



## Impact of Physical Abuse on Juevinile Mental Health

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### ABSTRACT

This study explores the multidimensional impact of physical abuse on juveniles, focusing on their mental health. Physical abuse characterized by acts of hitting, beating, or other forms of bodily harm can result in immediate physical injuries and long-term developmental complications. The study further investigates how such experiences contribute to the onset of mental health disorders including depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal tendencies. In addition, behavioral manifestations such as aggression, withdrawal, delinquency, and academic decline are examined. These individual effects often translate into broader social challenges, influencing the juvenile's role in society, interpersonal relationships, and potential for future success. This research aims to highlight the critical need for early detection, intervention, and policy reforms. By understanding the extensive consequences of physical abuse, the study underscores the importance of multidisciplinary efforts to protect vulnerable youth and support their reintegration into healthy societal roles. The sample was formed 60 juvenile and collected data from district jail and child protection bureau center. Pearson correlation analysis was used to study the relationship between physical abuse and mental health among the juveniles. This analysis showed strong but weak correlation estimate between physical abuse and mental health, observed to be  $r=.15$ ,  $p=.263$  based on the sample size of 60 respondents.

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## 1. Introduction

The detrimental consequences of maltreatment and abuse represent a global issue, especially regarding their impact on children. This encompasses any type of emotional abuse, sexual abuse, neglect, or insufficient care, as well as commercial or any other form of abuse that adversely affects a child's physical health, well-being, development, self-esteem, or any potential circumstances resulting from injury. Abuse, on the other hand, is the action or behavior that seeks to exert control, intimidate, dominate, or harm an individual. This abuse is a misuse of power, which uses intimacy, trust, and dependence to make the victim powerless. In addition to this, abuse can be expressed in different forms like affective, mental, medium of exchange, intimate, and physical. Nevertheless, abuse never stays within these four. Any exploitation, abuse, or misuse of authority aimed at influencing conduct, occurrences, opinions, or ideas counts as abuse. Physical abuse refers to the physical harming of a child through means of oppressing, beating, kicking, biting, burning or otherwise torturing. Child abuse is the most obvious when it comes to physical abuse

(American Humane Society, p. 1). These assaults may be as simple as those of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, or hitting a child with an open hand, stick, strap, or some other object, burning, or any other way of injuring a child. Whether information is present or available to the caregiver to hurt the child also does not play a role in categorizing this type of harm to be considered an abusive action.

## **1.1. Impact of physical abuse on juvenile mental health**

### **1.1.1. Depression**

Physical maltreatment is significantly associated with major depressive disorder in children and teenagers core indicators: Ongoing sadness, diminished energy, feelings of hopelessness, disinterest in everyday activities, and social isolation (Afifi & MacMillan, 2011).

### **1.1.2. Anxiety Disorders**

Persistent fear and instability in abusive settings result in various anxiety-related problems. Generalized Anxiety Disorder (GAD): Ongoing worry and stress without an identifiable reason.

### **1.1.3. Suicidal Ideation and Self-Harm**

Individuals who suffer from physical abuse frequently experience feelings of entrapment, despair, and emotional overload, potentially leading to suicidal ideation or actions, especially in teenage years when emotional depth and self-awareness rise (Lelli, 2020).

### **1.1.4. Low Self-Esteem and Shame**

Abused juveniles often experience a battered self-concept. They may believe they are inherently bad, worth of punishment, or incapable of being loved. Self-blame is a common cognitive distortion, especially when they face abuse from caregivers. The resulting shame can cause personality cognitive state, social withdrawal, and fear of closeness or exposure.

### **1.1.5. Emotional dysregulation**

Physical abuse hinders emotional growth, resulting in mood variability and erratic emotional reactions. Difficulty expressing or naming emotions: A condition called lexicography. Excessive anger or emotional numbness: Seen as a response to long ontogeny of feelings. These difficulties interact with peer relationships, academic performance, and authority compliance.

