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· 综 述 ·

虐待对儿童心理健康的影响及干预研究进展

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【摘要】 虐待严重侵犯了儿童生存、发展和受保护的基本权利,是亟待解决的公共卫生问题。儿童因心理需求增加、表达受限及社会支持薄弱等因素,容易成为受虐的高危群体。文章系统梳理虐待对儿童心理健康的影响,并从预防性干预与治疗性干预 2 个维度,阐述当前干预措施的主要类型及其实施效果,通过强化顶层设计、开发适配性工具和推进适应性干预,助力构建科学高效的儿童虐待防治体系。

【关键词】 虐待儿童;精神卫生;干预;健康促进

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Research progress on the impact of abuse on mental health of children and interventions

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【**Abstract**】 Abuse severely violates children's fundamental rights to survival, development, and protection, representing an urgent public health issue that demands immediate attention. Children are particularly vulnerable to abuse and constitute a high-risk group due to their increasing psychological needs, limited expressive abilities, and inadequate social support. The article systematically examines the impact of child abuse on mental health, and elaborates on the main types and implementation effects of current intervention approaches from two dimensions: preventive and therapeutic interventions. By strengthening top-level design, developing tailored tools, and implementing adaptive measures, it aims to establish a scientific and efficient child abuse prevention and treatment system.

【**Keywords**】 Child abuse; Mental health; Intervention; Health promotion

全球范围内的儿童虐待问题普遍存在,严重威胁着儿童的身心健康。世界卫生组织将虐待定义为“对儿童有义务抚养、监管及有操纵权的人,做出足以对儿童的健康、生存、生长发育及尊严造成实际或潜在的伤害行为,包括各种形式的躯体虐待、情感虐待、性虐待、忽视及对其进行经济性剥削[1]。”据统计,每年全球有数亿儿童遭受不同形式的虐待[2],儿童身心发育尚未成熟,自我保护能力普遍较弱,低龄儿童更为突出。受语言发展水平的限制,他们往往难以清晰表达自身处境并有效求助,容易遭受虐待,其创伤影响更具持久性和复杂性[3]。本研究通过系统梳理近年来国内外有关受虐儿童心理健康状况及干预措施的实证研究,分析现有干预措施的实施效果及局限性,为构建精准化、具有发展适宜性的儿童虐待防治体系提供参考。

1 虐待对儿童心理健康的影响

心理健康是一种精神幸福的状态,使人们能应对生活中的压力,发挥自身能力,在学习和工作中表现良好[4],体现为个体在认知发展、情绪调节、行为表现、社会适应和自我实现等方面达到与年龄相匹配的良好发展状态。

1.1 对认知发展的影响 儿童期遭受虐待会对认知功能产生深远影响。虐待可能导致前额叶结构性改变,从而损伤执行功能[5],具体表现为智力水平下降、注意力缺陷及认知灵活性降低等特征[6]。这些认知缺陷与早期虐待形成恶性循环,导致语言发展迟缓、阅读和数学能力受损,增加辍学风险[7]。

1.2 对情绪调节的影响 儿童的情绪发展易受虐待经历干扰。受虐儿童的负面情绪、不稳定情绪状态和冲动行为水平更高[8]。即使仅为目睹虐待者,儿童也可能因内疚、羞耻和愤怒等情感体验而受创[9]。这些

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创伤可能发展为持续性精神障碍;短期内常见焦虑、睡眠障碍和恐惧反应[10],长期则表现为侵入性体验、回避与过度警觉等症状[11]。

1.3　对社会适应的影响　受虐儿童难以建立良好的依恋关系,容易陷入“依赖-恐惧”的情感矛盾,并演变成无序依恋[12]。在社交中常表现出退缩性行为或侵入性行为,导致社会关系恶化[13]。同时,受虐还阻碍共情和亲社会行为的发展[14],并在同伴互动中因过度敏感和攻击性而遭受排斥[15]。长期受虐则导致信任能力削弱、人际效能低下和边界感模糊,甚至形成“理应受虐”的负性自我认知,从而持续损害人际关系质量[16]。

