

# Training and counseling of violence women and children for motivators of motivation in the work area of Community Health Center Kasihan I Bantul Yogyakarta

Luluk Rosida <sup>a,1</sup>, Intan Mutiara Putri <sup>a,1,\*</sup>, Fuji Padia Ramdani <sup>a,3</sup>

<sup>a</sup> Fakultas Ilmu Kesehatan Universitas 'Aisyiyah Yogyakarta, Yogyakarta Indonesia

<sup>1</sup> [lulurosidea@unisayogya.ac.id](mailto:lulurosidea@unisayogya.ac.id); <sup>2</sup> [intan.mutiara Putri@unisayogya.ac.id](mailto:intan.mutiara Putri@unisayogya.ac.id); <sup>3</sup> [fujiiipadia@gmail.com](mailto:fujiiipadia@gmail.com)

\* Corresponding Author

## ABSTRACT

The problem of violence against women and children is an iceberg phenomenon because only a few cases are reported, the community still considers cases of violence as a disgrace and a "domestic" problem in the family that is not suitable for others. In the area of the Kasihan I Health Center, there is a "KEKEP IBU" (Auxiliary Group Class) motivator in every integrated service post. The problems found were the lack of knowledge and skills of the motivators in providing counseling and initial treatment to victims of violence against women and children and the lack of promotional tools. The purpose of this activity is to increase the knowledge and skills of the motivators of "KEKEP IBU" in providing counseling and initial treatment for victims of violence against women and children and being able to report these cases to the Community Health Center. The implementation method goes through several stages, namely the first stage of the assessment where the team coordinates and Focus Group Discussion with partners about partner problems and solutions. The second stage is Planning and Development, making promotional media about violence against women and children in the form of posters for handling victims of violence. The implementation of the third stage was carried out online training which was attended by 40 participants. The last evaluation stage, namely evaluation based on pretest and posttest scores, increased knowledge of participants in the high category by more than 100% from 35% to 90%. The implementation of this service activity went smoothly. Participants are expected to be able to provide initial treatment and counseling to victims of violence against women and children in their area.

## KEYWORDS

Handling;  
Counseling;  
Violence;  
Woman;  
Child



This is an open-access article under the [CC-BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license

## 1. Introduction

The problem of violence against women and children is a global problem related to human rights and gender inequality. The number of cases against women and children in primary and referral health services, including the police, is an iceberg, because it does not reflect the number of cases in the community. Only a few cases of violence are reported, because most people still consider cases of violence against women and children as a disgrace and a "domestic" problem in the family that no one else needs to know about. Not only physical, but also psychological, socio-economic and sexual violence is often carried out without the attention of attention. In 2000, deaths due to violence in the world reached 1.6 people with a mortality rate of 28.8% per 100,000 people. As for 49.1% due to suicide and 31.3% due to homicide. Deaths from violence in developing countries are twice that of developed countries. In a report by the National Commission on Women, the number of cases of violence against women in Indonesia has increased rapidly in the last 10 years. Domestic and work violence: An evaluation of India's MGNREGS by Sarma [1]. Association of childhood with arthritis in adulthood: Findings from a site-based study by Baiden [2]. Life experiences of posttraumatic growth survivors after witnessing institutional childhood: An interpretive phenomenological analysis investigated by Sheridan [3]. Trajectory of insomnia symptoms among adult sexual survivors of childhood: A longitudinal study provided by Steine [4]. A survey of

knowledge management choice among emergency medicine personnel in Cape Town, South Africa studied by Dessena [5].

The molecular impact of childhood abuse on the human brain was investigated by Ibrahim [6]. Evaluation of Drug Abuse in Patients With Lifelong Premature Ejaculation: A Cross-Sectional Study investigated by Mohammed [7]. Investigating the relationship of linguistic coherence in child sexual abuse: A comparison of PTSD and non-PTSD children was studied by Miragoli [8]. A qualitative study to explore the understanding and perception of sexual harassment among undergraduate students from different ethnicities was investigated by Jayapalan [9]. Depressive symptoms mediate stigma and COVID-related quality of life: validation of the stigma instrument and pathway analysis studied by Huang [10]. Screening decisions for non-abuse issues reported to child protection agencies- a structural equation model for referral content and decision outcomes were investigated by Vis [11]. Mysterious scrotal ecchymosis hints of child abuse was investigated by Lin [12]. Child abuse in the emergency department was studied by Solís-García [13]. A review of nonhuman primate models of early life stress and adolescent drug abuse was investigated by Wakeford [14].

