

The Impact of *Child Maltreatment* on Children's Mental Health

Cindy Putri Andini^{1, a)}, Tiara Syahdina Sari¹

¹Universitas Islam Negeri Sultan Syarif Kasim Riau
Panam, Jl. HR. Soebrantas No.Km. 15, RW.15, Simpang Baru, Kota Pekanbaru, Riau 28293

^{a)} cindyputriandini0105@gmail.com

Abstract. *Child maltreatment is a serious problem around the world that causes physical, social, and cognitive suffering. Child maltreatment also has serious and long-term consequences on children's development. The purpose of this study is to determine the impact of child maltreatment on children's mental health. This research method uses Library Research by collecting articles related to the topic to be studied, reviewed from Scopus, Sciencedirect, Google Scholar as a database in research with a range of 2020-2024. Common impacts of child maltreatment include stress disorders, eating disorders and obesity, alcohol and drugs, depression, anxiety, social disorders, and anti-social behavior. Child maltreatment refers to physical and emotional abuse, sexual assault, unfair detention, and commercial exploitation that results in health, safety, or financial harm to the child. School counselors play an important role in the victimization and prevention of child maltreatment, counselors serve as important leaders in social justice, especially in their advocacy for children who are neglected, disadvantaged, abused, or live in environments marked by violence.*

Keywords: *Child maltreatment; mental health; impact mental health; role counselor.*

Abstrak. Child Maltreatment adalah masalah serius diseluruh dunia yang menyebabkan penderitaan fisik, sosial, dan kognitif. Child Maltreatment juga memiliki konsekuensi yang serius dan jangka panjang terhadap perkembangan anak-anak. Tujuan penelitian ini adalah untuk mengetahui dampak child maltreatment terhadap kesehatan mental anak. Metode penelitian ini menggunakan Studi Kepustakaan (Library Research) dengan mengumpulkan artikel-artikel yang berkaitan dengan topik yang akan diteliti, ditinjau dari Scopus, Sciencedirect, Google Scholar sebagai database dalam penelitian dengan rentang tahun 2020-2024. Dampak umum dari child maltreatment diantaranya adalah gangguan stress, gangguan makan dan obesitas, alkohol dan obat-obatan, depresi, kecemasan, gangguan soial, dan prilaku anti social. Child Maltreatment mengacu pada kekerasan fisik dan emosional, penyerangan seksual, penahanan yang tidak adil, dan eksploitasi komersial yang mengakibatkan kerugian kesehatan, keselamatan, atau finansial bagi anak. Konselor sekolah sangat berperan penting bagi korban dan pecegahan terhadap child maltreatment, konselor berperan sebagai pemimpin penting dalam keadilan sosial, terutama dalam advokasi mereka untuk anak yang diabaikan, kurang beruntung, dianiaya, atau tinggal di lingkungan yang ditandai dengan kekerasan.

Kata kunci: *Child maltreatment, Kesehatan mental, Dampak kesehatan mental, Peran Konselor*

INTRODUCTION

Child maltreatment is a serious problem worldwide that causes physical, social, and cognitive suffering. *Child maltreatment* may seem like a family problem to parents. However, it is actually a mental health issue that impacts the child's health and future. Those who have been victims of child abuse may experience problems in intrapersonal and interpersonal relationships (Kong & Martire, 2019; Zhang et al., 2020).

Child Maltreatment has serious and long-term consequences on children's well-being and quality of life. The first three years of human development are a significant period during this stage of development, the brain undergoes very rapid development, and connections and associations are formed at a rate never seen before (*National Scientific Council on the Developing Child*, 2020). Therefore, the experiences and interactions experienced by children during this developmental period influence biological, neurological, and social developmental processes. Negative experiences such as abuse and neglect by parents affect a child's development (Atzl et al., 2019). Negative outcomes associated with these events include cognitive delays, emotional and behavioral problems, and impaired health problems (Jones Harden et al., 2016), and have significant social effects (Peterson et al., 2018).

