

Breastfeeding: Neglect or Excessive Support? A Case Report of Child Abuse by a Negligent Heroin-Dependent Mother

Mahin Eslami-Shahrbabaki MD¹, Delaram Barfeh², Parvin Eslami-Shahrbabaki MSc³

Case Report

Abstract

Background: Breastfeeding is one of the best ways to promote, develop, and secure the health of infants. Child abuse is one of the most common and most important problems in the world, and one of the factors that increase its incidence is substance dependency of the parents. Breastfeeding beyond the normal age range can be harmful to the health of the mother and baby, and may represent a pathological parent-child relationship.

Case Report: A little girl, who was breastfed until the age of 8 years by her heroin-dependent mother, was hospitalized in a child and adolescent psychiatric ward due to heroin dependency. During the investigations, it was found that not only had the girl been breastfed until this age, but she had also not been enrolled into a school. In other words, due to the mother's heroin dependency, her infant was also dependent on the drug.

Conclusion: In the assessment and treatment of parents with substance related disorders, the possibility of child abuse should also be considered. When breastfeeding is continued beyond the normal age range, it is necessary to find the reason. By early detection and timely intervention, negative consequences for the child can be prevented.

Keywords: Breastfeeding, Child abuse, Heroin dependence

Citation: Eslami-Shahrbabaki M, Barfeh D, Eslami-Shahrbabaki P. **Breastfeeding: Neglect or Excessive Support? A Case Report of Child Abuse by a Negligent Heroin-Dependent Mother.** *Addict Health* 2015; 7(1-2): 92-5.

Received: 14.09.2014

Accepted: 29.11.2014

1- Assistant Professor, Neuroscience Research Center, Institute of Neuropharmacology AND Department of Psychiatry, Afzalipour School of Medicine, Shahid Beheshti Hospital, Kerman University of Medical Sciences, Kerman, Iran
2- Student of Medicine, Clinical Neurology Research Center, Kerman University of Medical Sciences, Kerman, Iran
3- Researcher, Food and Drug Control Laboratories, Ministry of Health and Medical Education, Tehran, Iran
Correspondence to: Parvin Eslami-Shahrbabaki MSc, Email: shahrbabaki9@yahoo.com

Introduction

In 1997, more than 3 million children, due to abuse and neglect, were transferred to child protection agencies.¹ According to the World Health Organization (WHO) in 1999, 40 million children worldwide are exposed to abuse and neglect by their caregivers.² Moreover, more than 2 million cases of child abuse by parents and guardians were reported.³ The types of child abuse are similar in boys and girls. The highest rate of victimization was related to the age group of 0 to 3 years. Victimization rate decreased with increasing age and it is reported that 58% of child abusers were female and 42% male.⁴ According to the revised fourth edition of the diagnostic and statistical manual of mental disorders-4th Edition (DSM-IV), child abuse has various types including physical neglect, sexual.⁴

Many factors are involved in the occurrence of child abuse. These factors include parents who were abuse victims, stressful life circumstances such as crowded and poverty, social isolation, unemployment, lack of a support system, substance abuse, parents' physical and mental disorders, and some features in children such as prematurity, mental retardation, and physical disabilities.^{5,6}

The beneficial effects of breastfeeding are emphasized due to its positive effects for both the mother and the infant.^{7,8} The Pediatric Association of America, from 1997, has emphasized greatly on breastfeeding from birth until 6 months, and recommended it for mothers from 6 months to 2 years.^{9,10} The duration of breastfeeding differs according to different cultures and countries. In America, Canada, and England, the breastfeeding of children over 2 years of age is a taboo. For this reason, it is difficult to provide accurate statistics and information about the maximum age of breastfeeding. In America, breastfeeding after 1 year is referred to as "extended breastfeeding".¹¹ In India, breastfeeding is continued until the end of 2 to 3 years,¹² in Guinea-Bissau until 22.6 months, and in Philippines until 2 years.¹³ Cases of breastfeeding until the age of 5 have also been reported.^{8,13} Based on our reviews, no cases of breastfeeding continued until age 8 were found.

Case Report

An 8 year old girl was hospitalized child and adolescent psychiatric ward by her aunt in

cooperation with the Welfare system. As a result of investigations, it was found that she was still breastfed. The mother was a heroin addict during her pregnancy and breastfeeding and still was. Thus, to prevent withdrawal symptoms, she not only breastfed the girl until this age but also had not enrolled her into a school. Both mother and child were treated with buprenorphine.