### **1.1.6. Attachment Disorders**

When abuse comes from caregivers, it disrupts the development of secure attachment.

Reactive Attachment Disorder (RAD): Difficulty forming healthy emotional bonds, often seen in children who are withdrawn, detached, or resistant to comfort.

Disinhibit Social Engagement Disorder (DSED): Children may show overly familiar behavior with strangers, reflecting a lack of healthy boundaries. Disrupted attachment leads to lifelong difficulties in trust, empathy, and maintaining stable relationships.

Behavioral Manifestations of Mental Health Issues: Physical maltreatment is significantly associated with major depressive disorder in children and teenagers core indicators: Ongoing sadness, diminished energy, feelings of hopelessness, disinterest in everyday activities, and social isolation (Afifi & MacMillan, 2011) Persistent fear and instability in abusive settings result in various anxiety-related problems. Generalized Anxiety Disorder (GAD): Ongoing worry and stress without an identifiable reason. Individuals who suffer from physical abuse frequently experience feelings of entrapment, despair, and emotional overload, potentially leading to suicidal ideation or actions, especially in teenage years when emotional depth and self-awareness rise (Lelli, 2020). Abused juveniles often experience a battered self-concept. They may believe they are inherently bad, worth of punishment, or incapable of being loved.

Self-blame is a common cognitive distortion, especially when they face abuse from caregivers. The resulting shame can cause personality cognitive state, social withdrawal, and fear of closeness or exposure. Physical abuse hinders emotional growth, resulting in mood variability and erratic emotional reactions. Difficulty expressing or naming emotions: A condition

called lexicography. Excessive anger or emotional numbness: Seen as a response to long ontogeny of feelings. These difficulties interact with peer relationships, academic performance, and authority compliance. When abuse comes from caregivers, it disrupts the development of secure attachment. Reactive Attachment Disorder (RAD): Difficulty forming healthy emotional bonds, often seen in children who are withdrawn, detached, or resistant to comfort. Disinhibit Social Engagement Disorder (DSED): Children may show overly familiar behavior with strangers, reflecting a lack of healthy boundaries. Disrupted attachment leads to lifelong difficulties in trust, empathy, and maintaining stable relationships. Behavioral Manifestations of Mental Health Issues.

The purpose of research investigating the effects of physical abuse on the mental health of juveniles is to comprehend how such abuse influences children's psychological welfare and to guide effective intervention strategies. Studies show that children who have been subjected to physical abuse face an increased likelihood of developing mental health disorders, such as depression, anxiety, and post-traumatic stress disorder (PTSD). Children who have suffered repeated instances of physical abuse have been associated with going through persistent pain, gastrointestinal issues and neurological disorders (Gauntlett-Gilbert et al., 2022). Under another longitudinal study on maltreatment by Widom et al. (2012), maltreated children were found to have greater hospitalizations and health-related issues later in their lives which include heart disease and diabetes. In conjunction they develop a disturbed eating and sleeping disorder in physically molested children that will either lead them into malnutrition or obesity (Lanier et al., 2010). Long-term exposure to trauma leads to dysregulation of stress hormones such as cortisol, which disrupts the proper functioning of the immune system and increases the risk of children getting sick (Danese & McEwen, 2012). The study investigate the effect of psychological distress and mode rate of health-risk behavior to determine the connection between abuse in early ages and subsequent emotional health in adulthood. Structured questionnaire interviewing a random population-based sample of respondents into a structured questionnaire with a heavy over-sampling section of one third of the population with past history of child protection was used to question the respondents on the conditions of childhood abuse, Adult mental misery and low physical health and health-associated behaviour. Past studies in the sample had determined three subtypes of abuse such as emotional abuse, sexual abuse and poly-victimization (physical, emotional and neglect). The physical health was also significantly poorer on self-reported types. Psychological distress and health risk behaviors were partly mediated by nonabuse, sexual abuse, and polyvictimization, but other constructs showed certain full mediational effects, such as emotional abuse and physical health.