The impact of *child maltreatment* is diverse, including deaths (with a global annual estimate of 155,000 deaths among children under 15 years of age caused by maltreatment or neglect; Pinheiro, 2006); economic deficiency (Fang et al., 2015; Pinheiro, 2006); lack of academic achievement (i.e., maladaptive behavior and educational failure, including dropout rates; Corrás et al., 2017; Seijo et al., 2017; Seijo et al., 2015); adult physical illness (such as ischemic heart disease, malignancies, chronic lung conditions, fractures, autoimmune diseases, and liver disorders; Nemeroff, 2016); behavioral problems (including delinquency, aggression, and suicidal tendencies; Dunn et al., 2013; Del Hoyo-Bilbao et al., 2020; Stewart et al., 2008); internalization of difficulties (e.g., mood disorders and anxiety), in addition to externalized behaviors (e.g., expression of anger, aggressive behavior, substance dependence, and alcohol abuse) within the domain of mental health disorders (Li et al., 2016; Marcos et al., 2020; Oksanen et al., 2021); its severity contributes significantly to the Global Burden of Disease (Gilbert et al., 2009).

Risk factors from *child maltreatment*, regardless of problems stemming from the child, parents, or environmental influences, can be considered a potential cause of stress. All parents face varying intensities of stress caused by the pressures associated with parenting (Spinelli et al., 2020; Clément dan Chamberland, 2009; Curenton et al., 2009; Deater-Deckard and Petrill, 2004). The act of parenting requires a substantial commitment of time, as well as considerable physical and emotional investment (Crnic and Greenberg, 1990; Belsky, 1984; Bronfenbrenner, 1979; Garbarino, 1977), and the demands of the tasks and resources involved in parenting can result in a

depletion of time, energy, and autonomy over the individual and the parental family environment (Garbe et al., 2020; Berry and Jones, 1995).

While day-to-day responsibilities may not independently trigger increased stress levels, cumulative exposure to such demands can culminate in considerable parenting stress (Platt et al., 2016; Deater-Deckard and Petrill, 2004; Crnic and Greenberg, 1990), which can further suppress the dynamics of children's parents and increase the risk of child abuse (Essler et al., 2021; Rodriguez-Jenkins and Mar-Cenko, 2014; Crouch and Behl, 2001; Miragoli et al., 2018; El-Kamary et al., 2004). Although not all individuals who experience high parenting stress are involved in child abuse, parenting-related stress correlates with various manifestations of parenting challenges, including abusive parenting (Clément and Chamberland, 2009; Webster-Stratton, 1990) and negative control behaviors (Mak et al., 2020; Huth-Bocks and Hughes, 2008; Bigras et al., 1996).

According to findings derived from the third and fourth waves of *the Fragile Families and Child Wellbeing* study conducted in the United States in 2016, the level of stress in parenting is a significant predictor of child maltreatment (Barnhart and Maguire-Jack, 2016). Furthermore, increased stress levels in parenting have been shown to exacerbate behavioral problems in children or to intensify pre-existing behavioral difficulties in children (Margalit and Kleitman, 2006), which can increase the risk of child abuse.

Childhood experiences characterized by abuse have the capacity to have profound and detrimental effects on the trajectory of educational attainment (Maguire et al., 2015). School-based initiatives that seek to improve children's understanding of child sexual abuse as a component of prevention and improvement strategies have also been documented as effective in this context. Furthermore, general parental training programs have shown efficacy in reducing proven and self-reported cases of child abuse, while simultaneously reducing risk factors and adding protective factors (Chen and Chan, 2016). For a comprehensive examination of parenting training programs, see (Haslam et al., 2016). Notably, childcare programs, which have largely been designed in Western countries, have also been shown to be effective across diverse cultural demographics (Chen and Chan, 2016; Haslam and Anilena, 2018), including Australia's Indigenous population (Turner et al., 2007) and economically disadvantaged areas where the majority of the global child population resides (Efevbera et al.; Mejia et al., 2017). Indeed, meta-analytical studies show that childcare programs originating in Western countries, when implemented in developing countries, produce results comparable to those observed in their more prosperous home countries (Knerr et al., 2013). Given the increasing prevalence of violence against children in this context, childcare programs are taking an important role in addressing these challenges.