Discussion

The most common form of child abuse is neglect, which is less commonly reported; cases of neglect reported 63% of total abuse cases.¹⁴ Child victims of neglect usually have no clear signs of harassment and beatings, but they are victims of physical neglect, medical neglect, lack of adequate supervision, educational, and emotional neglect. In fact, neglect is the result of the inability of parents to provide for the basic needs of children.¹⁵ Examples of physical neglect are when a child is not fed repeatedly or for a long period, adequate health care is not provided by the parents, the child does not have appropriate clothing and footwear, or even when parents drive intoxicated with a drug or substance that endangers the child's safety.¹⁵ Medical neglect is when a seriously ill child who needs medical care is neglected. Neglect regarding lack of adequate supervision is different depending on the child's age and developmental stage, and it includes putting the child at risk by exposure to harmful tools, having guns in the house within the reach of children, and parents smoking especially when the child has asthma or lung diseases.¹⁶

Emotional neglect which is difficult to separate from other forms of neglect, is usually observed with other forms of abuse and includes lack of adequate attention and emotional support, exposure to excessive abuse or other forms of domestic violence, to drugs or toxins, or inappropriate scenes, and etcetera.¹⁶

Neglect has side effects such as fear, loneliness, inability to trust, low self-esteem, and emotional and psychological problems, and can even influence the child's physical growth and health. When the mother consumes illegal drugs or substances during pregnancy, she places the child at risk of such dangers. The number of children who are exposed to these risks are 409000-823000 a year.¹⁷ Usually, negligent parents have no knowledge of the security, developmental, and

nutritional needs of children.¹⁸

In this case report, due to the mothers' lack of awareness of medical treatment to quit heroin dependency, she continued heroin use during pregnancy and breastfeeding. Moreover, due to concerns about addiction withdrawal symptoms in her child, she continued breastfeeding until the age of 8. She also prevented her from attending school, so that after cessation of breastfeeding the child would not show heroin withdrawal symptoms. This can also be referred to as a form of neglect.

Child support is one of the basic duties of every parent. Breastfeeding has an important role in the

growth and development of infants and excellence of the bond between mother and infant. If breastfeeding and pathological support are continued beyond the normal age range, they will be harmful and require careful assessment and early and correct interventions.

Conflict of Interests

The Authors have no conflict of interest.

Acknowledgements

We would like to thank all those who cooperated in all stages of treatment and study.

References

- Martin A, Volkmar FR, Lewis M. Lewis's child and adolescent psychiatry: a comprehensive textbook. Philadelphia, PA: Lippincott Williams & Wilkins; 2007.
- World Health Organization. Prevention of child maltreatment [Online]. [cited 1999]; Available from: URL: http://www.who.int/violence_injury_prevention/violence/activities/child_maltreatment/en/
- Carson VB. Mental health nursing: the nurse-patient journey. 2nd ed. Philadelphia, PA: Saunders; 2000.
- Sadock BJ, Sadock VA. Kaplan & Sadock's synopsis of psychiatry: behavioral sciences/clinical psychiatry. 8th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2010.
- Hobbs CJ, Hanks HGI, Wynne JM. Child abuse and neglect: a clinician's handbook. London, UK: Churchill Livingstone; 1999.
- McMillan JA, Feigin RD, de Angelis C, Jones D. Oski's pediatrics: principles & practice. Philadelphia, PA: Lippincott Williams & Wilkins; 1999.
- Nutrition in the First 1,000 Days [Online]. [cited 2012 May]; Available from: URL: <http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/STATE-OF-THE-WORLDS-MOTHERS-REPORT-2012-FINAL.PDF>
- Kramer MS, Kakuma R. Optimal duration of exclusive breastfeeding. *Cochrane Database Syst Rev* 2002; (1): CD003517.
- Baker R. Human milk substitutes. *An American perspective. Minerva Pediatr* 2003; 55(3): 195-207.
- Gartner LM, Morton J, Lawrence RA, Naylor AJ, O'Hare D, Schanler RJ, et al. Breastfeeding and the use of human milk. *Pediatrics* 2005; 115(2): 496-506.
- Baldwin EN. Extended breastfeeding and the law. *Breastfeeding Abstracts* 2001; 20(3): 19-20.
- Stein MT. Parental concerns about extended breastfeeding in a toddler. *Pediatrics* 2004; 114(Suppl 6): 1506-9.
- Jakobsen MS, Sodemann M, Molbak K, Aaby P. Reason for termination of breastfeeding and the length of breastfeeding. *Int J Epidemiol* 1996; 25(1): 115-21.
- National Exchange Club Foundation FAQs (Frequently Asked Questions) [Online]. [cited 2000]; Available from: URL: <http://www.exchangeclubfoundation.org/faq.htm>
- Harrington D, Zuravin S, de Panfilis D, Ting L, Dubowitz H. The neglect scale: confirmatory factor analyses in a low-income sample. *Child Maltreat* 2002; 7(4): 359-68.
- Sedlak AJ, Broadhurst DD. U.S. department of health and human services administration for children and families administration on children, youth and families national center on child abuse and neglect. Washington, DC: Executive Summary of the Third National Incidence Study of Child Abuse and Neglect; 1996.
- Young NK, Otero C. Current substance abuse issues impacting child abuse and neglect [Online]. [cited 2005 Apr]; Available from: URL: http://www.ncsacw.samhsa.gov/files/508/6_CurrentIssues.htm
- Reece RM, Ludwig S. Child abuse: medical diagnosis and management. 2nd ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2001.

