

# Child Maltreatment: A Sobering Topic with Detrimental Outcomes for Us All

Medical Student Lecture, May 2025

Amanda Roten, MD

Child Division

Department of Psychiatry and Behavioral Sciences

Medical University of South Carolina

[rotena@musc.edu](mailto:rotena@musc.edu)

# Objectives

- Define **types** of maltreatment
- Describe the **prevalence** of maltreatment
- List the most common perpetrators of abuse
- List **risk factors** for maltreatment
- Describe the **public health impact** of childhood adverse events
- Describe the psychological and behavioral **long- and short-term effects** of child maltreatment
- Identify **prevention** strategies to address child maltreatment
- Explain **mandatory reporting** requirements and how to make a report of maltreatment

# Disclaimers

- This is a heavy subject with difficult content
  - Resource for CAPS will be listed on last slide
- I am not a specialist in child abuse (this would be more a pediatrician who was certified in child abuse pediatrics or possibly even a forensic child psychiatrist) but unfortunately this topic is extremely relevant to our work as psychiatrists

# Definitions

Child Abuse Prevention and Treatment Act (CAPTA) is a federal law that identifies a **minimum** set of acts and behaviors that states use to **define child abuse**:

- "Any recent act or failure to act on the part of a **parent or caretaker** which results in death, serious physical or emotional harm, sexual abuse or exploitation" OR
- "An act or failure to act which presents an imminent risk of serious harm."

*Child = person under age 18 who is not an emancipated minor*

# Definitions

Abuse or Neglect → parent, caregiver, or individual in a custodial role (i.e. babysitter, coach, teacher)

Assault usually refers to actions performed by non-caregivers (persons not responsible for child's care or well-being)

# Maltreatment Classification

## Physical Abuse

Caregiver or responsible adult inflicts physical injury upon a child by other than accidental means.

## Sexual Abuse

Any sexual contact or attempt at sexual contact that occurs between a caregiver or other responsible adult and a child (caregiver or responsible adult refers to any family member or friend who has relationship with the child or is in position of authority (i.e. babysitter)

## Physical Neglect Failure to Provide

Caregiver or responsible adult fails to exercise minimum degree of care in meeting child's physical needs

## Physical Neglect Lack of Supervision

Caregiver or responsible adult does not take adequate precautions to ensure child's safety

## Emotional Maltreatment

Caregiver persistently or extremely thwarts a child's basic emotional needs

1. Zeanah, Charles H. et al., Child Abuse and Neglect, Journal of the American Academy of Child & Adolescent Psychiatry, Volume 57, Issue 9, 637 – 644

2. English DJ, LONGSCAN Investigators. Modified Maltreatment Classification System (MMCS). 1997. Available at: <http://www.iprc.unc.edu/longscan/>.

# History

Table adapted from: Zeanah et al. Child Abuse and Neglect, JAACAP 2018

YEAR	Event	Result
1962	Kempe and colleagues publish Battered Child Syndrome	Greater attention and government-directed child protection services
1974	Child Abuse Prevention and Treatment Act (CAPTA)	Mandated states establish procedures to investigate suspected incidents of child maltreatment and provide funding to prevent, identify, treat
1980	Adoption Assistance and Child Welfare Act	Focused on family preservation efforts
1997	Adoption and Safe Families Act	Shift from reunification efforts to time-limited opportunities for rehabilitation of parents
2011	Extension of Child and Family Services Programs	Focuses on proper use of psychotropic medications and addressing services to address trauma
2012	Administration on Children and Families Memorandum on Promoting Social and Emotional Well-Being for Youth Receiving Child Welfare Services	Child well-being brought on par with safety and permanency as major goals

# By the Numbers

- In 2022, over 550,000 children in the US were confirmed as victims of abuse and neglect by child protective services (CPS)
  - Over 3 million were investigated for concerns of abuse
- In 2022, an estimated 1,900 children died from abuse and neglect in the U.S.
- In 2022, in South Carolina, 14,572 children were identified as victims of abuse and neglect