Mental health assessment of Spanish health workers during the SARS-CoV-2 pandemic. A cross-sectional study was investigated by Sobregreu [15]. Child care and abuse of firefighters assessed as having poor mental health following the Fort McMurray fire in May 2016 was investigated by Cherry [16]. The Longitudinal Relationship between Perceived Social Support and Symptom Outcome was the finding of a sample of Adult Survivors of Child Sexual Abuse studied by Steine [17]. An explanation of physical abuse, neglect and prevention strategies among Yoruba parents (60+) in urban Ibadan Southwest Nigeria: A qualitative study was investigated by Agunbiade [18]. Assessment of the abuse potential of cannabidiol (CBD) in recreational polydrug users: A randomized, double-blind controlled trial studied by Schoedel [19]. Contextualizing adolescent structural brain development: Environmental determinants and mental health outcomes were investigated by Ferschmann [20]. Multimorbidity and polyvictimization in children — An analysis of the association of childhood disability and long-term illness with mental and physical abuse was investigated by Seppälä [21]. The cash plus program reduces the exposure to physical violence among adolescents in Zimbabwe by Chakrabarti [22]. The modulation and function of dopamine receptor heteromers in drug abuse-induced adaptation was investigated by Andrianarivelo [23]. Adaptation and psychometric properties of the ISPCAN Child Abuse Screening Tool for use in a trial (ICAST-Trial) among South African adolescents and their primary caregivers were studied by Meinck [24].

Prenatal stress and hereditary depression in adulthood as mediating roles in childhood trauma were investigated by Liu [25]. Dissemination of child abuse clinical decision support: Moving beyond a single electronic health record researched by McGinn [26]. "Saying it out loud is killing your own childhood." – An exploration of the first-person perspective on barriers to disclosure of child sexual abuse was researched by Halvorsen [27]. Long-term outcomes of childhood sexual abuse: an overview researched by Hailes [28]. The Relationship Between Childhood and Adolescent Sexual Abuse Experiences and High-Risk Sexual Behavior among Chinese Youth was studied by Ding [29]. Limiting the principles of amplitude and resonance in plasmonic structures with angles: A numerical investigation was investigated by Carvalho [30]. Experience with multidisciplinary team outreach services for the identification of child abuse was investigated by [31]. An assessment of the JUUL system's abuse liability in four flavors relative to flammable cigarettes, nicotine gum, and a comparison electronic nicotine delivery system among adult smokers was studied by Goldenson [32]. Measuring psychological abuse by intimate partners: Constructing cross-cultural indicators for the Sustainable Development Goals researched by Heise [33]. Association between abuse/neglect and ADHD from childhood to young adulthood: A nationally representative prospective twin study was investigated by Stern [34].

Comparing cognition, coping skills and vedic personality of individuals practicing yoga, physical exercise or lifestyle: a cross-sectional fMRI study investigated by Kaur [35]. Differences in late adolescent psychopathology among adolescents with a history of co-occurring abuse and neglect were investigated by Villodas [36]. Safe schools for youth: preventing sexual harassment of urban poor youth, proof of concept study - Improving the knowledge, skills and attitudes of teachers and students researched by Madrid [37]. Mortality from pelvic inflammatory disease with surgical interventional peritonitis occurring in sexually abused minors: A case report investigated by Walong [38]. Child health care coverage and reductions in child physical abuse were investigated by McCray [39]. The impact of childhood trauma on children's well-being and adult behavior was investigated by Downey [40]. Sexual abuse and physical neglect in childhood associated with affective mind theory in adults with schizophrenia were studied by Vaskinn [41]. Coding tools and abuse data for female asylum seekers were investigated by Aguirre [42]. Parental Reflective Function correlates with brain activation in response to video stimuli from a mother-daughter pair: Links to a history of maternal trauma and PTSD studied by Moser [43]. Crusted scabies in patients with methamphetamine abuse was studied by Aiempnanakit [44].

External Hydrocephalus as a Cause of Infant Subdural Hematoma: Epidemiological and Radiological Investigations in Suspected Abused Infants was studied by Andersson [45]. Experiences of violence and abuse and associated risk factors during the COVID-19 outbreak in a population-based sample of Norwegian adolescents were studied by Augusti [46]. The knowledge, experience, and attitudes of Turkish pediatric dentists regarding physical abuse in children were investigated by Zgür [47]. The relationship between dishonesty and abuse of women during childbirth and postpartum depression: Findings from the 2015 Pelotas birth cohort study investigated by Silveira [48]. Data on the prevalence of Internet addiction among individuals with a history of drug abuse were investigated by Razjouyan [49]. Data from the National Commission on Violence against Women shows that throughout 2015 there were acts of violence not only in the domestic area, but also in the public sphere. Based on the number of cases obtained from 232 Women's National Commission partners in 34 provinces, there were 321,752 cases of violence against women reported and handled in 2015. This number increased compared to the previous year's 293,220 cases in 2014, 279,688 cases in 2013, 216,156 cases in 2014. 2012 and 2011 recorded 119,107 cases. Statement from Women's National Commission on Anti-Violence Against Women Day 2014: "In 3 hours at least 2 women experience sexual violence".