Nevertheless, for the purposes of this scientific article, the main emphasis is on school counselors regarding roles, responsibilities, and training that optimally prepare them to engage in

the prevention of child abuse. School counselors occupy different positions in the education system and play an important role in fostering a safe and nurturing environment for all children (American School Counselor Association [ASCA], 2017). Furthermore, school counselors are tasked with recognizing the impact of abuse and neglect on children and ensuring that the necessary support services are accessible to those in need (ASCA, 2021).

Therefore, it is important to conduct research on the impact of *child maltreatment* on children's mental health. However, not much is known about the extent to which young adult well-being is associated with the types of perpetrators and trust violations experienced as a result of child abuse. The purpose of this study is to find out how the impact of *child maltreatment* on children's mental health, so that children are happy in their future and can develop optimally. Parents or caregivers must participate in prevention and understand the impact of child abuse or violence, and mistreatment.

METHODOLOGY

The method used in this study is *Library Research*. Literature study can be interpreted as a series of activities related to the method of collecting library data, reading and recording and processing research materials (Mestika Zed, 2003). The research began by collecting articles related to the topic to be researched and reviewed from *Scopus*, *Scencedirect*, *Google Scholar* as a database in the research. The focus of the research is on the impact of *child maltreatment* on children's mental health with a range of 2020 to 2024. The terms and keywords used for the search were, *Child Maltreatment*, *Mental Health*, *Impact Child Maltreatment*, *Child Maltreatment Prevention*, and *role counselor*.

RESULTS AND DISCUSSION

Child Maltreatment

Child Maltreatment (CM) is any type of physical and emotional abuse, sexual abuse, neglect, or inadequate care, as well as forms of commercial exploitation that threaten the health, well-being, or self-esteem of the child (WHO, 2006). This research is supported by the opinion (Etain B, Mathieu F, Henry C, Raust A, Roy I, Germain A, et al., 2010) that *child maltreatment* includes the abuse, abuse and neglect of children under 16 years of age, including physical and emotional abuse and abuse, as well as sexual abuse. *Child maltreatment* has long-term consequences on children's physical and mental health.

The main categories of child abuse typically include physical abuse, emotional abuse, and sexual abuse (Butchart et al., 2006; Gilbert et al., 2009). It is estimated that millions of children worldwide are affected by child abuse, which is a significant public health problem on an international scale (Gilbert et al., 2009; Stoltenborgh et al., 2015; World Health Organization,

2022). Based on global estimates derived from self-reported incidents of child abuse, child neglect emerged as the most common type of abuse (27-30%), replaced by emotional abuse (24%), sexual abuse (13-15%), and physical abuse (12-14%) (Moody et al., 2018).

Physical abuse is largely conceptualized as an act characterized by intentional physical violence committed by a parent or caregiver (WHO, 2006); This definition usually excludes approved disciplinary action. Sexual abuse includes contact and non-contact sexual behavior committed by individuals, regardless of age, who have authority over the victim, aimed at seeking or obtaining sexual satisfaction, both physical and psychological, especially when minors do not have the capacity to give consent or have such capacity but refrain from consent (Mathews and Collin-Vézina, 2019).

Emotional or psychological abuse is perpetrated by adults, including caregivers, and is manifested through hostile interactions, such as belittling, degrading, humiliating, mocking the child, and rejecting the child, in addition to emotional unavailability (neglect), incompatibility with the child's developmental needs, failure to recognize the child's individuality, and inability to integrate the child into the broader social environment (Glasys and Johnson, 2002; Glaserl, 2011). Neglect signifies the failure of a parent or caregiver to provide for the essential necessities of life, which must be aligned with the child's developmental stage and cultural context. Neglect encompasses many dimensions, including emotional, medical, environmental, supervisory, and educational neglect (Dubowitz et al., 2005).

The Impact of Child Maltreatment on Mental Health

Child maltreatment has been identified as the beginning of a series of high-risk mental health problems and patterns of behaviour that contribute to possible adverse health outcomes (Gilbert R, Widom CS, Browne K, Fergusson D, Webb E, Janson S, 2009). Children, families, and communities negatively impacted in both the short and long term by abuse are consistently associated with an increased risk of mental health disorders, physical health problems, emotional and relational problems, poor educational and employment performance, and health-harmful behaviors throughout the life course (Austin et al., 2020; Carr et al., 2020; WHO, 2022).