غفلت یا حمایت افراطی با تغذیه با شیر مادر؟ گزارش یک مورد کودک آزاری از نوع غفلت در یک مادر وابسته به هروئین

دکتر مهین اسلامی شهربابکی^۱، دلارام برفه^۲، پروین اسلامی شهربابکی^۳

گزارش مورد

چکیده

مقدمه: تغذیه با شیر مادر یکی از بهترین روش‌ها برای ارتقای سلامتی، رشد و امنیت شیرخواران است. سوء رفتار با کودکان یکی از مشکلات مهم و شایع در جهان محسوب می‌شود و یکی از عوامل مؤثر در افزایش شیوع آن، وابستگی به مواد در والدین است. شیردهی خارج از طیف طبیعی آن می‌تواند برای سلامتی کودک و مادر آسیب‌زا و شاید بیانگر پاتولوژی در روابط مادر-کودک باشد.

گزارش مورد: دختر بچه‌ای که تا سن ۸ سالگی به علت اعتیاد به هروئین در مادر از شیر او تغذیه می‌شد، به علت وابستگی به هروئین در بخش روان‌پزشکی کودک و نوجوان بستری گردید. بررسی‌ها نشان داد که کودک نه تنها تا این سن از شیر مادر تغذیه کرده، بلکه از حضور در مدرسه نیز محروم بوده است. در واقع به علت وابستگی به هروئین در مادر، شیرخوار او نیز به این ماده وابسته شده بود و دوره شیر خوردن تا این سن ادامه یافت.

نتیجه‌گیری: در ارزیابی و درمان جامع والدین مبتلا به اختلالات مرتبط با مواد، به احتمال سوء رفتار علیه کودکان نیز باید توجه شود. زمانی که دوره شیردهی خارج از محدوده طبیعی باشد، باید به دنبال علت آن بود تا بتوان با شناسایی زودرس و مداخله به موقع از پیامدهای منفی بر کودک پیشگیری کرد.

واژگان کلیدی: تغذیه با شیر مادر، سوء رفتار با کودک، وابستگی به هروئین

ارجاع: اسلامی شهربابکی مهین، برفه دلارام، اسلامی شهربابکی پروین. **غفلت یا حمایت افراطی با تغذیه با شیر مادر؟ گزارش یک مورد کودک آزاری از نوع غفلت در یک مادر وابسته به هروئین.** مجله اعتیاد و سلامت ۱۳۹۴؛ ۷ (۱-۲): ۵-۹۲.

تاریخ پذیرش: ۹۳/۹/۸

تاریخ دریافت: ۹۳/۶/۲۳

۱- استادیار، مرکز تحقیقات علوم اعصاب، پژوهشکده نوروفارماکولوژی، گروه روانپزشکی، دانشکده پزشکی افضلی‌پور، بیمارستان شهید بهشتی، دانشگاه علوم پزشکی کرمان، کرمان، ایران

۲- دانشجوی پزشکی، مرکز تحقیقات علوم اعصاب بالینی، دانشگاه علوم پزشکی کرمان، کرمان، ایران

۳- پژوهشگر، آزمایشگاه کنترل غذا و دارو، وزارت بهداشت و آموزش پزشکی، تهران، ایران

Email: shahrbabaki9@yahoo.com

نویسنده مسئول: پروین اسلامی شهربابکی