UNICEF data in 2015 Violence against children in Indonesia is widespread, 40% of children aged 13-15 years report experiencing physical violence at least once a year, 26% say they have received physical punishment from parents, caregivers at home and 50% The child said that he had been bullied at school. Data from the Office of Women's Empowerment, Child Protection and Population Control in Yogyakarta in 2019 there were 335 recorded victims of sexual violence. This number increased in 2020, during the Covid-19 pandemic, the number of victims of sexual violence was recorded at 347 cases. In 2021, starting in Semester 1 of 2021, there have been 150 cases of victims of sexual violence in DIY. The number of victims of violence against women and children in DIY in 2019 was 1477 people and from Bantul Regency contributed as many as 229 people (15.5%). There are 6 health centers in Bantul Regency which are able to manage health centers violence against women and children, one of which is Kasihan 1 Health Center Bantul Yogyakarta. Based on this background, the contribution of this community service is to disseminate information about violence against women and children across related sectors and to form networks through empowering special cadres for maternal and child health (called motivators) in a "KEKEP IBU" group, namely the Mothers Support Group Class whose slogan is shown in Fig. 1.



**Fig. 1.** KEKEP innovation program for pukesmas kasihan 1 bantul

The Fig. 1 shows that in Javanese “kekep” means to hug or protect, of course it is closely related to this program whose purpose is to facilitate mothers in solving their problems. In the area of the Kasihan I Health Center there are 2 motivators in each integrated service post. There are 50 integrated service post in the working area of the Public health center. The network by this motivator is expected to be able to provide a written report on cases of violence against women and children that occurred in the integrated service post area according to the format provided. The form of socialization given to motivators in the form of training in filling out the format has been carried out in the previous activity. The next need is in the form of promotive efforts, namely providing training to motivators on early handling and counseling for victims of violence against women and children. The working area of the Kasihan I Health Center is in two villages, namely Tamantirto Village and Bangunjiwo Village, which have 50 integrated service post.

So far, the motivators for “KEKEP IBU” have reported incidents of violence against women and children to the Kasihan I Health Center, either through the online system or directly to the Kasihan I Health Center. The problem encountered based on the FGD with the Kasihan I Community Health Center was the lack of knowledge and skills of motivators when meeting victims of violence against women and children in obtaining information and counseling for initial treatment. So it is necessary to hold training that can increase the knowledge and skills of motivators in providing counseling and initial treatment for victims of violence against women and children.

## 2. Method

The method used in this service activity was adopted from the previous service activity. The description of the method of service activities carried out can be seen in Fig. 2. The Fig. 2 shows that it consists of 4 stages, namely Phase I Assessment, Phase II Planning and development, Phase III Implementation and Phase IV Evaluation. Phase I Assessment consists of situation analysis, priority problems and solutions. Phase II Planning and development consists of preparing promotional media and activity plans. Phase III Implementation consists of violence against women, violence against children, handling and counseling. Stage IV Evaluation consists of evaluating knowledge of handling victims of integrated service post and monitoring reporting.

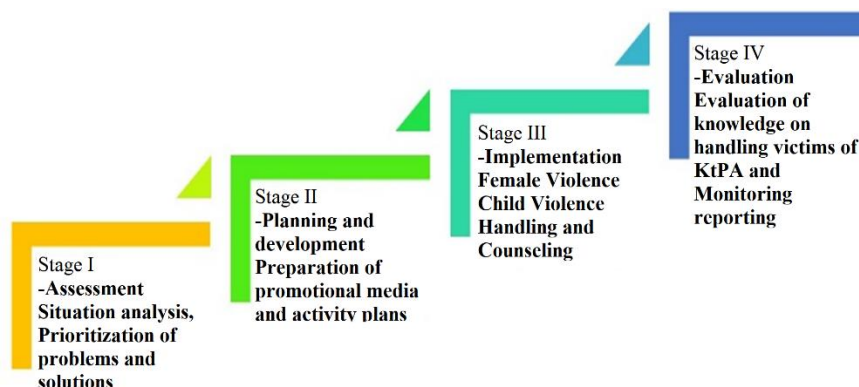


Fig. 2. Service implementation method

### 3. Results and Discussion

#### 3.1. Assessment

At the initial stage where the team coordinated and Focus Group Discussion with the partners of the Kasihan I Bantul Health Center about the partner's problems and solutions show in Fig. 3. The Fig. 3 shows that the activity was carried out in the library of Kasihan 1 Bantul Health Center which was attended by the midwife team and the responsible midwife or ID card programmer. The results of this assessment activity found problems that were found, namely the lack of knowledge and skills of motivators in providing counseling and early handling of violence against women and children victims and the lack of promotional aids in preventing violence against women and children. The solution that was agreed upon with the partners to solve the problem was the holding of training on handling and counseling victims of violence against women and children for “KEKEP IBU” motivators in the work area of Kasihan I Health Center Bantul.



Fig. 3. Discussion with partners in kasihan 1 bantul community health center

#### 3.2. Planning and development

Planning and preparation of related training programs shown in Fig. 4. The Fig. 4 shows that the service team together with partners did the preparation of promotional media and posters for the handling of violence against women and children. Furthermore, it was agreed with partners that the implementation of the activity would be carried out online considering the current condition was still in the Restriction of Movement of Community Activities period.



Fig. 4. Media preparation and publication of activities

### 3.3. Implementation

This training event was guided by moderator Fuji Padia Ramdani from midwifery study program students and the midwife profession at Unisa Yogyakarta shown in Fig. 5. The Fig. 5 shows that this training begins with distributing pretests to participants to measure their initial knowledge about violence against women and children.