The World Health Organization (WHO) defines childhood physical abuse as the direct use of physical force by one person with the intent of inflicting harm (or the high likelihood thereof) on a child (World Health Organization, 2016). Previous studies indicate that physical abuse is highly correlated to crippling of physiological, psychological, and behavioral development of a child. This literature review is critical in presenting the available literature to understand the complex effect of physical abuse on health, mental health, and behavior of juveniles. Physical abuse may have some immediate and long term health problems. Widely studied are bruises, broken bones, and injuries done to the insides (Klevens et al., 2012). The chronic diseases and developmental disabilities are, however, not often perceived. This research aims to conduct an in-depth review of the mental and physical health outcomes of child maltreatment such that it would be used by health professionals who are able to identify the outcomes of maltreatment and think of relevant interventions. Child maltreatment entails various negative physical, and psychological implications that traumatize victims in the long term and the expense of their ailment, trauma, and the remedy that must be deployed in aid of recovering them that directly burdens not only victims but also society at large. The review commences with explanation of the physicians responsibilities in recognizing such abuse and neglect in the clinics. This is followed by a cross examination of the contemporary research findings on the consequences of both the physical and mental health of children, the adolescent, as well as the adult. Lastly, investigation of the possibility of primary prevention of abuse and neglect is performed. Prevention activities to follow- ups to the victims are some of those prevention activities that are important and can enhance health substantially in relation to maltreatment prevention. (Leeb, Lewis, & Zolotor, 2011).

Child maltreatment is linked to numerous adverse physical and psychological health outcomes that follow a victim in the following years and weigh heavily on them and the

community, in general. This review will begin by describing the role of physicians in identification of abuse or neglect at the clinical practices. Following that recent findings of studies on the physical and mental health outcome in children, adults, and teenagers are considered. Lastly, the available choices that can be used during the primary prevention of maltreatment and neglect are discussed. With primary preventive activities, the threat of maltreatment is diminished, and secondary prevention work with the victims of maltreatments may have a significant effect on their health (Leeb, Lewis, & Zolotor, 2011).

Victims of child abuse and neglect face a high risk of becoming involved in youth justice and adult jails. However, little is understood regarding the progression and sequencing of offending following the initial law enforcement contacts. Rejection and family structure therein and parental supervision is a key element to the explanation of juvenile behavioral problems because neglect must have played a big role that led to persistence in crime. This study sought to examine the connection between neglects and recidivism and; moderate and high-risk juvenile offenders within the State of Washington. They examined the detailed risk assessment and administrative data on child welfare, juvenile justice and adult correction. The gender, racial, ethnic, and background diversity of the participant group was balanced (24 percent female, 13 percent African American, 8 percent Hispanic, 5 percent Native American) and all the moderate and high-risk juvenile offenders that were studied by juvenile probation between 2004 and 2007 (n= 19 833), were included. The use of formal records of child protection services provided a way of coming up with juvenile offenders with recorded cases of neglect and juvenile offenders who are still under investigation in terms of current cases of neglect. Event history models were developed to ascertain the likelihood of offending in the future. Actively neglected youths ranked much higher on the likelihood of continuing the offending process in comparison to others with no documented neglect record. The results hold up after controlling a broad set of family, peer, academic, mental health, and substance abuse variables. One of the major goals of the juvenile justice system is to break the cycles of offending (Ryan, Williams, & Courtney, 2013). The issue of violence, which has existed since the dawn of humanity, remains a pervasive challenge. Various forms of violence are also evident within the family unit, and the detrimental impacts of physical, emotional, and sexual abuse inflicted upon children can leave lasting scars throughout their lives. Nevertheless, the fact that child abuse is preventable underscores the significant obligation of societies, particularly professionals in the field, to safeguard children from actions that severely jeopardize their physical and mental well-being. These insights highlight the urgent need for a research study focused on this topic. In this research, identifying the factors that contribute to child maltreatment is a crucial step toward enhancing the effectiveness of prevention efforts (Özbay, Asagidag, & Eker, 2024).