<https://www.nationalchildrensalliance.org/media-room/national-statistics-on-child-abuse/#:~:text=More%20than%20550%2C000%20children%20are,children%20out%20of%20every%20thousand.>

<https://cwoutcomes.acf.hhs.gov/cwdatasite/byState/south-carolina/> (data from NCANDS)



- About 25% of children experience abuse or neglect in their lifetime (likely an underestimate)
- Huge consequences of child abuse and neglect, both for individual and society
- Majority of cases involve parent or legal guardian as offender
- Co-occurrence of different types is norm rather than exception

Data from:

National Children's Alliance webpage (accessed 3/31/25)

AND

Brown CL, Yilanli M, Rabbitt AL. Child Physical Abuse and Neglect. [Updated 2023 May 29]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-.

Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470337/>

## Types of Maltreatment

	% of Child Abuse Cases (nationally)
Physical Abuse	17-18%
Sexual Abuse	9-11%
Neglect	74-78%
Emotional Maltreatment	

# Risk Factors

PARENTAL CHARACTERISTICS	CHILD CHARACTERISTICS
Mental Illness	Prematurity
Substance Abuse	Disabilities (physical or intellectual)
4+ children	Young Age
Young Age	LGBTQ
History of Abuse	
Stressful Events	
Poverty	
Exposure to Family Violence	

# Sequelae

- Impairment in development (cognitive, language, socioemotional, physical)
- Mental health symptoms / diagnoses
- Impaired functioning in school / academically
- Difficulty in social relationships
- PTSD

Child Abuse is costly to individual, family, and society with many direct and indirect consequences.

# Sequelae (cont'd)

- Altered stress response (chronically elevated cortisol)
- Impacted neuroanatomy (adults with PTSD due to severe childhood abuse have decreased hippocampal size)

Please see 'Impact of Abuse' Section of Dulcan chapter (MUSC library link: [https://pascal-musc.primo.exlibrisgroup.com/permalink/01PASCAL\\_MUSC/6ubsj8/alma991000434405005641](https://pascal-musc.primo.exlibrisgroup.com/permalink/01PASCAL_MUSC/6ubsj8/alma991000434405005641))

# Prevention

(from CDC website, [cdc.gov/child-abuse-neglect](https://www.cdc.gov/child-abuse-neglect))

- Strengthen economic support to families (stress like poverty can increase risk of maltreatment)
- Change social norms to support positive parenting
  - Examples include public engagement and communication campaigns
- Provide quality care and education early in life
- Enhance parenting skills to promote healthy child development
  - Examples include early childhood home visitation programs and parenting programs that teach behavior management and positive parenting skills

# Treatment

Treatment should focus on:

1. Protection / safety of the child
2. Strengthening family relationships
3. Understanding the impact of trauma on the child
4. Well-being of child (treatment of psychiatric symptoms, functional impairment)

Key component is making sure child understands they are not to blame / not responsible for trauma.

# TF-CBT

## Trauma Focused Cognitive Behavioral Therapy

Evidenced-based  
treatment for kids ages 3-  
18 with PTSD

Training at  
<https://tfcbt2.musc.edu/>

# ALL PHYSICIANS ARE MANDATED REPORTERS

So soon this will include  
you!





# dss.sc.gov

[SNAP/TANF Benefits Inquiry](#)[Report Abuse/Neglect](#)[Contact DSS](#)[Español](#)[ABOUT](#)[CHILD WELL-BEING](#)[ADULT PROTECTION](#)[ASSISTANCE PROGRAMS](#)[CHILD CARE](#)[CHILD SUPPORT](#)[ONLINE SERVICES](#)

## **24/7 Abuse & Neglect Reporting Hotline**

Report known or suspected abuse or neglect  
of a child or vulnerable adult. 1-888-CARE4US or 1-888-227-3487

**[Report Abuse/Neglect Online](#)**

# From dss.gov

## **When to Report**

Mandated reporters must report abuse or neglect when, in their professional capacity, they receive information giving them reason to believe that a child's physical or mental health has been, or may be, adversely affected by abuse or neglect. A decision to report must be based upon a reasonable belief that a child has been, or may be, abused or neglected. Thus, mandatory reporters need not have conclusive proof that a child has been abused or neglected prior to reporting abuse or neglect to the proper authorities.