Fig. 5. Training moderator

The training activities were conducted online which was attended by 40 participants from “KEKEP IBU” members shown in Fig. 6. The Fig. 6 shows that the age of the cadres varied from 31 years to 62 years. Most of them have high school and undergraduate education backgrounds. In addition to being a housewife, there are also those who work as private employees.



Fig. 6. Online training participants

The first material was delivered by Luluk Rosida, S.ST., MKM as a lecturer in S1 Physiotherapy at Unisa Yogyakarta with the subject of violence against women shown in Fig. 7. The Fig. 7 shows that women living in developing and low-income countries are more at risk of experiencing physical and sexual violence by their partners, one in four women (37%) living in these countries become victims of violence. According to Tedros Adhanom Ghebreyesus "Violence against women is endemic in every country and culture, causing harm to millions of women, and this is exacerbated by the Covid-19 pandemic. However, unlike Covid-19, violence against women cannot be stopped with vaccines. The obligation to work from home or stay at home triggers an increase in cases violence against women. The main causes of the increase in cases of violence are stress and fear. The form of stress can be explained in the form of economic pressure, education, as well as parenting borne by a wife.



Fig. 7. Violence against women

The second material was delivered by Intan Mutiata Putri, S.ST., M.Keb as a lecturer in the midwifery study program for the undergraduate program and the profession of midwife at Unisa Yogyakarta regarding violence against children shown in Fig. 8. The Fig. 8 shows that the WHO definition of violence against children includes all forms of physical and/or emotional abuse, sexual neglect, and exploitation that have an impact or have the potential to harm the child's health, child development or self-esteem in the context of responsibility relationship. According to Law Number 35 of 2014 violence against children is any act against children that results in physical, psychological, sexual misery or suffering, and/or neglect, including threats to commit acts, coercion or deprivation of liberty by way of violating the law. Child is someone who is not yet 18 years old, including children who are still in the womb. Child protection is all activities that guarantee and protect children and their rights so that they can live, grow, develop and

participate optimally in accordance with human dignity and protection from violence and discrimination. The last material on handling and counseling victims of violence against women and children was delivered by Nunung Ismiyatun, S.ST as the responsible midwife or violence against women and children programmer shown in Fig. 9.



Fig. 8. Violence against children

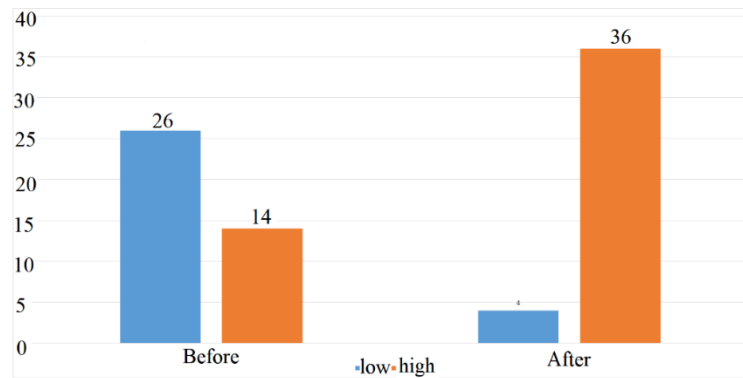


Fig. 9. Materials for handling and counseling violence against women and children

The Fig. 9 shows that counseling simulation is carried out by motivators in pairs to practice counseling. This activity was accompanied by a community service team and a Public health center midwife. In this session, an assessment of “KEKEP IBU” motivator counseling skills was also carried out. The role of the motivator for the “KEKEP IBU” in their respective regions is very important to network cases of violence against women and children found. When the motivator finds a case, he or she can provide counseling and initial treatment and can report it to the Public health center.

### 3.4. Evaluation

Conduct an evaluation after the implementation of the training by re-collecting the knowledge of handling violence against women and children victims. The role of partners in this matter is jointly raising commitments to continue screening victims of violence against women and children in their respective areas. Subsequent monitoring will be carried out by the responsible midwife or ID card programmer. The result of this service activity is that it can increase the knowledge of “KEKEP IBU” motivators regarding handling and counseling about violence against women and children. Based on the evaluation obtained through the pretest and posttest activities of 40 participants is shown in Fig. 10. The level of knowledge of the “KEKEP IBU” motivator in the low category decreased from the previous 26 people (65%) to 4 people (10%) while the knowledge in the high category increased by more than 100%, which was originally 14 people (35%) to 36 people (90 people).



**Fig. 10.** Description of Knowledge about violence against women and children before and after the training

With the increase in knowledge for the “KEKEP IBU” motivator, it is hoped that it can be a provision in dealing with cases found in their respective regions. The result of this service activity is that it is hoped that the role of the “KEKEP IBU” can provide initial treatment and counseling if you find a victim of violence against women and children in their area. In addition, they can also report in writing to the Public health center, if the victim does not want to follow up, then it is enough to report it. One of the contributions that can be made by health workers and local community support is health cadres in policy making and developing programs for handling victims of violence. Some of the impressions conveyed by the participants were that with this activity, we could reflect on ourselves and have the confidence to provide assistance to others who have experienced violence.

