

13 - PJ22 Psychological maltreatment of child or Q

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727 Relationship problems and maltreatment Psychological maltreatment of child or personal history of psychological abuse as child Essential (required) features • Verbal or symbolic acts with the potential to cause psychological harm to a child or adolescent are required for diagnosis. Examples include: • berating, disparaging, degrading, humiliating the child; • threatening the child (e.g. indicating or implying future physical harm, abandonment, sexual assault); • harming or abandoning – or threatening to harm or abandon – people or things that the child cares about, such as pets, property, loved ones (e.g. exposing a child to spouse or partner maltreatment); • confining the child (e.g. tying a child's arms or legs together; binding a child to a chair, bed or other object; confining a child to a small enclosed area such as a closet); • scapegoating the child (i.e. blaming child for things for which they cannot possibly be responsible); • coercing the child to inflict pain on themselves; • disciplining the child excessively through physical or non-physical means (e.g. extremely high frequency or duration), without necessarily meeting diagnostic requirements for physical maltreatment. • The acts cause (or exacerbate) at least one of the following: • significant fear; • significant psychological distress; • somatic symptoms that interfere with normal functioning; • significant avoidance or reluctance to engage in one or more major life activities (e.g. work, education, religion, medical or mental services, contact with family members) to avoid recurrence of the acts. Note: these categories are assigned to the victim, not the perpetrator. If PJ22 Psychological maltreatment is diagnosed, the perpetrator-victim relationship (e.g. parent, other relative, stranger) should be specified using the extension codes provided on the ICD-11 platform in the context of the assault field. Similarly, if QE82.2 Personal history of psychological abuse is diagnosed, the time of life for current or past episodes (e.g. child aged under 5 years,

early adolescence) can be specified using the extension codes provided. Additional clinical features

- Child psychological abuse typically represents a pattern of parental or caregiver behaviours. However, it may be diagnosed based on single episode if it is sufficiently impactful (e.g. harming a pet to punish the child).

PJ22 / QE82.2 Problems in relationship between child and current former caregiver and current or past child maltreatment

Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders

- Child psychological abuse is associated with a variety of mental disorders, including depressive disorders, adjustment disorder, anxiety and fear-related disorders, posttraumatic stress disorder, oppositional defiant disorder and conduct-dissocial disorder, as well as attentional problems, academic problems and suicidality. Boundary with normality (threshold)
- Child psychological abuse is characterized by one or more verbal or symbolic acts, generally outside the sociocultural norms for parenting, that are – or have reasonable potential to be – harmful to the child. In contrast, whereas normal discipline may be upsetting to children, unlike psychological maltreatment it does not cause psychological harm, have the potential to cause psychological harm, result in somatic symptoms or interfere with functioning.

Developmental presentations

- For infants or young children, distress associated with psychological abuse may be exhibited by persistent withdrawal from the caregiver, freezing behaviours or heightened reactivity around the caregiver. The child may also exhibit an insecure or disorganized pattern of attachment. A significant impact of psychological abuse may be evidenced by lack of appropriate developmental progression or even a loss of skills in infant or young child. Vague physical complaints (stomach pain, headache) are also common.
- Symptoms of mental disorders are more likely among older children and adolescents who experience psychological abuse. Distress may also be manifested in physical aggression, poor cooperation or oppositional behaviour towards the relevant caregiver; refusal to interact with that caregiver; thoughts of running away or fantasies of having another caregiver; inhibition, withdrawal or low self-esteem.

Sex- and/or gender-related features

- Although the nature of parental acts (e.g. restriction versus humiliation) and the impact of psychological abuse can vary by gender, boys and girls are equally likely to be victims.

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