a beautiful girl, small and delicate, and she could be so very sweet.

"So, how are your kids?" she asked. "Did your sons win their baseball game the other day?" She pulled the covers on the stretcher up over her legs.

"Yeah, they both got home runs." "Cool. They must have been happy." Angela pointed through the curtain towards the nurses' station desk. "Can you ask them if I can get one of those sandwiches?" Sandwiches were available for emergency-room patients who were there throughout the night and needed some sustenance.

## The Truth Begins to Emerge

I reached home just as dawn was breaking. Had Angela been raped? It was possible. Some people don't show a lot of emotion, even in situations like these. Maybe shock prevented her from acting bent out of shape. But Angela's past behavior led me to believe that this rape scenario may have been fabricated. She was one of those people who constantly visited the emergency room. She always had the flu, headaches, and terrible menstrual cramps, in addition to a variety of odd symptoms that required

tests to figure out if there was anything serious going on. By the time I had interpreted for her for several months, I would cringe any time the nurse ended the visit by saying, "If you have any of these symptoms, come back in."

Sure enough, Angela would show up just a few days later with one of the symptoms on the list that she hadn't already exploited. Some would say Angela was a hypochondriac, but I was beginning to think she was exhibiting Munchausen's Syndrome, a psychological disorder in which people will fake or cause diseases and injuries to get attention. Some people view this behavior as a minor psychological disorder, but the lying, manipulation, and extreme self-centeredness are trademarks of a more serious psychopathology. Could this be Angela's real problem? Was this sweet thing really a psychopath? I didn't know, but I wasn't going to lose sleep over it; in fact, I was looking forward to a good night's sleep that night to make up for staying with Angela until she left the hospital at sunrise.

Unfortunately, this was not to be. At midnight , my pager went off again. This time the call came from D.C. General Hospital .



D.C. General Hospital logo

"We have the victim of a sexual assault." Good God, what was going on in this town?

I was at D.C. General in twenty minutes; it was much closer to my house than the other hospitals. As I walked into the emergency room, I muttered to myself, "I bet it's Angela."

And it was.

I had to shake my head to make sure I wasn't seeing things, but there she was again, this time already in her hospital gown waiting for the doctor to come in.

"Angela! What happened? You got raped again?" I believe I must have sounded a tiny bit incredulous.

Angela didn't bat an eye. "Yeah. Can you believe it?"

I really, *really* wanted to say "No, I don't believe it" this time. But the



interpreter Code of Ethics does not permit this. I was here to facilitate communications, not to judge and interfere with the proceedings.

"Wow! Two nights in a row! Gosh, you have some bad luck!"

Angela nodded solemnly. "Yeah, really bad luck."

The doctor came in.

Angela told pretty much the same story as the night before.

The police investigator took his notes. Said he was sorry. Gave her a phone number.

The nurse patted her on the shoulder.

Angela didn't get a sandwich at DC General, but she got some crackers.

I got the start of my education in Munchausen's Syndrome and its cousin, Munchausen's Syndrome by Proxy (when the psychopath's children are abused and even killed). What I was to learn from inside the medical system about this mostly female version of psychopathology was not only fascinating, but frightening. These women know how to work the doctors within medical institutions. The physicians who should have known about Munchausen's (in both of its forms) seemed to be clueless when it came knocking on their office door. The doctors often played right into these women's hands, oblivious to their manipulations, and even became unwitting accomplices to child abuse and homicide.

## **The Curse of the 'Syndrome'**

Baron Von Munchausen, videocover

What are Munchausen's Syndrome and Munchausen's Syndrome by Proxy (MSBP)? Well, "syndrome" is a nice term for "We haven't got a clue as to what it is!" Munchausen's Syndrome was named for Baron Von Munchausen, a teller of tall tales back in 18<sup>th</sup> century Germany . He added some quite lively details to his exploits and mishaps that caused a great deal of eye-rolling and groaning among his listeners. So Munchausen's Syndrome really means "Telling Fantastical Stories," and Munchausen's Syndrome by Proxy really means "Telling Fantastical Stories About Someone Else." "Syndrome" simply means haven't got a scientifically proven (or even agreed upon) cause and diagnosis for what we observe. While the DSM-IV, the bible of psychiatric illness, has an in-depth description and explanation for the labeling of Munchausen's Syndrome as a psychological diagnosis and MSBP as a behavioral trait of certain persons, there is little recognition that people with MSBP are psychologically and behaviorally similar to all other serial killers.