1.4　对行为表现的影响　虐待对儿童行为功能产生了直接影响。遭受性虐待的儿童常表现出吮手指、遗尿和大便失禁等退行性行为[17],同时也可能出现反复注视他人身体部位,甚至通过武力或胁迫脱掉同龄人衣物等性化行为问题[18]。部分个体在成年后还可能成为施暴者[19]。

1.5　对自我实现的影响　虐待严重阻碍了儿童的自我实现。长期创伤易导致自卑、焦虑和抑郁,削弱自我价值感,破坏儿童积极自我概念的形成,阻碍安全自我意识和主动自我认同的建立[20]。这些使个体在追求目标时承受更大压力,进一步损害自我实现能力[21]。此外,受虐儿童常缺乏未来规划和学业动机,影响其职业发展、经济独立及人生目标的达成[22]。

2　针对受虐儿童的干预措施及其效果

现有对儿童虐待的干预措施依据实施阶段可分为预防性干预和治疗性干预两类。前者着力识别和削弱危险因素,强化保护机制,从源头抑制虐待风险;后者聚焦受虐儿童心理社会功能的修复,减轻虐待带来的负面影响。

2.1　预防性干预措施

2.1.1　利用法律政策构建儿童保护基础框架　法律政策是防止儿童虐待的重要保障,许多国家通过立法明确各方责任,并建立配套制度以提升儿童保护效能。美国各州设立强制报告制度,要求教育、医疗、社会工作等 27 类专业人员承担强制报告义务[23]。英国“每个孩子都重要”(Every Child Matters)政策推动地方当局建立多部门协同的儿童保护委员会,实施“早期帮助评估框架”[24]。《中华人民共和国未成年人保护法》也明确禁止家庭暴力和虐待,确立强制报告制度[25]。其他配套政策进一步细化强制报告义务主体、明确虐待情形判定标准、构建“一站式”响应机制等,强化儿童虐待事件的社会监督与紧急干预响应能力[26]。

2.1.2　依托多元协同机制强化早期识别与筛查　儿童虐待的识别与筛查需要教育、医疗、家庭与社区等多个部门协调合作。教育系统是基础监测阵地,教师通过日常互动识别异常行为信号。医疗系统结合病史采集、体格检查、放射影像学检查、综合评估等多种手段进行专业筛查,增强筛查准确性[27]。社会系统则利用儿童虐待潜在性量表[28]、Odense 儿童创伤筛查量表[29]等工具,对高风险家庭实施评估筛查,并通过社区社工访视项目持续评估家庭状况并提供支持[30]。最后,通过跨机构议定书、信息共享和联合培训等方式实现各部门资源共享与技能互通,以提高识别与干预效率,并建立稳定合作机制[31]。

2.1.3　基于教育培训提升儿童自我防护能力　儿童对虐待的认知水平、表达意愿及求助能力对披露儿童虐待事件有重要意义。儿童性虐待的教育预防,大致可分为 3 类:(1)技能导向型训练。如“身体安全训练计划”(Body Safety Training Program)[32]和“安全接触课程”(Safe Touches)[33],让儿童反复练习如何应对不正当请求,以强化自我保护技能。最新研究采用虚拟“安全接触课程”,以扩大覆盖范围,惠及更多儿童[34]。(2)知识建构型课程。有研究表明,低于 10% 的儿童能够正确命名其生殖器部位,而缺乏准确术语会导致儿童难以描述虐待事件,进而影响案件的识别和报告[35],因此帮助儿童建构知识体系十分必要。如“我的身体很特别”(My Body is Special)计划[36]和“儿童安全问题”课程(Child Safety Matters)[37],使儿童能够识别风险并理解报告渠道,但其对披露意图和行为的提升有限。(3)多模式教学干预。结合戏剧、木偶表演、故事书、角色扮演等方式进行教学,强调趣味性和互动性。如土耳其创意戏剧项目[35]和基于游戏的 Orbit 项目[38]均在促进儿童自我保护、沟通表达与社会支持网络建立方面表现出积极效果。