Child Maltreatment is a common problem and can cause a very negative and ongoing impact on children's mental health (Cyr et al., 2010; Norman et al., 2012). Some children who have experienced abuse are more prone to mental health problems than other children. Any mechanical framework must consider the role of the social component that occurs after the persecution. Children who have experienced abuse as children are more likely to become victims again later in life (Benedini et al., 2016; Finkelhor et al., 2007; Widom et al., 2008).

Common impacts of *child maltreatment* include post-traumatic stress disorder (PTSD) (Kendall-Tacket et al., 1993) and eating disorders and obesity (Danese and Tan., 2014; Banerjee et al., 2018), problems with alcohol and drugs (Strine et al., 2018; Conro et al., 2012), poor school

performance, depression, dissociation, anxiety, social disorders (Tong, Oates and McDowell, 1987), and antisocial behavior (Hornstein and Putnam, 1992). In cases of severe and ongoing abuse, insecure, disorganized, and dissociative attachment styles were the most frequently seen in this review (Pearlman and Courtois, 2005).

Recent findings on mental health are in line with research in adults. This study shows that challenges early in life can increase the risk of various medical diseases and premature death (Brown et al., 2009; Felitti et al., 1998; Wegman & Stetler, 2009). According to McKelvey et al. (2017), a number of studies show that children who experience abuse are more likely to experience long-term mental health problems. In addition, there is significant evidence suggesting that psychosocial stress correlates with an increased incidence of immune disorders and other long-term diseases in children (Booster, Oland, & Bender, 2016; Ohnson, Riley, Granger, & Riis, 2013; Wilson & Sato, 2014).

Factors of *Child Maltreatment* Causes of Mental Health Problems

The determinants that contribute to the phenomenon of *child maltreatment* can be analyzed from three different dimensions, namely social influences, parental dynamics, and child characteristics (Hardriani, 2017). Social factors include increased levels of criminal activity, inadequate social services, widespread poverty, increased cholesterol levels in social contexts, prevailing norms related to parenting methodologies, the impact of cultural transformation, stress experienced by children, culturally sanctioned physical punishment, and caregivers influence by mass media.

Parental factors or family circumstances including a history of physical or sexual violence inflicted on children, prevalence of adolescent parenting, emotional immaturity, decreased self-esteem, inadequate social support, feelings of alienation from society, economic deprivation, high housing density, challenges in community interactions, domestic violence, depressive background and other mental health issues (including anxiety and schizophrenia), upbringing of some toddlers, a history of substance abuse or illicit drug use (NAPZA) or alcohol consumption, lack of social support for the family, documented incidents of violence against children in the family, inadequate preparation to manage the stress associated with childbirth, unwanted pregnancy, single parenting, family history of self-harm, children's educational trajectory, life values embraced by parents, and limited understanding of the child's developmental stages. Childhood factors include prematurity, low birth weight, disability and emotional difficulties experienced by the child.

Child *Maltreatment* Prevention

Childhood maltreatment correlates with reduced emotional regulation, social disparities (Amédée, Tremblay-Perreault, and Hébert, 2018), mental health problems (Larson et al., 2017), and both internalize and externalize behavioral problems (Hébert, Langevin, and Oussaïd, 2018); Additionally, it is linked to bullying, bullying, and developmental delays, all of which tend to have

a detrimental impact on academic engagement and achievement. There is a clear emphasis on preschool education settings and their crucial function in the effective prevention, identification, and remediation of problems affecting children before formal school (Loomis, 2018). Readiness for school is essential, as proficiency at the beginning of school can significantly predict the trajectory of subsequent educational development (Sabol, 2018), and differences in competencies tend to develop rather than decrease throughout the educational period (Rorris, 2016). Educator training on mental health is a contemporary strategy that provides education to reduce the effects of childhood maltreatment in the context of education, supported by simple qualitative research by showing the potential to improve the quality of teacher-child relationships (Howard, 2018).

