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Child Maltreatment as a Risk Factor for Bullying: Implications for School Counselors

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Abstract

Child maltreatment (CM) is strongly associated with unfavorable physical and mental health outcomes in addition to the risk of exposure to other adversity and traumatic events across the lifespan. While prior research has demonstrated a significant association between CM and bullying, there is an absence of research devoted to *specific* types of CM as potential risk factors for bullying victimization, especially childhood psychological abuse. Most studies have failed to examine bullying across the collective educational experience (elementary, middle school/junior high, high school, and college). This study examined relationships between prior exposure to specific types of CM (psychological, physical, sexual abuse, and physical neglect) and eight different types of bullying experiences to determine whether certain types of CM increased risk for bullying exposure and victimization across educational stages. Our findings among 246 college students indicated CM as a risk factor for bullying exposure across all educational levels, with childhood psychological and physical abuse demonstrating the most robust relationships with each type of bullying exposure. Bullying exposure peaked during the middle school years. Further, those exposed to a moderate degree of CM were more likely to report bullying victimization in each category of bullying assessed. Implications for school counseling practice are discussed.

Keywords: child maltreatment, bullying, victimization, school counseling

Over the past two decades, the American School Counselor Association (ASCA) has significantly shaped the role of professional school counselors with a focus on providing support for students' academic, career, and personal/social development (ASCA, 2019). The ASCA National Model provides guidance for school counselors in the development of student interventions and programming, recognizing that some students (especially those who have experienced adversities) need additional consideration and support (Marsh & Mathur, 2020; Ziomek-Daigle et al., 2016).

Child maltreatment (CM) places students at risk for a number of negative academic, social, and mental health outcomes (Mehta et al., 2023; Tillman et al., 2015; Watts et al., 2023; World Health Organization [WHO], 2024). Child maltreatment typically involves cases of psychological abuse (a construct involving emotional abuse and emotional neglect), physical abuse, physical neglect, and/or sexual abuse among individuals younger than 18 years of age (Child Welfare Information Gateway [CWIG], 2022). School counselors are uniquely positioned to identify and report CM and play an important role in providing interventions and collaborating with school personnel and parents to improve student outcomes (Chitiyo & Pietrantoni, 2019; Tillman et al., 2015; Tuttle et al., 2019).

Research emphasizes the harmful effects of CM on physical health, mental health, and psychosocial development and functioning across the lifespan (Felitti et al., 1998; Petruccioli et al., 2019). Children exposed to CM experience enduring negative psychosocial outcomes that may present as educational difficulties, challenges forming and maintaining relationships, loneliness and mental health issues (like anxiety and depression), in addition to low self-worth (Badr et al., 2018; CWIG, 2019). When primary caregivers are the ones perpetrating abuse, any type of consistent maltreatment at home can lead to inherent distrust and insecurity in relationships (CWIG, 2022). This can extend to other social environments, such as school, increasing the risk of revictimization and worsening psychosocial deficits. Studies have established a significant association between CM and poor academic performance, including lower grade point averages (GPAs), greater absence ratios, higher rates of grade retention, lower scores on standardized tests, and a greater need for special education (Romano et al., 2015; Ryan et al., 2018).

In addition to the harmful effects of CM in general, research has shown that different types of CM have distinct impacts on social, psychological, and mental health outcomes (Badr et al., 2018; Watts et al., 2023; Watts et al., 2024). A recent meta-analysis indicated that emotional abuse and neglect have the greatest negative impact on academic achievement (Zhang et al., 2025), while other

studies have found emotional abuse to significantly predict greater rates of revictimization and additional trauma exposure even when considering other forms of maltreatment (Gama et al., 2021). Studies have also found that childhood psychological abuse significantly predicts poorer mental health outcomes later in development when considered alongside other maltreatment types (Spinazzolla et al., 2014; Watts et al., 2024). Unfortunately, most children exposed to childhood psychological abuse fail to receive appropriate interventions, as this type of abuse is rarely substantiated (Hodgdon et al., 2018; Hoeboer et al., 2021; Spinazzolla et al., 2014), thus increasing the risk of associated psychosocial issues entering later developmental stages. Given these distinctions related to different forms of CM, it is critical to explore whether different types of CM are associated with later development and experiences among students.

Bullying Victimization

Bullying is a prevalent phenomenon that is connected to several negative mental health outcomes among children, which frequently extend into adulthood (Carney et al., 2018; Liu et al., 2020; Wolke & Lereya, 2015). The Centers for Disease Control and Prevention (CDC) define bullying as:

...any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated (Gladden et al., 2014, p. 7).

While overall rates of bullying are difficult to determine due to reporting challenges, the federal Department of Education reports that bullying affects 10% to 27% of students from grades 6 to 12, with the highest rates (25% to 27%) in middle school and a decline to about 10% by grade 11 (Thomsen et al., 2024). Less research has explored bullying in elementary school, though it is a significant concern affecting students' mental health (Carney et al., 2018; Liu et al., 2020).

Bullying can cause a spectrum of harm psychologically, physically, educationally, and socially (e.g., Gladden et al., 2014; Halliday et al., 2021; Serafini et al., 2023). Meta-analytic studies and systematic reviews have found significant associations between bullying victimization and symptoms of post-traumatic stress and nonsuicidal self-injury (Montes et al., 2022; Serafini et al., 2023). In a similar vein, Liu and colleagues (2020) found associations between bullying victimization and increased emotional distress, and decreased life satisfaction. The literature has offered further meta-analytical evidence on the impact of bullying victimization on students' academic outcomes as children and adolescents experiencing bullying were found less likely to be academically engaged, presented with lower motivation, and demonstrated less optimal academic achievement (Samara et al., 2021). These factors highlight the significant impact bullying exposure can have on students' mental health and functioning. It is imperative to identify at-risk students, given that school counselors are uniquely positioned to offer support and to implement interventions.