Because of the confusion about Munchausen's Syndrome, no one really knows what to do with a patient who keeps showing up with complaints about her own health. After all, she isn't hurting anyone but herself, so we don't need to be that concerned about her behavior. But is Munchausen's Syndrome just a woman's "disease"? Not at all. Men are not immune to Munchausen's Syndrome, because it is is nothing but a label for a psychopath who seeks attention by using herself or himself as a foil. When

these pathological behaviors are labeled "syndromes," professionals often fail to see people with Munchausen's Syndrome to be in complete control of their behavior. They are not confused or schizophrenic. They have not lost touch with reality. They know exactly what they are doing and who they are doing it to.

## **Why Women Come Out the Winners**

It was midnight again when my pager went off. I groaned and called in to Washington Hospital . "Who's there?" I asked. I knew a good portion of the deaf community, and I was certainly familiar with the "regulars" who visited the emergency rooms routinely.

"We have Anton White here. He says he has been sexually assaulted."

Oh, good. Anton. He was always a handful. He usually showed up when he had severe pain from sickle cell anemia. Sickle cell could be an extraordinarily painful disease, and I spent many a night with another deaf patient, Leonard, as he cried and whimpered from the pain. Leonard came in quite often, and sometimes the doctors didn't want to give him medication. They thought he was using his disease to get a lot of medication so he could sell it on the street. Because Percocet is the medication of choice for sickle-cell patients (along with morphine), hospital personnel often believed some of these patients were trying to get more pills than necessary in order to make money off the tablets. Some think this

is a racist viewpoint, because sickle-cell patients are African American and often from the inner city. They also have a sadly short lifespan, usually dying by their early thirties. It is a tough and painful disease, and I always felt Leonard was simply trying to survive it as best he could.

Anton didn't come in as often as Leonard. But he had an easier time getting the medication than Leonard because doctors didn't see him as regularly, so they didn't feel he was abusing the system. I had to laugh. Anton didn't even have sickle-cell disease. He just learned the symptoms from his friend, Leonard, and put them to good use. The scenario usually went like this:

I step into the room. Anton is lying on the stretcher moaning and writhing. The doctor is asking him about his symptoms, and I translate the proper symptoms of this sickle-cell crisis for Anton. As the doctor is finishing up his notes, Anton clutches my hand and pressing his face against my arm, clearly in terrible agony.

The doctor comes over, and I sign to Anton what the doctor is planning to do. "We'll get you a shot of morphine right now and a prescription of Percocet to take home." Anton nods his assent, still pitifully clinging to my hand, and the doctor exits the room.

Then Anton pops up to a sitting position, a grin on his face.

"Yo, Pat, what's up? Hey, can you sneak me in a soda? I'm thirsty. And, hey, a candy bar, too. Get me one of those Snickers from the machine." He hands me a couple of bills.

When the doctor comes back, Anton is moaning and groaning again. Poor

Anton.



WHC inside corridor

But now Anton is the victim of a sexual assault. As I pull into the parking garage at Washington Hospital Center , I think, maybe he really has been attacked. He certainly doesn't hang out in the best places, and deaf people are often victims of assault because the assailant figures the victim won't be able to rat them out (and they would be correct; our legal system does a very poor job supporting the deaf as victims of crime). I decided I would keep an open mind about Anton's assault.



WHC emergency hallway

Anton was lying on his side on a stretcher in the cubicle. He was in his hospital gown, and the doctor was already by his side. Anton had his legs drawn up and his hands, palms together, were pressed between his knees. He was rocking back and forth, but not making a sound. The doctor was pulling on latex gloves and I wondered then if Anton had suffered an anal assault.

The police detective stepped inside the room with his notepad and pencil in hand. He patted Anton on the shoulder. Anton opened his eyes halfway.

"Can you tell us what happened, Mr. White?" he asked.

Anton stifled a sob and rocked back and forth some more.

"Mr. White? Tell us exactly what happened."

