

Testimony to the Maryland General Assembly on HB 456 (FWA)

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2023167728

From 2004 to 2009, when I was nine to 14 years old, I was severely physically and psychologically abused and neglected at a school in Montgomery County called The Heights School. The school was run by an extremist sect of the Catholic Church known as Opus Dei, an extraordinarily wealthy and influential organization with ties to the government of the former Spanish dictator Francisco Franco. Opus Dei operates mostly independently from the rest of the Catholic Church and in the past several years has faced widespread accusations of international child psychological abuse, child neglect, and child trafficking. During my childhood, I attended five Catholic schools in multiple states and Washington, D.C. The *only* Catholic school at which I was so severely abused or neglected was the school run by Opus Dei in Maryland. For the record, I attended The Heights School after my name had been changed from James Baugus to Frank Overcash but before I later changed it to James Van Hout.

As a result of the abuse and neglect I suffered at The Heights School, I developed severe depression, panic attacks, OCD, and PTSD, diseases which I have lived with for about 15 years. I have been discriminated against while trying to get a job and I am currently unemployed. At one point I could not even afford therapy. For nearly fifteen years, I could not discuss what happened to me at The Heights School due to PTSD, a phenomenon strongly supported by the scientific evidence. In fact, when I was 21—the year that the statute of limitations period expired—I fell into the most severe depression of my life and I was hospitalized for nearly three weeks the following year.

The Constitution of Maryland guarantees every person the right to sue. This right, alongside the unequivocal scientific evidence, is why you passed the Child Victims Act two years ago. The rule of law requires that the law be applied fairly to everyone and justice requires that no one—no matter how wealthy or powerful—be permitted to offload the consequences of their actions onto others. Yet I am speaking to you now because neither justice nor the rule of law have been upheld as victims like me have been deprived of a constitutional right and effectively locked outside the courthouse doors.

Therefore, I ask the General Assembly to uphold both justice and the rule of law by passing House Bill 456 with the amendments introduced by Delegate Spiegel and those I will suggest today. Thank you for your time.

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The following scientific justification of HB 456 is provided for informational purposes.

Scientific Justification for HB 456

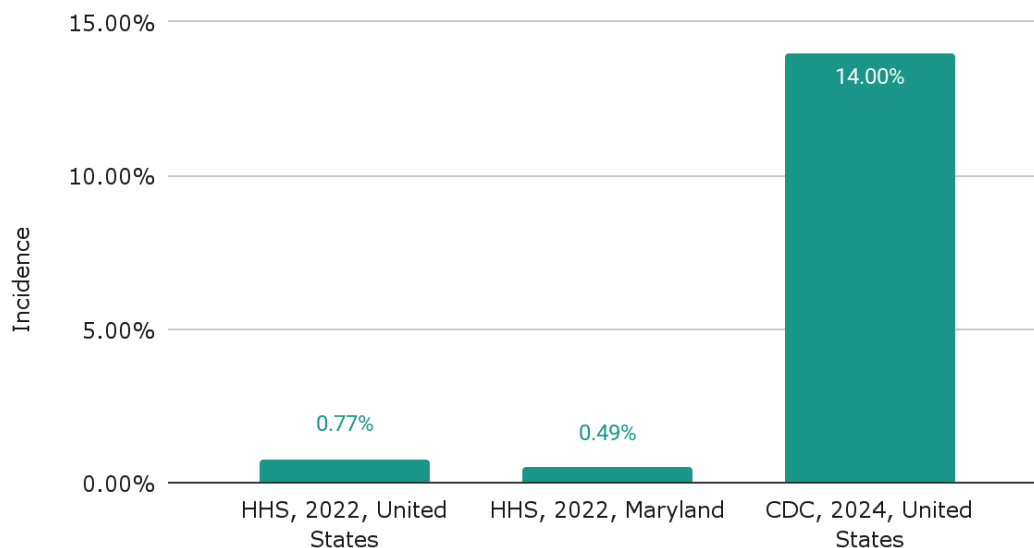
James Van Hout¹

¹ This overview of the scientific literature was compiled by myself, James Van Hout. I am not an expert in the field of child maltreatment, rather I am a victim of child maltreatment recovering from PTSD and an advocate for HB 456. I have compiled the information herein to provide a scientific justification for HB 456. This document has not been peer-reviewed or published in a peer-reviewed scientific journal. I have done my best to ensure that the information provided in this document is supported by the cited works and I encourage the reader to review the cited literature for themselves. Other sources left over from a previous version of this document are provided in the References. You may contact me at jimmyvanhout40@gmail.com with any comments, questions, or concerns. For more information on HB 456, please see <https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/hb0456>

Yearly Incidence and Prevalence of Child Abuse and Neglect and Age of First Victimization

Based on substantiated reports of child abuse and neglect in the United States and Maryland reported by the Department of Health and Human Services (HHS), the national and state-level yearly incidence of child maltreatment in 2022 were 0.77% and 0.49%, respectively.² However, the actual yearly incidence is likely far higher, estimated³ by the Centers for Disease Control and Prevention (CDC) to be at least 14% nationally in 2024 (Figure 1). Indeed, in a study of 1,679 female undergraduates in the United States, very few victims of child physical, sexual, or psychological abuse disclosed the abuse to legal authorities⁴. The prevalence of child maltreatment is naturally much higher than the yearly incidence and has been estimated to range from 7% to 62% in studies conducted in the United States and Australia⁵ (Figure 2).

Incidence of child maltreatment



² Department of Health and Human Services, 2022

³ Centers for Disease Control and Prevention, 2024

⁴ Bottoms et al., 2016

⁵ Bottoms et al., 2016; Higgins et al., 2023; Strathearn et al., 2020

Figure 1. Yearly incidence of child maltreatment. In the United States and Maryland, 0.77% and 0.49% of children, respectively, had substantiated reports indicating that they were victims of abuse or neglect in 2021. The actual yearly incidence of maltreatment in children is likely to be at least 14%. *Sources: Centers for Disease Control and Prevention, 2024; Department of Health and Human Services, 2022*

Prevalence of child maltreatment

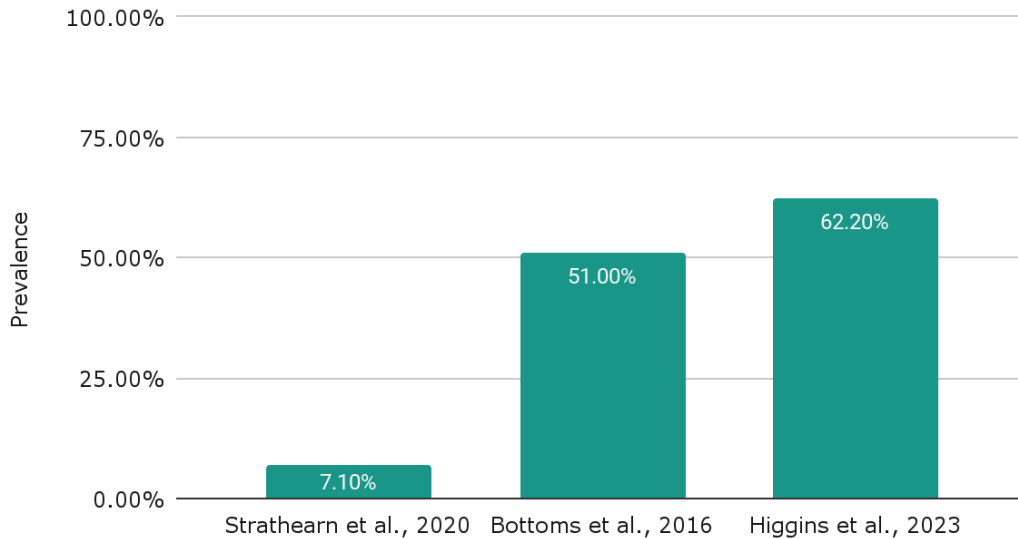


Figure 2. Prevalence of child maltreatment. In studies of populations from the United States and Australia, the prevalence of child maltreatment has been estimated to range from 7% to 62%. *Sources: Bottoms et al., 2016; Higgins et al., 2023; Strathearn et al., 2020*