Family interventions generally aim to address community-level physical and emotional violence in addition to the incorporation of prevention and therapeutic programs (Euser et al., 2015), while simultaneously reducing risk factors associated with family dysfunction that affect preventive and therapeutic measures. Factors related to implementation, such as training, monitoring, and fidelity supervision, have been shown to have a significant influence on intervention outcomes, especially regarding child abuse cases (Casillas et al., 2016; Hodge and Turner, 2016). Parent training programs, in a broader context, have shown efficacy in reducing proven and self-reported incidents of child abuse, as well as in reducing risk factors and increasing protective factors (Chen and Chan, 2016).

Children who choose to disclose abuse in order to gain sufficient support and resources (Collin-Vézina, De La SablonnièreGriffin, Palmer, & Milne, 2015; Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003; Jensen, Gulbrandsen, Mossiga, Reichelt, & Tjersland, 2005). In addition, it is important that children receive affirmative and nurturing social responses to their disclosures. Affirmative social responses can assist victims in reframing their experiences, avoiding self-blame, and mitigating some of the short-term and long-term psychological consequences associated with abuse (Briere & Jordan, 2004).

The Role of Counselors in Preventing *Child Maltreatment*

School counselors are also required to provide guidance services to all children to be assertive in responding to any individual who shows disrespectful or inappropriate behavior. Through the use of respectful and appropriate language, school counselors can educate children about the differences between acceptable and unacceptable forms of physical contact with others, including siblings, non-siblings, as well as adults, children, and peers. In addition, the school counselor should instruct the child on how to identify the treatment behavior. It refers to a method in which an abuser gradually engages the child in sexual activity. Although this process does not involve open coercion, it does involve elements of seduction, manipulation, and coercion, with the fundamental intent of sexually exploiting the child. For example, this may include increasing

physical interaction with the child, pretending involuntary contact, or consistently positioning oneself near the victim, among other strategies (Fathiyah, 2010).

The most important thing in the prevention of violence against children is to facilitate an environment where children have the widest possible freedom to tell stories. The counselor should serve as a reassuring and empathetic confidant for the child regarding any issues. Eventually, the child will develop trust in the counsellor regarding the difficulties they are facing and will be reassured that the counsellor has taken concrete steps to address the issue, rather than just offering verbal reassurance. Thus, the child will feel compelled to communicate their concerns to the counselor at all times, without worrying about criticism or the impact of punishment. This dynamic between school counselors and responsive children creates a great opportunity for the prevention of violence against children (Fithrayani & Matappa 2017).

Federally, the obligation of school counselors to report alleged cases of abuse and neglect is enshrined in the Child Abuse Prevention and Treatment Act of 1974, Public Law 93-247, which mandates notification to the relevant authorities (ASCA, 2021). Omission of reporting of alleged harassment can lead to potential civil or criminal repercussions (Remley et al., 2017; White & Flynt, 2000). ASCA's Ethical Standards reaffirm this directive, which instructs school counselors to report suspicions of child abuse and neglect by maintaining the child's confidentiality (ASCA, 2022a, A.12.a). Furthermore, school counselors are encouraged to help children cope with violence and neglect by facilitating access to appropriate services (ASCA, 2022a). In addition, school counselors should strive to foster a safe and violence-free environment free from bullying, harassment, and other forms of aggression, while advocating for children's autonomy and equality (ASCA, 2022a).

Barrett et al. (2011) revealed the role of school counselors as important leaders in social justice, especially in their advocacy for children who are neglected, disadvantaged, abused, or live in environments characterized by violence. The phenomenon of violence perpetrated against children affects individuals across all racial, socioeconomic, gender, and age demographics (Lambie, 2005; Tillman et al., 2015). School counselors equipped with training in culturally responsive counseling practices are positioned to engage with children and their families across various demographics, thereby enhancing child well-being within the school counseling framework (ASCA, 2021).

School counselors especially those with experience, are given the opportunity to address all relevant stakeholders regarding the consequences of violence inflicted on children. Moreover, school counselors not only have a legal obligation to function as mandated reporters but also an ethical responsibility to equip children with the necessary skills to identify and recognize indicators of child maltreatment and to navigate reporting protocols (Hodges & McDonald, 2019). Counselors have the capacity to facilitate the development of problem-solving competencies among children,

including the application of grounding methods, progressive relaxation techniques, diaphragmatic breathing exercises, and safe space visualization, thus equipping counselors with essential skills to assist clients in achieving emotional stability after a crisis (Baranowsky dan Gentry, 2015).

