Supplement

Child maltreatment and resilience in adulthood:

A systematic review and meta-analysis

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# SA1. Glossary of terms

AAQ-II: The Acceptance and Action Questionnaire-II

ABS: The Affect Balance Scale

ACE: Adverse Childhood Exposure

ACE-Q: Adverse Childhood Experiences Questionnaire

ADHD: Attention-Deficit/Hyperactivity Disorder

ALSPAC: Avon Longitudinal Study of Parents and Children

AMS: Academic Motivation Scale

AN: Anorexia Nervosa

AnxNOS: Anxiety Disorder Not Otherwise Specified

ARM: Adult Resilience Measure

ASD: Acute Stress Disorder

ATQ: Adult Temperament Questionnaire-Short Form

AUD: Alcohol Use Disorder

BD: Bipolar Disorder

BERQ: Behavioural Emotion Regulation Questionnaire

BFIS-9: Bullying and friendship interview schedule-9

BPD: Borderline Personality Disorder

BPNSS: Basic Psychological Needs Scale

Brief-COPE: The Brief Coping Orientation to Problems Experienced Inventory

Brief RCOPE: The Brief Religious Coping Activities Scale

BRS: The Brief Resilience Scale

BSCS: The Brief Self-Control Scale

BSE: The Beck Self-Esteem Scale

BSI: Brief Symptom Inventory

CAP: Child Abuse Potential Inventory

CAQ: Childhood Abuse Questionnaire

CAs: College Adjustment Scale

CAS: Childhood Abuse Scale

CASRS: The Child Abuse and Self Report Scale

CATS: The Child Abuse and Trauma Scale

CCHS-MH: Canadian Community Health Survey-Mental Health

CCMS: Comprehensive Child Maltreatment Scale

CD-RISC: The Connor–Davidson Resilience Scale

CECA-Q: Childhood Experiences of Care and Abuse Questionnaire

CEDV: Child Exposure to Domestic Violence

CERQ: Cognitive Emotion Regulation Questionnaire

CERQ-Short: The Cognitive Emotion Regulation Questionnaire-short version

CEVQ: Childhood Experiences of Violence Questionnaire

CFSEI-2: Culture-Free Self-Esteem Inventory

CIDI: Composite International Diagnostic Interview

CISS: Coping Inventory for Stressful Situation

CM: Childhood Maltreatment

CMIS: Childhood Maltreatment Interview Schedule

CMIS-SF: Child Maltreatment Interview Schedule—Short Form

COPE: Coping Orientations to the Problems Experienced

CSA: Child sexual abuse

CSAQ: Childhood Sexual Abuse Questionnaire

CSEI: Coopersmith Self-Esteem Inventory

CSI: Coping Strategies Inventory

CSI-SF: Coping Strategies Inventory–Short Form

CT: Childhood Trauma

CTI: Childhood Trauma Interview

CTQ: Childhood Trauma Questionnaire

CTQ-SF: Childhood Trauma Questionnaire-Short Form

CTs: Conflict Tactics Scale

CTS: Childhood Trauma Screener

CTS-33: Childhood Trauma Scale-33

CTs Form-R: The Conflict Tactics Scales Form R

CTs-PC: Parent-Child Conflict Tactics Scales

CW: The Coping Wheel

DD-NOS: Depressive Disorder Not Otherwise Specified

DEQ-SC: Depressive Experiences Questionnaire Self-Criticism

DERS: The Difficulties in Emotion Regulation Scale

DERS-SF: Difficulties in Emotion Regulation Scale – Short Form

DSM: Diagnostic and Statistical Manual of Mental Disorders

DSQ: The Defense Style Questionnaire

DTS: Distress Tolerance Scale

DUKE: The Duke Health Profile

DV: Domestic Violence

EA: Emotional Abuse

EAIA: The Child Abuse Scale for Adults

ED: Eating disorders

EDS: Emotional Dysregulation Scale

EN: Emotional Neglect

ERDS:Emotion Regulation Difficulty Scale-Short Form

ER: Emotion Regulation

ERPS: The Emotion Regulation Process Scale

ERQ: Emotional Regulation Questionnaire

ERQ-CA: Emotion Regulation Questionnaire modified version

ERS: The Emotion Regulation Scale

ETISR-SF: Early Trauma Inventory Self-Report - Short Form

FAM: Feelings and Me Questionnaire

FCVQ: Finkelhor Childhood Victimisation Questionnaire

FFMQ: The Five Facet Mindfulness Questionnaire

FSHQ: Family and Sexual History Questionnaire

GAD: Generalised Anxiety Disorder

GHQ: General Health Questionnaire

GSAD: Generalised Social Anxiety Disorder

GSES: General Self-Efficacy Scale

HFS: The Heartland Forgiveness Scale

HIV: Human Immunodeficiency Virus

HOPES: Hunter Opinions and Personal Expectations Scale

IBS: Impulsive Behaviour Scale

ICAST-R: The ISPCAN Child Abuse Screening Tools Retrospective version

ICD: International Statistical Classification of Diseases and Related Health Problems