Data from HHS, based only on substantiated reports of child maltreatment, indicate that the most commonly experienced form of child maltreatment by victims in 2022 was neglect (74.3%), followed by physical abuse (17%), sexual abuse (10.6%), and psychological abuse (6.8%) (Figure 3)⁶. Data from studies on U.S. and Australian populations indicate prevalences of child physical, sexual, and psychological abuse and neglect ranging from 4% to 32%, 2% to 28.5%, 3.7% to 39%, and 3.7% to 8.9%, respectively (Figure 4)⁷. The age of first exposure to child physical and sexual abuse was reported by Dunn et al. (2013) and is shown in Figure 5.⁸

⁶ Department of Health and Human Services, 2022

⁷ Bottoms et al., 2016; Dias et al., 2017; Higgins et al., 2023; Strathearn et al., 2020

⁸ Dunn et al., 2013

Most common types of child maltreatment experienced by victims in the United States in 2022 based on substantiated reports

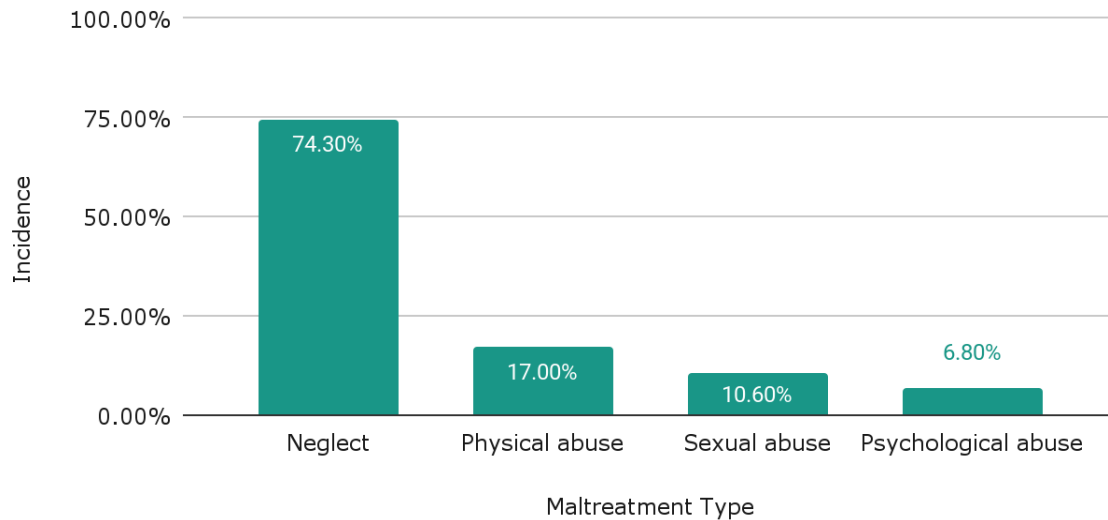


Figure 3. Most common types of child maltreatment experienced by victims in the United States in 2022, based on substantiated reports. All forms of child abuse and neglect can cause serious adverse consequences. The most common type of child maltreatment in the United States in 2022, based on substantiated reports, was neglect, followed by physical, sexual, and psychological abuse. *Source: Department of Health and Human Services, 2022*

Prevalence by type of child maltreatment (* indicates one or more studies did not provide data)

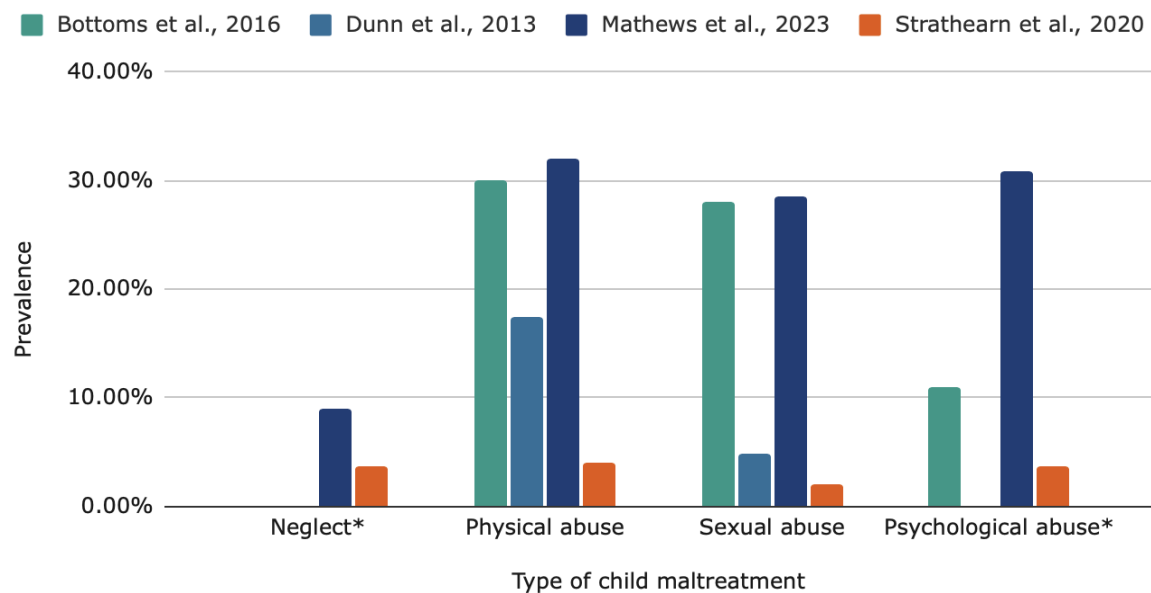


Figure 4. Prevalence of child maltreatment by type. Data from U.S. and Australian populations indicate varying prevalence of child physical, sexual, and psychological abuse and neglect. *Note: The absence of data from a study for a given type of child maltreatment indicates that the study did not provide the data; it does not indicate that the prevalence is zero. *Sources: Bottoms et al., 2016; Mathews et al., 2023; Strathearn et al., 2020*

Age of first exposure to child physical and sexual abuse

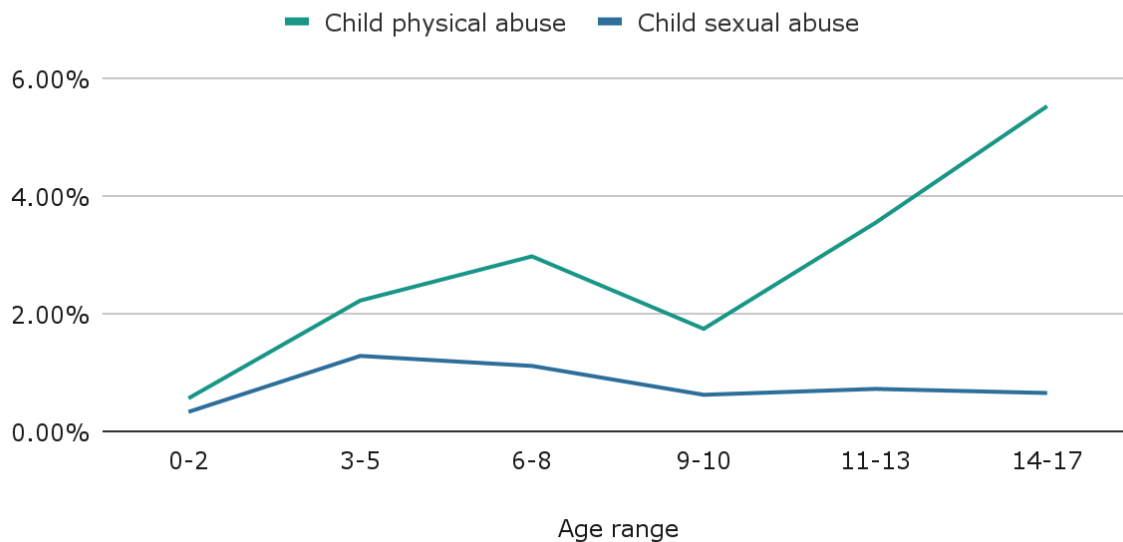


Figure 5. Age of first exposure to child physical and sexual abuse. In their sample, 17.43% and 4.84% of participants were victims of child physical and sexual abuse, respectively. *Source: Dunn et al., 2013*