Anton drew his hands out from between his knees, and with his eyes closed and head hung down, began gesturing, using large movements to describe what had happened to him. Anton signed with a black DC accent

(yes, deaf people sign with accents!). He signed in a large, dramatic way which didn't mean he was angry or upset. He really was fairly composed.

"I got off the bus," he started off. I wondered whether travel by bus wasn't becoming an unwise mode of transportation. "This guy came up to me and asked me to buy some pills. I told him no. He told me if I didn't buy the pills, he would knock me out and stuff them up my butt." At this, both the police detective and I made strangled noises through our noses that made us rather thankful the patient was deaf. The fact that the corners of my mouth had turned up also made me glad Anton was conversing with his eyes shut.

"I told him I wasn't going to buy the pills and I started down the street toward my apartment. Next thing I know, I am knocked out on the ground, and when I wake up, my pants are around my ankles and I got these pills stuffed up my butt."

The police detective tapped Anton on the shoulder to make him open his eyes.

"What did this guy look like?"

Anton shrugged. "I don't know. He was black. Just a regular guy. Never seen him before. He was "Hearing." I could read his lips under the streetlight."

The doctor told Anton he would have to do an exam. Anton sank back on the stretcher with his eyes closed.

The police detective and I walked out and fell laughing against the nurses' station counter.

The investigator wiped his eyes. "That was a good one, wasn't it?"

I laughed. "Yeah, that was a new one on me. Hope you catch the guy!"

"Must be a new sales technique." The detective shook his head. See you next time! Have fun with the patient."

The doctor came out. I went back in.

Anton popped up to a sitting position. He smiled at me.

"Can you see if they have any of those sandwiches available?"

Ah, now I understand. Anton must have been short on cash and hungry. The city of Washington DC just bought Anton a \$1000 sandwich. I hope they served him some juice with that, just to make it worth the price.

There was a unique difference between Angela's and Anton's treatment. When the hospital finally caught on to the fact Anton was lying about his sickle-cell condition (after a doctor finally figured out that something wasn't adding up), they tossed him out and treated him like the lying dog he was. Angela, on the other hand, never seemed to get anyone very upset, even when it was clear she wasn't telling the truth. Somehow being a woman softened their attitudes; she must have a mental illness, or perhaps this so-called Munchausen's Syndrome. But no one ever just saw her for what she truly was: a cold-blooded psychopath.

# **Munchausen Syndrome and Munchausen**



# Syndrome by Proxy

BY *Pat Brown*

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## Munchausen's Syndrome to Munchausen's Syndrome by Proxy

Well, perhaps no one really cared what Angela did to herself, but they should have cared when she became pregnant. It was her third pregnancy; her first two children had been taken away by social services sometime during her teen years. Now she was in her twenties and much more stable! It was true she didn't know exactly who the father was, but that wasn't all that unusual in this day and age. Mostly, the hospital staff was concerned that she keep her prenatal appointments. Angela was a top patient in this respect — she loved going to the hospital and getting all that attention. For once, she actually had some real symptoms and could milk those for all they were worth.

Once she was over morning sickness, though, the baby became a burden to her body and a cramp in her social life. Angela started getting annoyed with her condition. She started coming to the emergency room with symptoms of a problem pregnancy. She had excessive bleeding (at home, but the symptoms magically stopped while she was in the emergency room) and she had horrible cramping (which did continue in the emergency room, but were strangely never picked up on the monitor). When the staff couldn't find any problem, Angela would become extremely hostile and demand a caesarean section.

"GET THIS BABY OUT NOW!" she would scream. The mystified staff just shook their heads, labeled her an overly emotional pregnant woman, and told her to get dressed. She would curse her way out of the emergency room and return just a few days later with the same story. There is, of course, the old saying, "Try, try again, and eventually you will succeed." In this case, Angela certainly could be commended for her efforts because she eventually *did* succeed.

It was another early-morning visit. The complaints were severe cramping, bleeding, dizziness, weakness...a litany of pregnancy problems. Angela was placed on a fetal heart monitor. An ultrasound was done, and an anomaly was found. Something was wrong with the baby that might require an immediate c-section and special care. Angela's face lit up. However, as the shift ended, the surgeon came in and gave Angela the bad news.

