

## Introduction: A Multidisciplinary Approach to Address Child Maltreatment

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To thrive, children need support, nurturance and love from their parents and caregivers. Conversely, adversity in childhood can lead to lifelong impacts on both physical and mental health. Seminal work by Drs. Vincent Felitti and Robert Anda conducted in 1995–1997 through the Center for Disease Control Kaiser Permanente study identified that different forms of abuse and neglect experienced in childhood had lasting effects into adulthood. The study revealed that two-thirds of over 17,000 participants had at least one adverse childhood experience, now commonly referred to as “ACEs”, and that a growing number of ACEs participants experienced increased negative physical and mental health outcomes.<sup>1</sup> In 2021, over 600,000 children experienced some form of child abuse and/or neglect, underscoring the magnitude of this problem and need for further study to inform interventions.<sup>2</sup> More recent studies focused on children have examined how the hypothalamic pituitary axis response to toxic stress may impact a child’s trauma experience, the role of epigenetics on neurobiology, and the subsequent effects on psychological and physical health.<sup>3</sup> With an expanded understanding of the severe impact of toxic stress has come the imperative to identify and intervene when there is concern that a child is being harmed.

In this special issue of the *Rhode Island Medical Journal* (RIMJ), we present articles that explore current and multiple facets of this complicated problem. Authors from six states across the country and diverse professional backgrounds, including pediatrics, law enforcement, child welfare, advocacy, medical anthropology, child life, and research methodology, have contributed and reflect the importance of a multidisciplinary approach when confronted with child maltreatment.

Prior to 1967 when mandatory reporting laws were established in all states, professionals who identified child abuse and neglect had no community infrastructure to rely on for investigation, support, or protection. **SARAH KLEINLE** et al provide an historical overview of the recognition of different forms of child maltreatment, mandated reporting laws, and describe the creation of a child abuse pediatric subspecialty. In the spring of 2020 during the COVID-19 pandemic the community safety net, which typically provides a mechanism for abuse and neglect to be identified, reported, and responded to, disintegrated. **BRETT SLINGSBY** et al conducted a retrospective chart review comparing

patient numbers and types of cases in the first seven months of the pandemic to the previous three years. The analysis offers insight into the critical role that in-person support networks, including medical providers, school personnel, social service and mental health providers, play to promote children’s well-being and safety.

Approximately 400 board-certified child abuse pediatricians currently practice in the United States. This dedicated focus and expertise from the pediatric medical community for complex diagnoses like abusive head trauma (AHT) has expanded research for an evidence-based and multidisciplinary approach to diagnosis and intervention. The severity of child physical abuse exists on a continuum and includes cutaneous, skeletal, and visceral trauma and, while not the most common form of physical abuse, abusive head trauma is the most severe and the most studied. **AMY GOLDBERG** et al review the common findings of AHT, its history and scientific basis. **STEPHANIE RUEST** et al contribute a case report of traumatic chylothorax, a rare form of child physical abuse.

The rates of child sexual abuse have significantly declined since peak rates in the early 1990s. Although the reason for this decline is debated, there remains the possibility that prevention strategies have been effective and may be models for other types of child maltreatment. Domestic minor sex trafficking (DMST), a form of child sexual abuse, has been more recently defined, identified, and studied and unfortunately increasing rates have been seen in the past decade. **JESSICA MOORE** et al discuss the unique opportunities for medical providers to identify, interact with and intervene, utilizing trauma-informed practices for this specific adolescent population. The ACE study’s identification that trauma is a common experience for all patients paved the way for the acceptance that trauma-informed care must be part of standard medical practice. In a prospective survey study that compares female caregivers with and without a history of child sexual abuse, **ADEBIMPE ADEWUSI** et al recognize the importance of parental perception for children with sexualized behaviors and that parents were open to this type of research when asked about their own trauma histories.

Neglect is the most common type of child maltreatment and the most understudied. It is also most intertwined with societal maladies. The legalization of medical and recreational cannabis use has resulted in increased ingestions for

young children. **HINA RAZA** et al highlight this trend and its effect on children's safety. They thoughtfully consider whether these unintentional ingestions are due to supervisory neglect and importantly recognize the significance of mitigating this notable risk for children.

While child maltreatment remains a significant public health concern, innovative approaches to all aspects of child maltreatment through education, advocacy and prevention have been made through the introduction and promulgation of innovative trauma-informed care and interventions. One example provided by **CHRISTINE BARRON** et al describe a novel collaborative approach to provide support for child victims and their family members through all aspects of a child maltreatment investigation, medical evaluation, and prosecution by the creation of a unique canine comfort therapy program.

We hope the articles in this special issue promote an enhanced understanding of the intricate and complex components of child maltreatment as we all strive to improve the health and well-being of all children.

## References

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