2.2　治疗性干预措施

2.2.1　个体心理治疗　个体心理治疗通过针对性干预缓解受虐儿童的创伤症状并增强心理韧性,其效果受虐待类型、程度及年龄等多因素影响。(1)创伤聚焦认知行为疗法结合认知重构、放松训练和情绪调节技术,通过游戏、绘画等方式帮助儿童表达创伤经历[39],强调心理教育、技能培养、创伤记忆的渐进式暴露和认知处理。该疗法在改善创伤后应激障碍、焦虑和抑郁方面成效显著,被认为是最佳实践干预之一[40-41]。但该干预对治疗师的专业资质要求极高,且治疗过程中出现的创伤暴露会引发短期的焦虑加剧[42]。(2)眼动脱敏与再加工疗法通过眼球运动等

方式促进创伤记忆整合,以缓解创伤,适用于儿童。儿童在接受该治疗后创伤后应激障碍症状普遍得到缓解,并在治疗结束后的 3 个月随访期内仍能维持良好的治疗效果[43]。(3)二元暴露疗法结合心理教育、焦虑管理和暴露技术,帮助儿童逐步降低对创伤事件的恐惧。该疗法特别适用于有特定恐惧症状的儿童,但在初期退出率较高,需要同步开展家长支持性培训,以增强家长对儿童治疗的支持[44]。(4)游戏和艺术疗法,如绘画投射、沙盘游戏、舞蹈动作疗法等,对于语言表达受限的儿童是一种有效的干预方式。通过绘画、雕塑、拼贴等艺术形式,儿童可以表达创伤经历、释放情绪,重塑自我认知[45]。

2.2.2 外界系统干预 外界系统干预从儿童所处环境出发,通过家庭、教育系统及社会支持网络形成多层次的修复机制。(1)家庭系统干预聚焦家庭功能改善与安全依恋重建,高质量的亲子互动可以缓冲虐待带来的负面影响[46]。亲子互动疗法结合依恋理论与行为治疗技术,通过游戏互动与家长行为训练,能减轻儿童外化问题并缓解养育压力。但也有研究指出,大多数干预聚焦于行为矫正,而不是减少创伤后症状,干预效果需要更多研究检验[47]。在高风险家庭中,瑞典“更安全的孩子”(Safer Kids)计划和美国的“智慧父母,健康宝贝”(Smart Parents - Safe and Healthy Kids)项目通过育儿指导和家长行为培训,均显示出可行性和有效性[48-49]。(2)教育系统是受虐儿童的重要支持环境。研究表明,教师对虐待的认知水平与干预效果显著相关,因而加强教师培训被认为是防止虐待的重要环节[50]。土耳其防止儿童虐待与忽视协会(Turkish Society for the Prevention of Child Abuse and Neglect, TSPCAN)结合理论与实践培训,提高未来专业人员在儿童虐待防治方面的能力[51]。“儿童保护中心”(Child Protection Unit)课程则通过推动家校合作和校园安全教育,进一步营造保护性环境[52]。(3)社会系统同样不可或缺。创伤知情护理不仅关注创伤治疗,还强调在整个护理系统中融入创伤知情理念,以减少二次伤害,增强儿童的安全感[53]。“创伤知情启蒙计划”(Head Start Trauma Smart)即是该理念在学前儿童早期干预中的实践,涵盖创伤知情培训、心理治疗、课堂咨询及同伴指导机制 4 部分,旨在创造一个安全包容的文化环境,减轻创伤带来的压力[54]。

3 现有干预措施的局限性及改进建议

针对受虐儿童的干预措施在实践中均取得了一定效果,但由于儿童虐待问题本身的复杂性和隐匿性,目前仍然存在一些需要解决和完善的问题。

3.1 制度设计与执行效能脱节,需增强顶层设计与跨系统整合 儿童虐待防治的核心困境在于制度设计与执行效能的脱节,突出表现为法律模糊、执行疲软与协作碎片化;现有法律对虐待类型界定不清,尤其对忽视等非显性伤害的表述模糊,导致报告者因担忧误判而迟疑;而强制报告制度存在盲区,未能覆盖所有高风险群体,致使隐性虐待漏报[55]。此外,儿童保护涉及教育、医疗、社会服务和司法等多个系统,但由于职责不清、信息壁垒和资源不均,跨部门协作滞后,高风险案例难以得到动态追踪和持续干预[56]。为解决以上问题,制度上亟需细化虐待认定标准并提供操作指引,同时扩大强制报告覆盖范围,强化执法与责任主体,确保义务落实。系统协作上亟需打破壁垒,建立信息共享平台并普及创伤知情培训,提升跨系统协作效能。