Harms Associated with Child Abuse and Neglect

All types of child abuse—physical, sexual, and psychological—and neglect are associated with a large, statistically significant increased risk of Post-Traumatic Stress Disorder (PTSD), depression, attempted suicide, sexually transmitted infection (STI), risky sexual behavior (e.g. youth pregnancy), and substance use disorder (SUD; see citations in Table 1). Additionally, every type of maltreatment is associated with large, statistically significant decreases in educational and employment outcomes (see citations in Table 1). When a child suffers more than one type of maltreatment, the risk of adverse consequences is further increased⁹.

⁹ Kisely et al., 2018; Mills et al., 2013; Spinazzola et al., 2014; Strathearn et al., 2020

	Physical abuse	Sexual abuse	Psychological abuse	Neglect
Post-Traumatic Stress Disorder	✓ ¹⁰	✓ ¹¹	✓ ¹²	✓ ¹³
Depression	✓ ¹⁴	✓ ¹⁵	✓ ¹⁶	✓ ¹⁷
Suicide attempt	✓ ¹⁸	✓ ¹⁹	✓ ²⁰	✓ ²¹
Sexually transmitted infection	✓ ²²	✓ ²³	✓ ²⁴	✓ ²⁵
Risky sexual behavior	✓ ²⁶	✓ ²⁷	✓ ²⁸	✓ ²⁹
Substance use disorder	✓ ³⁰	✓ ³¹	✓ ³²	✓ ³³
Worsened educational outcomes	✓ ³⁴	✓ ³⁵	✓ ³⁶	✓ ³⁷
Worsened employment outcomes	✓ ³⁸	✓ ³⁹	✓ ⁴⁰	✓ ⁴¹

Table 1. Adverse consequences associated with child physical, sexual, and psychological abuse and neglect. All forms of child maltreatment are associated with serious adverse consequences. A checkmark

¹⁰ Adams et al., 2018; Kisely et al., 2018; Strathearn et al., 2020; Sugaya et al., 2012

¹¹ Adams et al., 2018; Boumpa et al., 2022; Kisely et al., 2018; Strathearn et al., 2020

¹² Norman et al., 2012; Spinazzola et al., 2014; Strathearn et al., 2020

¹³ Kisely et al., 2018; Spinazzola et al., 2014; Strathearn et al., 2020

¹⁴ Adams et al., 2018; Norman et al., 2012; Strathearn et al., 2020; Sugaya et al., 2012

¹⁵ Adams et al., 2018; Norman et al., 2012; Strathearn et al., 2020

¹⁶ Angelakis et al., 2019; Norman et al., 2012

¹⁷ Norman et al., 2012; Spinazzola et al., 2014; Strathearn et al., 2020

¹⁸ Angelakis et al., 2019; Lawrence et al., 2023; Norman et al., 2012

¹⁹ Angelakis et al., 2019; Lawrence et al., 2023; Norman et al., 2012

²⁰ Lawrence et al., 2023; Norman et al., 2012

²¹ Angelakis et al., 2019

²² Norman et al., 2012

²³ Centers for Disease Control and Prevention, 2021

²⁴ Norman et al., 2012

²⁵ Norman et al., 2012

²⁶ Jones et al., 2010; Norman et al., 2012; Strathearn et al., 2020

²⁷ Jones et al., 2010; Thompson et al., 2017; Strathearn et al., 2020

²⁸ Jones et al., 2010; Norman et al., 2012; Thompson et al., 2017; Strathearn et al., 2020

²⁹ Norman et al., 2012; Thompson et al., 2017; Strathearn et al., 2020

³⁰ Norman et al., 2012; Strathearn et al., 2020; Sugaya et al., 2012

³¹ Lawrence et al., 2023; Strathearn et al., 2020

³² Lawrence et al., 2023; Norman et al., 2012; Spinazzola et al., 2014; Strathearn et al., 2020

³³ Norman et al., 2012; Spinazzola et al., 2014; Strathearn et al., 2020

³⁴ Font & Cage, 2018; Fry et al., 2018; Jaffee et al., 2018; Strathearn et al., 2020

³⁵ Assini-Meytin et al., 2022; Jaffee et al., 2018; Hardener et al., 2018; Strathearn et al., 2020

³⁶ Strathearn et al., 2020

³⁷ Strathearn et al., 2020

³⁸ Jaffee et al., 2018; Strathearn et al., 2020

³⁹ Jaffee et al., 2018; Strathearn et al., 2020

⁴⁰ Strathearn et al., 2020

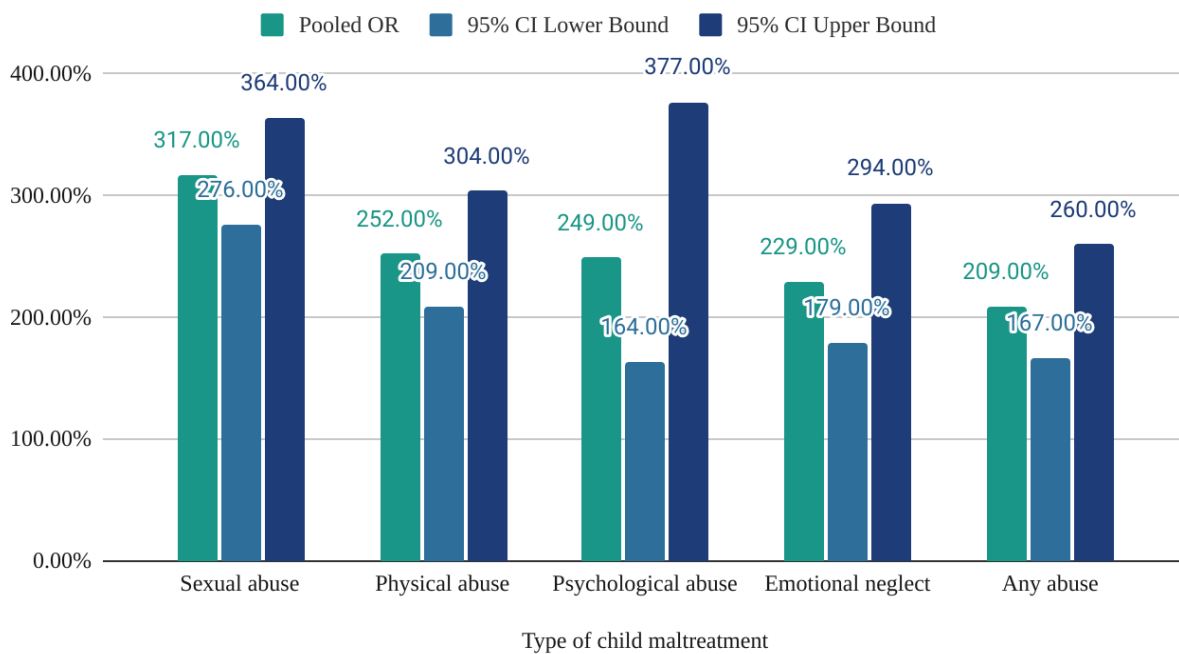
⁴¹ Strathearn et al., 2020

indicates that a large, statistically significant increased risk exists as reported in the cited literature with strong supporting evidence.

