



The article is made freely and permanently accessible online immediately upon publication. There is no subscription fees or paywalls. Readers may read, download, copy, distribute, print, search, or link to the full texts of articles without restriction, provided the original work is properly cited.

REVIEW ARTICLE

A Brief Re-examination of the Pervasive & Distressing Societal Issue of Child Abuse

Kok-Hwee, CHIA^{a1}  and Boon-Hock, LIM^{b2}

^aMerlion Paediatric Therapy Clinic, Singapore

^bBH Lim Special Needs Consultancy, Melaka, Malaysia

¹ Managing Principal Educational Therapist

² Principal Educational Therapist

Article DOI: <https://doi.org/10.64663/aet.37>

Corresponding author's email: dr.chia@merlionpaediatric.sg

Cite as: Chia, K. H., & Lim, B. H. (2024). A brief re-examination of the pervasive & distressing societal issue of child abuse. *The Asian Educational Therapist*, 2(3), 3-14.

ABSTRACT

Child abuse (CAb) is a pervasive and distressing societal issue today. It encompasses various forms, including physical, emotional, sexual, and neglect. Identifying signs and symptoms is crucial for early intervention, with indicators like unexplained injuries, withdrawal, and changes in behavior. Causes of CAb can range from family stressors to intergenerational cycles of violence. The consequences are profound, affecting a child's physical and psychological well-being, and potentially perpetuating a cycle of abuse. Preventative measures and support systems are essential to mitigate the devastating impact on vulnerable children. The aim of this paper is to re-examine the issue of CAb. In the context of three selected sociopsychological frameworks (i.e., Social Learning Theory, Attachment Theory, and Cycle of Violence Hypothesis), it is the authors' attempt to provide brief insights into the complex interplay of risk factors in CAb. In addition, the two authors also proposed his basic framework of safeguarding children's welfare and child protection.

Keywords: Child Abuse, Neglect, Safeguarding, Sociopsychological Framework

1. INTRODUCTION: WHAT IS CHILD ABUSE?

Child abuse (CAb) is a complex issue, and its definition can vary by jurisdiction in different countries. For example, in Singapore, the Ministry of Social and Family Development (MCYS, 2023) has defined CAb as follows: "Child abuse is any action or inaction by an individual (e.g., parent or caregiver) that

endangers or damages a child's physical or emotional well-being" (para. 1) and it can come in different forms, such as "physical abuse, emotional and psychological abuse, sexual abuse and neglect" (MCYS, 2023, para. 2). Under the **Children and Young Persons Act of 1993** (2020 Rev Ed) (CYPA), it offers a child and young person broad protection from acts of ill-treatment and regulates juvenile justice. The Family Justice Act of 2014 (2020 Rev Ed) regulates the jurisdiction of the Youth Court that is empowered by the CYPA and which falls under the umbrella of the Singapore Family Justice Courts.

In the United States, the federal legislation defines the CAb including neglect "by identifying a minimum set of acts or behaviors" (Children's Bureau, n.d., para. 2). For instance, the Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C.A. § 5106g), originally enacted in 1974 (Public Law 93-247), as modified by the CAPTA Reauthorization Act of 2010¹, establishes the minimum criteria for defining child abuse and neglect as follows:

- *"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."*

Moreover, this US definition of CAb and neglect pertains specifically to parents and other caregivers. In this context, a "child" typically denotes an individual who is under the age of 18 or who has not achieved emancipated minor status.

However, a common and widely accepted definition of CAb typically includes any act or failure to act by a parent, caregiver, or guardian that results in harm, potential harm, or a threat of harm to a child. This harm can be physical, emotional, or sexual in nature, and it often involves neglect or maltreatment of a child's basic needs for safety, well-being, and development. Laws and definitions may differ by location (e.g., county, province, state and/or country). Hence, in this regard, counselors and therapists working in the field of child abuse and protection service need to consult local statutes and authorities for precise definitions in a specific jurisdiction.

2. SIGNS AND SYMPTOMS OF CHILD ABUSE

The condition of CAb can take various forms, and its signs and symptoms may vary depending on the type of abuse. However, some common signs and symptoms of CAb include the following:

- *Physical abuse* (Christian et al., 2015; Kellogg et al., 2007): This includes unexplained bruises, welts, or burns, frequent injuries or injuries that do not match the explanation given, fear of adults or caregivers, and aggressive or violent behavior.
- *Emotional abuse* (D'arcy-Bewick et al., 2022; Engel, 2023): This includes withdrawn behavior, depression, or extreme shyness, sudden change in self-confidence, frequent nightmares or trouble sleeping, and emotional outbursts, aggression, or extreme passivity.
- *Neglect* (D'arcy-Bewick et al., 2022; Skinner et al., 2023): This involves poor hygiene, dirty or ragged clothing, malnourishment or frequent hunger, lack of appropriate supervision, and chronic absenteeism from school.
- *Sexual abuse* (Finkelhor, 1982; Mullen et al., 1993): This includes sexualized play or knowledge inappropriate for the child's age, regression to younger behavior, fear or avoidance of a specific person, and unexplained sexually transmitted infections (STIs) or pregnancy in a child.