3.2 标准化工具与现实脱节,需进行本土化与个性化的调整 在预防环节,现有风险评估工具基于特定文化背景设计,过度依赖家长自述,易导致漏报[57];风险预警系统偏重显性指标(如低收入、单亲),忽视高收入家庭的隐性风险[58]。隐私保护、家庭自治原则常与必要干预产生冲突,“劝诫不干预”倾向易导致错失干预时机。在治疗环节,部分疗法的结构化流程难以灵活适配不同年龄、创伤类型、文化背景的个体需求。破解困境关键在于本土化与个性化调整。首先,需开发多种维度、更具文化敏感性的筛查工具,并设计灵活性方案以平衡隐私保护与儿童安全。其次,需为不同群体量身定制分阶段策略,调整现有疗法以适配个体需求。

3.3 低龄儿童身心不成熟性与干预措施失配,需推进适应性优化 在教育培训方面,低龄儿童的抽象思维尚未成熟,即使借助游戏或艺术等形式,也难以有效内化相关知识形成认知框架。且儿童情感依赖性强,在高压情境下易恐惧,难以将所学知识转化为对抗施虐者的实际行动。在心理治疗方面,儿童语言表达能力有限,导致依赖言语交流的方法效果不佳。加之其情绪调节能力弱,创伤暴露易引发强烈的焦虑反应,迫使治疗中断[42]。针对儿童特点,未来教育培训应更侧重非言语化手段,通过具象化体验促进理解和表达。个体心理治疗则需优先建立安全依恋,采用契合其发展特点的疗法,在低压力环境中处理创伤。最关键的是,所有干预方案都必须依托稳定的成人支持系统,提供持续的安全感和情感支持,保障干预持续有效。

儿童虐待严重侵犯儿童权益,对儿童的认知发展、情绪情感、社会适应、行为表现和自我实现造成深

远影响。科学干预有助于缓解儿童心理创伤,促进其全面发展。然而,儿童虐待防治体系仍在顶层设计与执行、工具适配性和发展适配性等方面面临挑战。未来应继续加强实证研究与跨领域合作,优化干预措施,为构建科学的防治体系提供有力支撑,切实保障儿童的健康成长。

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参考文献

[1] WHO. The world health report: 1999: making a difference[EB/OL]. (1999)[2025-05-21]. https://iris.who.int/handle/10665/42167.

[2] WHO. Global status report on violence prevention[EB/OL]. (2014-01-09)[2025-05-21]. https://www.who.int/publications/i/item/9789241564793.

[3] 张桃娟,刘爱书. 儿童期虐待对抑制控制功能的影响及其脑机制[J]. 中国特殊教育,2016(3):83-88.
ZHANG T J, LIU A S. The effect of childhood maltreatment on inhibitory control and its neural mechanism[J]. Chin J Spec Educ, 2016(3):83-88. (in Chinese)

[4] WHO. World mental health report: transforming mental health for all. Executive summary[R/OL]. (2022-06-16)[2025-05-21]. https://www.who.int/publications/i/item/9789240050860.

[5] MORENO-MANSO J M, DE LA ROSA M M, GARCÍA-BAAMONDE M A E, et al. Disorders in the executive performance of children suffering abuse[J]. Child Abuse Rev, 2021, 30(3):239-250.

[6] WINTER S M, DITTRICH K, DÖRR P, et al. Immediate impact of child maltreatment on mental, developmental, and physical health trajectories[J]. J Child Psychol Psychiatry, 2022, 63(9):1027-1045.