ICES: Invalidating Childhood Environments Scale

IPV: Intimate Partner Violence

LOC: The Locus of Control of Behaviour

LOCS: Levels of Self Criticism Scale

LOT-R: Life Orientation Test-Revised

LSC-R: Life Stressor Checklist-Revised

MASQ: Mood and Symptoms Questionnaire

MDD: Major Depressive Disorder

MEMS: Multidimensional Existential Meaning Scale

MHC-SF: Mental Health Continuum-Short Form

MIDUS: Midlife in the United States study

MLQ: Meaning in Life Questionnaire

MOOSE: Meta-analysis Of Observational Studies in Epidemiology

MPLS: Meaning and Purpose of Life Scale

MPQ: Multidimensional Personality Questionnaire

NA: Not Available

NMR: General Expectancy for Negative Mood Regulation Scale

NS: Not Significant

OBVQ: Olweus Bully/Victim Questionnaire

OCD: Obsessive-Compulsive Disorder

OCPD: Obsessive-Compulsive Personality Disorder

OUD: Opioid Use Disorder

PANAS: The Positive and Negative Affect Schedule

PA: Physical Abuse

PD: Personality Disorder

PDS: Post-Traumatic Stress Diagnostic Scale–Part I

PECK: The Personal Experiences Checklist

PLEs: Psychotic-like experiences

PMQ: Psychological Maltreatment Questionnaire

PMR: The Psychological Maltreatment Review

PMS: Pearlin Mastery Scale

PN: Physical Neglect

PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses

PSI: Personal Style Inventory

PTGI: Post-traumatic Growth Inventory

PTGI-SF: Post-traumatic Growth Inventory-Short Form

PTM: Prosocial Tendencies Measure

PTSD: Post-Traumatic Stress Disorder

PVS: The Personal View Survey

RBQ: Retrospective Bullying Questionnaire

RES: Resilience

RESE: The Regulatory Emotional Self-Efficacy Scale

RLOC: Rotter’s Locus of Control Scale

RPS: Religious Practice Scale

RS: Resilience Scale

RSA: The Resilience Scale for Adults

RSES: Rosenberg Self-Esteem Scale

RSQ: Response Style Questionnaire

3S: Self-Satisfaction Scale

SA: Sexual Abuse

SACQ: Student Adaptation to College Questionnaire

SAS: Severity of Abuse Scale

SCC: Self-Concept Clarity Scale

SCRS: Self-Critical Rumination Scale

SCS: Self-Compassion Scale

SCSQ: The Simplified Coping Style Questionnaire

SCS-SF: The Self-Compassion Scale Short Form

SD: Standard Deviation

S-DERS: State Difficulties in Emotion Regulation Scale

SDS-R: Self-Disgust Scale Revised

SE: Self-esteem

SEQ: Sexual Events Questionnaire

SES: Socioeconomic Status

SESBW: Self-Efficacy Scale for Battered Women

SES-SFV: The sexual Experiences Survey–Short Form Victimisation Revised

SHS: Subjective Happiness Scale

SLCS: The Self-Liking/Self-Competence Scale

SOCS: Sense of Coherence Scale

SPRS: Short Psychological Resilience Scale

SPSI-R: The Social Problem-Solving Inventory-Revised Short Form

SRI-25: Suicide Resilience Inventory-25

SRQ: Sibling Relations Questionnaire

SSHH: Stress, Spirituality, and Health Questionnaire

STI: Sexually Transmitted Infection

STS: The Spiritual Transcendence Scale

SUBI: Subjective well-being inventory

SUD: Substance Use Disorder

SVCQ: Sexually Victimised Children Questionnaire

SWBS: The Spiritual Well-Being Scale

SWLS: The Satisfaction with Life Scale

SWS: Subjective Well-being Scale

TADS: The Trauma Distress Scale

TCAQ: The Cognitive Avoidance Questionnaire

TEC: Traumatic Experience Checklist

THS: The Hope Scale

TRD: Treatment-Resistant Depression

TSCS: Tennessee Self-Concept Scale

TSEI: The Taylor Self-Esteem Inventory

TSES: The Self-Efficacy Scale

TSPWB: The Scales of Psychological Well-Being

TSS: The Self Scale

UPPS-P: Urgency, Premeditation, Perseverance, Sensation seeking, Positive urgency

USA: The United States of America

WB: Well-being

WCQ: Ways of Coping Questionnaire

WEMWBS: Warwick-Edinburgh Mental Well-Being Scale

WHO-5: The World Health Organisation-Five Well-Being Index

WSHQ: The Wyatt Sexual History Questionnaire

# SA2. Literature search

**Search string**

("resilience" OR "resilient” OR "resiliency" OR "self-regulation" OR "self-efficacy" OR "self-organisation" OR "self-reliance" OR "self-esteem" OR "self-confidence" OR "adaptive functioning" OR "adaptive coping" OR "competent coping" OR "successful coping" OR "social competence" OR "sense of mastery" OR "problem solving" OR "social adjustment" OR "motivation" OR "emotion regulation" OR "positive appraisal" OR "meaning in life" OR "sense of coherence" OR "regulatory flexibility" OR "optimism" OR "positive affect" OR "invulnerability" OR "hardiness" OR " buffering" OR "psychological well-being")

AND

("child\* maltreatment" OR "child\* trauma" OR "child\* advers\*" OR "early life adversity" OR "early life stress" OR "complex trauma" OR "child\* victim\*"OR "child\* abuse" OR "child\* neglect" OR "child\* physical abuse" OR "child\* emotional abuse" OR "child\* psychological abuse" OR "domestic violence" OR "family violence" OR "bullying" OR "child\* sexual abuse" OR "CTQ" OR "childhood trauma questionnaire" OR "CECA")

**Search strategies adapted for each database**

**PubMed/MEDLINE**

Initial search on 18.04.2023, 2534 articles retrieved, filter: humans and updated on 12.06.2024, 361 articles retrieved.

("resilience"[Title/Abstract] OR "resilient"[Title/Abstract] OR "resiliency"[Title/Abstract] OR "self-regulation"[Title/Abstract] OR "self-efficacy"[Title/Abstract] OR "self-organisation"[Title/Abstract] OR "self-reliance"[Title/Abstract] OR "self-esteem"[Title/Abstract] OR "self-confidence"[Title/Abstract] OR "adaptive functioning"[Title/Abstract] OR "adaptive coping"[Title/Abstract] OR "competent coping"[Title/Abstract] OR "successful coping"[Title/Abstract] OR "social competence"[Title/Abstract] OR "sense of mastery"[Title/Abstract] OR "problem solving"[Title/Abstract] OR "social adjustment"[Title/Abstract] OR "motivation"[Title/Abstract] OR "emotion regulation"[Title/Abstract] OR "positive appraisal"[Title/Abstract] OR "meaning in life"[Title/Abstract] OR "sense of coherence"[Title/Abstract] OR "regulatory flexibility"[Title/Abstract] OR "optimism"[Title/Abstract] OR "positive affect"[Title/Abstract] OR "invulnerability"[Title/Abstract] OR "hardiness"[Title/Abstract] OR "buffering"[Title/Abstract] OR "psychological well-being"[Title/Abstract]) AND ("child\* maltreatment"[Title/Abstract] OR "child\* trauma"[Title/Abstract] OR "child\* advers\*"[Title/Abstract] OR "early life adversity"[Title/Abstract] OR "early life stress"[Title/Abstract] OR "complex trauma"[Title/Abstract] OR "child\* victim\*"[Title/Abstract] OR "child\* abuse"[Title/Abstract] OR "child\* neglect"[Title/Abstract] OR "child\* physical abuse"[Title/Abstract] OR "child\* emotional abuse"[Title/Abstract] OR "child\* psychological abuse"[Title/Abstract] OR "domestic violence"[Title/Abstract] OR "family violence"[Title/Abstract] OR "bullying"[Title/Abstract] OR "child\* sexual abuse"[Title/Abstract] OR "CTQ"[Title/Abstract] OR "childhood trauma questionnaire"[Title/Abstract] OR "CECA"[Title/Abstract])

**Scopus**

Initial search on 18.04.2023, 3347 articles retrieved and updated on 12.06.2024, 1032 articles retrieved.

(TITLE-ABS(resilience) OR TITLE-ABS(resilient) OR TITLE-ABS(resiliency) OR TITLE-ABS("self-regulation") OR TITLE-ABS("self-efficacy") OR TITLE-ABS("self-organisation") OR TITLE-ABS("self-reliance") OR TITLE-ABS("self-esteem") OR TITLE-ABS("self-confidence") OR TITLE-ABS("adaptive functioning") OR TITLE-ABS("adaptive coping") OR TITLE-ABS("competent coping") OR TITLE-ABS("successful coping") OR TITLE-ABS("social competence") OR TITLE-ABS("sense of mastery") OR TITLE-ABS("problem solving") OR TITLE-ABS("social adjustment") OR TITLE-ABS(motivation) OR TITLE-ABS("emotion regulation") OR TITLE-ABS("positive appraisal") OR TITLE-ABS("meaning in life") OR TITLE-ABS("sense of coherence") OR TITLE-ABS("regulatory flexibility") OR TITLE-ABS(optimism) OR TITLE-ABS("positive affect") OR TITLE-ABS(invulnerability) OR TITLE-ABS(hardiness) OR TITLE-ABS(buffering) OR TITLE-ABS("psychological well-being")) AND (TITLE-ABS("child\* maltreatment") OR TITLE-ABS("child\* trauma") OR TITLE-ABS("child\* advers\*") OR TITLE-ABS("early life adversity") OR TITLE-ABS("early life stress") OR TITLE-ABS("complex trauma") OR TITLE-ABS("child\* victim\*") OR TITLE-ABS("child\* abuse") OR TITLE-ABS("child\* neglect") OR TITLE-ABS("child\* physical abuse") OR TITLE-ABS("child\* emotional abuse") OR TITLE-ABS("child\* psychological abuse") OR TITLE-ABS("domestic violence") OR TITLE-ABS("family violence") OR TITLE-ABS(bullying) OR TITLE-ABS("child\* sexual abuse") OR TITLE-ABS(CTQ) OR TITLE-ABS("childhood trauma questionnaire") OR TITLE-ABS(CECA))

**WoS (Web of Science Core Collection)**

Initial search on 18.04.2023, 787 articles retrieved and updated on 12.06.2024, 804 articles retrieved.

