

An Analysis of the Psychological and Legal Dimension of Child-Maltreated Victimisation and Its Consequences on Mental Health

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ABSTRACT

Maltreatment of children is defined as the neglect or abuse of children younger than eighteen. In the context of an association of responsibility, trust, or power, it encompasses all forms of physical and possibly emotional abuse, sexual abuse, neglect, carelessness, and commercial or other forms of exploitation that cause real or possible damage to the child's health, survival, development, or dignity. The prevalence of child abuse is still too high, and it will probably worsen as long as COVID-related economic issues persist. To prevent, identify, and address child abuse, a thorough and evidence-based strategy is required. Impaired mental and physical well-being throughout life is among the effects of child abuse, and its societal and professional repercussions might eventually impede a nation's social and economic advancement.¹ Maltreatment of children is frequently concealed. Only a small percentage of abused children ever receive assistance from medical experts. Although there is a correlation between mental health issues and childhood abuse, it is unclear how causative this association is. A serious public health issue, bullying in kids raises the likelihood of negative health, social, and educational outcomes during childhood and adolescence. All parties involved in bullying—bullies, victims, and bully-victims—experience these repercussions, which are now known to last far into adulthood. Apart from the conventional kinds of bullying, which include direct physical, direct verbal, and indirect bullying, cyberbullying is a relatively recent form of bullying. Very few new victims are generated by cybercrime since most victims are already victims of conventional bullying. In general, bully-victims are the ones who suffer the most from the negative mental health effects of childhood bullying. Achieving the Sustainable Development Goals includes avoiding bullying, and the best evidence for effective results comes from whole-school cooperative learning programs.²

Eliminating vulnerability is a top concern, and preventing violence requires a public health strategy. Challenging childhood raises the chance of a number of negative effects throughout life, according to research conducted worldwide. This study looked at the relationship between experiencing a buzz with children and the likelihood of experiencing assault by force, abuse by intimate partners and sexual harassment as an adult.³

The importance of current neurocognitive results in offering a multilayered framework for conceptualising mental health vulnerability after abuse is then covered, building on earlier studies.⁴ We also examine how changed neurocognitive functioning after abuse may explain why impacted children are far more inclined to experience peer victimisation. We specifically look at the threat, encouragement, and psychological recall systems and how they relate to social thinning, stress creation, and stress vulnerability. To shift to a preventative approach of behavioural health care and lessen the possibility of peer victimisation among children exposed to abuse, such mechanistic knowledge is required.

Keywords: Peer victimisation, Sexual harassment, Sustainable development goals, Cybercrime, Bully-victims, Adolescence, Maltreatment.

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INTRODUCTION

Domestic violence against children is a widespread issue that can have serious, long-lasting effects on their psychological well-being. The exact mechanism by which maltreatment raises a child's risk of experiencing psychological issues is still unknown, as is the reason why some abused children are more susceptible to mental health issues than others.⁵ Any mechanistic framework must take into consideration the part played by social conditions that emerge following the experience of abuse. Unfortunately, it is well known that children who have been abused as children are more likely to become victims again later in adulthood.

We methodically examine the data supporting a link between peer victimisation and childhood abuse, as well as

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the correlation with disapproval from peers, which can be easier to notice and study in younger populations. Next, we

look at the data supporting a link between peer rejection, mental health, and child abuse. We are especially curious to know if these negative experiences have additive or cumulative consequences on mental health outcomes. After that, we take a quick look at many theoretical developmental perspectives that have proposed potential processes that might explain the link between peer victimisation and child abuse.

Over the past 15 years, there have been significant developments in English mental health services for children and adolescents and legislation, which have affected financing, access, and service delivery patterns.⁶ A strong legislative focus on the idea of an integrated “Universal” The acronym CAMHS service, with a dream scenario of relatively effortless interactions between mental health and other services, and an emphasis on responsive, accessible, and appropriate resources for children and families, was heralded by the 1995 document “Together We Stand,” which set an atmosphere for a wave of restructuring under “New” Labour. On the other hand, a new wave of CAMHS reform was heralded by Conservative/Liberal coalition government policy in 2010, which placed a strong focus on localisation, service choice, and the merging of adult and child services.