"Angela, we see some abnormalities in testing the baby, and I am concerned that the baby could have a serious condition. However, if I do a c-section now, the chances of survival for the baby is limited and, therefore, it is really a toss-up situation. Because we cannot be absolutely sure that what we are seeing in these tests is proof the baby is in certain danger, I

think it best to allow the pregnancy to continue. The baby will have a better chance of survival if we allow it to stay in your womb. We can do some more tests later, and if there is still an indication that baby is in trouble, we will do a c-section then, but right now it makes no sense."

Angela became very agitated at this decision.

"I WANT THE BABY OUT NOW! NOW!"

The doctor tried to repeat his reasoning, but Angela became more and more upset.

"NOW! DO THE C-SECTION NOW!"

The doctor tried to explain his reasoning again to me on the way out.

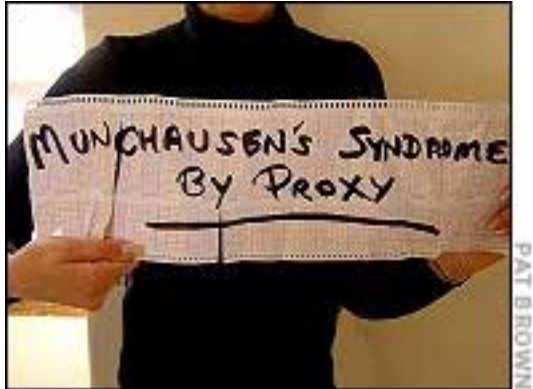
"It is ridiculous to do a c-section now. I don't even know if what we saw on this sonogram really means the baby has a life-threatening problem. It would be a crime to do a c-section at only six months on the basis of a suspicion." I don't know if the doctor ever figured out Angela was not at all concerned about the baby and only wanted the c-section for her own satisfaction. For that matter, perhaps, she wanted the baby to be ill or die. Perhaps, she had moved on to the next level of Munchausen's and now was adding Proxy to the label.

The shift changed at this point and a new surgeon came on. He was brought in to see Angela. She told him about the tests, saying that her baby had a dangerous condition and she wanted the c-section immediately to "save" the baby. The surgeon read the reports. Suddenly the nurse came back into the room and told Angela they were going to prep her for surgery.

I felt like someone had just pulled the rug out from under that baby. Angela practically clapped her hands as she went off to surgery. The baby was born blind and mentally retarded (although doctors did not see the problem in the ultrasound) and remained on a feeding tube for the rest of its short life of one and a half years. The little girl spent her whole existence at the Hospital for Sick Children. Angela's visits to the emergency room dropped dramatically. After all, she could now get all the attention she wanted over at the other facility.

I didn't see Angela again until after the baby died and she came into Washington Hospital Center for a pregnancy test. She got pregnant right after the baby died. In fact, she used the test to get sympathy, "My last period? Oh, that would be right after I lost my baby girl." The nurse felt very badly for Angela. This was only her *second* pregnancy (it helps to change hospitals; the new one won't know your history), so poor Angela had not only lost her baby but her only child.

Angela started showing up regularly again. She had the same problems as with her last pregnancy. Did this make the staff suspicious? No, they couldn't figure out what was wrong. For that matter, they saw she had a "problem" with her last pregnancy, which required an emergency c-section at six months to "save" the child. They were even more sympathetic than the first time around. By the time she was six months pregnant again, Angela was in almost daily, demanding a c-section. The nurses would come out of the room and tell me they felt really sorry for this poor concerned mother, who only wanted this baby to be spared the tragedy that befell her last baby. I wanted to scream. Finally, I broke those Rules of Ethics, scrawled "Munchausen's Syndrome by Proxy" on a piece of paper I tore off the fetal heart monitor and held it up like a banner in front of me.



Munchausen's Syndrome note

"Do you know what this is?" I yelled. The faces on the staff were blank. It was hopeless. Angela could hire medical hitmen to kill her children, and no one seemed to have a clue what was happening.

Luckily for this baby, no hitman got confusing test results. The baby was born at the regular time. Angela played the good mother. She even wanted to nurse the baby, she told the lactation consultant, and she paid close attention as the woman showed her how to hold the baby and get the nipple in its mouth. But when the consultant left and the door closed behind her, Angela pushed the baby away and dumped it in the crib.