CONCLUSION

Child Maltreatment includes the mistreatment, abuse and neglect of children under 16, including physical and emotional abuse and maltreatment, as well as sexual abuse. Child maltreatment has long-term consequences on a child's physical and mental health. Child maltreatment is a common problem and can have a very negative and lasting impact on a child's mental health. Some children who have experienced maltreatment are more prone to mental health problems than others. Educator training on mental health is a contemporary strategy that provides education to reduce the effects of childhood maltreatment in an educational context. Parent training programs, in a broader context, have shown efficacy in reducing proven and self-reported incidents of child maltreatment, as well as in reducing risk factors and increasing protective factors. The role of school counselors as leaders is important in social justice, especially in their advocacy for children who are neglected, disadvantaged, abused, or living in environments characterized by violence.

REFERENSI

- Åsen, M. E., Schalinski, I., Lehmann, S., Lydersen, S., Von Oertzen, T., & Greger, H. K. (2024). Child maltreatment in young adults with residential youth care background: Prevalence and post-placement trends. *Child Abuse & Neglect*, 157, 107074.
- Baldwin, J. R., Wang, B., Karwatowska, L., Schoeler, T., Tsaligopoulou, A., Munafò, M. R., & Pingault, J. B. (2023). Childhood maltreatment and mental health problems: A systematic review and meta-analysis of quasi-experimental studies. *American journal of psychiatry*, 180(2), 117-126.
- Cash, S. J., Murfree, L., & Schwab-Reese, L. (2020). "I'm here to listen and want you to know I am a mandated reporter": Understanding how text message-based crisis counselors facilitate child maltreatment disclosures. *Child abuse & neglect*, 102, 104414.
- Chen, X., Dai, B., Li, S., & Liu, L. (2024). Childhood maltreatment, shame, and self-esteem: an exploratory analysis of influencing factors on criminal behavior in juvenile female offenders. *BMC psychology*, 12(1), 257.
- Goemans, A., Viding, E., & McCrory, E. (2023). Child maltreatment, peer victimization, and mental health: Neurocognitive perspectives on the cycle of victimization. *Trauma, Violence, & Abuse*, 24(2), 530-548.
- Higgins, D. J., Lawrence, D., Haslam, D. M., Mathews, B., Malacova, E., Erskine, H. E., ... & Scott, J. G. (2024). Prevalence of diverse genders and sexualities in Australia and associations with five forms of child maltreatment and multi-type maltreatment. *Child maltreatment*, 10775595231226331.
- Hososaka, Y., Kayashima, K., Goetz, J. T., & Rooksby, M. (2024). A Marginalised Role in