Thus, there is strong evidence for long-term alterations in neurological, physiological, and molecular regulating systems in a wide number of retrospective investigations, including people with a criminal history. The majority of human studies tend to be cross-sectional and based on retrospective assessments in adult samples, which precludes concluding causality, even though this research has significantly shed light on prospective biological and genetic mechanisms that coordinate the long-lasting effects of child abuse on disease risk. Furthermore, cross-sectional studies do not provide information regarding early embedding mechanisms or the developmental trajectories of biological and behavioural changes across time.⁷

The Child Abuse Prevention and Treatment Act defines child abuse and neglect as any act or inaction on the part of a parent or carer (teacher, coach, or anyone else with an educational or caregiving role) that results in bodily or psychological harm, sexual exploitation or abuse, or death, or any act or inaction that creates an immediate risk of harm. The effects of abuse and neglect on children might differ greatly. A lack of awareness of the severe lifelong repercussions has hampered prevention strategies and regulations. Psychiatric conditions, including severe depression, anxiety disorder, PTSD, ADHD, drug misuse, personality disorders, and psychosis, are among the conditions that maltreated children are more prone to experience.⁸

Bullying: What Does It Mean?

Bullying victimisation occurs when individuals of the same age group repeatedly attack one another, and because of an imbalance of power, the victims find it impossible to protect self. Bullying, a type of victimisation by peers, can occur amongst adults, adolescents, or children. When a parent or

teacher abuses a child, it is not bullying. Whereas harassment and peer assault are often employed interchangeably, they are not the same thing. For instance, a fight or argument between two people of similar strength is not bullying; rather, it is victimisation by peers.⁹ The power disparity that exists between bullies and their victims is a particularly significant aspect of bullying. The victims may be at a disadvantage because of the size, strength, or number of people participating. With elements like popularity, IQ, or disability, the power disparity may additionally be more arbitrary and challenging to quantify. The surroundings can also have an impact: a child who has started attending a new school or a youngster who is a member of a minority group may be vulnerable to bullying. According to Dan Olweus, the pioneer of bullying research, the victims themselves are the best people to identify the power disparity. Bullying victims can bully other young people who are at risk. Victims of harassment are, by definition, a group of people who are less inclined to take revenge when they see abusive conduct from their peers for a variety of reasons. They make up a diverse and susceptible population that, despite having been bullied, may eventually face hardship, struggle with adjustment, or even suffer from mental health issues.

It is crucial to ascertain how childhood bullying victimisation affects kids’ and teens’ mental health and well-being, in addition to lowering the prevalence of bullying practices for some reasons. First, bullying among adolescents and children is widespread around the world.¹⁰ According to a poll of kids in over 40 nations, 13% of 11-year-olds said they had experienced bullied. Prevalence rates are typically greater for males than for girls, vary widely between nations, and decrease with age.¹¹ Eleven European nations’ rates showed a similar trend: According to Analitis *et al.* (2009), 20% of children aged 8 to 18 reported having experienced bullying; harassment victimisation was more common among boys and tended to decrease with age.

Do Children Who are Abused have a Higher Chance of Becoming Victims Themselves? An Investigation of the Data

Peer victimisation and child abuse are significantly correlated, according to a growing body of research.¹² Any kind of neglect or mistreatment directed at children under the age of eighteen is considered child maltreatment. Peer victimisation is defined as “harm produced by another human being, in the instance at hand, other children, participating beyond the parameters of appropriate conduct.”¹³ Since “peer victimisation” is more flexible and open than Olweus’s standard definition of bullying, which calls for components of persistent violence and power imbalance, we choose to adopt it. Strictly focusing on bullying runs the danger of being too limited and overlooking several detrimental peer relationships (or unintentional exclusion patterns) that are significant in connection with the cycle of violence and their effects on mental health. We also take into account the related idea of peer disapproval and how it is linked to child abuse.¹⁴



The association was also seen regardless of gender. While the majority of research concentrated on children aged 10 to 16, child abuse and peer victimization were found in children of all ages, from kindergarten and elementary school to high school.