"I HATE nursing!" she signed to me. Then she went on to whine that she didn't understand why her relatives were bringing all these presents for the baby and none for her. She clearly had no feeling for her child.

The months went on, and her child survived. She brought it in for its baby appointments and milked me for information about what a good mother does. If I told her to read books, play games, do puzzles and so on, you

could be sure that when the doctor asked her how she was doing with the child, she would enthusiastically state, "I read books to her, and play games with her, and do puzzles with her!" The doctor praised her, and she got the reputation of being an excellent mother.

I ended my career as a medical sign-language interpreter at that point, so I never found out if Angela went on to abuse her child, or if she ended up killing her child. I wouldn't be surprised to hear that if the child met an unfortunate fate, Angela would still be out there bearing more children, and would be free to kill again.



Pat Brown, early

## **Never Question Mum!**

We should also pay very close attention to another syndrome when it

shows up at the hospital. The syndrome, Sudden Infant Death Syndrome (SIDS), really means "The Baby Died and We Don't Know Why." Most Munchausen's Syndrome by Proxy killings are of infants, and the vast majority of these deaths are labeled SIDS. Because sometimes babies *can* die for unexplained reasons, infant killings are the easiest deaths to get away with. Why? Because we hate to accuse a mother of not loving her child. Worse, we hate to accuse an innocent mother of *killing* her child. On the business side of things, doctors hate to get in the middle of police investigations and legal proceedings, and the hospitals they work for encourage them not to bring negative attention to their institutions. Medical examiners often rule a suspicious death as SIDS for similar reasons. It's not nice to claim the poor grieving mother killed her child, and it's easier just to label it as a SIDS death. Only when a mother kills a half-dozen of her children do the medical and legal systems finally seem willing to get involved. Can you imagine this happening with adults?



Mary Beth Tinning

However, with babies, SIDS deaths have been documented over and over again as non-homicidal deaths, even if there has been proof to the

contrary. Angela exhibited psychopathic behavior all of her life, and if someone investigated a SIDS victim and found the mother (or daycare provider or nurse) had exhibited psychopathic behavior, perhaps the death would be considered more suspicious and not shrugged off so easily. But the history of these caretakers is rarely examined and only becomes "relevant" if the SIDS victim is the brother or sister of a series of SIDS victims. Mary Beth Tinning was allowed to kill nine of her children before the authorities decided the deaths were not natural. What is wrong with this picture?

When the kids get older, they are rarely suffocated, but can be abused and killed by other means. The movie "The Sixth Sense," for example, showed a MSBP mother feeding her child poison until she died.



The Sixth Sense, videocover



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BY *Pat Brown*

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## How to Identify a Dangerous Mother

One of the keys to knowing if the mother is a psychopath and the kids are in harm's way is to note the outlandishness of the mother's stories. Baron von Munchausen wasn't the only one to tell a bizarre tale. One of the hallmarks of psychopathy is telling stories to get people's attention and to increase one's stature. The psychopath may get away with some of these lies, but often he or she lacks the ability to stay within the realm of possibility or back up the story with credible facts. Male psychopaths often claim they are in special ops or covert operations in the military, or that they

are agents with the CIA or FBI. They claim that people attack them or rob them or have hitmen after them. Female psychopaths often claim they have been sexually assaulted, that people are trying to poison them, or that they are being stalked.

When it comes to MSBP mothers, the stories they tell about their children often involve child abuse by the spouse (sexual or physical) or physical symptoms of illness. They drag their kids to doctors and get them tested to the point where some of them actually become ill from the overuse of medications or exploratory surgeries. Some children become mentally ill from constantly being told they are sick. Other children are forced into the psychiatrist's office to discuss the horrible abuse they're suffering at the hands of some evil person. Eventually, the children may "remember" the abuse and begin to fear the designated abuser. There are often unusual symptoms and strange assault techniques that shouldn't puzzle the professionals, but alert them to the possibility someone is a big liar.

If the stories don't do the trick, some MSBP mothers will actually injure or poison the child to get attention. But whether it is physical abuse or emotional abuse, the children are at serious risk if they are in the care of the mother.