The implementation of community service in general went well, there were several supporting and inhibiting factors in the implementation of this community service, including: Cooperation with the Coordinator Midwife and the Kasihan 1 Health Center went well. The location of the partner is not far from the neighborhood where the service team lives so that it is easily accessible by the team carrying out coordination with partners. Good cooperation with the community service implementation team. Meanwhile, the inhibiting factor for the implementation of activities that were originally scheduled to be offline had to be carried out online due to the implementation of the emergency Restriction of Movement of Community Activities period.

#### 4. Conclusion

The conclusion of this activity is that there is an increase in the knowledge of the “KEKEP IBU” on early handling and counseling of violence against women and children as well as a joint commitment to report cases of violence against women and children found in their respective areas. For “KEKEP IBU” cadres, they should be able to do the first counseling if they find a victim of violence and immediately report it to the public health center for further treatment so that it is hoped that the victim will report himself.

#### Acknowledgment

Our gratitude goes to research and community service institutions Aisyiyah University Yogyakarta and Kasihan 1 Bantul Health Center Yogyakarta as service partners.

#### Author Contribution

The method used in this service activity was adopted from the previous service activity.

### Funding

Our gratitude goes to research and community service institutions Aisyiyah University Yogyakarta and Kasihan 1 Bantul Health Center Yogyakarta as service partners.

### Conflict of Interest

The authors declare no conflict of interest.

### References

- [1] N. Sarma, "Domestic violence and workfare: An evaluation of India's MGNREGS," *World Dev.*, vol. 149, p. 105688, Oct. 2021, doi: [10.1016/j.worlddev.2021.105688](https://doi.org/10.1016/j.worlddev.2021.105688).
- [2] P. Baiden, L. S. Panisch, H. K. Onyeaka, C. A. LaBrenz, and Y. Kim, "Association of childhood physical and sexual abuse with arthritis in adulthood: Findings from a population-based study," *Prev. Med. Reports*, vol. 23, p. 101463, Sep. 2021, doi: [10.1016/j.pmedr.2021.101463](https://doi.org/10.1016/j.pmedr.2021.101463).
- [3] G. Sheridan and A. Carr, "Survivors' lived experiences of posttraumatic growth after institutional childhood abuse: An interpretative phenomenological analysis," *Child Abuse Negl.*, vol. 103, p. 104430, May 2020, doi: [10.1016/j.chiabu.2020.104430](https://doi.org/10.1016/j.chiabu.2020.104430).
- [4] I. M. Steine et al., "Insomnia symptom trajectories among adult survivors of childhood sexual abuse: A longitudinal study," *Child Abuse Negl.*, vol. 93, pp. 263–276, Jul. 2019, doi: [10.1016/j.chiabu.2019.05.009](https://doi.org/10.1016/j.chiabu.2019.05.009).
- [5] B. Dessena and P. C. Mullan, "A cross-sectional survey of child abuse management knowledge among emergency medicine personnel in Cape Town, South Africa," *African J. Emerg. Med.*, vol. 8, no. 2, pp. 59–63, Jun. 2018, doi: [10.1016/j.afjem.2018.01.005](https://doi.org/10.1016/j.afjem.2018.01.005).
- [6] P. Ibrahim, D. Almeida, C. Nagy, and G. Turecki, "Molecular impacts of childhood abuse on the human brain," *Neurobiol. Stress*, vol. 15, p. 100343, Nov. 2021, doi: [10.1016/j.ynstr.2021.100343](https://doi.org/10.1016/j.ynstr.2021.100343).
- [7] S. A. Mohammed, A. Abdelhamed, and R. M. El Sayed, "Evaluation of Drug Abuse in Patients With Lifelong Premature Ejaculation: A Cross-Sectional Study," *Sex. Med.*, vol. 8, no. 4, pp. 608–614, Dec. 2020, doi: [10.1016/j.esxm.2020.08.008](https://doi.org/10.1016/j.esxm.2020.08.008).
- [8] S. Miragoli, E. Camisasca, and P. Di Blasio, "Investigating linguistic coherence relations in child sexual abuse: A comparison of PTSD and non-PTSD children," *Heliyon*, vol. 5, no. 2, p. e01163, Feb. 2019, doi: [10.1016/j.heliyon.2019.e01163](https://doi.org/10.1016/j.heliyon.2019.e01163).
- [9] A. Jayapalan, L. P. Wong, and N. Aghamohammadi, "A qualitative study to explore understanding and perception of sexual abuse among undergraduate students of different ethnicities," *Womens. Stud. Int. Forum*, vol. 69, pp. 26–32, Jul. 2018, doi: [10.1016/j.wsif.2018.04.004](https://doi.org/10.1016/j.wsif.2018.04.004).
- [10] F. Huang, W. Sun, L. Zhang, H. Lu, and W.-T. Chen, "Depressive symptoms mediate COVID-associated stigma and quality of life: Stigma instrument validation and path analysis," *J. Affect. Disord.*, vol. 297, pp. 269–275, Oct. 2021, doi: [10.1016/j.jad.2021.10.043](https://doi.org/10.1016/j.jad.2021.10.043).
- [11] S. A. Vis, C. Lauritzen, and J. Fluke, "Screening decisions for non-abuse concerns reported to child protection agencies- a structural equation model for referral content and decision outcome," *Child. Youth Serv. Rev.*, vol. 129, p. 106173, Oct. 2021, doi: [10.1016/j.childyouth.2021.106173](https://doi.org/10.1016/j.childyouth.2021.106173).
- [12] C. Lin, H. Tsai, C. Chang, C.-C. Peng, N.-C. Chiu, and C.-Y. Lin, "Mysterious scrotal ecchymosis: Clues of child abuse," *Pediatr. Neonatol.*, vol. 61, no. 3, pp. 353–354, Jun. 2020, doi: [10.1016/j.pedneo.2019.12.005](https://doi.org/10.1016/j.pedneo.2019.12.005).
- [13] G. Solís-García, R. Marañón, M. Medina Muñoz, S. de Lucas Volle, M. García-Morín, and A. Rivas García, "Child abuse in the Emergency department: Epidemiology, management, and follow-up," *An. Pediatria (English Ed.)*, vol. 91, no. 1, pp. 37–41, Jul. 2019, doi: [10.1016/j.anpede.2018.09.005](https://doi.org/10.1016/j.anpede.2018.09.005).
- [14] A. G. P. Wakeford, E. L. Morin, S. N. Bramlett, L. L. Howell, and M. M. Sanchez, "A review of nonhuman primate models of early life stress and adolescent drug abuse," *Neurobiol. Stress*, vol. 9, no. May, pp. 188–198, Nov. 2018, doi: [10.1016/j.ynstr.2018.09.005](https://doi.org/10.1016/j.ynstr.2018.09.005).