Child Maltreatment and Bullying

The research literature features extensive conceptual and empirical evidence around school bullying and CM, yet the two phenomena have mostly been investigated separately. Early research examined a possible link between childhood bullying and CM, noting that those reporting bullying victimization demonstrated higher rates of CM (Duncan, 1999). Later studies tend to argue the opposite directionality; that is, CM experienced within home environments may be linked to later experiences of bullying perpetration and/or victimization (Yoon et al., 2018; Zhang et al., 2022). Yoon and colleagues (2018) tested a structural equation model with child maltreatment (CM) assessed at age 12 and peer physical and sexual victimization measured at age 16. They found that CM directly increased both physical and sexual peer victimization. Additionally, CM indirectly affected both forms of victimization through internalizing and externalizing problems and peer acceptance. Park et al. (2021) found that youth on a high abuse trajectory (by parents) demonstrated a stronger association

with bullying victimization and perpetration than those on a low neglect and abuse trajectory. These findings indicate the complexity of the relationship between CM and bullying, with nuances associated with types of CM and victimization. Most research on bullying and CM has primarily focused on physical and sexual abuse or measured CM collectively, failing to account for emotional abuse and neglect (i.e., psychological abuse), which may produce significant risk for bullying victimization.

Study Rationale

School bullying and CM have each received a significant amount of scholarly attention, given their negative impacts on child development. Although prior research has probed into the distinct effects of different types of CM on students' academic outcomes, there is a lack of research dedicated to understanding *specific* types of CM in relation to bullying victimization. Findings regarding the relationship between CM and bullying have also been mixed and inconclusive. Most studies on bullying victimization have failed to collectively examine bullying across the educational experience (elementary, middle school/junior high, and college), as they often focus on narrow developmental periods (Hamstra & Fitzgerald, 2022; Park et al. 2021). Moreover, little is known about how school counselors, who often serve as frontline mental health supports in K–12 settings, can intervene when CM and bullying co-occur.

This study aims to address these gaps by examining how distinct forms of CM relate to bullying experiences over time and exploring the implications for targeted prevention and intervention efforts within school counseling practice. Understanding these relationships can assist school counselors in identifying early signs of CM such as lack of trust, emotional regulation challenges, and interpersonal difficulties, which may increase risk for bullying victimization. Identifying these warning signs should enable early intervention to reduce further victimization. Additionally, this awareness can help school counselors to develop targeted interventions (i.e., interventions that target both bullying and CM as opposed to treating these issues separately). As such, the aims for this study are to (a)

examine relationships between specific types of CM exposure (psychological, physical, sexual abuse, and physical neglect) and eight different types of bullying exposure and victimization, (b) determine whether participants exposed to specific types of CM experience increased risk for bullying victimization, and (c) examine rates of bullying victimization across educational stages (elementary, middle school/junior high, high school, and college).

Method

Participants

Individuals participating in this study included a convenience sample of 246 college students attending a minority and Hispanic serving university in the southern region of the United States. College students were selected as participants to permit examination of bullying exposure across the full K-16 educational experience. Participants were, on average, 27.18 ($SD = 10.4$) years of age, with 76.4% being female, 17.1% male, 4.9% non-binary or non-conforming, and 1.6 reporting that their gender identity was not listed, or they preferred not to say. Participants' race/ethnicity was 43.5% White/Caucasian, 20.7% Hispanic/Latino(a), 18.3% African American/Black, 11.8% Asian American/Pacific Islander, 1.2% Native American, while 4.5% reported "other". A little over a third (34.6%) of participants were employed part-time, 36.2% were employed full-time, while 29.3% were unemployed. Participants' relationship statuses included 52% who were single/never married, 17.9% who were married/in a domestic partnership/civil union, 15% in a committed dating relationship, 9.8% who lived with a partner, and 5.3% who were divorced or separated. A majority of the sample (69.5%) identified as straight/heterosexual, while 14.2% were bisexual, 6.5% were lesbian, 1.2% were gay, and 8.5% reported another sexual orientation with qualitative responses to clarify including pansexual and asexual.

Instruments

Child Maltreatment

Child maltreatment was measured using the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998), a self-report measure including 28 items examining exposure to physical, emotional, and sexual abuse and physical and emotional neglect in childhood and adolescence. We merged emotional neglect and emotional abuse subscales to construct a childhood psychological abuse subscale based on prior research with the CTQ (Kapeleris & Paivio, 2011). Participants noted the degree to which they experienced each category of abuse or neglect on a Likert scale (1 = *never true*; 5 = *very often true*). Higher scores represent more extreme abuse or neglect. The scale has evidenced robust psychometric properties among college, community and clinical samples, with moderate significant associations to therapist observation scores of the exte abuse and neglect among adolescents ($r = 0.36\text{--}0.48$; $p < 0.001$; Bernstein et al., 2003; Paivio & Cramer, 2004). Test-retest reliability is also high among college students (8–10-week retest reliability; $r = 0.85$; $p < 0.05$; Paivio & Cramer, 2004). Internal consistency reliability was adequate to strong for each subscale among this sample psychological abuse ($\alpha = 0.91$), physical abuse ($\alpha = 0.82$), sexual abuse ($\alpha = 0.95$), and physical neglect ($\alpha = 0.78$).