### **1.2. Juevinile Delinquency**

A social problem that is long-term is juvenile delinquency (Heynen, 2018). It can be described as a deviant social habit disorder experienced by many young offenders in childhood or adolescence. Major and other variables: Ogundele (2018) states that juvenile offenders can also develop mental disorder and aberrant behavior, leading to conditions such as post-traumatic stress disorder or bipolar. They may therefore suffer partial conduct disorder because of their delinquent behaviours. In an attempt to clarify the causes of these issues, scholars have drawn different theories that nearly dictate the names of delinquency prevention measures.

### **1.3. According to social learing theory juevinile delinquency**

Bandura's 'Social Learning Theory' suggests that individuals, including children, acquire knowledge by mimicking the behaviors they observe in their surroundings (Singh & Azman, 2020). Consequently, children may replicate delinquent actions, such as drug abuse and violence, if they witness their parents engaging in such behaviors, often without recognizing that these actions are inappropriate. This issue is exacerbated by the fragility of family structures in contemporary society, resulting in more children being exposed to negative conditions earlier in life that has been linked to criminal activity later in life. Research shows that children who are raised in single parent families are more likely to be criminals since they often lack love and care, as well as parental guidance comparable to a two parent family. This can be informed by the lack of time which some mothers can offer as they are required to take over both the role of the sole provider and parent. Consequently, it can be concluded that the lack of family stability is a major cause of the rising rates of juvenile delinquency that were observed over the recent years.

#### 1.4. Problem Statement

Children and adolescents who suffer from physical abuse are considerably more susceptible to a range of mental health issues. Research indicates that physical maltreatment is strongly linked to both internalizing problems (such as depression, anxiety, and social withdrawal) and externalizing behaviors (including aggression, conduct disorders, and substance abuse) during adolescence. In Pakistan, where socioeconomic challenges and cultural disciplinary practices are widespread, studies have shown that adolescents who frequently experience physical abuse demonstrate markedly higher rates of depressive symptoms almost 11% in those frequently maltreated highlighting the concrete psychological effects of abuse in local contexts. Consequently, the primary issue is this despite substantial evidence of the harmful psychological, behavioral, and neurobiological impacts of physical abuse, there exists a considerable gap in understanding the specific developmental pathways and contextually relevant outcomes among juveniles.

#### 1.5. Hypothesis

- H1: There is positive relationship between physical abuse and juvenile mental health.
- H2: Physical abuse significantly predicts higher levels of psychological distress.

## 2. Methodology

### 2.1. Research design

In this paper, the authors choose a quantitative, correlational, and comparative research design. It aims to evaluate the linkage between physical abuse and its impacts on the mental health, behavior patterns and role of juveniles in the society. It is in this design that one can engage in statistical analysis to determine the strength and directionality of these relations. The population of study entails juveniles aged 12 to 18 years who are incarcerated in juvenile rehabilitation centers, child protection services or juvenile correction facilities.

### 2.2. Inclusive and exclusion criteria

Teenagers between 12 and 18. Guardian consent and juvenile assent. History of documented or self-reported physical abuse are included. Juveniles who have extreme cognitive deficits that impair understanding. Those who have been subjected to emotional or sexual abuse are excluded.

### 2.3. Analysis

It was hypothesized that there is likely positive relationship between physical abuse and mental health and behaviour. Pearson product moment correlation analysis was conducted to assess the relationship among study variable. Results are displayed in table 1

**Table 1: Correlation table**

Physical abuse	Mental health		
Physical abuse	Pearson Correlation	1	.147*
	Sig. (2-tailed)		.263
	N	60	60
Mental health	Pearson Correlation	.147*	1
	Sig. (2-tailed)	.263	
	N	60	60

\*\*. Correlation is significant at the 0.01 level (2-tailed).