A sociometric assessment based on peer nominations frequently captures peer rejection. Peer rejection and child abuse were shown to be significantly correlated in all but one study. Once more, this was discovered regardless of whether research focused on specific maltreatment subtypes or on maltreatment as a general notion.¹⁵ According to several studies, the effects were similar for both boys and girls, just like their peers. It was remarkable to see that there was proof of a higher risk of rejection from peers as early as infancy.¹⁵

Societal Elements Linked to Abuse of Children

Within Bronfenbrenner's social ecological paradigm, we address systemic drivers of child maltreatment, highlighting the critical responsibilities that communities, families, and schools play in shielding children from abuse.¹⁶ The risk and protective variables for children are considered multi-systemic and frequently layered in this paradigm (e.g., risk and protective factors at the individual's, family, and community level). A cumulative risk model that accounts for child abuse potential is preferred by empirical research over a social ecological arrangement (i.e., risks significantly predict child abuse prospectively regardless of the category of social system they arise from), so we use this framework as a heuristic mechanism rather than a theoretically driven mechanism.¹⁷ To highlight exosystemic influences, we first provide an overview of the micro and mesosystems associated with trauma, such as the neurobiological and genetic processes linked to trauma. We then draw on connection and trauma theories to discuss the long-standing harm caused by threats of protection and broken trust and the significance of functional, evidence-based, and well-resourced systems of support for abused children in their recovery process.

The Systematic Approach of Neurobiology

Domestic violence throughout childhood causes a series of neurological changes that make people more susceptible to ill health as adults. Long-term stress-induced modifications to the neuroendocrine system and associated brain regions, such as the locus coeruleus/autonomic nervous system and the hypothalamic–pituitary–adrenal (HPA) axis, are examples of core changes. Recent studies of neuroimmune and inflammatory pathways, microbiota, stress-related oxidation, metabolic in nature, and sleep/circadian system modifications address additional neurobiological alterations linked to early life stress.¹⁷ The brain changes that occur after early exposure to maltreatment have been reconstructed by influential recent proposals compared to general associations with stress damage to an adaptive reaction that may help the youngster cope in the inappropriate context, albeit possibly increasing the risk of psychological disorder or other negative health outcomes. Changes in the glucocorticoid, noradrenergic, vasopressin-

oxytocin stress systems, and neurotransmitters are the first signs of stress brought on by abusive events.¹⁸

In people with genetic vulnerability, these impacts fundamental neural development methods (neurogenesis, synaptic pruning, and myelination) throughout vulnerable times, resulting in subsequent impacts on the structure and possibly function of brain regions with a substantial quantity of glucocorticoid receptors and undergoing prolonged postnatal development.¹⁹ Research on child abuse has focused especially on the limbic structures of the hippocampus and amygdala, which support emotional responses and memory formation/organisation, respectively. Adult hippocampal volume decrease is a persistent finding, even in non-clinical samples that are not influenced by the stress of dealing with mental health issues or the results of therapy.

Changes in areas and pathways linked to four neurocognitive systems—threat and reward thinking about, managing emotions, and executive control—have been found in maltreated people by functional neuroimaging.²⁰ The striatum is less active when benefits are anticipated and received, whereas the amygdala is excitable when processing threats and hypoactive when avoiding them. When processing socio-affective signals (such as facial expressions), whole-brain meta-analyses show that the amygdala and ACC are hyperactive. There is also conflicting evidence of hyperreactivity in the dorsomedial PFC, superior/middle temporal gyri, parahippocampal gyrus, and insula. When engaging in controlling themselves (self-control) and performance monitoring tasks, maltreated individuals additionally exhibit ACC excitation.

Early Childhood and Adolescent Educational Repercussions

Children who encounter harassment regularly are more likely to feel alienated at school, and indirect bullying in particular has been demonstrated to negatively impact socialisation and acceptability in schools. Consequently, a child's emotions about involvement in education increase as bullying decreases. Being bullied can also have an impact on one's ability to continue attending school.²¹ Children who are consistently bullied are almost twice as likely to regularly miss their lessons and are significantly more inclined to wish to drop out of school after completing secondary education than their non-bullied peers.