Montel Williams

After appearing on The Montel Williams Show, I received this request for help from a mother. Even on first reading, red flags went up.

(The following emails have been edited for brevity; the spelling and grammar, however, have not been corrected.)

"My name is Mary. I am the mother of four children. In August, my then seven year old daughter told me that she witnessed her then five year old sister being raped by four boys in school in the presence of two teachers. No one in my town will help find out who or why. I contact the police but they refuse to do an investigation. There was also drugs involved. The girls were abducted from school for a period of time and later returned. I still have the bloody clothes that my daughter wore that day. The police refused to except this as evidence. Please help me help my family. The people who has done this is still out there."

It seemed mighty odd to me that teachers would be cooperating in the rape of a child in their classroom. It was my guess this touch was added as "proof" the incident occurred. The second letter got more incredible. She

was working hard to convince me of the veracity of her account.

"My daughter that was raped she is now 6 years old. My then seven year old daughter is the one that told me what happened. She said that she heard her sister screaming from her classroom; so she asked her teacher to leave to check on her. When she did, she said that my daughter's shorts was down and a white boy was putting a pencil in her pee-pee. There was two tan boys kissing her and one black boy shaking on top of her (the five year old).

"She said when she walked into the classroom the one of the teachers what was present said, 'Shut-up, you brat, cause she needed to have it done to her anyway!' At that time another teacher walked in; she and my seven year old took the boys off top of the five year old. My seven year old was then made to take her into the bathroom and clean up the blood from her legs. This is where things really start getting weird.

"She said they went into the lunchroom and one of the lunch lady's offered her little sister some candy. They told her no. But the candy was forced on her anyway. But before she was made to eat the candy, she said that two other boys ate the candy and supposedly died. I know that this cannot be true, but I do believe that this way some type of role play used to intimidate the children into not telling their parents. She then said that they were made to sit in the principal's office there someone women in a big van picked them up and carried them to a woman's house. They took off my daughter's clothes and attempted to wash the blood stains from her clothes.

"Then they went to the zoo, an auto-dealership, and Chucky Cheese's. My daughter also said that they were taken to Ms. Lee's office. She said they

got shots in their arms and behind their legs; the room began to spin.

"Narcotic." She said then they returned back to the lady's house to put back on her sister's clothes and then taken back to school. But when they got on the bus some boy kicked my daughter in the face; she began to bleed from the nose and her pee-pee.

"They took them to the office and made them wait until all the other bus left. They were taken to a different house this time. They attempted to wash her clothes again. But they didn't have enough time to dry them. When I touched her clothes; they were damp and smell fresh as if they were just wash. But her shorts reeked of urine. Since this she has problems holding her urine and sometimes her bowels.

"I went to the police. They said there was no case. But ten days after, all four of my children were removed from my home. Even my three year old twin boys who were not involved. When we went to court my husband nor I were allowed to testify. They cut-out portions of my hair and my daughters' hair. Nothing was found. My children were in foster care for ten days. The judge said that I was too overly zealous to find the truth. But in the same voice said I did everything I was suppose to and if I didn't I would be neglecting my children.

"After ten days, my children remained in the custody of my brother and a sister-in-law. The reason being I was told to undergo psychological testing. I took a 500 question test by a licensed counselor and not a doctor. He and I spoke for about 45 minutes. His report said that I showed possibly symptoms of narcissism and paranoia. After his report, I was then sent to a doctor and another counselor and they said nothing was founded. Still, after that, my children was kept from me.

"Then three weeks before Christmas my children was returned. The social worker apologized for what I underwent. The reason, I am seeking your help is because I need someone honest and from the outside to help my family. Also those little boys and those adults are still out there; what happened to my girls was there first time and I believe in my heart that it wouldn't be the last. Those boys and there parents need help also. Anything you can do to help, would be so greatly appreciated."

Are you exhausted just from reading this story? I was! The weird happenings kept getting stranger and stranger. Obviously, it didn't take a rocket scientist or criminal profiler to figure out that this woman was fabricating these incidents. The woman was contacted, but when she was asked specific questions that related to her own behavior, she suddenly didn't need help so desperately and never replied back. Although social services was contacted, as far as I know, nothing was ever done about leaving these children in Mary's care. I never received a phone call from the authorities, and although they knew what I was talking about, they didn't seem all that interested in the case.