As this table demonstrates, the effect of physical abuse on juvenile health is negative. A Pearson correlation analysis was used to study the relationship between physical abuse and mental health among the juveniles. This analysis showed strong but weak correlation estimate between physical abuse and mental health, observed to be  $r=.15$ ,  $p=.263$  based on the sample size of 60 respondents. This correlation lacked statistical significance ( $p > .05$ ), which means that in this sample size higher physical abuse predicted poorer outcomes of mental health status.

### 2.4. Regression analysis

**Table 2: Descriptive Statistics**

	Mean	Std. Deviation	N
Physical abuse score average	2.6382	.68907	60
Mental health scale	1.3100	.39593	60

To examine the relationship between physical abuse and the mental health of juveniles a Pearson correlation was conducted. The results have indicated positive a correlation between physical abuse and mental health  $r = .15$   $p = .263$  based on 60 respondents. The correlation was found non-significant ( $p > .05$ ), which implies that in this sample, higher intensity of physical abuse was not associated with the poorer mental health outcomes.

### **3. Discussion**

The recent body of research points to an increased experience of physical maltreatment is associated with poorer mental health, regardless of the relatively small effect size change. Baldwin et al. (2022) have identified a small but consistent association between childhood maltreatment in terms of physical abuse and emotional issues (adjusted  $d = 0.31$ ) Aswell Judijanto et al. (2024) have discovered a moderate, although not significant, correlation between physical maltreatment and the deterioration of emotional states among Indonesian adolescents ( $r = 0.15$ ) . These results suggest the low positive relationship that I witnessed on my correlation study, hence, doubling and empirical confirming the results. A different meta-analyses highlights once again that psychological maltreatment often shows higher correlations with mental illness than physical abuse in isolation (Xiao et al., 2023). The reseach reported emotional maltreatment as having an especially powerful negative impact on adult mental health and reminded us of the multi-factor aspect of maltreatment, which would mask the pure effect of physical abuse (Hashim et al., 2024) followed with their report identifying the robust connection between emotional maltreatment and psychopathology among adolescents in different cultures.

#### **3.1. Physical maltreatment and mental trauma**

The psychological impact of childhood physical abuse on psychological well-being was found having significant negative effect and psychological distress in incarcerated youth had positive correlation (Shafique & Malik, 2024), thus supporting H1 and H2. There is also a strong link between physical and psychological distress/ maladjustment, depending on the magnitude of the effect size, it is possible though, that effects may diminish in consequence of sample size and measurement sensitivity.

### **4. Conclusion**

The study aimed at examining the relationship between juvenile health and its mental role in society and physical abuse effect. It was hypothesized that the relationship between mental health and physical abuse is positive. This study establishes that physical abuse has severe and negative impact on juvenile mental health and behavior. The consequences were found to be in line with the hypothesis and this was achieved through early identification, psychological intervention and policy change.

#### **4.1. Implications**

This study has the following implications the results of this study will contribute to the comprehension that abused juveniles should be provided with a sufficient number of therapeutic approaches that include: trauma-focused cognitive-behavioral therapy, school-based behavioral interventions, as well as family counseling to meet their psychological and behavioral demands. The study cites the applicability of early detection and intervention programs to the victims of abuse. The special attention should be paid to trauma-informed mental health interventions, and this measure should be implemented in juvenile justice environments because of high rates of exposure to abuse. The psychological consequences of abuse can be minimized with the help of programs that develop inward control and conflict solving skills. Physical punishment is connected with chronic mental health complications and behavioral issues, which is backed by evidence that explains why it is better to prevent the practice instead of curing the results of it.

#### **4.2. Future recommendation**

The future study will be apply on large data and more aspects of personality of juvenile can be find out. Cross sectional study will be very useful in future for this study. Qualitative study will be use to conduct interview of juvenile to check their behavior at response time. We can study on their upbringing and stressed environment which things they face in their childhood like unemployment of their parents their basic needs educational difficulties. In future we also can add on their parents mental health their fetus environment that mother face during pregnancy.

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