The Association between Regular Victimization and Adverse Consequences on Schooling

Victims of harassment do worse on tests than their non-bullied peers. Victimized children's test results were 2.1% lower in maths and 2.5% worse in reading than those of non-bullied children in 15 Latin American nations, for instance. Average academic performance scores were 2.7% lower for children who were bullied monthly and 7.5% worse for those who were bullied weekly when compared to children who were never or nearly never tormented.²²

How Does Peer being Victimized and Child Abusive Behaviour Affect Mental Health?

Child abuse has major negative and enduring impacts on children's mental health. Anxiety, anger, sadness, and substance addiction problems, for instance, have all been linked to child abuse. Peer victimization has also been linked to major negative mental health outcomes, such as externalizing problems, psychosomatic problems, psychotic symptoms, self-harm, and suicide, according to research. The studies conducted over time, this link persists even after controlling for genetic confounding and baseline mental health issues. Being accepted by others is linked to better mental health outcomes, but rejection has been strongly linked to worse mental health outcomes.

A small proportion of research has thoroughly examined both peer victimization and child abuse, which is necessary to better understand how these incidents may eventually affect one another. After controlling for potential confounding variables, previous longitudinal studies of young adolescents have found that peer victimization and childhood maltreatment have independent effects on psychotic symptoms, depressive illness, and harming themselves.²³ These effects were seen even after adjusting for genetic risk. Research on the mental health consequences of young people and older teenagers reveals a similar pattern. These investigations were cross-sectional in design, as opposed to the research on early adolescents. Lifetime maltreatment and peer/sibling victimization were associated with social anxiety disorders in female adolescents as opposed to in teenage boys. Verbal abuse increased young people's cognitive susceptibility to depression⁹ First-year college students who experienced both peer victimization and maltreatment that is, bullying had greater levels of post-traumatic stress disorder (PTSD) than those who just experienced maltreatment.²⁴

In long-term research looking at schizophrenia, while genetic risk was linked to the early onset of emotional issues, exposure to future peer victimization exacerbated the course of emotional disorders. Genetically informative research has also demonstrated that peer victimization is exacerbated by genetic characteristics that promote sensitivity to mental health issues. Preexisting both genetically triggered mental health vulnerabilities may be risk factors for exposure to peer victimization, as Schoeler and colleagues (2019) showed that genetic risk scores for depressive illness and attention-deficit/hyperactivity disorder indicated an increased risk of peer victimization.²⁵

Why is Peer Victimization Increasing due to Child Maltreatment?

The connection between peer victimization and child abuse has been examined and comprehended through a variety of theoretical frameworks. According to Bowlby's attachment theory (1969), children who have experienced maltreatment are less likely to develop stable attachment bonds with their primary carers.¹⁸ Such kids end up with a skewed internal

functioning model as a result, which makes them more likely to form abnormal peer interactions. According to research, insecure attachment relationships are linked to child abuse

By emphasising the significance of environmental risk factors (such as parental behaviour or family instability) on the one hand and the child's traits on the other, Finkelhor's developmental victimology paradigm enhanced this research further. Cicchetti *et al.* (2000) introduced the ecological–transactional framework for child abuse, a widely important paradigm that includes these techniques. This paradigm holds that a child's development is influenced by the interactions between many layers of their ecosystem.²⁵

Effective emotion control and the development of healthy social interactions are two examples of developmental tasks. Child abuse is believed to impede the effective achievement of these developmental objectives, which may subsequently impair the person's ability to reach later developmental milestones. Ineffective emotion regulation, for instance, can make it difficult to navigate complicated social connections both inside and outside of the family and raise the likelihood of victimization and rejection by peers. Science has made great strides in identifying the neurobiological connections of victimization in general, but there hasn't been much attention paid to the precise relationship between these brain alterations and peer victimization. This work has to be expanded upon by offering more neurological specifics on how experiences of abuse impact information processing, which in turn affects social interactions throughout development. We will be in a better position to guide preventative and intervention strategies if we can more clearly define these developmental pathways.