In addition to the consequences listed in Table 1, victims of child maltreatment are also at higher risk of homelessness⁴² and prostitution⁴³. As Table 1 illustrates, some of the most significant challenges to public health, social welfare, and economic output are related to child abuse and neglect.

A systematic review and meta-analysis found that victims of child maltreatment were at higher risk of attempting suicide, with the pooled odds ratio (OR) being 317%, 252%, 249%, 229%, and 209% for sexual abuse, physical abuse, psychological abuse, emotional neglect, and any abuse, respectively⁴⁴ (Figure 6). Moreover, the pooled OR of attempting suicide was 518% in victims of multiple incidents of abuse, termed “complex abuse”⁴⁵ (Figure 7).

Risk of attempted suicide among victims of child abuse and neglect



⁴² Mar et al., 2014; Sundin & Baguley, 2015

⁴³ Wilson & Wisdom, 2008; Wilson & Widom, 2010

⁴⁴ Angelakis et al., 2019

⁴⁵ Angelakis et al., 2019

Figure 6. Risk of attempted suicide among victims of child abuse and neglect. Pooled odds ratios (ORs), 95% confidence interval (CI) lower and upper bounds for attempted suicide among victims of child maltreatment. All types of child abuse and neglect are associated with a large, statistically significant increased risk of attempting suicide. *Source: Angelakis et al., 2019*

Risk of attempted suicide among victims of multiple incidents of child abuse

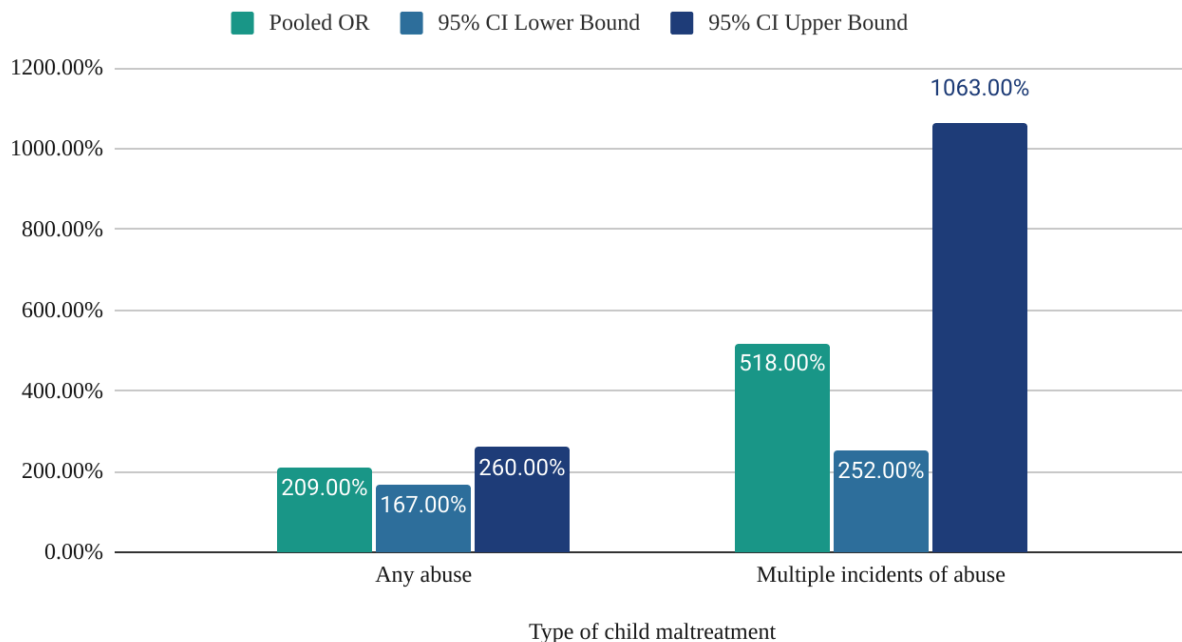


Figure 7. Risk of attempted suicide among victims of multiple incidents of child abuse. Pooled odds ratios (ORs), 95% confidence interval (CI) lower and upper bounds for attempted suicide among victims of any child abuse and multiple incidents of abuse (termed “complex abuse”). Victims of any child abuse are at a large, statistically significant increased risk of attempted suicide, and victims of multiple incidents of child abuse are at an even larger, statistically significant increased risk. *Source: Angelakis et al., 2019*

Multiple studies have found an increased risk of substance abuse among those exposed to child maltreatment.⁴⁶ A systematic review and meta-analysis found that, among those with opioid use disorder (OUD), the prevalence of child sexual (female), sexual (male), physical, and psychological abuse is 48%, 16%, 38%, and 43%, respectively, and that the prevalence of child physical and emotional neglect is 38% and 42%, respectively⁴⁷ (Figure 8). A study using data from NESARC, which included a nationally representative sample of 34,653 U.S. adults aged 20

⁴⁶ Afifi et al., 2012; Khoury et al., 2010; Santo, Jr. et al, 2021; Wang et al., 2010

⁴⁷ Santo, Jr. et al., 2021

and older, found that victims of any type of child abuse or neglect had increased risk of abusing every drug surveyed including alcohol, opioids, and cocaine.⁴⁸

Prevalence of child maltreatment among people with opioid use disorder

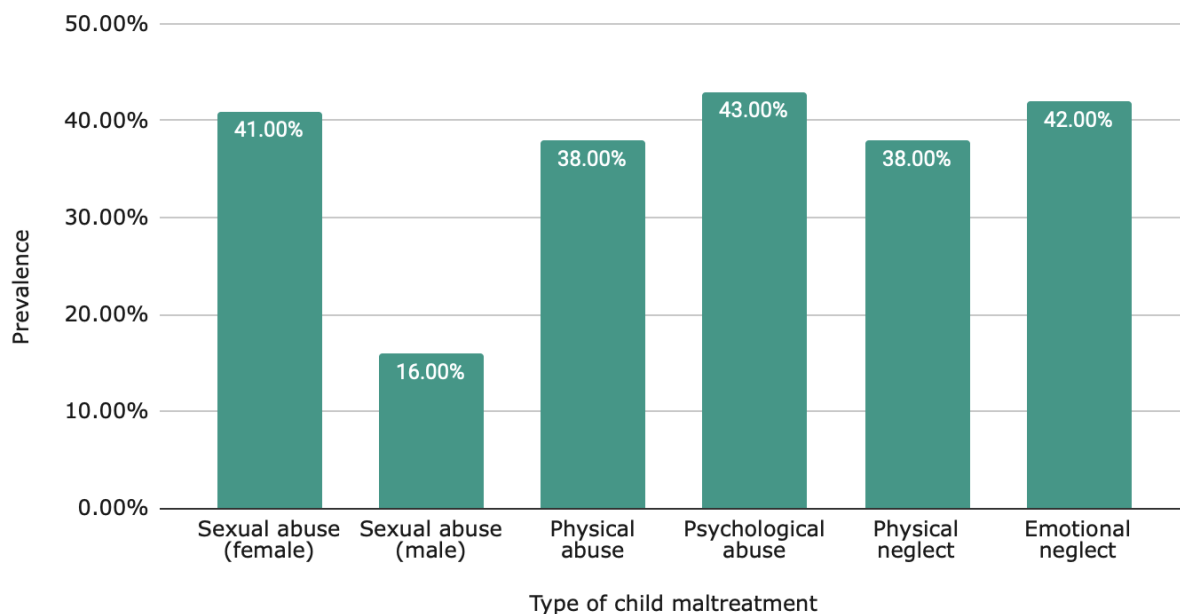


Figure 8. Prevalence of child maltreatment among those with opioid use disorder. At least approximately half of all Americans with an opioid use disorder (OUD) were abused or neglected as children. Child maltreatment is associated with an increased risk of all types of substance abuse. *Source: Santo, Jr. et al., 2021*