- Parenting and Maltreatment Risks—A Qualitative Content Analysis of Fathers in Japan Reflecting on their Parenting Experiences. *Journal of Child and Family Studies*, 33(4), 1120-1135.
- Han, Q., Jocson, R., Kunovski, I., Raleva, M., Juhari, R., Okop, K., ... & Lachman, J. (2024). The bidirectional temporal relationship between parenting stress and child maltreatment: a cross-lagged study based on intervention and cohort data. *Journal of affective disorders*, 354, 302-308.
- Ion, A., Bîlc, M. I., Pițur, S., Pop, C. F., Szentágotai-Tătar, A., & Miu, A. C. (2023). Childhood maltreatment and emotion regulation in everyday life: an experience sampling study. *Scientific reports*, 13(1), 7214.
- Jankovic, C., Higgins, D. J., & Willis, M. L. (2024). The well-being of young adults: The implications of multi-type child maltreatment and the mediating role of betrayal trauma. *Child Abuse & Neglect*, 153, 106840.
- Kütük, H., Satıcı, S. A., Ümmet, D., & Okur, S. (2024). Childhood Psychological Maltreatment and Subjective Vitality: Longitudinal Mediating Effect of Cognitive Flexibility. *Applied Research in Quality of Life*, 1-15.
- Le, L. K. D., Le, P. H., Yap, M. B. H., & Mihalopoulos, C. (2024). Cost effectiveness of interventions to prevent the occurrence and the associated economic impacts of child maltreatment: a systematic review. *Child Abuse & Neglect*, 106863.
- Li, C., Lv, G., Liu, B., Ju, Y., Wang, M., Dong, Q., ... & Liu, J. (2023). Impact of childhood maltreatment on adult resilience. *BMC psychiatry*, 23(1), 637.
- Mihret, A. M., & Heinrichs, N. (2024). Intergenerational effects of child maltreatment on adolescents' anxiety and depression in Ethiopia: the important mediating and moderating roles of current psychological distress. *BMC psychiatry*, 24(1), 126.
- Malmberg-Heimonen, I., Finne, J., Tøge, A. G., Pontoppidan, M., Dion, J., Tømmerås, T., & Pedersen, E. (2024). Interventions to Reduce Child Maltreatment: A Systematic Review with a Narrative Synthesis. *International Journal on Child Maltreatment: Research, Policy and Practice*, 1-17.
- Midtsund, A. D., Valla, L., Lukasse, M., & Henriksen, L. (2024). Management of Suspicions of Child Maltreatment at Child and Family Clinics: A Mixed-Methods Study. *International Journal on Child Maltreatment: Research, Policy and Practice*, 1-24.
- Mehta, D., Kelly, A. B., Laurens, K. R., Haslam, D., Williams, K. E., Walsh, K., ... & Mathews, B. (2021). Child maltreatment and long-term physical and mental health outcomes: an exploration of biopsychosocial determinants and implications for prevention. *Child Psychiatry & Human Development*, 1-15.
- Opie, J. E., Hameed, M., Vuong, A., Painter, F., Booth, A. T., Jiang, H., ... & McIntosh, J. E. (2024). Children's Social, Emotional, and Behavioral Outcomes in Military Families: A Rapid Review. *Journal of Child and Family Studies*, 1-19.
- Piña, G., Moore, K., Mihalec-Adkins, B., Darling, K., Abdi, F., & Liehr, A. (2024). State Policy Levers for Reducing Early Childhood Maltreatment: The Importance of Family Planning and Economic Support Policies. *Child Maltreatment*, 10775595241267236.
- Ricks, L., Tuttle, M., & Ellison, S. E. (2022). Child Abuse Reporting: Understanding Factors Impacting Veteran School Counselors. *Professional Counselor*, 12(2), 149-166.
- Rodrigue, C., Bóthe, B., & Dion, J. (2024). Role of sports motivation and basic psychological needs in the relationship between child maltreatment and psychological adaptation in adolescents. *Child maltreatment*, 10775595241267964
- Sanders, M. R., Clague, D., Zajac, T., Baxter, J., Western, M., Chainey, C., ... & Burke, K. (2024).

Parenting, child maltreatment, and social disadvantage: a population-based implementation and evaluation of the triple P system of evidence-based parenting support. *Child maltreatment*, 10775595241259994

Shenk, C. E., Shores, K. A., Ram, N., Felt, J. M., Chimed-Ochir, U., Olson, A. E., & Fisher, Z. F. (2023). Contamination in observational research on child maltreatment: A conceptual and empirical review with implications for future research. *Child maltreatment*, 10775595231224472.

Trott, M., Bull, C., Arnautovska, U., Siskind, D., Warren, N., Najman, J. M., & Kisely, S. (2024). Emergency Department Presentations for Injuries Following Agency-Notified Child Maltreatment: Results From the Childhood Adversity and Lifetime Morbidity (CALM) Study. *Child Maltreatment*, 10775595241264009.

Thoma, M. V., Bernays, F., Eising, C. M., Maercker, A., & Rohner, S. L. (2021). Child maltreatment, lifetime trauma, and mental health in Swiss older survivors of enforced child welfare practices: Investigating the mediating role of self-esteem and self-compassion. *Child Abuse & Neglect*, 113, 104925.

Yang, Y., Yu, J., Zhang, S., & Xie, Q. (2024). Childhood maltreatment and psychopathy in Chinese juvenile offenders: person-centered perspective. *BMC psychology*, 12(1), 134.