



Neonaticide/Infanticide Child Maltreatment & Reporting *Self-Study*

Contributors

Joshua B. Friedman, MD, PhD

Susan Hatters Friedman, MD

Renée Sorrentino, MD

Defining Child Maltreatment

- Official rates of Child Abuse are approximately one-tenth the rates of self-report studies, meaning that the vast majority of cases are undetected.
- The Federal Child Abuse Protection and Treatment Act (CAPTA) Reauthorization Act of 2010 defined child abuse and neglect as:
 - “Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation”; or
 - “An act or failure to act which presents an imminent risk of serious harm.”
- Child Physical Abuse involves the intentional use of force against a child that results in (or could result in) an injury.
- Child Neglect is when a caregiver fails to meet a child’s basic needs (physical, emotional, educational, or medical). Child Neglect is much more commonly substantiated by Child Protective Services than is Child Abuse.
- Sexual Abuse includes sexual contact, sexual conduct, or exploitation of a child.
- Emotional Abuse intentionally conveys to a child that they are perceived to be flawed, worthless, unloved, or of value only because they meet another person’s needs.
- Medical Child Abuse involves purposeful exaggeration or fabrication of medical symptoms in the child, leading to unnecessary and potentially harmful medical interventions.
- The term Munchausen’s Syndrome by Proxy, more recently termed Factitious Disorder Imposed on Another, indicates that the caregiver has contrived the child victim’s symptoms in order to obtain some other gain such as attention, or sympathy, or funds themselves. However, a diagnosis of Munchausen’s by proxy isn’t necessary for there to be Medical Child Abuse, just as a diagnosis of pedophilia is not necessary for Child Sexual Abuse to have occurred.

Child Maltreatment Reporting

- Approximately half of people with mental illness are parents, and thus many parents are likely to be in treatment with psychiatrists.
- Maternal mental illness is a dynamic risk factor when considering the risk toward a child. Thus, treatment of mental illness decreases violence risk.

- Keep in mind that studies purporting to show an elevated risk of child abuse by mothers with mental illness often have significant methodological limitations. Many other risk factors for child abuse and neglect have been demonstrated by research, including partner violence, substance abuse, coping difficulties, excessive infant crying, history of personal trauma, and increased parenting stress/ fewer resources.
- Health professionals (including mental health professionals) are legally mandated reporters regarding the reasonable suspicion of child abuse in every state. Different states have different specific rules and procedures regarding reporting.
- After a physician reports a concern about child maltreatment, reports are either screened in for investigation; or when they do not meet the state's definition of maltreatment, or if too little information is provided in the report, they may be screened out. Investigations result in substantiated or founded abuse or neglect, enlisting family support, court petitions for custody, or safety plans to minimize risk of future harm and to keep the child safe and protected.
- Failures to report could result in criminal penalties or actions against professional licenses. Barriers to reporting include reluctance, prior bad experiences, and worries of losing a therapeutic alliance.
- When preparing to make a report of concern for child abuse and neglect, ensure privacy and ability to have face-to-face contact, maintain a caring demeanor, and start discussions with a neutral topic such as the treatment plan.
- Explain the legal obligation to report, and explain that medical professionals are not there to assess blame.
- Prepare the family that child welfare and/or law enforcement will make contact and for the family to be available and cooperative.
- Ensure ongoing support from the health system and/or primary care provider.
- Health care professionals are uniquely positioned to effectively detect, treat, and prevent further child abuse and neglect. When reporting, be clear about the concerns and risk level.

References

- American Academy of Pediatrics. Child Abuse and Neglect. Available at <https://www.aap.org/en/patient-care/child-abuse-and-neglect/>
- Centers for Disease Control. Preventing Child Abuse and Neglect. Available at <https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>
- Children's Bureau. Child Abuse Prevention and Treatment Act (CAPTA). available at <https://www.acf.hhs.gov/cb/law-regulation/child-abuse-prevention-and-treatment-act-capta>
- Friedman SH, McEwan MV. Treated mental illness and the risk of child abuse perpetration. *Psychiatric services*. 2018 Feb 1;69(2):211-6.
- McEwan M, Friedman SH. Violence by parents against their children: reporting of maltreatment suspicions, child protection, and risk in mental illness. *Psychiatric Clinics*. 2016 Dec 1;39(4):691-700.
- Sagot AJ, Weiss KJ. Preserving immunity for reporters of medical child abuse. *Journal of the American Academy of Psychiatry and the Law*. 2022;50:618-625.