MASTER CLINICIAN REVIEW

Child Abuse and Neglect

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Physical, sexual, and emotional abuse and various forms of neglect of children are associated with substantially increased risk for concurrent and subsequent psychopathology and are among the common problems encountered by clinicians in many clinical settings. Such cases pose additional challenges for clinicians because of the many complex family and system forces that engulf these children and their families. Assessing maltreated children generally requires more time than evaluations of children who have not experienced maltreatment. Young children, who experience the highest rates of maltreatment, present especially complex assessments because they are so dependent upon their caregiving environments. Treatment of psychopathology associated with maltreatment, which is often multimodal, requires addressing a variety of external factors that may perpetuate or exacerbate symptoms and impaired functioning. We suggest that the more clinicians understand the different cultures of the legal and child protective services systems will help them advocate more effectively for maltreated children's bests interests so that the complexity of their problems is matched by the comprehensiveness of our efforts to minimize their suffering, enhance their development, and promote their competence.

Key words: child abuse, child neglect, child maltreatment, child protective services, legal system

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Maria, a 12-year-old bilingual undocumented immigrant, disclosed to her school counselor that her stepfather sexually abused her for several years. After an investigation by child protective services (CPS), she was placed in foster care because her mother initially denied that any abuse had occurred. Following this, the stepfather disappeared. Maria was referred by CPS to receive an evaluation for depressed mood.

James, an 8-year-old boy, was flagged by his teacher for cuts and bruising on his forehead. He reported that his father (a single parent) smashed his head into a glass table because he had not cleaned his room. The school reported his injuries to CPS who placed him in foster care after investigating. James's father was arrested. James and his father were referred for assessment and treatment as indicated.

Jacqueline, a 22-month-old girl, was found wandering by a police officer several houses away from her home. After Jacqueline waited 30 minutes outside her home with the police, her mother arrived. She was combative towards the police and had a long history of substance-related arrests. Jacqueline was taken into custody and placed with nonrelative foster parents since no relatives were identified by CPS. Her mother was referred to substance abuse intervention and to a parenting intervention. Jacqueline was also referred for evaluation of her status.

Maltreatment of children, comprising various types of abuse and neglect, is a major public health challenge and one of the most powerful risk factors for concurrent and subsequent psychopathology, later health morbidity, and compromised development. In severe cases of maltreatment, children are often placed in foster care, and as a group are at particularly at high risk for negative mental health consequences. Halfon and colleagues[1] found that foster children represented less than 4% of Medicaid-eligible children in California but accounted for 41% of all users of mental health services. Costs of the maltreatment that occurred in the United States in 2008 was estimated to be $124 billion, with a per victim lifetime cost estimated to be $210,012 for nonfatal and $1,272,900 for fatal maltreatment.[2]

Clinicians working with children who have experienced maltreatment will be more effective when their approach extends beyond a focus on symptom patterns and functional impairment. In order to do so, they must become knowledgeable about the systems in which maltreated children are entwined. Specifically, the child protection system and the legal system each play an important role in the physical placement and well-being of children who have experienced abuse and neglect. Clinicians may be asked and should be willing to provide input regarding visits, transitions, custody, and related issues. In addition, work in this arena is a potent elicitor of countertransference,[3] and having trusted colleagues with whom to review perceptions and plans is essential.

SCOPE OF THE PROBLEM

In Federal Fiscal Year 2016, approximately 676,000 children in the United States were confirmed as victims of abuse and neglect by child protective service (CPS) systems, an incidence of 0.91%; a much greater number (approximately 3.5 million children) were referred for potential maltreatment.[4] Younger children are more likely to be maltreated and are more likely to die from abuse and neglect. American Indian/Alaskan Native (1.42%) and African American (1.39%) children experience the highest rates of maltreatment. Nevertheless, underreporting of child maltreatment is widely recognized as a problem,[5] and adult retrospective reports of maltreatment are substantially higher[6,7] than substantiated rates of maltreatment in official records. Failure of true cases to be identified by legal authorities, in addition to the challenges of measurement, infantile amnesia, recall bias in retrospective reports, and differing definitions for maltreatment, make ascertaining true prevalence rates challenging.

For the past several years, roughly 250,000 to 275,000 children are taken into foster care each year and a total of 400,000 to 500,000 children are in foster care at any time in the United States.[8] Thus, the majority of child victims who have maltreatment substantiated are maintained with their families and provided with access to services designed to prevent removal. These cases are often referred to as family services, "in home" services, family preservation, or similar terms.

CLASSIFICATION

Types of maltreatment are shown in Table 1.[9] Each of the major headings subsumes many specific types within the broad type. Although neglect is by far the most prevalent type of maltreatment identified by CPS,[4] the important point is that co-occurrence of different types is the rule rather than the exception. In fact, in a recent study of more than 2,200 maltreated school-aged children and adolescents, a minority of children experienced only a single type of maltreatment[10]: only 1% of sexually abused children, 4% of physically abused children, 10% of emotionally maltreated children, and 25% of neglected children had no co-occurrence with one or more other types of maltreatment.[10]

ADVERSE EFFECTS

Maltreatment is associated with compromises in development across virtually every domain (eg, cognitive, language, socioemotional, and neurobiological development.)[11] Mental health problems are among the most salient sequelae of child abuse and neglect. For example, using data from the National Survey of Child and Adolescent Well-Being, Burns *et al.*[12] reported that nearly half (48%) of 3,803 children (2−14 years old) who had completed child welfare investigations had clinically significant emotional or behavioral problems. A study of more than 1,000 children 5 to 9 years old who were recruited from pediatric practices determined that those children who had been maltreated

TABLE 1 Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) Modified Maltreatment Classification System

100 Physical Abuse	When a caregiver or responsible adult inflicts physical injury upon a child by other than accidental means. Injury does not include culturally sanctioned physical alterations such as circumcision and ear piercing.
200 Sexual Abuse	When any sexual contact or attempt at sexual contact occurs between a caregiver or other responsible adult and a child, for purposes of the caregiver's sexual gratification or financial benefit. In cases of sexual abuse, caregiver or responsible adult refers to any family member or friend who has a relationship with the child, or is in a position of authority over the child (eg, baby-sitter).
300 Physical Neglect/Failure to Provide	A caregiver or responsible adult fails to exercise a minimum degree of care in meeting the child's physical needs (food, clothing, shelter, hygiene, medical/dental care).
400 Physical Neglect/Lack of Supervision	A caregiver or responsible adult does not take adequate precautions to ensure a child's safety in and out of the home, given the child's particular emotional and developmental needs. This includes adequate supervision, safe environments and adequate substitute care.
500 Emotional Maltreatment	A caregiver persistently or extremely thwarts a child's basic emotional needs. This also includes parental acts that are harmful because they are insensitive to the child's developmental level, including psychological safety and security, acceptance and self-esteem, and age-appropriate autonomy.

Note: *Adapted from*[9]. *Severity ratings 1–5 are included for each type of maltreatment.*