¹ The CAPTA was amended several times (e.g., 1988, 1992, 1996, 2010) and was most recently amended and reauthorized by the Comprehensive Addiction and Recovery Act of 2016.

- *Psychological abuse* (Bifulco et al., 2002; Black et al., 2001): This involves constant criticism, humiliation, or belittling, extreme anxiety, depression, or emotional instability, social withdrawal and isolation, and developmental delays in speech or cognitive abilities.

These abovementioned signs and symptoms may not always indicate CAb, and some children may not even show obvious signs or symptoms. If anyone suspects a child is suffering from or experiencing CAb, it is always crucial to report it to the appropriate authorities or child protective services, who can conduct a formal investigation and ensure the child's safety.

3. THE SOCIOPSYCHOLOGICAL FRAMEWORKS OF CHILD ABUSE

CAb is a complex and multifaceted issue that has been extensively studied in sociopsychology. Contemporary studies (e.g., Hébert et al., 2014; Juliano & Yunes, 2014; Sippel et al., 2015) in sociopsychology have reported the importance of the role of social support networks and individual resilience in protecting children from abuse. Strong social support systems and the development of resilience can mitigate the impact of abuse on children. Moreover, studies (e.g., Gil, 1975; Hofstede, 1998; Pfohl, 1977) done in the late 20th century found that cultural norms, societal attitudes, and institutional factors could contribute to or inhibit CAb. In other words, cultural norms and societal attitudes can either condone or condemn abusive behaviors, affecting prevalence rates and interventions.

In this paper, the authors have chosen to introduce three sociopsychological frameworks related to child abuse. The first framework is the Social Learning Theory (Burton et al., 2002; Vexler, 1977). This theory suggests that individuals learn behaviors, including abusive ones, through observation and imitation of others. In the context of CAb, it implies that children who experience abuse may be more likely to perpetrate it as adults if they have learned abusive behaviors from their caregivers.

The next framework is the Attachment Theory (Bacon & Richardson, 2001; Olafson, 2002): Attachment theory examines the emotional bonds between caregivers and children. Research has shown that secure attachment to caregivers can have a protective effect against CAb, while insecure or disrupted attachments may increase the risk (Bacon & Richardson, 2001).

The third framework is the Cycle of Violence Hypothesis (Forsman & Långström, 2012; Manchikanti Gómez, 2011), which suggests that individuals who experience abuse as children are at a higher risk of becoming abusive parents themselves, perpetuating a cycle of violence.

Today, social psychologists are still working diligently to develop and evaluate interventions and prevention strategies to reduce CAb (Daro & Donnelly, 2002; Fallon et al., 2013). These strategies may include parenting programs (Rudolph et al., 2018), educational campaigns (Fortson et al., 2016; Horsfall, Bromfield, & McDonald, 2010) and policy recommendations (Freeman-Longo, 1997).

4. CAUSES OF CHILD ABUSE

CAb is a specific form of aversive childhood experience. Aversive childhood experiences (ACEs) encompass a range of negative and harmful events or conditions that children may endure during their early upbringing. In other words, according to CDC (2021), "ACEs are potentially traumatic events that occur in childhood ... *and* ... can include violence, abuse, and growing up in a family with mental health or substance use problems" (para. 1). In addition, toxic stress from ACEs can impact on the brain development and affect how a child's body responds to stress. "ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood" (CDC, 2021, para. 1).

CAb, which includes physical, emotional, or sexual abuse, is a severe subset of these ACEs. It involves intentional harm, neglect, or exploitation of a child by a caregiver or adult authority figure. Hence, CAb can have lasting physical, emotional, and psychological consequences, often leading to trauma and various long-term issues for the child. The condition of CAb is indeed a deeply troubling and damaging ACE that can have profound and lasting effects on a person's life. As a result, with so many various causes of CAb, the malignant condition often results from a combination of factors that include the following:

- *Family Stressors* (Elmer, 1979; Montgomery et al., 2019; Silvern, 1994): High levels of stress within a family (e.g., financial difficulties, unemployment, or relationship conflicts) can increase the risk of child abuse.
- *Substance Abuse* (Cohen et al., 2003; Min et al., 2007; Stein et al., 2002): Parents or caregivers with substance abuse issues (e.g., alcohol, binge drinking or drug addiction) may be more likely to abuse children due to impaired judgment and behavior.
- *Mental Health Issues* (Afifi et al., 2014; Mullen et al., 1993; Oswald et al., 2010): Untreated mental health conditions (e.g., depression, anxiety, or personality disorders) can contribute to abusive behavior.
- *History of Abuse* (Caliso & Milner, 1992; Milner et al., 1990; Romero-Martínez et al., 2014): Adults who were victims of CAb or ACEs themselves as children may be more prone to repeating these patterns in their own families.
- *Social Isolation* (Gracia & Musitu, 2003; Moncher, 1995; Trucco et al., 2023): Lack of support networks and social isolation or even severe social withdrawal, also known as Hikikomori Syndrome (Guo, 2023), can lead to increased stress and frustration, increasing the risk of CAb.
- *Lack of Parenting Skills* (Karjalainen et al., 2021; September, Rich, & Roman, 2016): Inexperienced or unprepared parents may struggle to cope with the demands of childcare, leading to unintentional neglect or CAb.
- *Cultural and Societal Factors* (Elliott & Urquiza, 2006; Gelles, 2017): Cultural beliefs, societal norms, and economic disparities can influence parenting practices and attitudes towards discipline, potentially leading to abusive behavior.
- *Lack of Awareness* (Briggs, 2023; Suniega et al., 2022): Some parents may not be aware of appropriate parenting techniques or resources available for support.
- *Parental Expectations* (Griffith, 2022; Morgan et al., 2022): Unrealistic expectations of a child's behavior or performance can result in frustration and harsh discipline.
- *Intergenerational Patterns* (Gonzalez et al., 2022; Starget et al., 2022): CAb may continue through generations as a learned behavior.