[7] JIMENEZ M E, WADE R J, LIN Y, et al. Adverse experiences in early childhood and kindergarten outcomes[J]. Pediatrics, 2016, 137(2):e20151839.

[8] LANGEVIN R, COSSETTE L, HÉBERT M. Emotion regulation in sexually abused preschoolers[J]. Child Psychiatry Hum Dev, 2016, 47(1):1-12.

[9] BOURGEOIS C, LECOMTE T, MCDUFF P, et al. Mental health disorders as cooccuring and predictive factors of psychotic disorders in sexually abused children[J]. Child Abuse Negl, 2021, 111:104819.

[10] TURAN Ö, ALTIN I, ERDIM N K, et al. An examination of the relationship between psychopathology and the sociodemographic, clinical, and abuse characteristics in children who have experienced sexual abuse[J]. Child Abuse Negl, 2025, 169:107620.

[11] AVIAD M, KLEBANOV B, KATZ C. Unveiling the shadows: parental perceptions and familial impact of daycare abuse of preschool children[J]. Child Abuse Negl, 2024, 151:106755.

[12] CYR C, EUSER E M, BAKERMANS-KRANENBURG M J, et al. Attachment security and disorganization in maltreating and high-risk families: a series of Meta-analyses[J]. Dev Psychopathol, 2010, 22(1):87-108.

[13] 李薇,郭睿. 儿童心理虐待和忽视的现状及其不良影响[J]. 中国妇幼卫生杂志,2017,8(3):1-3,11.
LI W, GUO R. Current status of psychological abuse and neglect of children and its adverse impacts[J]. Chin J Women Child Health, 2017, 8(3):1-3, 11. (in Chinese)

[14] CAOUETTE J, COSSETTE L, HÉBERT M. Do you see what I see? Emotion recognition competencies in sexually abused school-aged children and non-abused children[J]. J Child Sex Abus, 2023, 32(7):813-828.

[15] EUTENEUER F, LASS-HENNEMANN J, PFUNDMAIR M, et al. Childhood emotional maltreatment and sensitivity to social rejection in emerging adults[J]. Child Abuse Negl, 2024, 149:106604.

[16] BENGWASAN P, BANCUAL M E J F. The developmental status of abused and neglected children in the Philippines[J]. Child Youth Serv Rev, 2020, 110:104756.

[17] ÖZÇEVIK S D, ŞIMŞEK E, AKÇA S A, et al. Nurses' intention to report child abuse and related factors in Türkiye[J]. Child Abuse Negl, 2025, 167:107575.

[18] WAMSER-NANNEY R, CAMPBELL C L. Childhood sexual abuse characteristics, abuse stress, and PTSS: ties to sexual behavior problems[J]. Child Abuse Negl, 2020, 105:104290.

[19] HERRENKOHL T I, FEDINA L, ROBERTO K A, et al. Child maltreatment, youth violence, intimate partner violence, and elder mistreatment: a review and theoretical analysis of research on violence across the life course[J]. Trauma Violence Abuse, 2022, 23(1):314-328.

[20] BOGAERTS S, TRESSOVÁ D, FEIJEN E, et al. Unraveling the association: how identity mediates the impact of childhood trauma on criminal behavior[J]. Behav Sci, 2025, 15(1):56.

[21] UPENIEKS L, FORD-ROBERTSON J. Childhood abuse, goal-striving stress and self-esteem: an explanatory role for perceptions of divine control? [J]. J Relig Health, 2023, 62(2):906-931.

[22] OCHOA M K, CONSTANTIN K. Impacts of child sexual abuse: the mediating role of future orientation on academic outcomes[J]. Child Abuse Negl, 2023, 145:106437.

[23] U.S. Children's Bureau, Office on Child Abuse and Neglect. Child abuse prevention and treatment act: 40 years of safeguarding America's children[EB/OL]. (2015-03-11)[2025-05-21]. https://acf.gov/cb/training-technical-assistance/child-abuse-prevention-and-treatment-act-40-years-safeguarding.

[24] Department for Education and Skills. Every child matters[EB/OL]. (2003-09-08)[2025-05-21]. https://www.gov.uk/government/publications/every-child-matters.