DISCUSSION

Consequences of Child Abuse on an Individual's Growth and Health

The Adverse Childhood Experiences study conducted in the United States discovered “a strong and consistent association between the magnitude of time spent exposed to misconduct or dysfunction in the home during early childhood alongside multiple risk factors for one or more of the most prevalent causes of death in adults.” Similar findings from the LONGSCAN trial, which was also These connections between ACEs and unfavourable adult outcomes seem clear. There have been recent calls for scholars and practitioners who use ACE instruments in maltreatment screening programs to take “cautionary lessons” from other health screening research who have documented unacceptable levels of false positives and false negatives. The Early Intervention Foundation's thorough analysis of the advantages and disadvantages of ACE research to date mirrored Finkelhor's warning. Carried out in the USA, confirmed the long-lasting nature of ACE risk findings.

The potential “dose–response” link between ACEs and early adolescent mental and physical health issues was also investigated by the LONGSCAN project. 90% of the cohort had experienced an ACE by the time they were 14 years old,



according to the authors. “On the other hand, there was a progressive connection between harmful adolescent exposure to these substances and any of their well-being issue, whereas 2 and ≥ 3 negative interactions were correlated with somatic complaints,” the authors write.

The Legal System as a Source of Health Issues and a Manifestation of Institutional Harassment

Every community has underprivileged sections where the system of enforcing justice is prioritised.

On one side, society is given priority; on the other hand. As previously mentioned, there is low-level harassment of society in general, and the justice system itself either does not act or acts in a way that could be considered low-level, allowing most crimes unpunished (files are lost, prosecutors fail to prioritise them, etc. These contributors explain how individuals of particular groups are “disappearing” in the legal system, mainly concerning the hidden economy.

The judicial system stigmatises both offenders and victims. These pieces show how the system fails to protect lawbreakers from harassment, wrongful arrests, assaults, and other forms of violence, and how the perpetrators of these attacks are also part of the legal system. However, the contrary is also true: the system discriminates against and harasses victims. The result is unmistakable: both abuse victims and perpetrators are assaulted by the police and the legal system, although unintentionally and in a “low-level” manner.

However, victims’ mental health can be affected by how the judicial system treats them. Two investigations, for example, show this. The mental health of military reservists who had been sexually abused by other members of their organisation, particularly their PTSD level, improved when they received proper treatment from the legal system and their statements were taken seriously. Conversely, the mental condition of those who received disrespectful treatment from the legal system deteriorated.

Silbey’s legal awareness theory explains prejudice by integrating hegemony, ideology, and consciousness. It contrasts law enforcement’s practice and theoretical conception, arguing that law enforcement is often iatrogenic, causing harm to victims. Silbey questions how people can tolerate a judicial system that perpetuates inequality despite claims of equal treatment.

Crime’s Effect on Victims

It was as probable that the word “victim” would be used to describe ill luck in general as it was to describe criminal action.

“Someone who is exposed to violence, inequality, or another brutal or abusive situation, or is experiencing loss, harm, collapse, etc., as a result of an event, situation. Instead, or repressive or unfavourable impersonal agency,” instead of “a person assassinated or tortured by another, was the original definition. Over the last ten years, changes in crime have been measured by the number of persons found guilty in criminal courts. The number of offences documented by the police was

then used to measure trends. These days, surveys of the general population are utilised to gauge the level of victimisation and track trends in crime. The above interpretation states that the phrase refers to the victim’s inevitably subjective evaluation of the entire significance of the incident. This covers the victim’s comprehension of its importance and meaning, and additionally, whether it has altered the victim’s self-perception and caused them to feel like a victim. In contrast to any potential intangible or measurable “effects,” the victim’s perception and response to a crime are greatly influenced by its “impact” at the subsequent stage that encompasses the exploitation process linked to the initial phase.