Bullying Exposure

Exposure to bullying was measured using the California Bullying Victimization Scale – Retrospective (CBVS-R; Green et al., 2018), which is a self-report assessment that gauges childhood peer victimization that is deliberate, recurring, and involves a power disparity between the victim and aggressor. Reliability and validity have been supported among adolescents (Felix et al., 2011) and university students (Green et al., 2018). Specifically, the CBVS-R assesses exposure to eight types of victimization which include: teasing, rumor spreading, social exclusion, hitting, threatening, sexual jokes or gestures, stealing, and online aggression. Participants were specifically asked whether their

victimization experience was performed in a “mean or hurtful way.” They were first asked whether they were exposed (*yes* or *no*) to each type and then asked to report the occurrence of victimization at its worst on a 5-point Likert scale (a few times a year, about once a month, two or three times a month, about once a week, several times a week). Further, participants reported when the victimization took place (elementary school, middle school/junior high, high school, or college). If participants reported a minimum of one form of victimization, they were prompted to indicate whether the aggressor had a perceived power advantage in one of the following areas: being more popular, more intelligent, physically stronger, more attractive, more athletic, having more money, or older than the participant. Participants were considered bullying victims if they endorsed one form of intentional victimization, repeated victimization (at least 2-3 times per month at the time when it was at its worst) and designated any power advantage (in relation to the perpetrator). For the purposes of this study, we calculated the number of categories of bullying exposure experienced, in addition to unique victim counts (i.e., individuals who met victimization criteria were coded as a “1,” others as “0”).

Procedures

Institutional Review Board (IRB) endorsement was obtained before initiating this study, at the primary investigator’s (PI, i.e., first author) institution. Participants were 18 years or older to participate and had the capacity to provide voluntary consent. The PI emailed instructors who agreed to send study information to their students via email across the 2022-2023 academic year. The online survey (via Qualtrics) took an average of 20 minutes for participants to complete. Participants had the opportunity to provide email information to be included in a drawing for eight \$25 Amazon gift cards as compensation. Participants were cautioned in the informed consent that much of the survey content involved sensitive questions about trauma history and bullying. As such, participants were

able to withdraw from the study at any time and were provided with debriefing information at the end of the survey containing information for a 24-hour crisis line.

Preliminary Statistical Analysis

Prior to conducting formal analysis, statistical assumptions were tested for correlational analysis. No extreme outliers were present, which were defined as cases beyond three standard deviations from the mean. At this time 45 cases were removed due to missing more than half of their data on the bullying variables. Missing data analysis was performed utilizing IBM SPSS Statistics 29. Little's MCAR test indicated significance, therefore, we proceeded with correlational analysis examining cases with missing data and their relationship with demographic referent categories (i.e., 1 = white, 0 = nonwhite, 1 = straight, 0 = not straight; 1 = female, 0 = not female). We found no associations between cases with missing data and demographic variables, determining that the data were missing at random. Since the remaining missing data percentage was very low and unlikely to bias parameter estimates, we proceeded with listwise deletion (Schlomer et al., 2010).

Results

To examine our first hypothesis (to examine CM type and associations with bullying exposure), we used Pearson correlations to identify associations among the study variables. Specifically, we examined whether frequency of a CM type (psychological abuse, physical abuse, sexual abuse, or physical neglect) was associated with ever reporting exposure to bullying. Findings indicated that psychological abuse ($r = .24$ -.38) and physical abuse ($r = .18$ -.44) demonstrated the most robust associations with exposure to the eight types of bullying measured in the study, with most associations considered small to moderate according to Cohen's (1988) guidelines. Further, sexual abuse ($r = .15$ -.28) and physical neglect ($r = .18$ -.37) demonstrated significant small to medium associations with bullying exposure. Collectively, these findings suggest that frequency of CM exposure was significantly associated with most forms of bullying exposure, with most associations being considered small to

medium. Our hypothesis was partially supported as teasing and name calling were not associated with sexual abuse or physical neglect. A full depiction of all associations measured can be found in Table 1.

Table 1

Correlations Among Frequency of Reported Child Maltreatment by Bullying Exposure

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1. Psychological Abuse	1.0											
2. Physical Abuse	.57**	1.0										
3. Sexual Abuse	.49**	.45**	1.0									
4. Physical Neglect	.71**	.61**	.48**	1.0								
5. Teasing or name calling	.24**	.21**	.03	.10	1.0							
6. Rumor spreading or gossip	.25**	.18**	.20**	.21**	.50**	1.0						
7. Purposeful exclusion or ignoring	.32**	.21**	.15*	.18**	.57**	.47**	1.0					
8. Physically hurt	.38**	.44**	.21*	.37**	.34**	.24**	.28**	1.0				
9. Threatened	.30**	.40**	.23**	.30**	.36**	.44**	.41**	.51**	1.0			
10. Sexual comments, jokes or gestures	.35**	.26**	.28**	.23**	.43**	.48**	.50**	.39**	.52**	1.0		
11. Theft or damage of personal property	.27**	.23**	.24**	.25**	.28**	.33**	.37**	.34**	.51**	.39**	1.0	
12. Online bullying (teasing, rumor spreading, or threats)	.32**	.30**	.27**	.23**	.26**	.42**	.37**	.35**	.50**	.54**	.36**	1.0

* $p < .05$, ** $p < .01$

To examine our second hypothesis (to determine whether CM was linked to greater bullying victimization), we used cutoff scores according to the CTQ manual (Bernstein & Fink, 1998) to designate exposure to moderate CM, as minimal CM is more likely to be incidental and less likely to shape developmental responses. To be counted as a bullying victim, participants must have been exposed to the type of bullying noted, repeatedly exposed (at least 2-3 times per month), and

experienced a power disadvantage in at least one domain (e.g., perceived as older, stronger, more intelligent). Participants who reported at least a moderate degree of exposure to CM and/or met the criteria for bullying victimization were coded as a “1” and those who did not were coded as a “0.”