A substantial number of those with PTSD were abused or neglected as children. In a study of 8,503 Australian residents aged 16 and older, 92% of those with current PTSD had a history of child maltreatment.⁴⁹ Veterans with combat-related PTSD were found to have elevated rates of exposure to child physical abuse, ranging from 26% to 45%.⁵⁰ A study of 1,200 Portuguese adults found rates of child psychological abuse, physical abuse, sexual abuse, physical neglect, and emotional neglect among those with PTSD to be 31.6%, 25.6%, 25%, 15.2%, and 14.3%,

⁴⁸ Afifi et al., 2012

⁴⁹ Scott et al., 2023

⁵⁰ Bremner et al., 1993; Zaidi et al., 1994

respectively (Figure 9).⁵¹ Those exposed to any type of child maltreatment—whether physical⁵², sexual⁵³, or psychological⁵⁴ abuse or neglect⁵⁵--have a much higher risk of developing PTSD. A study following 2,508 participants from birth to 21 years of age and assessing for child maltreatment found that the adjusted OR for PTSD was 438%, 254%, 476%, 278%, and 338% for sexual abuse, physical abuse, psychological abuse, neglect, and any maltreatment, respectively⁵⁶ (Figure 10).

Exposure to child maltreatment among those with PTSD

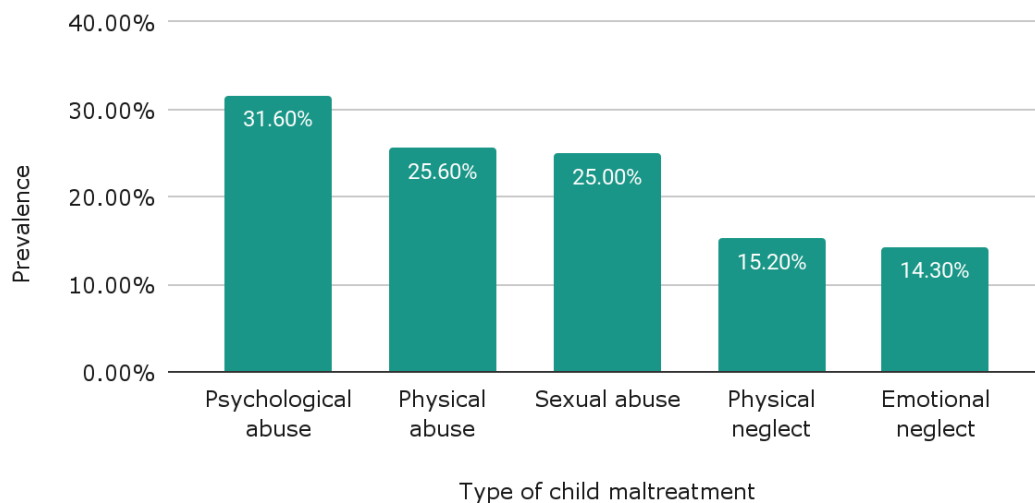


Figure 9. Exposure to child maltreatment among those with PTSD. A history of exposure to child physical, sexual, or psychological abuse or neglect is very common among those with PTSD. *Source: Dias et al., 2017*

⁵¹ Dias et al., 2017

⁵² Adams et al., 2018; Kisely et al., 2018; Strathearn et al., 2020; Sugaya et al., 2012

⁵³ Adams et al., 2018; Boumpa et al., 2022; Kisely et al., 2018; Strathearn et al., 2020

⁵⁴ Kisely et al., 2018; Spinazzola et al., 2014; Strathearn et al., 2020

⁵⁵ Kisely et al., 2018; Spinazzola et al., 2014; Strathearn et al., 2020

⁵⁶ Kisely et al., 2018

Risk of PTSD in people exposed to child maltreatment

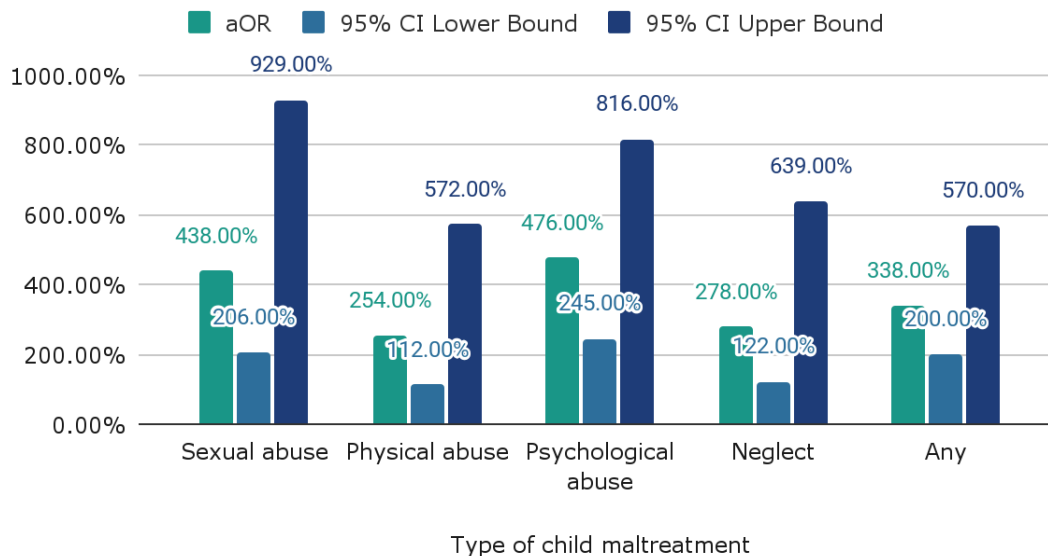


Figure 10. Risk of PTSD in people exposed to child maltreatment. Adjusted odds ratios (aOR), 95% confidence interval (CI) lower and upper bounds for PTSD among victims of child physical, sexual, and psychological abuse and neglect. All types of child maltreatment are associated with a large, statistically significant increased risk of PTSD. *Source: Kisely et al., 2018*

Delayed Disclosure, PTSD, and Avoidance

As previously discussed, PTSD is a common sequela of all forms of child abuse—physical⁵⁷, sexual⁵⁸, and psychological⁵⁹--and neglect⁶⁰. PTSD is associated with immense morbidity and mortality, including an increased risk of depression⁶¹, anxiety⁶², substance use disorder⁶³, suicide⁶⁴, and death⁶⁵. One of the diagnostic criteria for PTSD is avoidance, including avoidance of discussing the event⁶⁶. Indeed, avoidance of disclosing the traumatic event is highly associated

⁵⁷ Adams et al., 2018; Kisely et al., 2018; Strathearn et al., 2020; Sugaya et al., 2012

⁵⁸ Adams et al., 2018; Boumpa et al., 2022; Kisely et al., 2018; Strathearn et al., 2020