((TI=resilience OR AB=resilience) OR (TI=resilient OR AB=resilient) OR (TI=resiliency OR AB=resiliency) OR (TI="self-regulation" OR AB="self-regulation") OR (TI="self-efficacy" OR AB="self-efficacy") OR (TI="self-organisation" OR AB="self-organisation") OR (TI="self-reliance" OR AB="self-reliance") OR (TI="self-esteem" OR AB="self-esteem") OR (TI="self-confidence" OR AB="self-confidence") OR (TI="adaptive functioning" OR AB="adaptive functioning") OR (TI="adaptive coping" OR AB="adaptive coping") OR (TI="competent coping" OR AB="competent coping") OR (TI="successful coping" OR AB="successful coping") OR (TI="social competence" OR AB="social competence") OR (TI="sense of mastery" OR AB="sense of mastery") OR (TI="problem solving" OR AB="problem solving") OR (TI="social adjustment" OR AB="social adjustment") OR (TI=motivation OR AB=motivation) OR (TI="emotion regulation" OR AB="emotion regulation") OR (TI="positive appraisal" OR AB="positive appraisal") OR (TI="meaning in life" OR AB="meaning in life") OR (TI="sense of coherence" OR AB="sense of coherence") OR (TI="regulatory flexibility" OR AB="regulatory flexibility") OR (TI=optimism OR AB=optimism) OR (TI="positive affect" OR AB="positive affect") OR (TI=invulnerability OR AB=invulnerability) OR (TI=hardiness OR AB=hardiness) OR (TI=buffering OR AB=buffering) OR (TI="psychological well-being" OR AB="psychological well-being")) AND ((TI="child\* maltreatment" OR AB="child\* maltreatment") OR (TI="child\* trauma" OR AB="child\* trauma") OR (TI="child\* advers\*" OR AB="child\* advers\*") OR (TI="early life adversity" OR AB="early life adversity") OR (TI="early life stress" OR AB="early life stress") OR (TI="complex trauma" OR AB="complex trauma") OR (TI="child\* victim\*" OR AB="child\* victim\*") OR (TI="child\* abuse" OR AB="child\* abuse") OR (TI="child\* neglect" OR AB="child\* neglect") OR (TI="child\* physical abuse" OR AB="child\* physical abuse") OR (TI="child\* emotional abuse" OR AB="child\* emotional abuse") OR (TI="child\* psychological abuse" OR AB="child\* psychological abuse") OR (TI="domestic violence" OR AB="domestic violence") OR (TI="family violence" OR AB="family violence") OR (TI=bullying OR AB=bullying) OR (TI="child\* sexual abuse" OR AB="child\* sexual abuse") OR (TI=CTQ OR AB=CTQ) OR (TI="childhood trauma questionnaire" OR AB="childhood trauma questionnaire") OR (TI=CECA OR AB=CECA))

**PsycINFO**

Initial search on 18.04.2023, 5405 articles retrieved and updated on 12.06.2024, 426 articles retrieved.

((TI=resilience) OR AB(resilience) OR TI(resilient) OR AB(resilient) OR TI(resiliency) OR AB(resiliency) OR (TI(self-regulation) OR AB(self-regulation) OR TI(self-efficacy) OR AB(self-efficacy) OR (TI(self-organisation) OR AB(self-organisation) OR TI(self-reliance) OR AB(self-reliance) OR TI(self-esteem) OR AB(self-esteem) OR TI(self-confidence) OR AB(self-confidence) OR TI(adaptive functioning) OR AB(adaptive functioning) OR TI(adaptive coping) OR AB(adaptive coping) OR TI(competent coping) OR AB(competent coping) OR TI(successful coping) OR AB(successful coping) OR TI(social competence) OR AB(social competence) OR TI(sense of mastery) OR AB(sense of mastery) OR TI(problem solving) OR AB(problem solving) OR TI(social adjustment) OR AB(social adjustment) OR TI(motivation OR AB(motivation) OR TI(emotion regulation) OR AB(emotion regulation) OR TI(positive appraisal) OR AB(positive appraisal) OR TI(meaning in life) OR AB(meaning in life) OR TI(sense of coherence) OR AB(sense of coherence) OR TI(regulatory flexibility) OR AB(regulatory flexibility) OR TI(optimism OR AB(optimism) OR TI(positive affect) OR AB(positive affect) OR TI(invulnerability OR AB(invulnerability) OR TI(hardiness OR AB(hardiness) OR TI(buffering OR AB(buffering) OR TI(psychological well-being) OR AB(psychological well-being)) AND (TI(child maltreatment) OR AB(child maltreatment) OR TI(child trauma) OR AB(child trauma) OR TI(child advers\*) OR AB(child advers\*) OR TI(early life adversity) OR AB(early life adversity) OR TI(early life stress) OR AB(early life stress) OR TI(complex trauma) OR AB(complex trauma) OR TI(child victim\*) OR AB(child victim\*) OR TI(child abuse) OR AB(child abuse) OR TI(child neglect) OR AB(child neglect) OR TI(child physical abuse) OR AB(child physical abuse) OR TI(child emotional abuse) OR AB(child emotional abuse) OR TI(child psychological abuse) OR AB(child psychological abuse) OR TI(domestic violence) OR AB(domestic violence) OR TI(family violence) OR AB(family violence) OR TI(bullying OR AB(bullying) OR TI(child sexual abuse) OR AB(child sexual abuse) OR TI(CTQ OR AB(CTQ) OR TI(childhood trauma questionnaire) OR AB(childhood trauma questionnaire) OR TI(CECA) OR AB(CECA))

**Embase**

Initial search on 19.04.2023, 444 articles retrieved andupdated on 12.06.2024, 100 articles retrieved.

#1 'resilience':ab,ti OR 'resilient':ab,ti OR 'resiliency':ab,ti OR 'self-regulation':ab,ti OR 'self-efficacy':ab,ti OR 'self-organisation':ab,ti OR 'self-reliance':ab,ti OR 'self-esteem':ab,ti OR 'self-confidence':ab,ti OR 'adaptive functioning':ab,ti OR 'adaptive coping':ab,ti OR 'competent coping':ab,ti OR 'successful coping':ab,ti OR 'social competence':ab,ti OR 'sense of mastery':ab,ti OR 'problem solving':ab,ti OR 'social adjustment':ab,ti OR 'motivation':ab,ti OR 'emotion regulation':ab,ti OR 'positive appraisal':ab,ti OR 'meaning in life':ab,ti OR 'sense of coherence':ab,ti OR 'regulatory flexibility':ab,ti OR 'optimism':ab,ti OR 'positive affect':ab,ti OR 'invulnerability':ab,ti OR 'hardiness':ab,ti OR 'buffering':ab,ti OR 'psychological well-being':ab,ti

#2 'child maltreatment':ab,ti OR 'child trauma':ab,ti OR 'child advers\*':ab,ti OR 'early life adversity':ab,ti OR 'early life stress':ab,ti OR 'complex trauma':ab,ti OR 'child victim\*':ab,ti OR 'child abuse':ab,ti OR 'child neglect':ab,ti OR 'child physical abuse':ab,ti OR 'child emotional abuse':ab,ti OR 'child psychological abuse':ab,ti OR 'domestic violence':ab,ti OR 'family violence':ab,ti OR 'bullying':ab,ti OR 'child sexual abuse':ab,ti OR 'ctq':ab,ti OR 'childhood trauma questionnaire':ab,ti OR 'ceca':ab,ti

#3 #1 AND #2

#4 #3 AND [embase]/lim NOT ([embase]/lim AND [medline]/lim)

#4 AND ('article'/it OR 'article in press'/it OR 'editorial'/it OR 'letter'/it OR 'note'/it OR 'review'/it OR 'short survey'/it)

#5 AND 'human'/de

# SA3. Extracted variables

Author and publication year, country and region, sample size, mean age (*SD*) and range in years, gender, sex (% male), socioeconomic status, education level (in years and/or higher education %), socioeconomic status (average/family household income), study design, mental health condition and diagnosis descriptive (*n* or % if reported), type and instrument for diagnosis (and criteria), physical condition and diagnosis descriptive (*n* or % if reported), exposure including type, severity and timing of CM, outcome including global/trait resilience and domains of resilience, variable measurement and instruments, valence of outcome and results used in meta-analysis (effect sizes, confidence intervals and *p* value), confounders, moderators, and mediators investigated in included studies.