- [15] P. Sobregrau Sangrà et al., "Mental health assessment of Spanish healthcare workers during the SARS-CoV-2 pandemic. A cross-sectional study," *Compr. Psychiatry*, vol. 112, p. 152278, Oct. 2021, doi: [10.1016/j.comppsy.2021.152278](https://doi.org/10.1016/j.comppsy.2021.152278).
- [16] N. Cherry, J. Galarneau, A. Melnyk, and S. Patten, "Childhood care and abuse in firefighters assessed for mental ill-health following the Fort McMurray fire of May 2016.," *J. Affect. Disord. Reports*, vol. 4, p. 100090, Apr. 2021, doi: [10.1016/j.jadr.2021.100090](https://doi.org/10.1016/j.jadr.2021.100090).
- [17] I. M. Steine et al., "Longitudinal Relationships between Perceived Social Support and Symptom Outcomes: Findings from a sample of Adult Survivors of Childhood Sexual Abuse," *Child Abuse Negl.*, vol. 107, p. 104566, Sep. 2020, doi: [10.1016/j.chiabu.2020.104566](https://doi.org/10.1016/j.chiabu.2020.104566).
- [18] O. M. Agunbiade, "Explanations around physical abuse, neglect and preventive strategies among older Yoruba people (60+) in urban Ibadan Southwest Nigeria: A qualitative study," *Heliyon*, vol. 5, no. 11, p. e02888, Nov. 2019, doi: [10.1016/j.heliyon.2019.e02888](https://doi.org/10.1016/j.heliyon.2019.e02888).
- [19] K. A. Schoedel et al., "Abuse potential assessment of cannabidiol (CBD) in recreational polydrug users: A randomized, double-blind, controlled trial," *Epilepsy Behav.*, vol. 88, pp. 162–171, Nov. 2018, doi: [10.1016/j.yebeh.2018.07.027](https://doi.org/10.1016/j.yebeh.2018.07.027).
- [20] L. Ferschmann, M. G. N. Bos, M. M. Herting, K. L. Mills, and C. K. Tamnes, "Contextualizing adolescent structural brain development: Environmental determinants and mental health outcomes," *Curr. Opin. Psychol.*, vol. 44, pp. 170–176, Oct. 2021, doi: [10.1016/j.copsyc.2021.09.014](https://doi.org/10.1016/j.copsyc.2021.09.014).
- [21] P. Seppälä, R. Vornanen, and T. Toikko, "Multimorbidity and polyvictimization in children — An analysis on the association of children's disabilities and long-term illnesses with mental violence and physical violence," *Child Abuse Negl.*, vol. 122, p. 105350, Dec. 2021, doi: [10.1016/j.chiabu.2021.105350](https://doi.org/10.1016/j.chiabu.2021.105350).
- [22] A. Chakrabarti, S. Handa, G. Angeles, and D. Seidenfeld, "A cash plus program reduces youth exposure to physical violence in Zimbabwe," *World Dev.*, vol. 134, p. 105037, Oct. 2020, doi: [10.1016/j.worlddev.2020.105037](https://doi.org/10.1016/j.worlddev.2020.105037).
- [23] A. Andrianavelo, E. Saint-Jour, R. Walle, P. Trifilieff, and P. Vanhoutte, "Modulation and functions of dopamine receptor heteromers in drugs of abuse-induced adaptations," *Neuropharmacology*, vol. 152, pp. 42–50, Jul. 2019, doi: [10.1016/j.neuropharm.2018.12.003](https://doi.org/10.1016/j.neuropharm.2018.12.003).
