14 - PF1B Assault by neglect or QE82.3 Personal hi

PF1B Assault by neglect or QE82.3 Personal history of neglect as a child

729 Relationship problems and maltreatment Boundaries with other disorders and conditions (differential diagnosis) Boundary with caregiver–child relationship problem Psychological maltreatment should be distinguished from caregiver–child relationship problem, which – unlike psychological maltreatment – is characterized by parenting behaviours that are within the normal range for the sociocultural context but may still have a negative impact on the child. Assault by neglect or personal history of neglect as a child Essential (required) features • At least one confirmed or suspected egregious act or omission by a child or adolescent's caregiver that deprives the child of needed age-appropriate care is required for diagnosis (e.g. abandonment, lack of appropriate supervision; exposure to physical hazard; failure to provide necessary education, health care, nourishment, shelter, clothing). • The act or omission causes or exacerbates at least one of the following impacts: • significant physical injury or reasonable potential for significant injury; • other significant negative consequences to health (e.g. development of an illness directly linked to the neglect, malnutrition) or reasonable potential for significant negative consequences to health; • significant fear or psychological distress; • reasonable potential for significant psychological harm (e.g. development of a mental disorder) or for significant disruption of the child's physical, psychological, cognitive or social development); • somatic symptoms that interfere with normal functioning. Note: this category is assigned to the victim, not the perpetrator. If PF1B Assault by neglect 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. Perpetrator should be specified as a parent, other relative, unrelated caregiver, or official or legal authority using the available extension codes. Depending on the specific situation, PB5B Unintentional neglect or PH7B Neglect with undetermined intent may be diagnosed rather than PF1B Assault by neglect. If QE82.3 Personal history of neglect 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. PF1B / QE82.3 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 Additional clinical features • Victims of child neglect can present with severe (chronically untreated) dental caries, ear infections or other typical childhood illnesses. • Child neglect is associated with a variety of mental disorders, including depressive disorders, adjustment disorder, anxiety and fear-related disorders, post-traumatic stress disorder, oppositional defiant disorder, conduct-dissocial disorder, attentional problems, academic problems and suicidality. Boundary with normality (threshold) • Parents or other caregivers may provide less than optimal care for their children for brief periods due to caregiver illness or stress. However, normal caregiving requires that they make other arrangements if their own caregiving will be compromised for more than a brief period. If a child is in danger, or is suffering significant harm as a result of inadequate caregiving, the omissions in caregiving should be diagnosed as neglect. Developmental presentations • Children of any age can experience neglect. Neglected children may appear mature for their age, but may also exhibit stunted growth due to lack of adequate nutrition or other developmental deficits. • Failure to meet developmental milestones can be a marker of neglect, as can attachment problems (insecure or disorganized patterns), difficulty separating from parents or caregivers, social skills deficits, behaviour problems and scholastic problems. Course features • Although one incident is sufficient to meet the diagnostic requirements, incidents of child neglect often occur as part of a persistent pattern, which substantially increases the risk of mental disorders, medical conditions and disrupted development. Problems in relationship between child and current former caregiver and current or past child maltreatment

731 Relationship problems and maltreatment Sex- and/or gender-related features • Although its impact can vary by gender, boys and girls are equally likely to be victims of neglect. Boundaries with other disorders and conditions (differential diagnosis) Boundary with caregiver–child relationship problem Neglect is characterized by egregious acts or omissions that result in – or have significant potential to result in – negative impacts. A diagnosis of caregiver–child relationship problem is generally more appropriate for children of caregivers who are emotionally neglectful (e.g. not engaging in positive interactions with the child) but have not committed egregious acts or omissions that deprive the child or adolescent of age-appropriate care. Boundary with reactive attachment disorder and disinhibited social engagement disorder Both reactive attachment disorder and disinhibited social engagement disorder are considered to result from a history of grossly insufficient care in early childhood, including persistent disregard for the child’s basic emotional or physical needs. They can occur in the context of repeated changes of foster care or rearing in institutional settings that prevent the formation of stable selective attachments, as well as in dyadic caregiver relationships. The insufficient care would meet the diagnostic requirements for neglect and possibly also for other forms of maltreatment. Both reactive attachment disorder and disinhibited social engagement disorder are characterized by markedly abnormal attachment behaviours towards adult caregivers that are evident by the age of 5 years. In reactive attachment disorder, there is a persistent and pervasive pattern of inhibited, emotionally withdrawn behaviour, including minimal seeking of comfort when distressed and rare or minimal response to comfort when it is offered. In disinhibited social engagement disorder, there is a persistent and pervasive pattern of markedly abnormal social behaviours, in which the child displays reduced or absent

reticence in approaching and interacting with unfamiliar adults. If the diagnostic requirements are met for reactive attachment disorder or disinhibited social engagement disorder, that diagnosis should be assigned. An additional diagnosis of assault by neglect or personal history of neglect may be assigned if it is relevant to the particular clinical situation. Problems in relationship between child and current former caregiver and current or past child maltreatment

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