# SA4. Definition of exposure and outcome variables

**Exposure variables**

Childhood maltreatment (CM) was defined and operationalised as: (a) ***Overall CM (or total CM):*** cumulative scores of abuse and neglect; all forms of maltreatment that caused harm to those with an age <18 years of age and that endangered their development (Fares-Otero & Seedat, 2024); (b) ***Physical abuse:*** defined as acts of violence causing physical harm or injury, including physical punishment; (c) ***Sexual abuse:*** defined as sexual acts including intercourse with or touching a child, one completed/attempted sexual act or exploitation of a child; any non-consensual, unwanted, or exploitative sexual activity that involved children or adolescents (<18 years of age); (d) ***Emotional (or psychological) abuse:*** defined as verbal or behavioural assaults toward a child that might result in trauma, including any humiliating name-calling by an adult or caregiver, or a repeated pattern of behaviours of caregivers, which conveys to a child that he/she is unwanted, worthless, unloved, and flawed; (e) ***Physical neglect:*** defined as caregivers’ failure to provide basic physical needs for the child including shelter, education, protection, food, clothing or health-care; and (f) ***Emotional (or psychological) neglect:*** defined as caregivers’ failure to meet the child’s fundamental emotional and psychological needs, including love, care, support, and belonging; (g) ***Domestic violence:*** defined ashousehold dysfunction, parental discord, or witnessing parental/siblings victimisation;(f) ***Bullying:*** defined asemotional and/or physical peer victimisation (Goemans et al., 2023) (see CM assessment and measures in included studies in Table 1).

**Outcome variables**

Resilience was categorised into: **I) Global or trait resilience** (Connor & Davidson, 2003): defined as stable trait resilience or personal characteristics involving dimensions such as personal competence, trust, positive acceptance, control, and spiritual influence (Ye et al., 2022); and **II)** five separate domains of resilience, including: **1) Coping:** defined asconscious, volitional efforts to regulate emotion, cognition, behaviour, physiology, and the environment in response to stress (Bonanno et al., 2011, 2015); **2) Self-esteem:** defined asone’s overall sense of self-worth or personal value and represents one’s comprehensive evaluation of oneself, including positive and negative evaluations (Brown et al., 2001); **3) Emotion regulation:** defined asthe process by which individuals influence the occurrence, timing, nature, experience, and expression of their emotions, and the ability to manage and regulate their emotions in a healthy and adaptive way (McRae & Gross, 2020); **5) Self-efficacy:** defined as a sense of perceived self-efficacy to cope with daily hassles and stressors and adapt after experiencing stressful life events. Self-efficacy heightens with successes and lowers with repeated failures (Caprara & Gerbino, 2001); **6) Well-being:** defined as the combination of feeling good and functioning well; the experience of positive emotions such as happiness and contentment as well as the development of one’s potential, having a sense of purpose, and experiencing positive relationships (Huppert, 2009).

# SA5. Full list of included studies

1. Allbaugh, L. J., Florez, I. A., Turmaud, D. R., Quyyum, N., Dunn, S. E., Kim, J., & Kaslow, N. J. (2017). Child Abuse - Suicide Resilience Link in African American Women: Interpersonal Psychological Mediators. *Journal of aggression, maltreatment & trauma*, *26*(10), 1055–1071. <https://doi.org/10.1080/10926771.2017.1350773>
2. Anctil, T. M., McCubbin, L. D., O'Brien, K., & Pecora, P. (2007). An evaluation of recovery factors for foster care alumni with physical or psychiatric impairments: Predictors of psychological outcomes. *Children and Youth Services Review, 29*(8), 1021–1034. [https://doi.org/10.1016/j.childyouth.2007.02.003](https://psycnet.apa.org/doi/10.1016/j.childyouth.2007.02.003)
3. Armitage, J. M., Wang, R. A. H., Davis, O. S. P., Bowes, L., & Haworth, C. M. A. (2021). Peer victimisation during adolescence and its impact on wellbeing in adulthood: a prospective cohort study. *BMC public health*, *21*(1), 148. <https://doi.org/10.1186/s12889-021-10198-w>
4. Arslan, G. (2015). Relationship between childhood psychological maltreatment, resilience, depression, and negative self-concept. *Neuropsychiatric Investigation*, *53*(4), 3–10. <https://doi.org/10.5455/NYS.20160328090400>
5. Arslan, G., & Genç, E. (2022). Psychological maltreatment and college student mental wellbeing: A uni and multi-dimensional effect of positive perception. *Children and Youth Services Review, 134*, 106371. <https://doi.org/10.1016/j.childyouth.2022.106371>
6. Artime, T. M., & Peterson, Z. D. (2012). The Relationships Among Childhood Maltreatment, Emotion Regulation, and Sexual Risk-Taking in Men from Urban STD Clinics. *Journal of aggression, maltreatment & trauma*, *21*(3), 277–299. <https://doi.org/10.1080/10926771.2012.659802>
7. Babad, S., Zwilling, A., Carson, K. W., Fairchild, V., & Nikulina, V. (2022). Childhood Environmental Instability and Social-Emotional Outcomes in Emerging Adults. *Journal of interpersonal violence*, *37*(7-8), NP3875–NP3904. <https://doi.org/10.1177/0886260520948147>
8. Berhe, O., Moessnang, C., Reichert, M., Ma, R., Höflich, A., Tesarz, J., Heim, C. M., Ebner-Priemer, U., Meyer-Lindenberg, A., & Tost, H. (2023). Dose-dependent changes in real-life affective well-being in healthy community-based individuals with mild to moderate childhood trauma exposure. *Borderline personality disorder and emotion dysregulation*, *10*(1), 14. <https://doi.org/10.1186/s40479-023-00220-5>
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# SA6. Full list of excluded studies with reasons