India’s Justice System and Victims

Ignorance of crime victims exists in the justice system. They have endured a great deal more misery. Since there is now no particular legislation in India, the Supreme Court has provided justice to crime victims, which is a positive side. In a number of instances, the nation’s highest court has taken a pro-victim attitude, and the group is trying to establish a special judicial system that prioritises victims as well as criminals and ensures that everyone receives equal justice.

In “Rattan Singh v. One of the issues with our judicial system, according to Justice Krishna Iyer of the State of Punjab, is that it fails to focus on those who are victims of the crime that was committed. Indeed, our criminal code’s primary trigger is still victim recompense. This systemic problem has to be addressed by the lawmakers. More attention has to be paid to this problem.

The duration of the punishment will not compensate for the disabled or the bereaved, but rather will make it more severe and pointless. Even yet, it is morally right for the offender to compensate for the harm or make amends within the framework of the punishment. Victimization must be met by holding the offender responsible for the harm they caused, not by using violence, but by limiting the mourners’ losses.

The justice system for crimes concentrates on the crime, the perpetrator, the trial, proving the defendant’s guilt, and determining the right punishment. After being used as information in the procedures, the victims are disregarded and stigmatised. They don’t get any help, and feeling abandoned causes anxiety, which may later generate issues for the criminal justice system. In India, victims are denied their rights by the legal system and treated as mere witnesses in the trial and sentencing of criminals. Under civil law, injured victims receive fair compensation for their losses, and the guilty party is responsible for making this payment. In Indian courts, victimisation and compounding are seen as justice.

Jurisprudence firmly defines the borders of authority that separate the judicial, legislative, and executive departments. The judiciary is unbiased and has a free press. India’s punitive philosophy has acknowledged the concepts of prevention of crime, treatment, and offender rehabilitation, as evidenced by many decisions from the Court of Appeals and the High Court of India. In the judicial system, victims are seen as just

witnesses, and the state has complete control over whether to charge offenders and impose punishments on them.

Acts and Clauses of the Constitution

Article 21A of the Indian Constitution requires all Indian states to offer free and obligatory schooling to all children between the ages of six and fourteen. Article 23 of the Indian Constitution 12 forbids forced work, human trafficking, and begging. Children are not allowed to work in mines, factories, or any other dangerous jobs, according to Article 24(25). Numerous legislations have been established to implement the aforementioned fundamental rights. Take the Right to Education Act of 2009, which, under Article 21A of the Indian Constitution, requires free and compulsory education.

CONCLUSION

Children who experience violence have a higher probability of being victimised and rejected by their peers. In addition to having a detrimental effect on their well-being, there is strong evidence that peer victimisation and child abuse both independently worsen mental health consequences. The whole Indian judiciary is focused on violators. The study aims to evaluate the efficacy of preventative and early intervention measures by mapping child abuse trends using reliable metrics, including anatomical and functional brain changes and DNA methylation processes. Preventing abuse against children is a crucial objective, and the results of the current study indicate that such initiatives will also help to avoid violence between individuals throughout the life cycle. Despite its medical affiliation, claims of social risk detection and management skill, and an echo chamber, psychiatric language is inconsistent with the principles of recovery in practice and intellectual foundations. Several thorough studies, as previously reviewed, offer compelling evidence that bullying victimisation throughout childhood contributes independently to the development of negative life outcomes, such as mental, physical, and economic consequences.

Even the legislators, the court system, and others are concerned for the guilty or defendants. The system should function to provide victims justice, and the legal system must be accessible to those who want it. Suppose the framework does not guarantee that witnesses and victims may participate in court proceedings, speak effectively without fear, and have their rights and interests protected. In that case, justice will only be carried out in line with the text of the constitution rather than its spirit.

Until law enforcement, various officials, parents, the general population, it's time to and other stakeholders understand children's rights, I believe that no amount of legislation will accomplish the aim. The significance of educating people about child rights legislation among these people is urgent. Strictly enforced laws will also aid in achieving this objective. Child abuse is a social problem that calls for consideration, action, and a review of the way that investigations and prosecutions are currently conducted.

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