⁵⁹ Kisely et al., 2018; Spinazzola et al., 2014; Strathearn et al., 2020

⁶⁰ Kisely et al., 2018; Spinazzola et al., 2014; Strathearn et al., 2020

⁶¹ Brady et al., 2000; Campbell et al., 2007; Spinhoven et al., 2014

⁶² Brady et al., 2000; Campbell et al., 2007; Spinhoven et al., 2014

⁶³ Khoury et al., 2010; Goldstein et al., 2016; Mergler et al., 2018

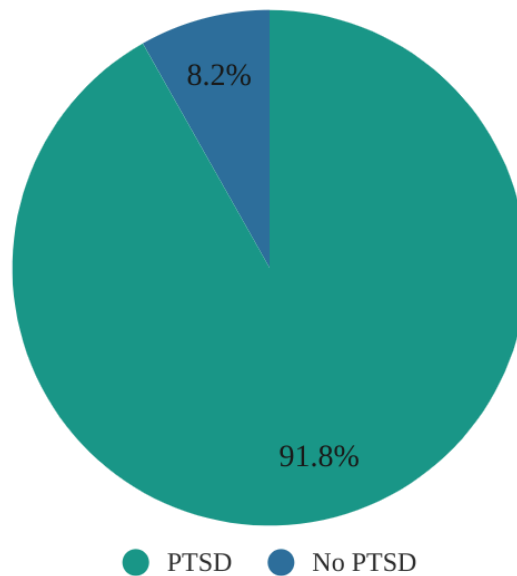
⁶⁴ Fox et al., 2021

⁶⁵ Nilaweera et al., 2023

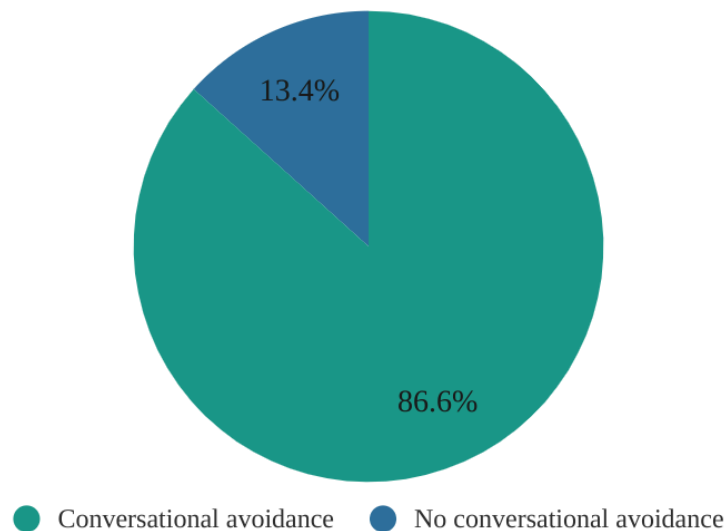
⁶⁶ American Psychiatric Association, 2013

with both the development and severity of PTSD⁶⁷. In a study of 73 children between the ages of 3 and 7 who had been exposed to a traumatic event, 91.8% met criteria for PTSD and 86.64% avoided conversations about the event⁶⁸ (Figure 11).

PTSD among children exposed to a traumatic event



Avoidance of discussing the traumatic event in children exposed to a traumatic event



⁶⁷ Hébert et al., 2009; Kvedaraite et al., 2021; Mueller et al., 2008; Mueller et al., 2009

⁶⁸ Blair-Andrews et al., 2024

Figure 11. PTSD and avoidance of discussing the traumatic event in children exposed to a traumatic event. PTSD is a common sequela of traumatic events (TEs). One of the diagnostic criteria for PTSD is avoidance of the TE, including avoidance of conversations about the TE. In a study of 73 children exposed to a TE, 91.8% of children met criteria for PTSD and 86.64% of children avoided conversations about the TE. *Source: Blair-Andrews et al., 2024*

All forms of child abuse—physical⁶⁹, sexual⁷⁰, and psychological⁷¹--are known to result in delayed disclosure of the abuse by the victim. This is likely the case for neglect as well since it often results in similar harm (e.g. serious physical injury, terror, etc.) and the same aforementioned consequences (Table 1)--especially PTSD. In fact, the risk for delayed disclosure is heightened among victims of child maltreatment who develop PTSD, in which case the delay in disclosure is related to the pathogenesis of PTSD and the hallmark symptom of avoidance⁷². In other words, the delay in disclosure is related to the disease process itself.

In a study of 804 Canadian adults, 17.3% of victims of child sexual abuse disclosed the abuse within 24 hours, 3.9% from 24 hours to one month, 8.7% from one month to five years, and 48.8% after five years⁷³ (Figure 12). 21.3% never disclosed the abuse prior to the study. In a study of 1,679 female college students in the United States, 34%, 23%, and 20% of victims of child physical, sexual, and psychological abuse, respectively, had never disclosed the abuse prior to entering college and participating in the study⁷⁴ (Figure 13).

⁶⁹ Bottoms et al., 2016; Foyne et al., 2009

⁷⁰ Bottoms et al., 2016; Hébert et al., 2009; Hemanth et al., 2024

⁷¹ Bottoms et al., 2016

⁷² Hébert et al., 2009; Kvedaraite et al., 2021; Mueller et al., 2008; Mueller et al., 2009

⁷³ Hébert et al., 2009

⁷⁴ Bottoms et al., 2016

Delay in disclosure of child sexual abuse

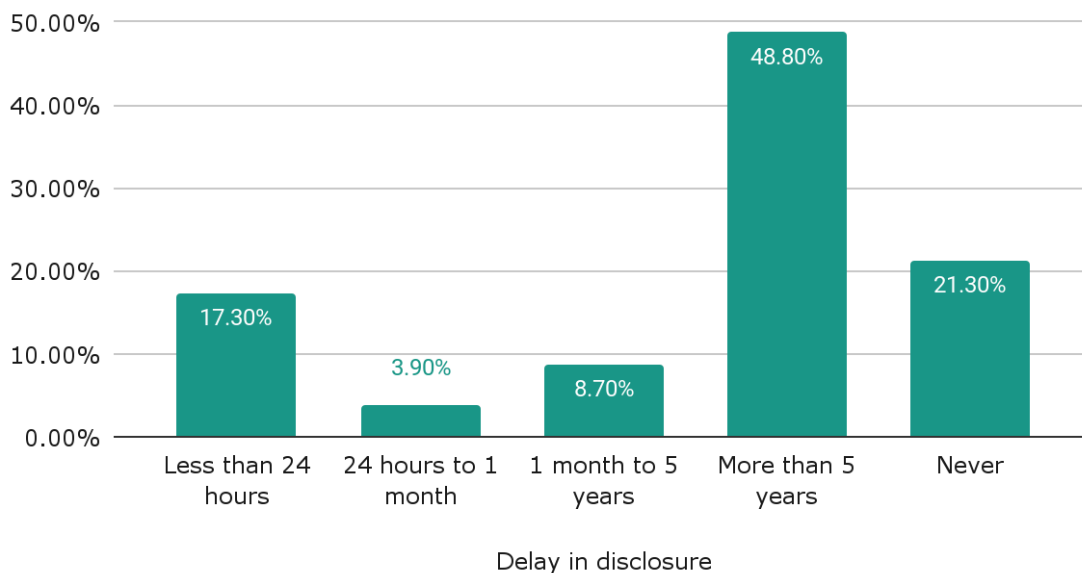


Figure 12. Delay in disclosure of child sexual abuse. Delayed disclosure is common in all forms of child abuse. In a study of 804 Canadian adults, 17.3% of victims of child sexual abuse disclosed the abuse within 24 hours, 3.9% from 24 hours to one month, 8.7% from one month to five years, and 48.8% after five years. 21.3% never disclosed the abuse prior to the study. *Source: Hébert et al., 2009*