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| **Excluded studies with reasons** |
| **Authors** | **Reason** |
| Aas et al., 2021 | Wrong outcome |
| Agudelo Hernández et al., 2023 | No valid CM assessment |
| Antons et al., 2023 | Wrong design |
| Arslan, 2023 | Overlapping dataset | Duplicate |
| Ashaba et al., 2022 | Wrong outcome |
| Ashy et al., 2020 | Wrong design |
| Badr et al., 2018 | No valid CM assessment |
| Bakouni et al., 2023 | Wrong design |
| V. Banyard et al., 2017 | Wrong population |
| V. L. Banyard et al., 2002 | Wrong outcome |
| Beduna, 2018 | Wrong publication type |
| Beduna & Perrone-McGovern, 2019 | Wrong design |
| Benner et al., 2023 | Wrong exposure |
| Berent et al., 2017 | Wrong exposure |
| Berent et al., 2020 | Wrong exposure |
| Berent et al., 2021 | Duplicate |
| Berglund et al., 2023 | Wrong outcome and wrong design |
| Berke et al., 2023 | Wrong design |
| Berzenski & Yates, 2010 | Duplicate |
| Bhattarai et al., 2023 | Wrong design |
| Biggam & Power, 1999 | Wrong exposure |
| Billen et al., 2023 | Duplicate |
| Binder et al., 1996 | Wrong outcome |
| Bishop et al., 2024 | Wrong exposure |
| Bogar & Hulse‐Killacky, 2006 | No valid CM assessment |
| Bouchard & Sonier, 2023 | Wrong outcome |
| Bremer-Hoeve et al., 2023 | Wrong design |
| Brockie et al., 2018 | Wrong outcome |
| Bruefach et al., 2023 | Wrong outcome |
| Brunton & Dryer, 2024 | Wrong design |
| Campbell-Sills et al., 2022 | Wrong outcome |
| Cărnuţă et al., 2015 | Wrong exposure |
| Carlson, 2011 | Wrong exposure |
| Carlton et al., 2021 | Wrong outcome |
| Carr et al., 2023 | Wrong exposure |
| Chakrapani et al., 2022 | Wrong exposure, outcome and population |
| Chang et al., 2023 | Duplicate |
| Charak et al., 2018 | Wrong design |
| Chau et al., 2023 | Wrong outcome |
| J. Chen et al., 2004 | Wrong design |
| Z. Chen et al., 2023 | Duplicate |
| F. Cheng et al., 2020 | Wrong outcome |
| F. Cheng et al., 2023 | Wrong population |
| P. Cheng & Langevin, 2023 | Overlapping dataset | Duplicate |
| Cirillo, 2000 | Wrong publication type |
| Clarke et al., 2024 | Wrong exposure |
| Coelho & Sousa, 2021 | Wrong population |
| Collings, 1997 | Wrong design |
| Collishaw et al., 2007 | Wrong outcome |
| Colter, 2020 | Wrong publication type |
| Cortés & Justicia, 2008 | No valid CM assessment |
| Cortés Arboleda et al., 2011 | No valid CM assessment |
| Coyle et al., 2014 | No valid CM assessment |
| Daemen et al., 2023 | Wrong design |
| Daníelsdóttir et al., 2022 | Wrong exposure |
| Darawsheh, 2023 | No valid CM assessment |
| Das et al., 2011 | Wrong exposure |
| Debowska & Boduszek, 2017 | Wrong design |
| Dehghan Manshadi et al., 2024 | No valid resilience assessment |
| Delhalle & Blavier, 2023 | Wrong outcome |
| Demers et al., 2018 | Wrong outcome |
| Denny et al., 2004 | Wrong population |
| Dhungana et al., 2022 | Wrong design |
| Ding et al., 2019 | Wrong exposure |
| Dion et al., 2019 | Wrong population |
| Dixon et al., 2024 | Wrong exposure |
| Doba et al., 2022 | Wrong outcome |
| Dokuz et al., 2022 | Wrong outcome |
| Dong et al., 2024 | Wrong design |
| Dugal et al., 2018 | No valid CM assessment |
| Duprey et al., 2023 | Wrong population | Duplicate |
| Easterbrooks et al., 2024 | Wrong exposure and design |
| Elton et al., 2023 | Wrong design |
| Fan et al., 2024 | Wrong design |
| Fava et al., 2024 | Wrong design |
| Fergusson et al., 2013 | Wrong design |
| Floyd, 2024 | Wrong exposure |
| Foster et al., 2023 | Wrong exposure |
| Freer et al., 2017 | Wrong exposure |
| Freitas et al., 2022 | Wrong population |
| Frick et al., 2021 | Wrong outcome |
| Fuller-Thomson et al., 2023 | No valid CM assessment | Duplicate |
| Gathier et al., 2024 | Wrong design |
| Gross & Keller, 1992 | Wrong design |
| Gündoğar et al., 2014 | Wrong exposure | Duplicate |
| Guo et al., 2021 | Wrong design |
| Gusler & Jackson, 2023 | Wrong exposure |
| Gwandure, 2007 | Wrong design |
| Haidl et al., 2021 | Wrong outcome |
| Ham-Rowbottom et al., 2005 | Wrong outcome |
| M. A. Harris et al., 2016 | Wrong exposure |
| L. S. Harris et al., 2016 | Wrong population |
| Q.-M. He et al., 2008 | Not retrieved and wrong design by title |
| J. He et al., 2023 | Duplicate |
| Hegelstad et al., 2021 | Wrong design |
| Heretick, 2012 | Wrong publication type |
| Heselton et al., 2022 | Wrong design |
| Hoell et al., 2023 | No valid CM assessment |
| Holdren, 2020 | Wrong publication type |
| Hu et al., 2021 | Wrong outcome |
| Huh et al., 2016 | Wrong design |
| Hunter, 1991 | Wrong design |
| Hyman & Williams, 2001 | No valid resilience assessment |
| Ibrahim et al., 2024 | Wrong exposure |
| Islam et al., 2022 | No valid CM assessment |
| Iwanaga et al., 2024 | No valid resilience assessment |
| Jenkins et al., 2022 | Wrong exposure |
| Jenness et al., 2021 | Wrong population |
| Jiang et al., 2010 | Not retrieved and wrong design by title |
| John, 2021 | Wrong publication type |
| John-Henderson et al., 2024 | Wrong exposure |
| Juárez-García et al., 2024 | Wrong design |
| Kabadayi & Sari, 2018 | Wrong population |
| Kahraman & Çankaya, 2020 | Wrong design |
| Kalia & Knauft, 2020 | Wrong exposure |
| Karaman, 2023 | Wrong population |
| Karska et al., 2024 | Wrong design |
| Kaščáková et al., 2022 | Wrong design |
| Katz & Gurtovenko, 2015 | Wrong exposure |
| Kelifa et al., 2021 | Wrong exposure |
| Kiefer et al., 2023 | Wrong outcome |
| M.-K. Kim et al., 2018 | Wrong design |
| Y. Kim et al., 2022 | Wrong population |
| J. Kim et al., 2015 | Wrong design |
| Kızıltepe et al., 2023 | Duplicate |
| Klanecky, 2011 | Wrong publication type |
| Kohrt et al., 2016 | Wrong exposure and no valid CM assessment |
| Kong, 2018 | Wrong design |
| Korkeila et al., 2004 | Wrong design |
| Kowalski et al., 2023 | Wrong exposure |
| Krakau et al., 2021 | Wrong outcome |
| Kronström et al., 2021 | Wrong exposure |
| Labella et al., 2024 | No valid CM assessment |
| Larsen et al., 2019 | Wrong outcome |
| Lassri et al., 2023 | Duplicate |
| H. Lee, 2021 | Wrong publication type |
| E. E. Lee et al., 2018 | Wrong design |
| Lehmann et al., 2014 | Wrong exposure and outcome |
| Lei et al., 2020 | Wrong outcome |
| Leitenberg et al., 2004 | Wrong exposure |
| Y. Li et al., 2023 | Wrong outcome |
| S. Li et al., 2023 | Wrong exposure |
| Y. Li & Liang, 2023 | Wrong exposure |
| D. Li et al., 2023 | Wrong design |
| C. Li et al., 2023 | Duplicate |
| Liem et al., 1997 | Wrong design |
| Logan-Greene et al., 2014 | Wrong outcome |
| LoSavio et al., 2021 | Wrong design |
| Lunding et al., 2023 | Wrong design |
| Lyle, 2006 | Wrong publication type |
| Mansour et al., 2013 | No valid resilience assessment |
| Marcy, 1998 | Wrong publication type |
| Mathur et al., 2018 | Wrong exposure |
| Matthews et al., 2017 | No valid CM assessment |
| McLafferty et al., 2021 | Wrong exposure |
| McNeal, 2020 | Wrong publication type |
| Meddeb et al., 2023 | Wrong exposure |
| Merians et al., 2024 | Wrong exposure |
| Mizutani & Amemiya, 2015 | Wrong design |
| Mohammadi et al., 2023 | Wrong publication type |
| Moon & Han, 2022 | Wrong outcome |
| Moore & Woodcock, 2017 | Wrong population |
| Morstead & DeLongis, 2023 | No valid CM assessment |
| Mullins & Panlilio, 2023 | Wrong population |
| Múzquiz et al., 2021 | Wrong population |
| Nam et al., 2016 | Wrong exposure |
| Newcomb et al., 2019 | No valid CM assessment |
| Nisu et al., 2023 | Wrong exposure |
| Nomura et al., 2006 | Wrong outcome |
| Oshri et al., 2017 | No valid CM assessment |
| Palagini et al., 2022 | Wrong exposure |
| Pardo, 2008 | Wrong publication type |
| Park et al., 2023 | Duplicate |
| Pelcovitz, 2015 | Wrong publication type |
| Pereda & Sicilia, 2017 | Wrong outcome |
| Petros et al., 2013 | Wrong exposure |
| Picci et al., 2023 | Wrong population |
| Polepally Ashok, 2017 | Wrong publication type |
| Proskynitopoulos et al., 2021 | Wrong outcome |
| Rajalin et al., 2020 | Wrong outcome |
| Ramos Salazar, 2021 | Wrong population |
| Reed, 2017 | Wrong publication type |
| Rhoden-Neita et al., 2024 | No valid CM assessment |
| Richter et al., 2019 | Wrong design |
| Ridder, 2018 | Wrong publication type |
| Roberts et al., 2004 | No valid CM assessment |
| Robinson et al., 2021 | Wrong outcome |
| Roche-Miranda et al., 2023 | Wrong design |
| Rogosch et al., 2010 | Wrong population |
| Rohner et al., 2022 | Wrong exposure |
| Romera et al., 2022 | Wrong population |
| Rompilla et al., 2023 | Wrong exposure and outcome |
| Rose et al., 2023 | Wrong exposure |
| Roy et al., 2011 | Wrong design |
| Russo et al., 2023a | Wrong design |
| Russo et al., 2023b | Wrong exposure |
| Saintil, 2017 | Wrong publication type |
| Sappington et al., 1997 | No valid CM assessment |
| Sassoon et al., 2023 | Wrong design |
| Sauceda et al., 2016 | Wrong design |
| Savani et al., 2023 | Wrong population |
| Schiele et al., 2020 | Wrong design |
| Schiele et al., 2016 | Wrong design |
| Schumm et al., 2006 | Wrong outcome |
| Shafiq & Batool, 2022 | Wrong population |
| Shaheen et al., 2023 | Wrong exposure |
| Sheffler et al., 2022 | Wrong outcome |
| Shen & Soloski, 2024 | Duplicate |
| Sheridan et al., 2020 | Wrong population |
| Shi et al., 2024 | Wrong design |
| G. C. Smith et al., 2023 | Wrong design |
| S. Smith & Chesin, 2023 | Wrong publication type |
| Snow et al., 2022 | Wrong design |
| Snyder et al., 2024 | Wrong exposure |
| Sölva et al., 2023 | Wrong publication type |
| Somefun et al., 2023 | Wrong population |
| Stanislawski et al., 2023 | Wrong design |
| Stanton et al., 2022 | Wrong exposure |
| Steensma & Van Dijke, 2006 | Wrong exposure |
| Stein et al., 2002 | No valid CM assessment |
| Strøm et al., 2018 | Wrong outcome |
| Su et al., 2023 | Wrong design |
| Sullivan et al., 2024 | Wrong outcome |
| Švecová et al., 2023 | Duplicate |
| Tanacioğlu Aydin & Pekşen Süslü, 2023 | Wrong exposure |
| Terock et al., 2019 | Wrong design |
| Theodora et al., 2023 | Wrong outcome and design |
| Thoma et al., 2020 | No valid CM assessment |
| Titelius et al., 2018 | Wrong population |
| Tonmyr et al., 2011 | Wrong publication type |
| Topitzes et al., 2010 | Wrong outcome |
| Tung et al., 2022 | Wrong exposure |
| Uchida et al., 2018 | Wrong outcome |
| Upenieks, 2021 | Wrong outcome |
| Upenieks & Ford-Robertson, 2023 | No valid CM assessment |
| Vaillancourt-Morel et al., 2021 | Wrong outcome |
| Van Der Werff et al., 2013 | Wrong outcome |
| Walker et al., 2021 | No valid CM assessment |
| Walker-Williams & Fouché, 2018 | Wrong outcome |
| S. S. Wang et al., 2024 | Wrong population, outcome and design | Duplicate |
| W. Wang et al., 2023 | Wrong design |
| Y.-C. Wang et al., 2019 | Wrong exposure |
| W. Wang et al., 2023 | Wrong design |
| Warmingham et al., 2023 | Wrong exposure |
| Watt et al., 1995 | Wrong exposure |
| Weindl et al., 2020 | Wrong design |
| Wen et al., 2023 | Wrong design |
| Wild & Paivio, 2004 | Wrong exposure | Duplicate |
| Wind & Silvern, 1992 | Wrong outcome |
| Wingo et al., 2010 | Wrong design |
| Wolf & Elklit, 2020 | No valid CM assessment |
| Wong & Chung, 2023 | Wrong design | Duplicate |
| C.-Z. Wu et al., 2023 | Wrong publication type |
| Q. Wu et al., 2018 | Duplicate |
| Z. Xu et al., 2022 | Wrong exposure |
| J. Xu et al., 2024 | Wrong exposure |
| X. Xu et al., 2024 | Wrong exposure |
| B. Xu et al., 2023 | Wrong design |
| Yagci & Inaltekin, 2023 | Wrong design |
| Ye et al., 2024 | Wrong exposure |
| Yetim, 2022 | Wrong population |
| Young-Wolff et al., 2019 | Wrong exposure |
| Youssef et al., 2017 | Wrong exposure |
| Youssef et al., 2013 | Wrong design |
| Yu et al., 2022 | Wrong exposure and no valid resilience assessment |
| Yundt, 2019 | Wrong publication type |
| Zhou et al., 2022 | Wrong exposure |
| Zilioli et al., 2016 | Wrong exposure |