For parents and teachers as well as counselors and therapists who have encountered children with CAb, it is important to note that CAb is a very complex issue and there remains no straightforward solution to the problem. For professionals to address the problem, CAb often requires a multifaceted approach, including education, support services, and legal intervention when necessary. More importantly, teachers, counselors and therapists must play a proactive role in recognizing and reporting suspected cases of CAb to relevant authorities (e.g., Child Welfare and Protection Office) as it is crucial to ensure the safety and well-being of these abused children.

5. CONSEQUENCES OF CHILD ABUSE

Child abuse (CAb) can have severe and long-lasting negative consequences on the physical, emotional, and psychological wellness of a child victim. Below are four selected key consequences of CAb, each being briefly described:

- *Emotional and Psychological Effects* (Arslan et al., 2022; Sayyah et al., 2022): These include Post-Traumatic Stress Disorder (PTSD); depression and anxiety disorders; low self-esteem and self-worth; difficulty forming and maintaining relationships; and self-destructive behaviors (e.g., self-harm, substance abuse). In addition, emotional and psychological scars are long-term effects and they include flashbacks and nightmares related to the abuse, and a lifelong struggle to cope with the traumatic disturbance.
- *Physical Consequences* (Ma et al., 2022; Kovler et al., 2021): These include physical injuries such as bruises, fractures, and internal injuries, delayed physical development, and chronic health problems.
- *Behavioral Issues* (Choi et al., 2019; Yu, Li, & Zhao, 2020): They involve aggression and conduct disorders, difficulty in school and academic underachievement, and also delinquency and criminal behavior.
- *Long-Term Impact* (Çelik & Odacı, 2020; Strathearn et al., 2020): This includes adverse effects on brain development, potentially leading to cognitive impairments, increased risk of engaging in abusive behavior as adults, and interference with the child's ability to trust and form healthy relationships.

5.1 Child Welfare & Protection against Child Abuse

Child welfare and protection against child abuse typically involve a multi-component model that aims to ensure the safety, well-being, and healthy development of children. While the specific components may vary by jurisdiction, the authors of this paper have identified the following key elements to design his basic framework of *safeguarding* the welfare of children and protect them from CAb and any forms of harm. The term *safeguarding* refers to “protecting children from abuse and maltreatment preventing harm to children’s health or development” (National Society for the Prevention of Cruelty to Children/NSPCC, 2023, para. 4) (see Figure 1):

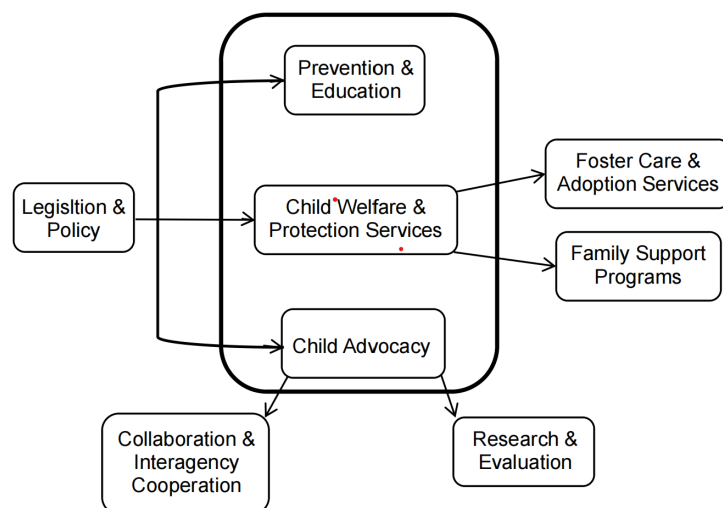


Figure 1. A Basic Framework of Safeguarding Children’s Welfare & Child Protection

1. *Prevention and Education* (Daro & Donnelly, 2002; McDonald, 2007): Prevention is always better than cure and the best approach to prevent CAb is through education that can be done in schools, community centers, public libraries and other organizations. Education and awareness programs to prevent CAb by teaching parents, caregivers, and children about its signs, effects, and how to

create safe environments. This component can help to raise awareness about CAb, providing psychoeducation to parents, caregivers, and the community on child safety, parenting skills, and recognizing signs of abuse.