A person who is required to report and fails to do so is guilty of a misdemeanor. Upon conviction, he or she may be fined up to \$500 or imprisoned up to six months, or both.

# From dss.gov

Whether a mandatory reporter makes the report to DSS or to law enforcement depends upon the identity of the alleged perpetrator of the abuse or neglect. **When the alleged perpetrator of the abuse or neglect is the child's parent, guardian, or a person responsible for the child's welfare, mandated reporters must report to DSS office or to Law Enforcement in the county where the child resides or is found.**

**When the alleged perpetrator of the abuse or neglect is not the child's parent, guardian, or other person responsible for the child's welfare, the law requires that a report be made to law enforcement.** All law enforcement officers are authorized to place a child in Emergency Protective Custody if the child might be in imminent and substantial danger. However, only the law enforcement agency with jurisdiction where the incident occurred has the authority to conduct an investigation. Mandated reporters who suspect that a child has died as a result of abuse or neglect are required to report to the appropriate medical examiner or coroner.



- Parent, guardian, or other person responsible for child's welfare -----→ DSS
- Someone else -----→ Law enforcement

# IT IS WORTH EMPHASIZING:

Conclusive proof is not needed to report, but a reasonable belief based on information gathered in professional capacity (obviously anyone can report concerns but for our purposes talking about mandated reporting)

# More about Reporting

- Report as soon as possible (upon disclosure)
- Be prepared to give the following (if known)
  - Name / birthdate of child
  - Name / contact (phone, address) of parents
  - If there are other children in the home
  - Where the child goes to school
  - Reasons for concern

It is not your job (nor is it appropriate or helpful) to investigate but information above will be helpful in providing DSS with the information they need to proceed.

# Potential Outcomes

- Case is accepted for investigation
- Case is referred for preventative services (voluntary)

# Adverse Child Experiences (ACEs)

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Physical Neglect
- Emotional Neglect
- Alcohol or drug abuse by a parent
- Parent with mental illness
- Divorce
- Incarceration of Parent
- Childhood Domestic Violence (witnessing violence in the home)

# The Adverse Childhood Experiences Study

- Most adults report at least one ACE
- Adults with four (or more) adverse childhood experiences had 4 to 12x the risk of psychiatric **and medical** morbidity and mortality. This included higher risk of:
  - Alcoholism
  - Drug Abuse
  - Depression
  - Suicide Attempt
- Increased risk of
  - Ischemic heart disease
  - Cancer
  - Chronic lung disease
  - Skeletal Fractures
  - Liver disease



# The Adverse Childhood Experiences Study

***“Conclusions: We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.”***

1. Felitti, Vincent J et al., Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults, American Journal of Preventive Medicine, Volume 14, Issue 4, 245 – 258. 1998.



# PRACTICE QUESTIONS

Obtained from Study Guide to Child and  
Adolescent Psychiatry: A Companion to Dulcan's  
Textbook of Child and Adolescent Psychiatry,  
Second Edition

# Question #1

Treatment of an abused child should focus on which of the following goals and interventions?

- A. Protecting the child
- B. Assessing for impact of trauma on child and family
- C. Assessing for psychiatric symptoms in the child
- D. All of the above

## Question #2

Which of the following neuroanatomical findings is most associated with post-traumatic stress disorder?