[25] 全国人民代表大会常务委员会. 中华人民共和国未成年人保护法[EB/OL]. (2020-10-23)[2025-05-21]. https://www.moj.gov.cn/pub/sfbgw/jgsz/jgszzsdw/zsdwflyzzx/flyzzxzcxx/zcxxzcfg/zcfgfl/202010/t20201023_188560.html.

[26] 最高人民检察院,国家监察委员会,中华人民共和国教育部,等. 关于建立侵害未成年人案件强制报告制度的意见(试行)[EB/OL]. (2020-05-29)[2025-05-21]. https://www.spp.gov.cn/xwfbh/wsfbt/202005/t20200529_463482.shtml#1.

[27] 李永珍,谢丽,王文超,等. 儿童虐待危险因素及识别方法研究进展[J]. 中国学校卫生,2023,44(7):1116-1120.
LI Y Z, XIE L, WANG W C, et al. Research progress on risk factors and identification tools for child abuse[J]. Chin J Sch Health, 2023, 44(7):1116-1120. (in Chinese)

[28] PONTICELLI S, MARTIN P, SLEED M. A systematic review and critical appraisal of the psychometric properties of the child abuse poten-

tial inventory (CAPI)[J].Child Maltreat,2025,4:1-20.
[29] ZELVIENE P,DANIUNAITE I,ELKLIT A,et al.Recognizing traumatization in children aged 4 to 8:a pilot validation study of the Odense Child Trauma Screening (OCTS) measure in Lithuania[J].J Aggress Maltreatment Trauma,2024,33(6):743-757.
[30] OLDS D L,KITZMAN H,ANSON E,et al.Prenatal and infancy nurse home visiting effects on mothers:18-year follow-up of a randomized trial[J].Pediatrics,2019,144(6):e20183889.
[31] HERBERT J,GHAN N,SALVERON M,et al.Possible factors supporting cross-agency collaboration in child abuse cases:a scoping review[J].J Child Sex Abus,2021,30(2):167-191.
[32] CITAK TUNC G,GORAK G,OZYAZICIOGLU N,et al.Preventing child sexual abuse:body safety training for young children in Turkey[J].J Child Sex Abus,2018,27(4):347-364.
[33] PULIDO M L,DAUBER S,TULLY B A,et al.Knowledge gains following a child sexual abuse prevention program among urban students:a cluster-randomized evaluation[J].Am J Public Health,2015,105(7):1344-1350.
[34] GUASTAFERRO K,HOLLOWAY J L,TRUDEAU J,et al.Virtual delivery of a school-based child sexual abuse prevention program:a pilot study[J].J Child Sex Abus,2022,31(5):577-592.
[35] CITAK TUNC G,YAVAS H.The impact of using creative drama in the delivery of Body Safety Training Programs for preschool children on preventing sexual abuse in Turkey[J].Psychol Sch,2022,59(5):915-931.
[36] KEMER D,İŞLER DALGIÇ A.Effectiveness of sexual abuse prevention training program developed by creative drama for preschoolers:an experimental study[J].J Child Sex Abus,2022,31(1):9-32.
[37] KENNY M C,LONG H,BILLINGS D,et al.School-based abuse prevention programming:implementation of child safety matters with minority youth[J].Child Abuse Rev,2022,31(3):e2742.
[38] JONES C,SCHOLES L,ROLFE B,et al.A serious-game for child sexual abuse prevention:an evaluation of Orbit[J].Child Abuse Negl,2020,107:104569.
[39] HÉBERT M,AMÉDÉE L M.Latent class analysis of post-traumatic stress symptoms and complex PTSD in child victims of sexual abuse and their response to Trauma-focused Cognitive Behavioural Therapy[J].Eur J Psychotraumatol,2020,11(1):1807171.
[40] UNTERHITZENBERGER J,SACHSER C,ROSNER R.Posttraumatic stress disorder and childhood traumatic loss:a secondary analysis of symptom severity and treatment outcome[J].J Trauma Stress,2020,33(3):208-217.
[41] ROSNER R,BARKE A,ALBRECHT B,et al.BEST FOR CAN - bringing empirically supported treatments to children and adolescents after child abuse and neglect:study protocol[J].Eur J Psychotraumatol,2020,11(1):1837531.