2. *Child Welfare and Protection Services (CWPS)* (Connell et al., 2007; Schene, 1998): This component covers providing support services (e.g., counseling and therapy) for both the victims of CAb and families involved in cases of abuse. CWPS agencies investigate reports of child abuse and neglect, assess the risk to a child, and provide intervention services when necessary. They work to ensure the child's safety and may provide family support and counseling. Children who have experienced abuse often require counseling and therapy to address trauma and promote healing. In addition, CWPS can also offer the following support services and programs:
 - 2.1 *Foster Care and Adoption Services* (Barbell & Freundlich, 2001; Landers et al., 2021): When children cannot remain safely with their biological families, foster care and adoption services provide temporary or permanent alternative placements, with a focus on finding safe and loving homes for children.
 - 2.2 *Family Support Programs* (Chaffin et al., 2001; O'Reilly et al., 2010): These programs offer support and resources to at-risk families, including parenting classes, substance abuse treatment, mental health services, and housing assistance to address underlying issues contributing to abuse or neglect.
3. *Legislation and Policy* (Davies et al., 2014; Simon, Luetzow, & Conte, 2020): This essential component involves two key aspects. The first one concerns the enactment and enforcement of laws and policies to make CAb illegal. It investigates and prosecutes CAb cases as and when it is necessary, working in conjunction with child protection agencies. The second one looks into the provision of mandatory outline on the responsibilities of agencies and individuals in protecting children. This latter focuses on establishing mechanisms for identifying and reporting suspected cases of CAb, which often involves teachers, healthcare professionals (e.g., doctors and nurses), and social workers to the relevant authorities. The CWPS operates within a legal framework that defines CAb and neglect, outlines reporting requirements, and sets guidelines for intervention, including the removal of children from unsafe environments when necessary.
4. *Child Advocacy* (Parker et al., 2020; Racine et al., 2021): Child advocacy organizations work to protect the rights, interests and well-being of children through awareness campaigns, including legal representation, when necessary, to ensure their best interests are considered in legal proceedings. It should also involve communities in child protection efforts, fostering a culture of vigilance and support for children.
5. *Collaboration and Interagency Cooperation* (Herbert et al., 2021; Kothari et al., 2022): Effective child protection systems involve collaboration among various agencies, including law enforcement, healthcare providers, schools, and social services, to ensure a coordinated response to child abuse cases.
6. *Research and Evaluation* (Shum et al., 2021; Thackeray et al., 2022): Conducting research to understand the prevalence and patterns of CAb can inform best practice in prevention strategies. Ongoing research and evaluation can help refine child welfare policies and practices, ensuring they are evidence-based and effective in protecting children. It should also involve collaborating with international organizations and neighboring countries to combat child trafficking and cross-border abuse cases.

When these abovementioned six components work together, they can create a basic framework of safeguarding the child protection against CAb and/or any other forms of harm. The ultimate goal is to ensure the safety and well-being of children. Specific strategies and programs may vary from one region to another, but these core elements are generally present in child protection efforts worldwide.

6. CONCLUSION

Child Abuse (CAb) encompasses acts or failures by parents, caregivers, or guardians causing harm or potential harm to a child, including physical, emotional, or sexual harm, often involving neglect. CAb is a subset of Aversive Childhood Experiences (ACEs), which include harmful childhood events linked to adult health and mental issues. As a result, CAb can severely impact a child's physical and emotional well-being. Attempts to define CAb can be tricky as its definition varies by location, so child protection officers, counselors and therapists in this field often have to consult local laws as they play a vital role in recognizing signs and symptoms of CAb. They also have to provide adequate and appropriate support to mitigate its effects, aiding survivors in healing and leading fulfilling lives. In order to help readers, understand CAb better, three sociopsychological frameworks were briefly introduced to give some insights into the complex interplay of risk factors in the challenging issue. In addition, the authors have also proposed their basic framework of safeguarding children's welfare and child protection in this paper.

7. ACKNOWLEDGEMENT

None.

8. COMPETING INTERESTS

Authors have declared that no competing interests exist

9. FINANCIAL DISCLOSURE

Non funds obtained.

10. ARTIFICIAL INTELLIGENCE DISCLOSURE

No generative AI or AI-assisted technologies were used in the preparation of this manuscript.