Pat Brown, recent

The situation seems pretty clear to me. Either the police are allowing an entire school of perverted adults and children to rape and abuse at will (a trifle unlikely) or something is seriously wrong with Mary. Take your pick, but it seems that if nothing was done, then someone dropped the ball. My guess is, when nothing physical could be proven and no arsenic in the hair or other clear signs of poisoning were found, the case was simply dropped. The mother was perhaps considered to be schizophrenic or had some other sort of mental disturbance, but not necessarily a danger to her children. She was just slightly nuts. No one had the knowledge, or perhaps courage to label her a psychopath. The children remained in a terribly dangerous situation, and we can only cross our fingers and hope they survived it.

## **Always a Dangerous Mother?**



## Gallaudet University

The abuse of children doesn't necessarily end when the children grow up. I received this call during my normal business hours as an interpreter. A young man had been rushed over from Gallaudet University . He had total kidney failure. When I arrived in the ICU, this handsome young man was lying comatose, hooked up to a kidney machine that was keeping him alive. He was a healthy-looking young eighteen-year-old, except for the fact he was dying. The doctors were puzzled over his condition. Friends had told the physicians caring for him that the kid was as clean-cut as they come; he didn't do drugs, he didn't drink, he didn't do anything harmful. He was an athlete and an outstanding student. The best the doctors could come up with was that perhaps he had an allergic reaction to garbanzo beans served at the college cafeteria.

I spent the week with this young man. I didn't see any relatives on the first day, but I was told that the student was from a foreign country and his family wasn't in the area. Finally, the mother was located in another state. The hospital called her, and when the nurse got off the phone, she looked



angry.

"Problem?" I inquired.

"I talked to his mom ," the nurse said. "I told her he was in a critical condition. She asked me if I thought she should come to Washington DC . What kind of mother asks if she should come visit her dying son?"

That was a darned good question. What kind of mother indeed?

Mom did show up a couple of days later after a 600-mile bus ride.

"Hullo! I am Manny's mother. Which room is he in?" She was a big, bustling woman with a broad smile on her face.

"Oh, is this the machine that is cleaning his kidneys? How does it work?" She started in right away questioning the nurses about the procedures." Oh, and thank you so much for taking such good care of my son. You are all such wonderful people."

Mom sat down beside her son and refused to leave the room, even to eat. She was ever-vigilant, which would have been heartwarming except for the fact she never actually paid any attention to her son. When her son regained some sort of consciousness, he looked away from her as if she was a loathsome bug.

I sat in the room and started adding up what was wrong with this picture. Munchausen's Syndrome by Proxy came immediately to mind. The woman was more interested in medical procedures than she was in her son's life. She was more thrilled with the attention *she* received than the actual

medical attention her son was getting. But how could she have anything to do with her son's condition? She lived in another city!

I made friendly conversation with her. Then I asked her, "Are you a nurse, by any chance?" I knew that women with Munchausen's Syndrome and MSBP often worked in medical institutions, usually as nurse's aides and patient-care positions that required limited schooling.

She smiled broadly. "Oh, yes, as a matter-of-fact, I am!"

"Nursing home? She looked surprised. "Why, yes!"

"Graveyard shift?"

She now looked a little uneasy. "Yes, I do work the night shift."

Now, I was really creeped out. Still it meant nothing. Mom and son lived five states apart. At least, I found out the next day, they did most of the time. The son had just come back from a school break the day he became ill. Where had he been? At his mother's house.

I asked the hospital if they had checked his system for drugs used in a nursing home. They told me no; they had no reason to do that.

By now, I was rather sick of the Code of Ethics for interpreters. Were we supposed to stand by and be accomplices to murder? I decided I had had enough. I went to the administration and told them what I thought about the possibility that this mother had poisoned her son while he was visiting her. I asked them what they knew about MSBP. They showed me the door. They considered me a nut. I was just a sign language interpreter, not a medical

professional.

Thank God the boy survived. At least from the way he looked at his mother while she sat next to him, I doubted he was going to go home for Christmas

## **Why Women Kill their Kids and Why We Let Them**

So, what IS wrong with these women? If they're not insane, why do they kill their children? Why don't men do more of this type of serial killing? And why do we let women get away with this so often?