Participants who were moderately exposed to CM were 1.7 times more likely to report exposure to teasing/name calling, 2.7 times more likely to report exposure to rumor spreading/gossip, and 1.6 times more likely to report exposure to purposeful exclusion/ignoring. Notably, participants reporting moderate CM exposure were 13.7 times more likely to report being physically hurt, 10.6 times more likely to report being threatened, and 2.6 times more likely to report receiving sexual comments, jokes, or gestures. Participants reporting moderate CM exposure were also 4.8 times more likely to report experiencing theft or damage of personal property and were 5.7 times more likely to experience online bullying. These findings indicate that participants who experienced a moderate level of CM were significantly more prone, in numerous instances, to report exposure to all types of bullying examined in our study. Our second hypothesis was fully supported; see Table 2 for details.

Table 2

Bullying Victimization Type by Moderate Child Maltreatment Exposure

Bullying Victimization Type	No CM %	CM %
Teasing/name calling	37.3	63.5
Rumor Spreading/gossip	17.6	48.1
Purposeful Exclusion/ignoring	31.7	52.9
Physically Hurt	2.1	28.8
Threatened	2.8	29.8
Sexual comments/jokes/gestures	16.9	43.3
Theft/damage of personal property	2.8	13.5
Online bullying	4.2	24.0

Note: CM group includes those exposed to at least a moderate degree of CM, No CM includes those exposed to minimal to no CM.

To examine our final hypothesis (to determine whether those exposed to CM were more likely to report exposure to bullying across all educational levels), we examined reported frequencies of participants who expressed moderate CM exposure, and their exposure to bullying across educational levels (elementary, middle school/junior high, high school, and college). The findings pointed to a prominent trend: participants exposed to moderate levels of CM reported higher incidences of bullying across all educational stages measured in the study. Interestingly, the peak of bullying incidents for these individuals seemed to occur during their middle school/junior high and high school years. Our third and final hypothesis was fully supported; see Table 3 below for more details.

Table 3

Percentage Reporting Bullying Exposure by Educational Level and Moderate Child Maltreatment Exposure

Bullying victimization Type	Education level							
	Elementary		Middle school/junior high		High school		College	
	No CM	CM	No CM	CM	No CM	CM	No CM	CM
Teasing/name calling	23.2	41.3	28.2	53.8	19.7	38.5	2.1	7.7
Rumor Spreading/gossip	5.6	17.3	11.3	42.3	13.4	40.4	2.8	9.6
Purposeful Exclusion/ignoring	14.1	26.9	20.4	46.2	21.8	40.4	6.3	14.4
Physically Hurt	1.4	12.5	1.4	19.2	0.0	15.4	0.0	5.8
Threatened	0.7	11.5	0.7	19.2	2.1	23.1	0.0	6.7
Sexual comments/jokes/gestures	2.1	9.6	10.6	31.7	12.7	34.6	2.8	18.3
Theft/damage of personal property	2.1	2.9	1.4	8.7	0.7	9.6	0.7	5.8
Online bullying	0.7	5.8	2.1	11.5	3.5	19.2	0.0	9.6

Note: The CM group includes those exposed to at least a moderate degree of CM, No CM includes those exposed to minimal to no CM.

Discussion

We investigated the association between specific forms of CM and various forms of bullying experiences at elementary, middle, high school, and college levels using college students' retrospective and current accounts. Our study illustrated positive associations between CM exposure and students'

bullying experiences, as frequency of physical, sexual, and psychological abuse and physical neglect were significantly associated with each form of bullying reported (coefficients ranged from $r = .15-.44$, $p < .01$). Our study extended previous findings by including psychological abuse and by expanding the literature to capture bullying outcomes across educational levels based on CM type (Yoon et al., 2018). Specifically, the most robust associations were observed between psychological and physical abuse in relation to bullying outcomes. Psychological abuse was most strongly associated with exposure to teasing and name calling, rumor spreading and gossip, purposeful exclusion or ignoring, experiencing sexual comments or gestures, theft or damage of personal property and online bullying. Physical abuse was most strongly associated with being physically hurt or threatened. The findings reinforced prior research noting the strongest association of emotional abuse – compared to other forms of maltreatment - on students' later revictimization and academic outcomes (e.g., Gama et al., 2021; Zhang et al., 2025).

Our results captured intriguing bullying exposure outcomes from elementary to college levels. In alignment with U.S. national statistics, bullying across categories appeared to be most concerning at the middle school/junior high level, with about 54% of students who experienced CM reporting experiences of teasing/name calling and over 46% of the CM-students encountering purposeful exclusion by peers. Teasing/name calling, rumor spreading, and purposeful exclusion were more frequently endorsed across educational levels than other types of bullying. Sexual comments/jokes/gestures became more prevalent after middle school, which may be linked to developmental levels. Significantly lower degrees of bullying were reported at the college level in comparison to other educational levels. It is worthwhile to note that students who had experienced CM reported significantly high ratios of purposeful exclusion (14.4%) and sexual comments/jokes/gestures (18.3%), whereas their non-CM counterparts did not show similar or comparable trends.

Implications for School Counseling

These findings have important implications for school counseling practice, as children and adolescents exposed to CM are at risk of experiencing additional adversity in the form of bullying, intensifying the risk of negative mental health outcomes. The current study relied on retrospective reports from post-secondary students; these reports offer valuable insight into how the effects of CM unfold across stages. This backward-looking perspective can help school counselors identify early warning signs of victimization, while emphasizing that CM may increase the likelihood of adversity in school-based peer interactions. As such, understanding more about the manifestations of specific maltreatment types (e.g., relational difficulties, emotional dysregulation, isolation, internalizing symptoms) across developmental levels is essential for early identification, as these indicators may be considered risk factors for further re-victimization. These results also suggest that school counselors should consider bullying not only as a harmful peer dynamic, but also as a potential indicator of adversity at home. Barrett and colleagues (2011) emphasize the crucial role of school counselors in identifying and addressing CM, as they are well positioned to support early intervention and prevention efforts to mitigate the consequences of abuse and potential revictimization through bullying.