REFERENCES

- Afifi, T. O., MacMillan, H. L., Boyle, M., Taillieu, T., Cheung, K., & Sareen, J. (2014). Child abuse and mental disorders in Canada. *Canadian Medical Association Journal*, 186(9), E324-E332. <https://doi.org/10.1503/cmaj.131792>
- Arslan, G., Genç, E., Yıldırım, M., Tanhan, A., & Allen, K. A. (2022). Psychological maltreatment, meaning in life, emotions, and psychological health in young adults: A multi-mediation approach. *Children and Youth Services Review*, 132. Article ID: 106296. <https://doi.org/10.1016/j.childyouth.2021.106296>
- Bacon, H., & Richardson, S. (2001). Attachment theory and child abuse: An overview of the literature for practitioners. *Child Abuse Review: Journal of the British Association for the Study and Prevention of Child Abuse and Neglect*, 10(6), 377-397. <https://doi.org/10.1002/car.718>

- Barbell, K., & Freundlich, M. (2001). *Foster care today*. Washington, DC: Casey Family Programs National Center for Resource Family Support.
- Bifulco, A., Moran, P. M., Baines, R., Bunn, A., & Stanford, K. (2002). Exploring psychological abuse in childhood: II. Association with other abuse and adult clinical depression. *Bulletin of the Menninger Clinic*, 66(3), 241-258. <https://doi.org/10.1521/bumc.66.3.241.23366>
- Black, D. A., Slep, A. M. S., & Heyman, R. E. (2001). Risk factors for child psychological abuse. *Aggression and Violent Behavior*, 6(2-3), 189-201. [https://doi.org/10.1016/S1359-1789\(00\)00021-5](https://doi.org/10.1016/S1359-1789(00)00021-5)
- Briggs, F. (2020). *Child protection: A guide for teachers and child care professionals*. Oxfordshire, UK: Routledge.
- Burton, D. L., Miller, D. L., & Shill, C. T. (2002). A social learning theory comparison of the sexual victimization of adolescent sexual offenders and nonsexual offending male delinquents. *Child Abuse & Neglect*, 26(9), 893-907. [https://doi.org/10.1016/s0145-2134\(02\)00360-5](https://doi.org/10.1016/s0145-2134(02)00360-5)
- Caliso, J. A., & Milner, J. S. (1992). Childhood history of abuse and child abuse screening. *Child Abuse & Neglect*, 16(5), 647-659. [https://doi.org/10.1016/0145-2134\(92\)90103-X](https://doi.org/10.1016/0145-2134(92)90103-X)
- Çelik, B. Ç., & Odacı, H. (2020). Does child abuse have an impact on self-esteem, depression, anxiety and stress conditions of individuals?. *International Journal of Social Psychiatry*, 66(2), 171-178. <https://doi.org/10.1177/0020764019894618>
- Centers for Disease Control and Prevention (2021, August 23). Adverse childhood experiences (ACEs): Preventing early trauma to improve adult health. Retrieved from: <https://www.cdc.gov/vitalsigns/aces/index.html#print>
- Chaffin, M., Bonner, B. L., & Hill, R. F. (2001). Family preservation and family support programs: Child maltreatment outcomes across client risk levels and program types. *Child Abuse & Neglect*, 25(10), 1269-1289. [https://doi.org/10.1016/s0145-2134\(01\)00275-7](https://doi.org/10.1016/s0145-2134(01)00275-7)
- Children's Bureau (n.d.). Definitions of child abuse and neglect. Retrieved from: <https://www.childwelfare.gov/topics/can/defining/>
- Choi, J. K., Wang, D., & Jackson, A. P. (2019). Adverse experiences in early childhood and their longitudinal impact on later behavioral problems of children living in poverty. *Child Abuse & Neglect*, 98. Article ID: 104181. <https://doi.org/10.1016/j.chiabu.2019.104181>
- Christian, C. W., & Committee on Child Abuse and Neglect (2015). The evaluation of suspected child physical abuse. *Pediatrics*, 135(5), e20150356. <https://doi.org/10.1542/peds.2015-2010>
- Cohen, J. A., Mannarino, A. P., Zhitova, A. C., & Capone, M. E. (2003). Treating child abuse-related posttraumatic stress and comorbid substance abuse in adolescents. *Child Abuse & Neglect*, 27(12), 1345-1365. <https://doi.org/10.1016/J.CHIABU.2003.08.001>
- Connell, C. M., Bergeron, N., Katz, K. H., Saunders, L., & Tebes, J. K. (2007). Re-referral to child protective services: The influence of child, family, and case characteristics on risk status. *Child Abuse & Neglect*, 31(5), 573-588. <https://doi.org/10.1016/j.chiabu.2006.12.004>
- Daro, D., & Donnelly, A. C. (2002). Child abuse prevention: Accomplishments and challenges. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, C. Jenny, & T. A. Reid (Eds.), *The APSAC handbook on child maltreatment* (2nd ed., pp. 431-448). Thousand Oaks, CA: Sage Publications, Inc.
- D'arcy-Bewick, S., Terracciano, A., Turiano, N., Sutin, A. R., Long, R., & O'Súilleabháin, P. S. (2022). Childhood abuse and neglect, and mortality risk in adulthood: a systematic review and meta-analysis. *Child Abuse & Neglect*, 134. Article ID: 105922. <https://doi.org/10.1016/j.chiabu.2022.105922>
- Davies, E., Matthews, B., & Read, J. (2014). Mandatory reporting? Issues to consider when developing legislation and policy to improve discovery of child abuse. *IALS Student Law Review*, 2, 9-20.
- Elliott, K., & Urquiza, A. (2006). Ethnicity, culture, and child maltreatment. *Journal of social issues*, 62(4), 787-809. <https://doi.org/10.1111/j.1540-4560.2006.00487.x>
- Elmer, E. (1979). Child abuse and family stress. *Journal of Social Issues*, 35(2), 60-71. <https://doi.org/10.1111/j.1540-4560.1979.tb00801.x>