Victims of child abuse who had not disclosed prior to entering college

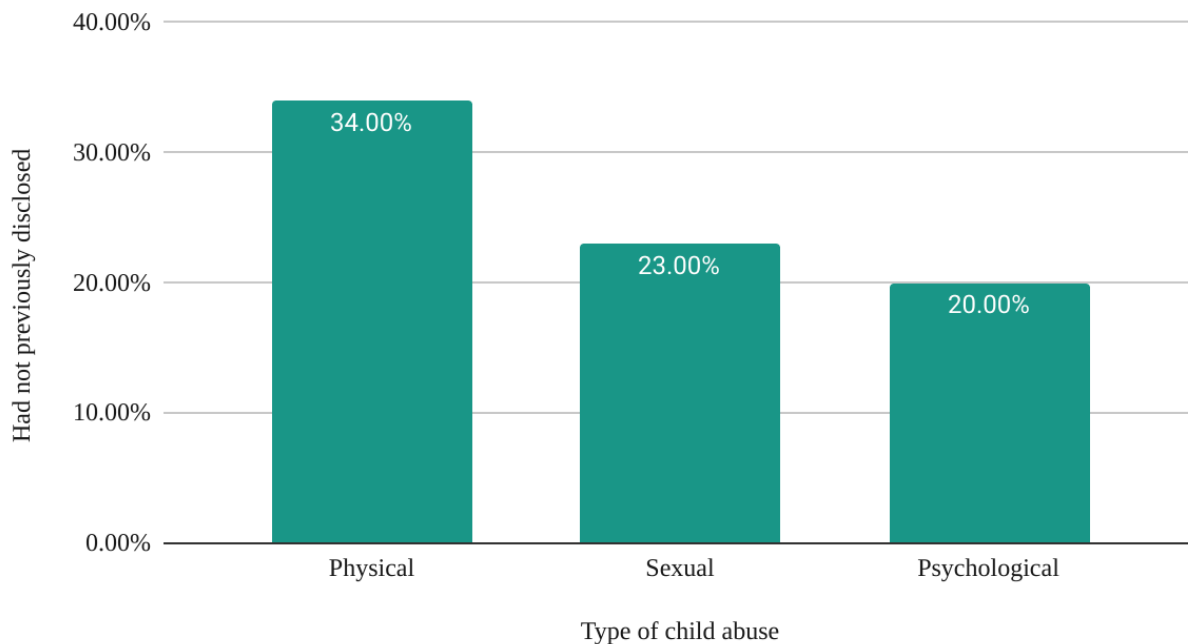


Figure 13. Victims of child abuse who had not disclosed prior to entering college. Delayed disclosure is common among victims of all types of child abuse, especially when a victim develops PTSD. In a study of 1,679 female undergraduate students in the United States, 34% of physical abuse victims, 23% of sexual abuse victims, and 20% of psychological abuse victims had not disclosed the abuse prior to entering college and participating in the study. The mean age of participants was 21. Due to shared harms and adverse consequences, delayed disclosure is likely common among victims of neglect as well. *Source: Bottoms et al., 2016*

In summary, delayed disclosure is common among victims of all types of child abuse and likely neglect. In those who develop PTSD, this delay in disclosure is more common and is related to the pathogenesis and severity of the disease and the core symptom of avoidance.

When a victim of child maltreatment delays disclosure, they may be unable to file a lawsuit before the statute of limitations has expired. For example, in the aforementioned study of 1,679 female undergraduate students in the United States, 34% and 20% of victims of child physical and psychological abuse, respectively, had not disclosed the abuse prior to the study⁷⁵ (Figure 13). Given that the mean age of participants was 21 and that, in Maryland, the civil statute of

⁷⁵ Bottoms et al., 2016

limitations for child physical and psychological abuse expires at 21, many of these women would have already lost their right to sue for damages had the abuse taken place in Maryland⁷⁶.

Notably, rates of disclosure to authorities were very low in this study, with higher rates of disclosure to more familiar and presumably more trusted people such as friends, family, and significant others (Figure 14). This could indicate that many, if not most, of those who were able to disclose the abuse to select individuals close to them would not have been able to disclose to a courtroom full of unknown jurors, witnesses, law enforcement, hostile defense attorneys, a judge, and the perpetrator. Indeed, the low rate of disclosure to therapists—though possibly an artifact of limited need for or access to mental health care among the victims—may serve as another indicator of this, highlighting the fact that disclosure to a trusted friend, relative, or significant other does not necessarily indicate the ability to discuss the abuse in therapy, much less in a courtroom. The low rate of legal action may also be indicative of this widespread, limited ability to discuss the abuse, though it could also be an artifact of limited legal resources or evidence (Figure 15).

⁷⁶ M.D. Code, Courts and Judicial Proceedings, § 5-101, 5-201; M.D. Code, Criminal Law, § 3-601, 601.1, 602.1; M.D. Code, Family Law, § 5-701

Disclosure of child abuse

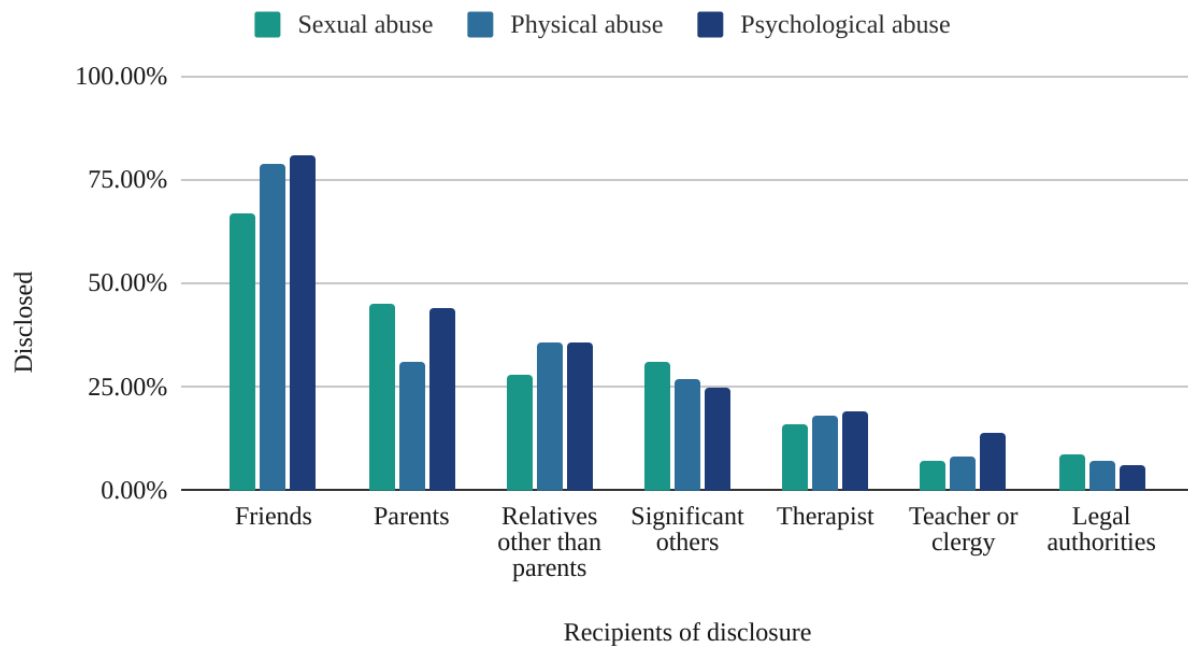


Figure 14. Disclosure of child abuse. In a study of 1,679 female undergraduates in the United States (mean age of participants was 21), the majority of victims of child abuse had disclosed the abuse prior to participating in the study. However, disclosure was typically limited to select, close individuals such as friends, parents, other relatives, and significant others. Disclosure to therapists was rare, and disclosure to authorities (teachers, clergy, or legal authorities) was very rare, indicating a limited ability to disclose. Notably, a substantial number of victims of all measured forms of child abuse—sexual, physical, and psychological—had not disclosed the abuse prior to the study. *Source: Bottoms et al., 2016*