Trauma-Informed School Counseling

Studies have shown that individual counseling, training, and education are effective in preventing bullying; psychotherapeutic interventions emphasizing social support, social skills, and school-based programming are also beneficial (Hikmat et al., 2024). Trauma-informed school counseling programs can reduce the impact of additional trauma exposure (ASCA, 2022). Given the link between CM and bullying, trauma-informed practices are crucial for fostering resilience and adaptation in students. These practices require system-wide attention to harmful experiences in students' home environments and schools, with school personnel recognizing and responding to

trauma symptoms (Luthar & Mendes, 2020). Implementing trauma-informed services and programs is essential for school systems, especially at the middle-school level, due to adolescents' developmental needs and the high frequency of bullying incidents during this stage (Howell et al., 2019).

Application of trauma-informed school counseling may involve strengthening the capacity of teachers and staff to recognize signs of trauma in students (including bullying and CM in general; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Aside from the typical manifestations of trauma-related disorders, a trauma-informed approach encourages teachers to reconsider typically “negative” or maladaptive behaviors (e.g., classroom disruptions, acting out, trouble dealing with emotions, academic issues, interpersonal difficulties, frequent reports of illness, substance use, tardiness, or truancy) as potential manifestations of trauma exposure. Through this approach, educators can validate the manifestations of traumatic events in students’ behavior without appearing judgmental, stigmatizing, or responding immediately with disciplinary action, which may invalidate victims’ experiences or discourage them from seeking support.

Trauma-informed school counseling approaches also stress collaborative interventions (SAMHSA, 2014), where school counselors could work with teachers, administrators, and mental health professionals to develop and implement support for students. As mentioned, this may include individual and group counseling and data-informed school-wide programs (ASCA, 2016). Collaboration also involves instilling agency and choice for trauma victims in selecting interventions and supports. Ongoing training and professional development for school counselors and other staff to maintain a trauma-informed approach is also an important aspect of developing evidence-based educational practices. This ensures that all school personnel are equipped to understand students who have experienced trauma and to prepare them with strategies for actively resisting re-traumatization.

Screening and Assessment

These results emphasize the importance of screening and assessing for CM as it relates to bullying prevention and intervention programs. School counselors can work with teachers and key personnel to recognize early signs of maltreatment (Chitiyo & Pietratori, 2019; Tillman et al., 2015; Tuttle et al., 2019), which may be a risk factor for future bullying. These results also emphasize the importance of screening for CM among students who experience bullying victimization across their educational experience. Screening procedures may simply be observational (i.e., witnessing bullying or seeing signs of abuse or neglect), which may encourage school counselors to proceed to more formal assessments using validated and age-appropriate tools (e.g., ACES Questionnaire, Felitti et al., 1998; the Childhood Trauma Questionnaire; Bernstein & Fink, 1998), or may be an aspect of routine check-ins with students. School counselors may want to assess for bullying exposure as well (see Vivolo-Kantor et al., 2014 for a review of measures). Considering school counselors' caseloads and focus of practice, collaboration with key mental health personnel (e.g., school psychologists, mental health counselors) in schools and in the community will help to achieve holistic and accurate assessments.

Collaboration and Referrals

School counselors should work to maintain a network of external resources (e.g., mental health agencies and child protective services) to ensure comprehensive care is received beyond the school environment for those students in need (ASCA, 2021). In cases of severe distress, immediate crisis intervention may be necessary where school counselors can provide brief, intensive support while coordinating with external mental health professionals. School counselors may also encourage parental involvement, offering guidance on how to recognize signs of distress, support, and respond appropriately to their child's needs. Additionally, parents can learn how to become involved in their child's mental health and engage in supportive parenting through counselor-led workshops. These educational opportunities can help parents learn about social support and resources that may prevent

the development of maladaptive behaviors in their children. Protective factors like social support and tangible family resources may alleviate stress linked to CM (Ridings et al., 2017).

School-wide Interventions and Advocacy

School counselors extend their influence beyond individual interactions to include school-wide interventions, addressing systemic structures that perpetuate abuse and neglect. Collaborating with teachers, administrators, and policymakers, they advocate for policies that protect students from abuse and bullying. Comprehensive prevention programs, including body safety education, decision-making skills, and assertiveness training, are essential. School counselors aid in developing and implementing these programs, providing training to teachers and parents, and using data from school surveys to identify areas needing intervention. By leveraging their expertise, school counselors advocate for systemic changes, lead prevention and intervention efforts, build collaborative partnerships, and educate school staff to identify signs of maltreatment and bullying. These actions promote a supportive school community, fulfilling both professional and moral obligations within school counseling.

Mandated Reporting and Professional Development

As mandated reporters, school counselors are required to report presumed cases of CM to the appropriate sources (CWIG, 2019; Tuttle et al., 2019). Research emphasizes the significance of professional development and training for school counselors, particularly in the context of child abuse reporting (Ricks et al., 2022). Unfortunately, school counselors face common challenges when reporting, including a lack of established procedures, fear of consequences, and inadequate preparation in recognizing types of abuse (Tuttle et al., 2019). To address these issues, it is important for school counselors to receive continual professional development and to follow a framework that maintains ethical and legal standards in child abuse reporting, which can enhance self-efficacy, and facilitate better recognition of students at risk for CM and improve reporting (Ricks et al., 2022).