- Engel, B. (2023). *The emotionally abusive relationship: How to stop being abused and how to stop abusing*. Hoboken, NJ: John Wiley & Sons.
- Fallon, B., Ma, J., Allan, K., Pillhofer, M., Trocmé, N., & Jud, A. (2013). Opportunities for prevention and intervention with young children: lessons from the Canadian incidence study of reported child abuse and neglect. *Child and Adolescent Psychiatry and Mental Health*, 7(1), 1-13. <https://doi.org/10.1186/1753-2000-7-4>
- Finkelhor, D. (1982). Sexual abuse: A sociological perspective. *Child abuse & neglect*, 6(1), 95-102. [https://doi.org/10.1016/0145-2134\(82\)90055-2](https://doi.org/10.1016/0145-2134(82)90055-2)
- Forsman, M., & Långström, N. (2012). Child maltreatment and adult violent offending: population-based twin study addressing the 'cycle of violence' hypothesis. *Psychological Medicine*, 42(9), 1977-1983. <https://doi.org/10.1017/S0033291711003060>
- Fortson, B. L., Kleven, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities. Atlanta, GA: Centers for Disease Control and Prevention.
- Freeman-Longo, R. E. (1997). Reducing sexual abuse in America: legislating tougher laws or public education and prevention. *New England Journal on Criminal & Civil Confinement*, 23, 303-331.
- Gelles, R. J. (2017). What to learn from cross-cultural and historical research on child abuse and neglect: An overview. In *Child Abuse and Neglect: Biosocial Dimensions-Foundations of Human Behavior*. Oxfordshire, UK: Routledge.
- Gil, D. G. (1975). Unraveling child abuse. *American Journal of Orthopsychiatry*, 45(3), 346. <https://doi.org/10.1111/j.1939-0025.1975.tb02545.x>
- Gonzalez, S., Rodriguez, C. M., & Paine, E. (2022). Examining gender-specific modeling in the intergenerational transmission of parenting style and physical child abuse risk. *Journal of Child and Family Studies*, 31(9), 2344-2358. <https://doi.org/10.1007/s10826-022-02232-1>
- Gracia, E., & Musitu, G. (2003). Social isolation from communities and child maltreatment: A cross-cultural comparison. *Child Abuse & Neglect*, 27(2), 153-168. [https://doi.org/10.1016/s0145-2134\(02\)00538-0](https://doi.org/10.1016/s0145-2134(02)00538-0)
- Griffith, A. K. (2022). Parental burnout and child maltreatment during the COVID-19 pandemic. *Journal of Family Violence*, 37(5), 725-731. <https://doi.org/10.1007/s10896-020-00172-2>
- Guo, G. Q. (2023). Is Hikikomori syndrome 'modern-day depression'? A nosological perspective. *The Asian Educational Therapist*, 1(1), 21-32.
- Hébert, M., Lavoie, F., & Blais, M. (2014). Post Traumatic Stress Disorder/PTSD in adolescent victims of sexual abuse: Resilience and social support as protection factors. *Ciencia & Saude Coletiva*, 19, 685-694. <https://doi.org/10.1590/1413-81232014193.15972013>
- Herbert, J., Ghan, N., Salveron, M., & Walsh, W. (2021). Possible factors supporting cross-agency collaboration in child abuse cases: A scoping review. *Journal of Child Sexual Abuse*, 30(2), 167-191. <https://doi.org/10.1080/10538712.2020.1856994>
- Hofstede, G. (1998). Attitudes, values and organizational culture: Disentangling the concepts. *Organization Studies*, 19(3), 477-493. <https://doi.org/10.1177/017084069801900305>
- Horsfall, B., Bromfield, L., & McDonald, M. (2010). *Are social marketing campaigns effective in preventing child abuse and neglect?* Melbourne, Australia: Australian Institute of Family Studies.
- Juliano, M. C. C., & Yunes, M. A. M. (2014). Reflections on the social support network as a mechanism for the protection and promotion of resilience. *Ambiente & Sociedade*, 17, 135-154.
- Karjalainen, P., Kiviruusu, O., Santalahti, P., & Aronen, E. T. (2021). Parents' perceptions of a group-based parenting programme in families with child protection and other family support services in a real-life setting. *Child & Family Social Work*, 26(1), 38-49. <https://doi.org/10.1111/cfs.12787>
- Kellogg, N. D., & Committee on Child Abuse and Neglect (2007). Evaluation of suspected child physical abuse. *Pediatrics*, 119(6), 1232-1241. <https://doi.org/10.1542/peds.2007-0883>
- Kothari, B. H., Fischer, C., Mullican, N., Lipscomb, S. T., & Jaramillo, J. (2022). Interagency collaboration among community organizations serving children and families in child welfare. *Journal of Community & Applied Social Psychology*, 32(6), 1115-1132. <https://doi.org/10.1002/casp.2612>