- [24] F. Meinck et al., "Adaptation and psychometric properties of the ISPCAN Child Abuse Screening Tool for use in trials (ICAST-Trial) among South African adolescents and their primary caregivers," *Child Abuse Negl.*, vol. 82, pp. 45–58, Aug. 2018, doi: [10.1016/j.chiabu.2018.05.022](https://doi.org/10.1016/j.chiabu.2018.05.022).
- [25] Y. Liu, J. Heron, M. Hickman, S. Zammit, and D. Wolke, "Prenatal stress and offspring depression in adulthood: The mediating role of childhood trauma," *J. Affect. Disord.*, vol. 297, pp. 45–52, Oct. 2021, doi: [10.1016/j.jad.2021.10.019](https://doi.org/10.1016/j.jad.2021.10.019).
- [26] T. McGinn et al., "Dissemination of child abuse clinical decision support: Moving beyond a single electronic health record," *Int. J. Med. Inform.*, vol. 147, p. 104349, Mar. 2021, doi: [10.1016/j.ijmedinf.2020.104349](https://doi.org/10.1016/j.ijmedinf.2020.104349).
- [27] J. E. Halvorsen, E. Tvedt Solberg, and S. Hjelen Stige, "'To say it out loud is to kill your own childhood.' – An exploration of the first person perspective of barriers to disclosing child sexual abuse," *Child. Youth Serv. Rev.*, vol. 113, p. 104999, Jun. 2020, doi: [10.1016/j.childyouth.2020.104999](https://doi.org/10.1016/j.childyouth.2020.104999).
- [28] H. P. Hailes, R. Yu, A. Danese, and S. Fazel, "Long-term outcomes of childhood sexual abuse: an umbrella review," *The Lancet Psychiatry*, vol. 6, no. 10, pp. 830–839, Oct. 2019, doi: [10.1016/S2215-0366\(19\)30286-X](https://doi.org/10.1016/S2215-0366(19)30286-X).
- [29] R. Ding et al., "Association Between Childhood and Adolescent Sexual Abuse Experiences and High-Risk Sexual Behaviors Among Chinese Youth," *Sex. Med.*, vol. 6, no. 4, pp. 273–281, Dec. 2018, doi: [10.1016/j.esxm.2018.08.004](https://doi.org/10.1016/j.esxm.2018.08.004).
- [30] C. Carvalho, P. Ciarlet, and C. Scheid, "Limiting amplitude principle and resonances in plasmonic structures with corners: Numerical investigation," *Comput. Methods Appl. Mech. Eng.*, vol. 388, p. 114207, Oct. 2021, doi: [10.1016/j.cma.2021.114207](https://doi.org/10.1016/j.cma.2021.114207).
- [31] I. C. Chen et al., "Experience with outreach services of a multidisciplinary team for child abuse identification," *J. Formos. Med. Assoc.*, vol. 121, no. 6, pp. 1111–1116, Sep. 2021, doi: [10.1016/J.JFMA.2021.08.026](https://doi.org/10.1016/J.JFMA.2021.08.026).
- [32] N. I. Goldenson, A. R. Buchhalter, E. M. Augustson, M. L. Rubinstein, and J. E. Henningfield, "Abuse liability assessment of the JUUL system in four flavors relative to combustible cigarette, nicotine gum and a comparator electronic nicotine delivery system among adult smokers," *Drug Alcohol Depend.*, vol. 217, p. 108395, Dec. 2020, doi: [10.1016/j.drugalcdep.2020.108395](https://doi.org/10.1016/j.drugalcdep.2020.108395).