Limitations and Future Research Directions

One limitation to this study involves the retrospective accounting of bullying victimization and CM. While retrospective accounts can be biased, we selected valid retrospective measures, which provide a much more extensive perspective of bullying exposure and CM as opposed to a narrow focus on smaller developmental windows (Green et al., 2018). By capturing a retrospective report among college students, however, our results may not capture the experiences of all students as they are limited to those pursuing college education. Furthermore, while retrospective accounting of CM has its limitations, leaning too heavily on substantiated accounts of abuse is likely to disregard unreported cases. In addition, psychological abuse is often under-reported despite being the most widely experienced (Stoltenborg et al., 2013; Stoltenborg et al., 2015). Further, data was collected from one institution, which might not be generalizable to other geographic regions or institutions.

Future research may examine mechanisms (or mediating processes) between specific types of CM and later bullying victimization, such as mediating and moderating effects (Hamstra & Fitzgerald, 2022). It is also important to mention that specific forms of CM, such as psychological abuse, may be unique in their presentation and influence on important mental health and psychosocial domains (Watts et al., 2023). Investigating the efficacy of different interventions designed to support students exposed to CM and bullying could provide valuable insights. Research could focus on which types of interventions (e.g., individual counseling, peer support groups) are most effective in alleviating the destructive effects of CM and reducing bullying victimization. Further research could also consider how school counselors help create a supportive environment for students affected by CM and bullying. This could be broadened to include how different school climates influence the prevalence and impact of bullying among children who have experienced CM. Researchers may examine the role of school counselors, school policies, and training in lessening these issues.

Conclusion

Our study examined relationships between types of CM exposure and different types of bullying exposure and victimization, across educational stages. Findings indicated that CM was a risk factor for bullying exposure across all educational levels, with childhood psychological and physical abuse demonstrating the most robust relationships with each type of bullying exposure. Further, those exposed to a moderate degree of CM were more likely to report bullying victimization. These findings suggest the importance of screening, providing adequate supports among children, adolescents, and young adults exposed to CM, and providing evidence-based resources to reduce the effect of bullying on mental health and psychosocial development across all educational stages.

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References

- American School Counselor Association. (2019). *The ASCA national model: A framework for school counseling programs* (4th ed.). Alexandria, VA: Author.
- American School Counselor Association. (2021). *The school counselor and child abuse and neglect prevention*. <https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-Child-Abuse-and-Neglect-P>
- American School Counselor Association. (2022). *The school counselor and trauma-informed practice*. <https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-Trauma-Informed-Practice>
- Badr, H. E., Naser, J., Al-Zaabi, A., Al-Saedi, A., Al-Munefi, K., Al-Houli, S., & Al-Rashidi, D. (2018). Childhood maltreatment: A predictor of mental health problems among adolescents and young adults. *Child Abuse & Neglect*, 80, 161–171. <https://doi.org/10.1016/j.chiabu.2018.03.011>
- Barrett, K. C., Lester, D. H., & Durham, T. W. (2011). The critical role of school counselors in addressing child maltreatment. *School Counselor*, 58(2), 125–134.
- Bernstein, D. P., & Fink, L. (1998). *Childhood Trauma Questionnaire: A retrospective self-report manual*. The Psychological Corporation.
- Bernstein, D. P., Stein, J. A., Newcomb, M. D., Walker, E., Pogge, D., Ahluvalia, T., Stokes, J., Handelsman, L., Medrano, M., Desmond, D., & Zule, W. (2003). Development and validation of a brief screening version of the childhood trauma questionnaire. *Child Abuse and Neglect*, 27, 169–190. [https://doi.org/10.1016/S0145-2134\(02\)00541-0](https://doi.org/10.1016/S0145-2134(02)00541-0)
- Carney, J. V., Liu, Y., & Hazler, R. J. (2018). A path analysis on school bullying and critical school environment variables: A social capital perspective. *Children and Youth Services Review*, 93, 231–239. <https://doi.org/10.1016/j.childyouth.2018.07.029>

Child Welfare Information Gateway (2019). *Long term consequences of child abuse and neglect*.

https://cwlibrary.childwelfare.gov/discovery/delivery/01CWIG_INST:01CWIG/1218598007651

Child Welfare Information Gateway (2022). *Definitions of child abuse and neglect*.

<https://www.childwelfare.gov/resources/definitions-child-abuse-and-neglect/>

Chitiyo, J., & Pietrantoni, Z. (2019). The impact of child maltreatment on the educational and psychological well-being of students. *Journal of Child Maltreatment Studies*, 25(2), 101–115.

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd edition). Lawrence Erlbaum Associates.

Duncan, R. D. (1999). Maltreatment by parents and peers: The relationship between child abuse, bullying victimization, and psychological distress. *Children Maltreatment*, 4(1), 45–55.

<https://doi.org/10.1177/1077559599004001005>

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4), 245–258.

[https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

Felix, E. D., Sharkey, J. D., Green, J. G., Furlong, M. J., & Tanigawa, D. (2011). Getting precise and pragmatic about the assessment of bullying: The development of the California Bullying Victimization Scale. *Aggressive Behavior*, 37(3), 234–247. <http://dx.doi.org/10.1002/ab.20389>

Gama, C. M. F., Portugal, L. C. L., Gonçalves, R. M., de Souza Junior, S., Vilete, L. M. P., Mendlowicz, M. V., Figueira, I., Volchan, E., David, I. A., de Oliveira, L., & Pereira, M. G. (2021). The invisible scars of emotional abuse: A common and highly harmful form of childhood maltreatment. *BMC Psychiatry*, 21, 156, [https://doi.org/10.1186/s12888-021-03134-](https://doi.org/10.1186/s12888-021-03134-0)

[0](#)