- Kovler, M. L., Ziegfeld, S., Ryan, L. M., Goldstein, M. A., Gardner, R., Garcia, A. V., & Nasr, I. W. (2021). Increased proportion of physical child abuse injuries at a level I pediatric trauma center during the Covid-19 pandemic. *Child Abuse & Neglect*, 116. Article ID: 104756. <https://doi.org/10.1016/j.chiabu.2020.104756>
- Landers, A. L., Danes, S. M., Campbell, A. R., & Hawk, S. W. (2021). Abuse after abuse: The recurrent maltreatment of American Indian children in foster care and adoption. *Child Abuse & Neglect*, 111. Article ID: 104805.
- Ma, J., Han, Y., & Kang, H. R. (2022). Physical punishment, physical abuse, and child behavior problems in South Korea. *Child Abuse & Neglect*, 123, 105385. <https://doi.org/10.1016/j.chiabu.2021.105385>
- Manchikanti Gómez, A. (2011). Testing the cycle of violence hypothesis: Child abuse and adolescent dating violence as predictors of intimate partner violence in young adulthood. *Youth & Society*, 43(1), 171-192. <https://doi.org/10.1177/0044118X09358313>
- McDonald, K. C. (2007). Child abuse: Approach and management. *American Family Physician*, 75(2), 221-228.
- Milner, J. S., Robertson, K. R., & Rogers, D. L. (1990). Childhood history of abuse and adult child abuse potential. *Journal of Family Violence*, 5(1), 15-34. <https://doi.org/10.1007/BF00979136>
- Min, M., Farkas, K., Minnes, S., & Singer, L. T. (2007). Impact of childhood abuse and neglect on substance abuse and psychological distress in adulthood. *Journal of Traumatic Stress*, 20(5), 833-844. <https://doi.org/10.1002/jts.20250>
- Ministry of Social and Family Development (2023, March 31). Break the silence: Child abuse. Retrieved from: <https://www.msf.gov.sg/what-we-do/break-the-silence/domestic-violence/child-abuse#>.
- Moncher, F. J. (1995). Social isolation and child-abuse risk. *Families in Society*, 76(7), 421-433. <https://doi.org/10.1177/104438949507600704>
- Montgomery, E., Just-Østergaard, E., & Jervelund, S. S. (2019). Transmitting trauma: a systematic review of the risk of child abuse perpetrated by parents exposed to traumatic events. *International Journal of Public Health*, 64, 241-251. <https://doi.org/10.1007/s00038-018-1185-4>
- Morgan, C. H., Pu, D. F., & Rodriguez, C. M. (2022). Parenting style history in predicting harsh parenting and child abuse risk across the transition to parenthood: Role of gender. *Child Abuse & Neglect*, 12. Article ID: 105587. <https://doi.org/10.1016/j.chiabu.2022.105587>
- Mullen, P. E., Martin, J. L., Anderson, J. C., Romans, S. E., & Herbison, G. P. (1993). Childhood sexual abuse and mental health in adult life. *The British Journal of Psychiatry*, 163(6), 721-732. <https://doi.org/10.1192/bjp.163.6.721>
- National Society for Prevention of Cruelty to Children (NSPCC) (2023). Safeguarding children and child protection. Retrieved from: <https://learning.nspcc.org.uk/safeguarding-child-protection#>.
- Olafson, E. (2002). Attachment theory and child abuse: Some cautions. *Journal of Child Sexual Abuse*, 11(1), 125-129. https://doi.org/10.1300/J070v11n01_06
- O'Reilly, R., Wilkes, L., Luck, L., & Jackson, D. (2010). The efficacy of family support and family preservation services on reducing child abuse and neglect: What the literature reveals. *Journal of Child Health Care*, 14(1), 82-94. <https://doi.org/10.1177/1367493509347114>
- Oswald, S. H., Heil, K., & Goldbeck, L. (2010). History of maltreatment and mental health problems in foster children: A review of the literature. *Journal of Pediatric Psychology*, 35(5), 462-472. <https://doi.org/10.1093/jpepsy/jsp114>
- Parker, J., McMillan, L., Olson, S., Ruppel, S., & Vieth, V. (2020). Responding to basic and complex cases of child abuse: A comparison study of recent and current child advocacy studies (CAST) students with DSS workers in the field. *Journal of Child & Adolescent Trauma*, 13, 357-364. <https://doi.org/10.1007/s40653-019-00297-7>
- Pfohl, S. J. (1977). The 'discovery' of child abuse. *Social Problems*, 24(3), 310-323. <https://doi.org/10.2307/800083>
- Racine, N., Dimitropoulos, G., Hartwick, C., Eirich, R., van Roessel, L., & Madigan, S. (2021). Characteristics and service needs of maltreated children referred for mental health services at a