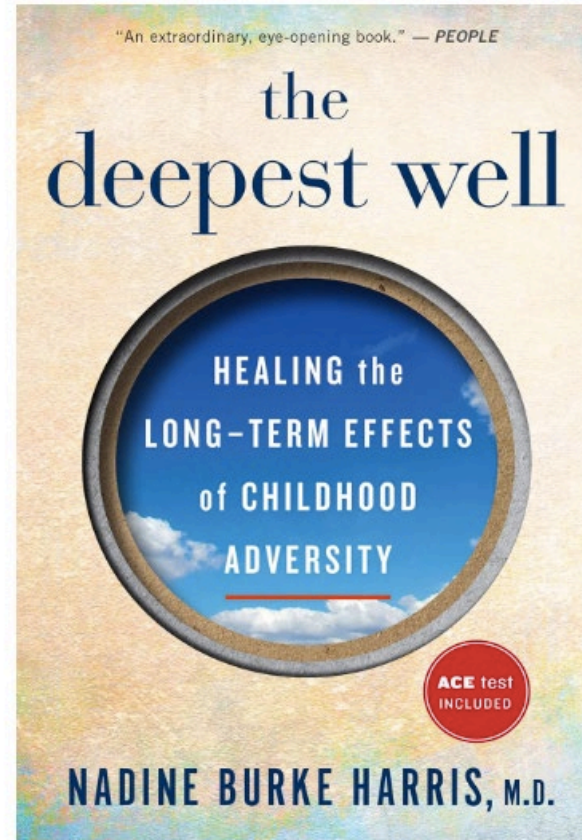
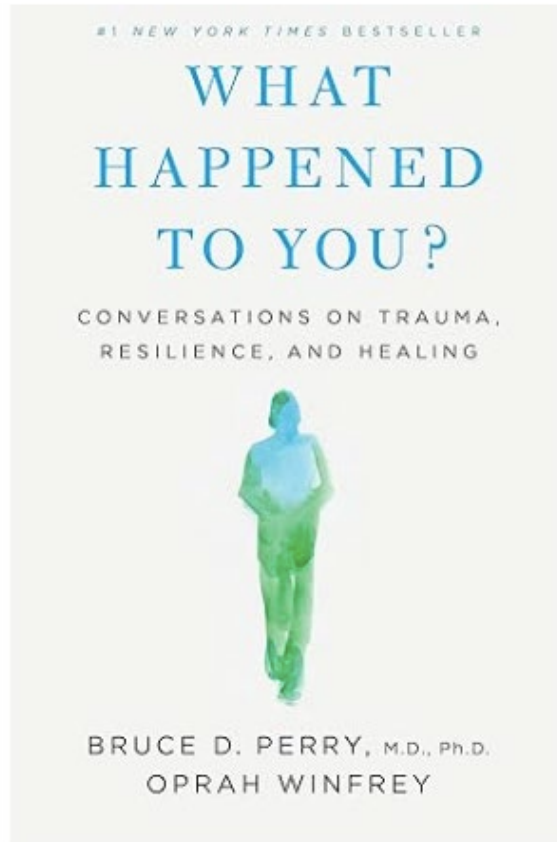
- A. Increased hippocampal size
- B. Normal limbic activity
- C. Decreased hippocampal size
- D. None of the above

## Question #3

What is the first step in the treatment of children who are victims of abuse?

- A. Educate parents about appropriate forms of discipline
- B. Make certain that the child is protected and safe
- C. Promote social awareness through media campaigns and public education
- D. Identify whether the child belongs to a high-risk group

# Resources



## **MUSC**

### **Counseling and Psychological Services**

30 Bee Street

Floor: 1st

Suite: 101

843-792-4930

Charleston, SC 29425

## **NCVC at MUSC**

### **National Crime Victims Center**

843-792-2945

An **internationally recognized** center for Research, education, treatment, prevention services for trauma

# References

Zeanah, Charles H. et al., Child Abuse and Neglect, Journal of the American Academy of Child & Adolescent Psychiatry, Volume 57, Issue 9, 637 – 644. September 2018.

Joshi, Paramijit T. et al., Child Abuse and Neglect, Dulcan's Textbook of Child and Adolescent Psychiatry, Third Edition. 2022.