Serial homicide is always about power and control. It's about who you can kill and how you can get away with it. For men, killing violently is an expression of being manly. The moment of rape and murder, the moment when your victim has the look of total terror enter her eyes — this is the moment these men feel they are real men. The thrill they get later from reading the newspapers and watching the news, the laugh they get at the police's expense as they live in fear and chase the boogeyman - THEM! - this is their idea of winning! But for most men, unless there is insurance money, killing their children doesn't get enough attention and cheap thrills to make murder a worthwhile crime.

A woman, on the other hand, gets a lot of attention when she is pregnant. She gets a lot of attention at the birth. Then she gets stuck with the baby. The baby is a lot of work, and people have an annoying habit of cooing at the baby and being more interested in the child than the mother. For a mother who doesn't love her children, they are nothing but competition. So, what could be better than the child's death and funeral? The mother of a

dead child gets a lot of attention from the ambulance crew, the emergency-room folk, the doctors, the nurses, and the social workers. Then she gets attention from family, friends, neighbors, the funeral home, and clergy. She can get sympathy for many months afterwards. Then when the excitement dies down, she starts the process all over again. After all, it worked out well last time!

The other reason women choose their own children as targets is that children are easier for females to physically handle, and it is easier for a woman to get away with this kind of a crime. Male serial killers usually pick easy targets: small women, children, the elderly, or inebriated people. Female killers have a smaller choice of people they can control. One very good group is babies. They don't fight back, they are readily available, and they only require a pillow to do the job.

Also, if a man were alone with a baby who died, he would be more suspect. We don't trust men with babies (they get angry and shake and beat them); on the other hand, we just don't think mothers can kill dispassionately. Certainly, if a man was alone with a baby when two or more died, he would find himself in prison quite quickly. But with women, as long as they keep their docile and indifferent husbands happy (and this is the kind of husband these women choose), then no one complains, and when no one complains, society would rather just not deal with it.

The other reason women get away with the serial murder of their children has to do with our system of medicine. Little is taught in medical schools about the kind of psychopathology that mothers bring into doctor's offices and hospitals. Remarkably few professionals know much about the "disease" labeled Munchausen's Syndrome or Munchausen's Syndrome by Proxy. Even if some of the medical staff see a problem, with the ability of

women to move from one medical provider to another (and with our insurance systems, the patient is often moved from provider to provider by the insurance plan), with the ability to go to any hospital, there is often no consistency to the medical attention an individual receives. Add to this the privacy laws and the limited time any doctor has to spend with a patient, and the "medical problem" is often seen as an isolated event and rarely as a continuing saga.

Last, but not least, our legal system plays a major part in the reaction of doctors, medical examiners and police investigators. Not enough manpower, not enough time, not enough money, and a major fear of lawsuits and loss of employment keep medical professionals from being willing to stick their necks out. They take the path of least resistance, and if there is not a strong outcry, when babies are murdered, they shrug their shoulders and their deaths go down as SIDS. When these cases are actually pursued within the system, one must fully credit the medical and law-enforcement professionals for justice for these defenseless victims.





WHC nurse's station

Before I could respond, the nurse came in to do the rest of the rape kit. The kit involves performing a vaginal exam, taking swabs to test for semen, and looking for signs of injury. Angela had no bruises on her, and she stated that she was forced into vaginal sex and not anal or oral sex. There were no tears or abrasions to her vagina, although a lack of abrasions is not always proof that one wasn't sexually assaulted.

The police investigator then entered the room and asked her to describe what happened. Angela looked very sad and rubbed the corners of her eyes with the back of her hand. The nurse handed her a tissue. She told the investigator pretty much the same story she told me and I dutifully translated. When she was asked to describe her assailant, she said it was dark and she couldn't tell much more than race and maybe height and weight. The detective made his notes and then gave her a phone number to call. He told her he was sorry, and Angela sniffled. The nurse patted her on the shoulder and told her she would let Angela know when her friend arrived with fresh clothes. The nurse turned to leave the room.

Angela waved at me to get my attention.

"Ask her about the sandwich."