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# SA7. Qualitative synthesis

**Synthesis of studies not included in meta-analysis but fulfilling inclusion criteria and included in the systematic review**

Twenty of the 203 included studies were not included in the meta-analyses because though they explored specific CM subtypes or resilience domains, they did not report sufficient data (*n* and/or *k <* 5) to be pooled.

***Bullying***

Five studies (Armitage et al., 2021; Bouchard & Sonier, 2021; Goodboy et al., 2016; Newman et al., 2011; Yubero et al., 2021) explored associations between bullying or peer victimisation and resilience outcomes.

In an online survey, tapping into (a) experiences as a victim of *bullying* during adolescence, (b) typical strategies for coping with stress, and (c) current levels of stress among 1339 college students, authors found that victimisation history was associated with both increased stress and an increased use of *avoidant coping strategies*. In addition, avoidant coping partially mediated the link between victimisation and stress, suggesting that avoidant coping may develop as an adaptive response to uncontrollable stress but that, in the long term, these strategies are a maladaptive approach to coping that acts to prolong stress (Newman et al., 2011).

Another study found a negative association between high school victimisation experiences of *bullying* (relational-verbal bullying, cyberbullying, physical bullying, culture-based bullying) and current *motivation* for attending college (intrinsic motivation, extrinsic motivation, amotivation) with first-semester *adjustment* (academic adjustment, social adjustment, personal-emotional adjustment, institutional attachment) in 149 college students (Goodboy et al., 2016).

