



Psychiatry & Behavioral Science - 2017

II Child Abuse and Neglect Associated With Parental Paranoid Psychotic Disorder

*Serena Maria Curti, MD**, Sezione Medicina Legale DSSPP - Univ. TO, C So Galileo Galilei N 22, Torino 10121, ITALY; *Monica D'Amato, MD*, SC Medicina Legale - AOU Città Salute e Scienza, C So Bramante 98, Torino 10121, ITALY; *Francesco Lupariello, MD*, Corso Galileo Galilei 22, Torino, ITALY; *Sara S. Racalbuto, PsyD*, Department of Pediatric Emergency, Turin, Corso Bramante 88, Torino 10126, ITALY; *Ignazio Grattagliano, PsyD*, University of Bari, Piazza Cagnola, 3/B, Casamassima, Bari 70010, ITALY; and *Giancarlo Di Vella, MD, PhD*, University of Torino, Dept Public Health Sciences, Sezione di Medicina Legale, Corso Galileo Galilei 22, Torino 10126, ITALY

After attending this presentation, attendees will better understand the importance of deep-rooted childhood experiences in patients with paranoia and psychosis in order to stop the vertical chain of transmission of child abuse and neglect.

This presentation will impact the forensic science community by highlighting how parental psychotic disorders and psychosocial deprivation within the home can result in disturbances of the growth and development of children. This case study demonstrates that rickets can occur from not only genetic or organic causes, but can also be the result of severe child abuse/neglect and poor nutritional status.

An 18-month-old child was hospitalized at the Ospedale Infantile Regina Margherita in Turin, Italy, and examined by staff of the operative unit dedicated to the evaluation of suspected child abuse (Bambi). The male child presented in poor condition with length in the third percentile, weight less than the third percentile, bossing of the forehead, caput quadratum, flared chest, rachitic rosary, widening of wrists, bowed legs, double malleoli, delayed eruption of teeth with enamel hypoplasia, thoracolumbar kyphosis, difficulty in sitting, an inability to walk, and generalized dystrophy. The X-ray and blood tests confirmed the diagnosis of "severe deficiency rickets and poor weight gain resulting in motor delay." A few days later, the child's 2-month-old brother was hospitalized for "poor growth and nutritional status under the normal range." He was generally in poor condition with a growth curve between the 25th and 50th percentile and exhibited sparse subcutaneous fat, a protruding abdomen, and had a poor sucking reflex. The children were two of five sons (the oldest was five years old) of an architect and his wife of Somali origins, residing in Turin for a couple of years. The family was followed for approximately a year by social services because, when the fourth child was one month old, neighbors filed a complaint with the authorities, reporting that the children were tied to radiators. The children had never been visited by a pediatrician. None of them attended nursery school. Hospitalization occurred after a home visit when the pediatric nurse reported that the house was dark and highly malodorous, with shutters closed by chains. The children were playing in small dirty boxes. The mother, by means of a cultural mediator, explained that the 18-month-old child was fed only bread soaked in milk, while the younger brother was fed with cow's milk diluted with water. The third child was underweight because the two older brothers also ate his food. The father was affected for years by a severe form of "paranoid psychotic disorder," usually well compensated by antipsychotic therapy. He convinced his wife, who was extremely dependent on him, that Italy was a dangerous country, with shortages of food and poor health services, and that the children could throw themselves out of the windows if they were not closed. Family history also included a psychiatric disorder of the children's paternal grandmother.

Accumulated evidence consistently demonstrates a relationship between childhood adversity and psychosis in adulthood. Meta-analyses have confirmed that a wide range of adverse experiences in childhood is associated



Psychiatry & Behavioral Science - 2017

with psychosis.¹ In particular, there is evidence of specific association between insecure attachment/neglect and the development of a paranoid disorder.² The fact that the paternal grandmother was suffering from a psychiatric condition may have resulted in her son growing up with poor emotional attachments. The situation may have contributed to the development of psychotic-paranoid symptoms, subsequently exacerbated by the transfer to a big city in another country where the family was devoid of social relationships.

Reference(s):

1. Fisher H.L., Appiah-Kusi E., Grant C. Anxiety and negative self-schemas mediate the association between childhood maltreatment and paranoia. *Psychiatry Research*. 196 (2012) 323-324.
2. Sitko .K, Bentall R.P., Shevlin M., O'Sullivan N., Sellwood W. Associations between specific psychotic symptoms and specific childhood adversities are mediated by attachment styles: an analysis of the National Comorbidity Survey. *Psychiatry Research*. 217 (2014) 202-209.

Child Neglect, Paranoid Disorder, Psychosocial Deprivation