- child advocacy centre in Canada. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 30(2), 92-103.
- Romero-Martínez, Á., Figueiredo, B., & Moya-Albiol, L. (2014). Childhood history of abuse and child abuse potential: The role of parent's gender and timing of childhood abuse. *Child abuse & neglect*, 38(3), 510-516. <https://doi.org/0.1016/j.chiabu.2013.09.010>
- Rudolph, J., Zimmer-Gembeck, M. J., Shanley, D. C., & Hawkins, R. (2018). Child sexual abuse prevention opportunities: Parenting, programs, and the reduction of risk. *Child Maltreatment*, 23(1), 96-106. <https://doi.org/10.1177/1077559517729479>
- Sayyah, M. D., Merrick, J. S., Larson, M. D., & Narayan, A. J. (2022). Childhood adversity subtypes and young adulthood mental health problems: Unpacking effects of maltreatment, family dysfunction, and peer victimization. *Children and Youth Services Review*, 137. Article ID: 106455. <https://doi.org/10.1016/j.chilyouth.2022.106455>
- Schene, P. A. (1998). Past, present, and future roles of child protective services. *The Future of Children*, 8(1), 23-38.
- September, S. J., Rich, E. G., & Roman, N. V. (2016). The role of parenting styles and socio-economic status in parents' knowledge of child development. *Early Child Development and Care*, 186(7), 1060-1078. <https://doi.org/10.1080/03004430.2015.1076399>
- Shum, M., Asnes, A., Leventhal, J. M., Bechtel, K., Gaither, J. R., & Tiyyagura, G. (2021). The use of experts to evaluate a child abuse guideline in community emergency departments. *Academic Pediatrics*, 21(3), 521-528. <https://doi.org/10.1016/j.acap.2020.11.001>
- Silvern, L. (1994). Parenting and family stress as mediators of the long-term effects of child abuse. *Child Abuse & Neglect*, 18(5), 439-453. [https://doi.org/10.1016/0145-2134\(94\)90029-9](https://doi.org/10.1016/0145-2134(94)90029-9)
- Simon, J., Luetzow, A., & Conte, J. R. (2020). Thirty years of the convention on the rights of the child: Developments in child sexual abuse and exploitation. *Child Abuse & Neglect*, 110. Article ID: 104399. <https://doi.org/10.1016/j.chiabu.2020.104399>
- Sippel, L. M., Pietrzak, R. H., Charney, D. S., Mayes, L. C., & Southwick, S. M. (2015). How does social support enhance resilience in the trauma-exposed individual? *Ecology and Society*, 20(4), 1-10. <http://dx.doi.org/10.5751/ES-07832-200410>
- Skinner, G. C., Bywaters, P. W., & Kennedy, E. (2023). A review of the relationship between poverty and child abuse and neglect: Insights from scoping reviews, systematic reviews and meta-analyses. *Child Abuse Review*, 32(2). Article ID: e2795. <https://doi.org/10.1002/car.2795>
- Stargel, L. E., Lewis, T., LaBrenz, C. A., & Holzman, J. B. (2022). Predicting children's differential trajectories of emotion dysregulation: A study on the intergenerational transmission of child and caregiver maltreatment. *Child Abuse & Neglect*, 132. Article ID: 105816. <https://doi.org/10.1016/j.chiabu.2022.105816>
- Strathearn, L., Giannotti, M., Mills, R., Kisely, S., Najman, J., & Abajobir, A. (2020). Long-term cognitive, psychological, and health outcomes associated with child abuse and neglect. *Pediatrics*, 146(4). Article ID: e20200438. <https://doi.org/10.1542/peds.2020-0438>
- Stein, J. A., Leslie, M. B., & Nyamathi, A. (2002). Relative contributions of parent substance use and childhood maltreatment to chronic homelessness, depression, and substance abuse problems among homeless women: Mediating roles of self-esteem and abuse in adulthood. *Child Abuse & Neglect*, 26(10), 1011-1027. [https://doi.org/10.1016/s0145-2134\(02\)00382-4](https://doi.org/10.1016/s0145-2134(02)00382-4)
- Suniega, E. A., Krenek, L., & Stewart, G. (2022). Child abuse: approach and management. *American Family Physician*, 105(5), 521-528.
- Thackeray, J. D., Crichton, K. G., McPherson, P., Izsak, E., Vavul-Roediger, L., Kim, G., ... & Shapiro, R. A. (2022). Identification of initial and subsequent injury in young infants: opportunities for quality improvement in the evaluation of child abuse. *Pediatric Emergency Care*, 38(6). Article ID: e1279-e1284. <https://doi.org/10.1097/PEC.0000000000002724>
- Trucco, E. M., Fava, N. M., Villar, M. G., Kumar, M., & Sutherland, M. T. (2023). Social isolation during the COVID-19 pandemic impacts the link between child abuse and adolescent internalizing

problems. *Journal of Youth and Adolescence*, 52(6), 1313-1324. <https://doi.org/10.1007/s10964-023-01775-w>

Vexler, S. (1977). *Social learning theory and child abuse interventions*. Rockville, MD: National Institute of Justice.

Yu, G., Li, S., & Zhao, F. (2020). Childhood maltreatment and prosocial behavior among Chinese adolescents: Roles of empathy and gratitude. *Child Abuse & Neglect*, 101. Article ID: 104319. <https://doi.org/10.1016/j.chiabu.2019.104319>