In a prospective cohort study based in the UK, over 15% of victims of frequent *bullying* had a diagnosis of depression at age 18. Victimisation also had a significant impact on well-being, with a one-point increase in frequent victimisation associated with a 2.71-point decrease in well-being scores after adjustment for any mediating/moderating effects of depression. This suggests that the burden of victimisation extends beyond depression to impact well-being. Results therefore show that individuals who remain partially resilient by avoiding a diagnosis of depression after victimisation have significantly poorer well-being than their non-victimised counterparts (Armitage et al., 2021).

Another study found that chronic *bullying* victimisation (before and at university) was associated with impairments in emotional *well-being* in 1122 university students*,* and that resilience moderated this association (Yubero et al., 2021).

In a study using structural equation modelling in a sample of 200 young adults and their mothers, intrusive parental style during conflicts between siblings was related to higher levels of *sibling bullying* (including both perpetration and victimisation)in childhood.Furthermore, young adults who were involved in sibling bullying as a child displayed less *positive social problem-solving behaviours* (Bouchard & Sonier, 2021).

***Domestic violence***

Three studies (Chi et al., 2021; Naughton et al., 2020; Wind & Silvern, 1994) explored domestic violence exposure and resilience outcomes.

A study examined whether variation in perceived parental warmth and non-abusive family stressors influenced the strength of relationships between psychological difficulties and childhood sexual and/or physical abuse in 259 working women, and found that perceived parental warmth, childhood stress, and abuse were each separately associated with current functioning. Parental warmth strongly influenced or mediated the relationship of intrafamilial child abuse to depression and *self-esteem* levels; abuse was associated with PTSD independently of variation in perceived parenting; and parenting mediated initial relationships of childhood stress to each of the adjustment measures (Wind & Silvern, 1994).

Using confirmatory factor analysis, a study verified the presence of a two-factor model (physical and psychological) for *domestic violence* and found that exposure to psychological (but not physical) domestic violence was related to reduced *psychological well-being* in 465 young adults. However, mediation analysis suggested the presence of a suppression effect; there was a magnification of the negative relationship between exposure to psychological domestic violence and social support satisfaction when exposure to physical domestic violence was accounted for (Naughton et al., 2020).

In a nationwide cross-sectional online survey conducted in China during the COVID-19 pandemic, exposure to *domestic violence* was significantly associated with *post-traumatic growth* and PTSD via a one-step indirect path of self-compassion and via a two-step indirect path from self-compassion to resilience. However, resilience did not mediate the relationship between exposure to domestic violence and post-traumatic growth and PTSD among 2038 university students (Chi et al., 2021).

***Abuse and Neglect***

Five studies investigated associations between total scores of abuse or neglect and resilience outcomes (Feinauer et al., 1996; Kapoor et al., 2018; Kim et al., 2021; Sachs-Ericsson et al., 2011; Shin & Brunton, 2024).

One study explored the relationship of hardiness, severity of abuse, frequency and duration of abuse, and the identity of the perpetrator on *adjustment* in a non-clinical sample of 255 women survivors. Using a path analysis, results indicated that 1) longer duration and more frequent abuse resulted in higher severity scores; 2) women who showed higher levels of commitment, control, and challenge were better adjusted; 3) women whose abuse was more frequent and of longer duration demonstrated more emotional trauma symptoms; and 4) father/ stepfather abuse was related to poorer adjustment (Feinauer et al., 1996).

Using structural equation modelling, a study examined the relations among *childhood abuse* (measured via physical, sexual, and emotional abuse), *intrapersonal strengths* (assessed by self-efficacy and spiritual well-being), and *suicide resilience* (operationalised via the three components of suicide resilience—internal protective, external protective, and emotional stability) in African American females who attempted suicide. Results indicated that childhood abuse was negatively associated with intrapersonal strengths and suicide resilience, intrapersonal strengths were positively associated with suicide resilience, and intrapersonal strengths fully mediated the association between childhood abuse and suicide resilience. This suggests a positive and protective influence of intrapersonal strengths on suicide resilience in the face of childhood abuse (Kapoor et al., 2018).

In a study with a multiethnic sample of older adults, *child abuse* was associated with the number of current medical problems, as well as disability. Child abuse was also related to lower *self-efficacy*, and self-efficacy explained the relationship between abuse and the number of health problems (Sachs-Ericsson et al., 2011).

Another study found that resilience and dysfunctional *coping strategies* mediated the association between *childhood abuse* and lifetime PTSD severity in adulthood, after covarying for the number of repeated trauma exposures, suggesting that resilience and coping strategies mediate the detrimental effects of childhood abuse on lifetime PTSD severity (Kim et al., 2021).

A study investigated the effects of attentional bias, executive function and *resilience* between *early life stress-threat* (abuse) and *early life stress-deprivation* (neglect) and mental health. Across two studies, authors found no association between early life stress-threat and attentional bias. Early life stress-threat predicted poor mental health. Early life stress-deprivation and early life stress-threat were associated with poorer executive function. Importantly, the effect of early life stress-deprivation on resilience was buffered by higher executive function in 176 adult participants (Shin & Brunton, 2024).

***Other resilience outcomes***

For other resilience outcomes not included in meta-analysis, seven studies explored sense of mastery, sense of coherence, qualities of self, and self-concept. Of them, one study using structural equation modelling explored associations between CM experiences and *sense of mastery*, which is the faith individuals have in their ability to influence the course and outcomes of meaningful life events (a well-recognised resilience resource in late adulthood) and found that the association between parental invalidating childhood experiences and sense of mastery in 316 older adults was mediated by both self-objectification and by disrupted body boundaries (Talmon et al., 2022).

Another study found a positive correlation between CM and cognitive distortions and a negative correlation between CM and *sense of coherence* (SOC; a resource that strengthens resilience and promotes health), and found that sexual abuse had a significant effect on SOC meaningfulness in 359 nursing students (Karakaş & Çingöl, 2022).

CM was positively associated with depression while negatively correlated with the SOC in older adults in a further study. A low level of SOC was also correlated with symptoms of depression. In addition, SOC partially mediated the association between CM and late-life depression, yet no moderation effect of SOC was found (Naderzadeh et al., 2023).

A study using a sample of adults in a romantic relationship examinedSelf, specifically *the qualities of Self* (e.g., compassion)and *Self-Leadership* (e.g., staying calm in the face of distress) as pathways linking CM to depression and relationship quality, and found that the indirect (mediating) effects from CM to depressive symptoms and relationship quality were significant through Self-Qualities, but not Self-Leadership, suggesting that CM was associated with less frequent access to the qualities of Self, such as compassion and confidence which, in turn, were associated with fewer depressive symptoms and higher levels of relationship quality (Fitzgerald & Barton, 2022).

A study explored whether *self-concept clarity* moderated the relationship between *childhood sexual abuse* and dissociation(Model 1), and whether childhood sexual abuse moderated the relationship between self-concept clarity and dissociation (Model 2) among 65 well-functioning young women with (*n* = 35) and without exposure to sexual trauma (*n* = 30). Results revealed that childhood sexual abuse was related to depersonalisation-derealisation only under low self-concept clarity levels (Model 1), and self-concept clarity was negatively related to depersonalisation-derealisation in the childhood sexual abuse group only (Model 2), suggesting that self-concept clarity is a protective factor, buffering the association between childhood sexual abuse and detachment (depersonalisation-derealisation) symptoms (Lassri et al., 2023).

A study examined the roles of *distress tolerance, self-compassion,* and *self-disgust* in the association between CM types and emotion regulation difficulty, which was expected to predict non-suicidal self-injury in 397 university students and found that low distress tolerance, low self-compassion, high self-disgust, and resulting high emotion regulation difficulty mediated the indirect effect of emotional neglect on non-suicidal self-injury. However, the results for physical, sexual, emotional abuse, and physical neglect experiences were not significant (Erol & Inozu, 2024).