Victims of child abuse who took legal action

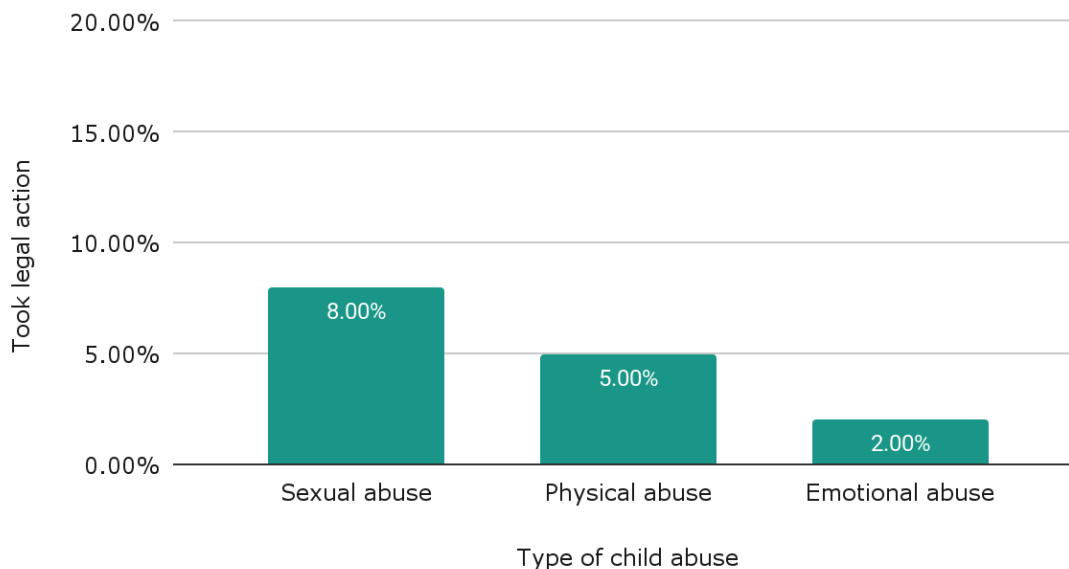


Figure 15. Victims of child abuse who took legal action. In a study of 1,679 female undergraduate students in the United States, very few victims of sexual, physical, or emotional/psychological abuse took legal action against the perpetrator of the abuse. *Source: Bottoms et al., 2016*

As the result of delayed disclosure and extremely short civil statutes of limitations (Figure 16), most child abuse and neglect victims do not exercise their constitutional right to sue for damages stemming from the maltreatment⁷⁷. Since the consequences of maltreatment are often so serious and the prevalence of delayed disclosure is so high among victims, it seems likely that many victims delay disclosure and fail to exercise their constitutional right to sue because of the effects of the maltreatment itself; on the other hand, it could also be argued that victims who are less affected by the maltreatment to which they were exposed may choose to delay disclosure and avoid a lawsuit of their own accord. However, when a victim develops PTSD, the avoidant symptoms and delay in disclosure associated with the disease inhibit the victim from filing suit prior to the expiration of the statute of limitations, especially when the statute of limitations expires at a very young age. That is, victims who develop PTSD (as well as many who do not) do not voluntarily forgo their legal right to sue; rather, they are never permitted to exercise this

⁷⁷ M.D. Const., Declaration of Rights, art. XIX; M.D. Code, Criminal Law, § 3-601-602.1; M.D. Code, Courts and Judicial Proceedings, § 5-101, 5-117, 5-201; M.D. Code, Family Law, § 5-701

right in the first place, precisely due to the effects of the disease caused by the abusive or neglectful acts.

Age of victim at which civil statute of limitation expires (Maryland)

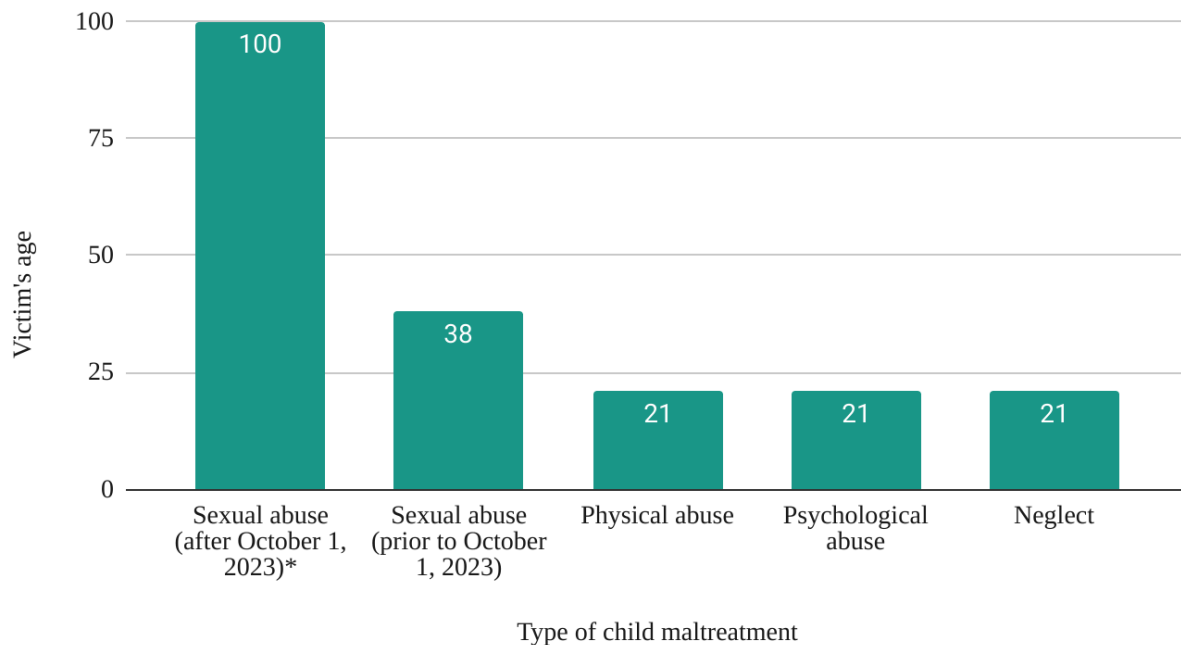


Figure 16. Age of victim at which civil statute of limitations expires (Maryland). The civil statutes of limitations (SOL) for child physical and psychological abuse and neglect expire when the victim reaches the age of 21. Prior to October 1, 2023 (the date the Child Victims Act took effect), the civil SOL for child sexual abuse expired when the victim reached the age of 38; after the retroactive repeal of the civil SOL for child sexual abuse, a victim can file suit at any time. *There is no longer a civil SOL for child sexual abuse. *Sources: M.D. Code, Criminal Law, § 3-601-602.1; M.D. Code, Courts and Judicial Proceedings, § 5-101, 5-117, 5-201; M.D. Code, Family Law, § 5-701*

Peterson et al. (2018) estimated the average cost to society of child physical, sexual, and psychological abuse and neglect to be \$1.1 million per victim (2024 USD) in nonfatal cases and more than \$20 million per victim (2024 USD) in fatal cases in the United States⁷⁸. However, the authors of that study acknowledge that the figure for nonfatal maltreatment is an underestimate and also note that these figures only represent the costs of child maltreatment to society and should not be used to determine how much money ought to be paid out or cost-savings.

⁷⁸ Peterson et al., 2018

Moreover, different factors, such as exposure to multiple types of abuse, may increase the cost of nonfatal maltreatment due to increased severity of outcomes.

Peterson et al. (2023) estimated the annual economic cost, in terms of medical expenses and disability-adjusted life years (DALYs), of adverse childhood experiences (ACEs)—which include child maltreatment—to be \$177,120 (2024 USD) and \$164,820 (2024 USD) per person afflicted with at least four ACEs in the United States and Maryland, respectively. This quantity of ACEs would not be uncommon in cases of child abuse or neglect; in fact, most victims are exposed to multi-type child maltreatment and would therefore have multiple ACEs. The estimated lifetime economic costs, again in terms of medical expenses and DALYs, were \$4,922,460 (2024 USD) and \$4,580,520 (2024 USD) per person afflicted with four or more ACEs in the United States and Maryland, respectively. Pacella et al. (2023) determined that victims of child maltreatment have a higher utilization of health services including hospitalization, resulting in substantial health care costs and burden on the health care system.

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