- Gladden, R. M., Vivolo-Kantor, A. M., Hamburger, M. E., & Lumpkin, C. D. (2014). *Bullying surveillance among youths: Uniform definitions for public health and recommended data elements, version 1.0*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention and U.S. Department of Education.
- Green, J. G., Oblath, R., Felix, E. D., Furlong, M. J., Holt, M. K., & Sharkey, J. D. (2018). Initial evidence for the validity of the California Bullying Victimization Scale (CBVS-R) as a retrospective measure for adults. *Psychological Assessment*, 30(11), 1444–1453.
<https://doi.org/10.1037/pas0000592>
- Halliday, S., Gregory, T., Taylor, A., Digenis, C., & Turnbull, D. (2021). The impact of bullying victimization in early adolescence on subsequent psychosocial and academic outcomes across the adolescent period: A systematic review. *Journal of School Violence*, 20(3), 351–373.
<https://doi.org/10.1080/15388220.2021.1913598>
- Hamstra, C., & Fitzgerald, M. (2022). Longitudinal effects from childhood abuse to bullying perpetration in adolescence: The role of mental health and social problems. *Journal of Child & Adolescent Trauma*, 15(3), 869–881. <https://doi.org/10.1007/s40653-021-00409-2>
- Hikmat, R., Yosep, I., Hernawaty, T., & Mardhiyah, A. (2024). A scoping review of anti-bullying interventions: Reducing traumatic effect of bullying among adolescents. *Journal of Multidisciplinary Healthcare*, 17, 289–304. <https://doi.org/10.2147/JMDH.S443841>
- Hodgdon, H. B., Spinazzola, J., Briggs, E. C., Liang, L.-J., Steinberg, A. M., & Layne, C. M. (2018). Maltreatment type, exposure characteristics, and mental health outcomes among clinic referred trauma-exposed youth. *Child Abuse & Neglect*, 82, 12–22.
<https://doi.org/10.1016/j.chiabu.2018.05.021>
- Hoebor, C., de Roos, C., van Son, G. E., Spinhoven, P., & Elzinga, B. (2021). The effect of parental emotional abuse on the severity and treatment of PTSD symptoms in children and

adolescents. *Child Abuse & Neglect*, 111, 104775.

<https://doi.org/10.1016/j.chiabu.2020.104775>

Howell, P. B., Thomas, S., Sweeney, D., & Vanderhaar, J. (2019). Moving beyond schedules, testing and other duties as deemed necessary by the principal: The school counselor's role in trauma informed practices. *Middle School Journal*, 50(4), 26–34.

<https://doi.org/10.1080/00940771.2019.1650548>

Kapeleris, A. R., & Paivio, S. C. (2011). Identity and emotional competence as mediators of the relation between childhood psychological maltreatment and adult love relationships. *Journal of Aggression, Maltreatment & Trauma*, 20(6), 617–635.

<https://doi.org/10.1080/10926771.2011.595764>

Liu, Y., Carney, J. V., Kim, H., Hazler, R. J., & Guo, X. (2020). Victimization and students' psychological well-being: The mediating roles of hope and school connectedness. *Children and Youth Services Review*, 108, 104674, 231–239. <https://doi.org/10.1016/j.childyouth.2019.104674>

Luthar, S. S., & Mendes, S. H. (2020). Trauma-informed schools: Supporting educators as they support the children. *International Journal of School & Educational Psychology*, 8(2), 147–157.

<https://doi.org/10.1080/21683603.2020.1721385>

Marsh, R. J., & Mathur, S. R. (2020). Mental health in schools: An overview of multitiered systems of support. *Intervention in School and Clinic*, 56(2), 67–73.

<https://doi.org/10.1177/1053451220914896>

Mehta, D., Kelly, A. B., Laurens, K. R., Haslam, D., Williams, K. E., Walsh, K., Baker, P. R. A., Carter, H. E., Khawaja, N. G., Zelenko, O., & Mathews, B. (2023). Child maltreatment and long-term physical and mental health outcomes: An exploration of biopsychosocial determinants and implications for prevention. *Child Psychiatry & Human Development*, 54(2), 421–435. <https://doi.org/10.1007/s10578-021-01258-8>

- Montes, Á., Sanmarco, J., Novo, M., Cea, B. & Arce, R. (2022). Estimating the psychological harm consequence of bullying victimization: A meta-analytic review for forensic evaluation. *Environmental Research and Public Health*, 19(21), 1-9. <https://doi.org/10.3390/ijerph192113852>
- Paivio, S. C., & Cramer, K. M. (2004). Factor structure and reliability of the Childhood Trauma Questionnaire in a Canadian undergraduate student sample. *Child Abuse & Neglect*, 28(8), 889–904. <https://doi.org/10.1016/j.chiabu.2004.01.011>
- Park, J., Grogan-Kaylor, A., & Han, Y. (2021). Trajectories of childhood maltreatment and bullying of adolescents in South Korea. *Journal of Child and Family Studies*, 30, 1059–1070. <https://doi.org/10.1007/s10826-021-01913-7>
- Petrucelli, K., Davis, J., & Berman, T. (2019). Adverse childhood experiences and associated health outcomes: A systematic review and meta-analysis. *Child Abuse & Neglect*, 97, 104127. <https://doi.org/10.1016/j.chiabu.2019.104127>
- Ricks, L., Tuttle, M., & Ellison, S. E. (2022). Child abuse reporting: Understanding factors impacting veteran school counselors. *The Professional Counselor*, 12(2), 149–166. <https://doi.org/10.15241/lr.12.2.149>
- Ridings, L. E., Beasley, L. O., & Silovsky, J. F. (2017). Consideration of risk and protective factors for families at risk for child maltreatment: An intervention approach. *Journal of Family Violence*, 32(2), 179–188. <https://doi.org/10.1007/s10896-016-9826-y>
- Romano, E., Babchishin, L., Marquis, R., & Fréchette, S. (2015). Childhood maltreatment and educational outcomes. *Trauma, Violence, & Abuse*, 16(4), 418–437. <https://doi.org/10.1177/1524838014537908>
- Ryan, J. P., Jacob, B. A., Gross, M., Perron, B. E., Moore, A., & Ferguson, S. (2018). Early exposure to child maltreatment and academic outcomes. *Child Maltreatment*, 23(4), 9–18. <https://doi.org/10.1177/1077559518786815>

Watts, Liu, & Boren, (2025)

Samara, M., Da Silva Nascimento, B., El-Asam, A., Hammuda, S., & Khattab, N. (2021). How can bullying victimization lead to lower academic achievement? A systematic review and meta-analysis of the mediating role of cognitive-motivational factors. *International Journal of Environmental Research and Public Health*, 18(5), 1–21. <https://doi.org/10.3390/ijerph18052209>

Schlomer, G. L., Bauman, S., & Card, N. A. (2010). Best practices for missing data management in counseling psychology. *Journal of Counseling Psychology*, 57(1), 1–10.

