CORRESPONDENCE

Child Abuse and Neglect: Diagnosis and Management

by em. Prof. Dr. med. Gert Jacobi, Prof. Dr. med. Dr. jur. Reinhard Dettmeyer, Dr. med. Sibylle Banaschak, Prof. Dr. med. Burkhard Brosig, Dr. med. Bernd Herrmann in volume 13/2010

Legal Regulations

The topic of child abuse and neglect has been rather neglected in the context of medical teaching. I cannot but concede this even though I am the dean of the medical faculty at the University of Ulm. The article is successful in terms of diagnostic evaluation, but it has serious shortcomings in terms of psychodiagnostic evaluation, psychological sequelae, and implications for action. The conclusion of the article shows the entire range of problems that occur at the interface between the healthcare system and youth services; effective protection of children is not possible without networking (1).

The statement that Germany does not have a notification system in cases of child abuse and sexual abuse of children is incorrect as it stands. After extensive discussion of extremely problematic cases of child protection, like the one involving Kevin (2), the state legislators have issued a multitude of different legal regulations relating to child protection. Bavaria's law, for example, stipulates compulsory notification. State law in Rhineland-Palatinate and Baden Württemberg provides for a process of consideration with regard to guarantors' duties, as described in the article. These regulations have mostly bypassed doctors. We have surveyed pediatricians and general practitioners empirically and noted a general lack of knowledge regarding the legal situation, but also regarding legal question and options for action within child protection (3).

The fact that the federal government has made a second attempt—as announced in the coalition contract—to introduce a child protection law in order to create a consistent regulatory framework is to be welcomed.

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Conflict of interest statement

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Differentiation Is Useful

Jacobi et al in their article on child abuse and neglect rightly mention Münchhausen syndrome by proxy (MSBP). However, in the article, symptoms of children with a factitious disorder are confused with symptoms of by proxy (3), and Münchhausen syndrome by proxy (MSBP) is an important subcategory among the factitious disorders (2).

The differentiation makes for an important difference from the perspective of pediatricians and within the context of basic psychosomatic services and the work of Balint groups:

- In Münchhausen syndrome by proxy (1), the psychological or real parent (for example, the mother) presents the child under the pretext of manufactured symptoms of disease (Pseudologia phantastica); for example, a 2 year old child is reported to have had "seizures" at night.
- In factitious disorders by proxy, by contrast, manipulative measures are taken that are directly harmful for the child (for example, administration of medical drugs).

It also makes sense to differentiate between the two syndromes from a clinical perspective because it is often possible to address the dynamic in Münchhausen syndrome at the level of psychosomatic basic care as the mother's own suffering (for example, excessive fears related to her body, which are projected on to the child). By contrast, in the factitious disorders, the disruption to the relationship between child and psychological parent is usually much more severe and unraveling the entire dynamic is a protracted process—and, additionally, the child is at immediate risk.

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in Reply:

The statement that child abuse does not receive enough attention in academic medical teaching is certainly correct. We would go so far as to say that a substantial information deficit also applies to medical training and in the continuing professional education of doctors and allied medical professions as well as specialists working for the state authorities (youth office, police, the legal system). The vastly underrated consequences of child abuse include psychological damage, and we support Professor Fegert's recommendation for psychological diagnostic evaluation of the child as well as the abuser—often one or both of the child's parents—as well as the need to discuss implications for action arising from the situation. However, in Germany—and this was the gist of our article—no single compulsory nationwide notification system exists for cases of suspected child abuse. Pertinent regulations have been formulated in individual states only, and are to be adhered to within the relevant state. How undesirable such a multitude of regulations is also becomes clear from our correspondent's mention of an announced but yet to be implemented regulation within the federal child protection law. Additionally, our correspondent emphasizes the need for a more comprehensive psychiatric diag-

nostic evaluation of the relationship between the child and its parents, but this was not possible within the scope of our article. For this reason, we focused on the psychosomatic evaluation and capturing the familial dynamics—not least for the purpose of sketching the outlines of a sympathetic approach to these human disasters.

Münchhausen syndrome by proxy (MSbP), whose existence was debated even in the more recent past, is currently regarded primarily as a form of child abuse, with the different types we mentioned in our article ("active inducers", doctor addicts", help seekers"). In view of these types, further classification of the syndrome from a psychiatric-psychosomatic perspective makes complete sense, as Professor Heuft points out. However, the format of a review article does not allow for the inclusion of such specialized aspects—which then would also have needed to be taken into account for other forms of abuse. The differentiation mentioned in the second letter, such as hypochondriasis by proxy and parents' depressive mania, should not be overlooked in this context. This is clinically useful thanks to its subtle nosological nuances, although the intention again is to merely provide an idea of existing subject areas.

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