- [33] L. Heise, C. Pallitto, C. García-Moreno, and C. J. Clark, "Measuring psychological abuse by intimate partners: Constructing a cross-cultural indicator for the Sustainable Development Goals," *SSM - Popul. Heal.*, vol. 9, p. 100377, Dec. 2019, doi: [10.1016/j.ssmph.2019.100377](https://doi.org/10.1016/j.ssmph.2019.100377).
- [34] A. Stern et al., "Associations between abuse/neglect and ADHD from childhood to young adulthood: A prospective nationally-representative twin study," *Child Abuse Negl.*, vol. 81, pp. 274–285, Jul. 2018, doi: [10.1016/j.chiabu.2018.04.025](https://doi.org/10.1016/j.chiabu.2018.04.025).
- [35] H. Kaur et al., "Comparing cognition, coping skills and vedic personality of individuals practicing yoga, physical exercise or sedentary lifestyle: a cross-sectional fMRI study," *Integr. Med. Res.*, vol. 11, no. 1, p. 100750, May. 2020, doi: [10.1016/j.imr.2021.100750](https://doi.org/10.1016/j.imr.2021.100750).
- [36] M. T. Villodas et al., "Differences in late adolescent psychopathology among youth with histories of co-occurring abuse and neglect experiences," *Child Abuse Negl.*, vol. 120, p. 105189, Oct. 2020, doi: [10.1016/j.chiabu.2021.105189](https://doi.org/10.1016/j.chiabu.2021.105189).
- [37] B. J. Madrid, G. D. Lopez, L. F. Dans, D. A. Fry, F. G. H. Duka-Pante, and A. T. Muyot, "Safe schools for teens: preventing sexual abuse of urban poor teens, proof-of-concept study - Improving teachers' and students' knowledge, skills and attitudes," *Heliyon*, vol. 6, no. 6, p. e04080, Jun. 2020, doi: [10.1016/j.heliyon.2020.e04080](https://doi.org/10.1016/j.heliyon.2020.e04080).
- [38] E. Walong, "Mortality due to pelvic inflammatory disease with peritonitis with surgical intervention occurring in a sexually abused minor: A case report," *Forensic Sci. Int. Reports*, vol. 1, p. 100002, Nov. 2019, doi: [10.1016/j.fsir.2019.100002](https://doi.org/10.1016/j.fsir.2019.100002).
- [39] N. McCray, "Child health care coverage and reductions in child physical abuse," *Heliyon*, vol. 4, no. 11, p. e00945, Nov. 2018, doi: [10.1016/j.heliyon.2018.e00945](https://doi.org/10.1016/j.heliyon.2018.e00945).
- [40] C. Downey and A. Crummy, "The impact of childhood trauma on children's wellbeing and adult behavior," *Eur. J. Trauma Dissociation*, vol. 6, no. 1, p. 100237, Sep. 2020, doi: [10.1016/j.ejtd.2021.100237](https://doi.org/10.1016/j.ejtd.2021.100237).
- [41] A. Vaskinn, I. Melle, M. Aas, and A. O. Berg, "Sexual abuse and physical neglect in childhood are associated with affective theory of mind in adults with schizophrenia," *Schizophr. Res. Cogn.*, vol. 23, p. 100189, Mar. 2020, doi: [10.1016/j.scog.2020.100189](https://doi.org/10.1016/j.scog.2020.100189).
- [42] N. G. Aguirre, A. R. Milewski, J. Shin, and D. Ottenheimer, "A coding tool and abuse data for female asylum seekers," *Data Br.*, vol. 31, p. 105912, Aug. 2020, doi: [10.1016/j.dib.2020.105912](https://doi.org/10.1016/j.dib.2020.105912).
- [43] D. A. Moser et al., "Parental Reflective Functioning correlates to brain activation in response to video-stimuli of mother-child dyads: Links to maternal trauma history and PTSD," *Psychiatry Res. Neuroimaging*, vol. 293, p. 110985, Nov. 2019, doi: [10.1016/j.psychres.2019.09.005](https://doi.org/10.1016/j.psychres.2019.09.005).
- [44] K. Aiempanakit, "Crusted scabies in a patient with methamphetamine abuse," *JAAD Case Reports*, vol. 4, no. 5, pp. 480–481, Jun. 2018, doi: [10.1016/j.jdc.2018.01.008](https://doi.org/10.1016/j.jdc.2018.01.008).
- [45] J. Andersson, J. Wikström, U. Högberg, K. Wester, and I. Thiblin, "External Hydrocephalus as a Cause of Infant Subdural Hematoma: Epidemiological and Radiological Investigations of Infants Suspected of Being Abused," *Pediatr. Neurol.*, vol. 126, pp. 26–34, Oct. 2021, doi: [10.1016/j.pediatrneurol.2021.09.018](https://doi.org/10.1016/j.pediatrneurol.2021.09.018).
- [46] E. Augusti, S. S. Sætren, and G. S. Hafstad, "Violence and abuse experiences and associated risk factors during the COVID-19 outbreak in a population-based sample of Norwegian adolescents," *Child Abuse Negl.*, vol. 118, p. 105156, Aug. 2020, doi: [10.1016/j.chiabu.2021.105156](https://doi.org/10.1016/j.chiabu.2021.105156).
- [47] N. Özgür, E. Ballıkaya, H. C. Güngör, and A. S. Ataç, "Turkish paediatric dentists' knowledge, experiences and attitudes regarding child physical abuse," *Int. Dent. J.*, vol. 70, no. 2, pp. 145–151, Apr. 2020, doi: [10.1111/idj.12532](https://doi.org/10.1111/idj.12532).
- [48] M. F. Silveira et al., "The association between disrespect and abuse of women during childbirth and postpartum depression: Findings from the 2015 Pelotas birth cohort study," *J. Affect. Disord.*, vol. 256, pp. 441–447, Sep. 2019, doi: [10.1016/j.jad.2019.06.016](https://doi.org/10.1016/j.jad.2019.06.016).
- [49] K. Razjouyan, P. Hamzenejhad, M. Khademi, and F. Arabgol, "Data on the prevalence of addiction to the Internet among individuals with a history of drug abuse," *Data Br.*, vol. 21, pp. 1216–1219, Dec. 2018, doi: [10.1016/j.dib.2018.09.052](https://doi.org/10.1016/j.dib.2018.09.052).