<https://doi.org/10.1037/a0018082>

Serafini, G., Aguglia, A., Amerio, A., Canepa, G., Adavastro, G., Conigliaro, C., Nebbia, J., Franchi, L., Flouri, E., & Amore, M. (2023). The relationship between bullying victimization and perpetration and non-suicidal self-injury: A systematic review. *Child Psychiatry & Human Development*, 54, 154–175. <https://doi.org/10.1007/s10578-021-01231-5>

Spinazzola, J., Hodgdon, H., Liang, L.-J., Ford, J. D., Layne, C. M., Pynoos, R., Briggs, E. C., Stolbach, B., & Kisiel, C. (2014). Unseen wounds: The contribution of psychological maltreatment to child and adolescent mental health and risk outcomes. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(Suppl 1), S18–S28. <https://doi.org/10.1037/a0037766>

Stoltenborgh, M., Bakermans-Kranenburg, M. J., Alink, L. R. A., & van IJzendoorn, M. H. (2015). The prevalence of child maltreatment across the globe: Review of a series of meta-analyses. *Child Abuse Review*, 24(1), 37–50. <https://doi.org/10.1002/car.2353>

Stoltenborgh, M., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2013). The neglect of child neglect: A meta-analytic review of the prevalence of neglect. *Social Psychiatry and Psychiatric Epidemiology*, 48, 345–355. <https://doi.org/10.1007/s00127-012-0549-y>

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. <https://library.samhsa.gov/sites/default/files/sma14-4884>

Thomsen, E., Henderson, M., Moore, A., Price, N., & McGarrah, M. W. (2024). *Student reports of*

- bullying: Results from the 2022 school crime supplement to the national crime victimization survey* (NCES 2024-109rev). U.S. Department of Education, National Center for Education Statistics.
<https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2024109rev>
- Tillman, K. S., Prazak, M. D., Burrier, L., Miller, S., Benezra, M. & Lynch, L. (2015). Factors influencing school counselors' suspecting and reporting of childhood physical abuse: Investigating child, parent, school, and abuse characteristics. *Professional School Counseling*, 19(1), 103–115. <https://doi.org/10.5330/1096-2409-19.1.103>
- Tuttle, M., Ricks, L., & Taylor, M. (2019). A child abuse reporting framework for early career school counselors. *The Professional Counselor*, 9(3), 238–251. <https://doi.org/10.15241/mt.9.3.238>
- Vivolo-Kantor, A. M., Martell, B. N., Holland, K. M., & Westby, R. (2014). A systematic review and content analysis of bullying and cyber-bullying measurement strategies. *Aggression and Violent Behavior*, 19(4), 423–434. <https://doi.org/10.1016/j.avb.2014.06.008>
- Watts, J., Chumbler, N. R., Castleberry, J., & Lazzareschi, N. R. (2024). Trauma exposure, suicidality, and symptom severity among young adults seeking counseling reporting childhood emotional abuse. *Journal of Mental Health Counseling*, 46(2), 114–133.
<https://doi.org/10.17744/mehc.46.2.02>
- Watts, J., Lazzareschi, N. R., Liu, Y., & O’Sullivan, D. (2023). Childhood psychological abuse, sense of self, and PTSD symptoms in emerging adulthood. *Journal of Counseling and Development*, 101(1), 96–105. <https://doi.org/10.1002/jcad.12455>
- Wolke, D., & Lereya, S. T. (2015). Long-term effects of bullying. *Archives of Disease in Childhood*, 100(9), 879–885. <https://doi.org/10.1136/archdischild-2014-306667>
- World Health Organization. (2024). *Child maltreatment*. <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>

Watts, Liu, & Boren, (2025)

Yoon, D., Yoon, S., Park, J., & Yoon, M. (2018). A pernicious cycle: Finding the pathways from child maltreatment to adolescent peer victimization. *Child Abuse & Neglect*, 81, 139–148.

<https://doi.org/10.1016/j.chiabu.2018.04.024>

Zhang, H., Han, T., Ma, S., Qu, G., Zhao, T., Ding, X., Sun, L., Qin, Q., Chen, M., & Sun, Y. (2022). Association of child maltreatment and bullying victimization among Chinese adolescents: The mediating role of family function, resilience, and anxiety. *Journal of Affective Disorders*, 299, 12–

21. <https://doi.org/10.1016/j.jad.2021.11.053>

Zhang, H., Wang, Z., Tang, X., & Wang, W. (2025). The association between child maltreatment and academic achievement: A systematic review and meta-analysis. *Child Abuse & Neglect*, 159,

107159. <https://doi.org/10.1016/j.chiabu.2024.107159>

Ziomek-Daigle, J., Goodman-Scott, E., Cavin, J., & Donohue, P. (2016). Integrating a multi-tiered system of supports with comprehensive school counseling programs. *The Professional Counselor*,

6(3), 220–232. <https://doi.org/10.15241/jzd.6.3.220>