[42] MCGUIRE A,STEELE R G,SINGH A.Systematic review on the application of trauma-focused cognitive behavioral therapy (TF-CBT) for preschool-aged children[J].Clin Child Fam Psychol Rev,2021,24(1):20-37.
[43] OLIVIER E,DE ROOS C,BEXKENS A.Eye movement desensitization and reprocessing in young children (ages 4-8) with posttraumatic stress disorder:a multiple-baseline evaluation[J].Child Psychiatry Hum Dev,2022,53(6):1391-1404.
[44] RACHAMIM L,MIROCHNIC I,ELAZAR M,et al.A pilot and feasibility randomized controlled trial of dyadic exposure therapy and dyadic client-centered therapy for posttraumatic preschool children and their caregivers[J].Int J Cogn Ther,2021,14(2):362-379.
[45] GOLDNER L,LEV-WIESEL R,BINSON B.Perceptions of child abuse as manifested in drawings and narratives by children and adolescents[J].Front Psychol,2020,11:562972.
[46] JIANG Z,XU H,WANG S,et al.Parent-child relationship quality,childhood maltreatment,and psychological symptoms in Chinese adolescent[J].J Interpers Violence,2022,37(19/20):NP18130-NP18151.
[47] WARREN J M,HALPIN S A,HANSTOCK T L,et al.Outcomes of Parent-Child Interaction Therapy (PCIT) for families presenting with child maltreatment:a systematic review[J].Child Abuse Negl,2022,134:105942.
[48] VAN LEUVEN L,LALOUNI M,ENEBRINK P,et al.Feasibility and implementation of Safer Kids:a parenting program to reduce child abuse[J].Child Abuse Negl,2022,123:105434.
[49] GUASTAFERRO K,FELT J M,FONT S A,et al.Parent-focused sexual abuse prevention:results from a cluster randomized trial[J].Child Maltreat,2022,27(1):114-125.
[50] SAINZ V,GONZÁLEZ-SÁNCHEZ M,RUIZ-ALBERDI C.Knowledge of child abuse among trainee teachers and teachers in service in Spain[J].Sustainability,2020,12(19):8040.
[51] DOLUNAYG-CUG F,YILMAZ-AKDOGAN G,DERMAN O,et al.The TSPCAN project:a qualitative evaluation with undergraduate students trained in child abuse prevention in Turkey[J].Child Abuse Rev,2023,32(4):e2813.
[52] DUDLEY M J,NICKERSON A B,KIM S,et al.School-based child abuse prevention:the role of school climate in intervention outcomes for teachers[J].Psychol Sch,2022,59(6):1158-1174.
[53] FREDRICKSON R.Trauma-informed care for infant and early childhood abuse[J].J Aggress Maltreatment Trauma,2019,28(4):389-406.
[54] HOLMES C,LEVY M,SMITH A,et al.A model for creating a supportive trauma-informed culture for children in preschool settings[J].J Child Fam Stud,2015,24(6):1650-1659.
[55] CHEN L,FAN Y,WANG Y,et al.Self-justification in decision-making:Chinese child welfare workers' inconsistency of perceptions and experiences matters in reporting child abuse[J].Child Fam Soc Work,2023,28(4):919-931.
[56] 李晓娇,高万红,林敏,等.社会工作参与未成年被害人"一站式"综合保护的作用研究[J].中国社会工作,2023(31):31-32.
LI X J,GAO W H,LIN M,et al.Study on the role of social work in "one-stop" comprehensive protection of juvenile victims[J].China Soc Work,2023(31):31-32.(in Chinese)
[57] FONTES L A,PLUMMER C.Cultural issues in disclosures of child sexual abuse[J].J Child Sex Abus,2010,19(5):491-518.
[58] CHEN C,CHEN N,QIN J.Profiles and predictors of physical abuse and behavior problems in Chinese preschool-aged children[J].Early Educ Dev,2024,35(3):500-510.

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