In a study, *sociability* and *locus of control* were examined as protective factors in two separate three-way interaction models of the effects of childhood physical and emotional neglect on adult *social competence* in 405 introductory psychology students who completed a computerised battery of assessments examining multidomain regulation. In the physical neglect model, those with an internal locus of control, sociability was a protective factor, as evidenced by a strong negative relationship between physical neglect and social competence only when sociability was lower. However, for externally controlled individuals, higher sociability acted as a risk factor, strengthening the association between physical neglect and social competence (Garcia & Berzenski, 2023).

**Synthesis of studies included in meta-analyses that explored other resilience domains but did not provide enough data to be pooled**

Four studies (Arslan, 2015; Lu et al., 2017; Martxueta & Etxeberria, 2014; Wadji et al., 2023) included in meta-analysis explored CM subtypes (bullying) and resilience domains (i.e., self-concept, posttraumatic growth) but could not be pooled in meta-analyses due to insufficient data (*n* and/or *k <* 5).

Two studies (Arslan, G., 2015; Lu et al., 2017) explored associations between CM and *self-concept*. One indicated that childhood psychological maltreatment directly predicted resilience, negative self-concept and depression in adulthood, and that childhood psychological maltreatment indirectly predicted negative self-concept and depression by mediating resilience (Arslan, 2015). The study by Lu et al., (2017), which used structural equation model analysis, showed that CM was negatively associated with self-concept, self-efficacy, and abstinence motivation in 816 individuals with drug addiction recruited from compulsory detoxification units. Self-concept was positively associated with self-efficacy and abstinence motivation. Conversely, a significant association between self-efficacy and abstinence motivation was not found. An indirect analysis showed that self-concept mediated the relationship between CM and self-efficacy and arbitrated the relationship between CM and abstinence motivation. The indirect effect of self-concept between CM and abstinence motivation still existed when the total scores of CM were replaced by the scores of specific forms of CM (Lu et al., 2017).

One study investigated how experiences and the perceived acceptability of CM were related to resilience and *posttraumatic growth* in countries with different cultures, living standards, and gross national income, and included Cameroon (*n* = 111), Canada (*n* = 137), Japan (*n* = 108), and Germany (n = 122). The results indicated that while experiences of physical abuse and emotional maltreatment were negatively associated with resilience, experiences of emotional maltreatment were positively associated with posttraumatic growth (Wadji et al., 2023).

Finally, a study in a Spanish sample of 119 gay and bisexual individuals, bullying experienced in childhood and/or adolescence affected their psychological well-being and, specifically, depression and anxiety levels, self-esteem and affective balance. In addition, the instrumentality and expressiveness dimensions of gender identity were identified as factors that may influence psychological well-being (Martxueta & Etxeberria, 2014).

# ST1. PRISMA 2020 statement and checklist

| **Section and Topic**  | **Item #** | **Checklist item**  | **Location where item is reported**  |
| --- | --- | --- | --- |
| **TITLE**  |  |
| Title  | 1 | Identify the report as a systematic review. | Cover page |
| **ABSTRACT**  |  |
| Abstract  | 2 | See the PRISMA 2020 for Abstracts checklist. | Abstract |
| **INTRODUCTION**  |  |
| Rationale  | 3 | Describe the rationale for the review in the context of existing knowledge. | Introduction |
| Objectives  | 4 | Provide an explicit statement of the objective(s) or question(s) the review addresses. | Introduction |
| **METHODS**  |  |
| Eligibility criteria  | 5 | Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses. | Methods |
| Information sources  | 6 | Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted. | Methods |
| Search strategy | 7 | Present the full search strategies for all databases, registers, and websites, including any filters and limits used. | MethodsSupplement |
| Selection process | 8 | Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process. | Methods |
| Data collection process  | 9 | Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process. | Methods |
| Data items  | 10a | List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g., for all measures, time points, analyses), and if not, the methods used to decide which results to collect. | Methods Supplement |
| 10b | List and define all other variables for which data were sought (e.g., participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information. | Methods Supplement |
| Study risk of bias assessment | 11 | Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process. | Methods Supplement |
| Effect measures  | 12 | Specify for each outcome the effect measure(s) (e.g., risk ratio, mean difference) used in the synthesis or presentation of results. | Methods |
| Synthesis methods | 13a | Describe the processes used to decide which studies were eligible for each synthesis (e.g., tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)). | Methods |
| 13b | Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions. | Methods |
| 13c | Describe any methods used to tabulate or visually display results of individual studies and syntheses. | Methods |
| 13d | Describe any methods used to synthesise results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used. | Methods |
| 13e | Describe any methods used to explore possible causes of heterogeneity among study results (e.g., subgroup analysis, meta-regression). | Methods |
| 13f | Describe any sensitivity analyses conducted to assess robustness of the synthesised results. | Methods |
| Reporting bias assessment | 14 | Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases). | Methods |
| Certainty assessment | 15 | Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome. | Methods |
| **RESULTS**  |  |
| Study selection  | 16a | Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram. | Figure 1 Results |
| 16b | Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded. | ResultsSupplement |
| Study characteristics  | 17 | Cite each included study and present its characteristics. | ResultsSupplement |
| Risk of bias in studies  | 18 | Present assessments of risk of bias for each included study. | Results Supplement |
| Results of individual studies  | 19 | For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g., confidence/credible interval), ideally using structured tables or plots. | Results Table 2Supplement |
| Results of syntheses | 20a | For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies. | Results Table 1Supplement |
| 20b | Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g., confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect. | Results Table 2Figure 2 Supplement |
| 20c | Present results of all investigations of possible causes of heterogeneity among study results. | Results Supplement |
| 20d | Present results of all sensitivity analyses conducted to assess the robustness of the synthesised results. | Results Supplement |
| Reporting biases | 21 | Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed. | Results Supplement |
| Certainty of evidence  | 22 | Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed. | Results |
| **DISCUSSION**  |  |
| Discussion  | 23a | Provide a general interpretation of the results in the context of other evidence. | Discussion |
| 23b | Discuss any limitations of the evidence included in the review. | Discussion |
| 23c | Discuss any limitations of the review processes used. | Discussion |
| 23d | Discuss implications of the results for practice, policy, and future research. | Discussion |
| **OTHER INFORMATION** |  |
| Registration and protocol | 24a | Provide registration information for the review, including register name and registration number, or state that the review was not registered. | Abstract Methods |
| 24b | Indicate where the review protocol can be accessed, or state that a protocol was not prepared. | Abstract Methods |
| 24c | Describe and explain any amendments to information provided at registration or in the protocol. | Methods |
| Support | 25 | Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review. | Funding |
| Competing interests | 26 | Declare any competing interests of review authors. | Competing interest declaration |
| Availability of data, code and other materials | 27 | Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review. | Article information |

# ST2. PRISMA 2020 for abstracts checklist

| **Section and Topic**  | **Item #** | **Checklist item**  | **Reported (Yes/No)**  |
| --- | --- | --- | --- |
| **TITLE**  |  |
| Title  | 1 | Identify the report as a systematic review. | Yes |
| **BACKGROUND**  |  |
| Objectives  | 2 | Provide an explicit statement of the main objective(s) or question(s) the review addresses. | Yes |
| **METHODS**  |  |
| Eligibility criteria  | 3 | Specify the inclusion and exclusion criteria for the review. | Yes |
| Information sources  | 4 | Specify the information sources (e.g., databases, registers) used to identify studies and the date when each was last searched. | Yes |
| Risk of bias | 5 | Specify the methods used to assess risk of bias in the included studies. | Yes |
| Synthesis of results  | 6 | Specify the methods used to present and synthesise results. | Yes |
| **RESULTS**  |  |
| Included studies  | 7 | Give the total number of included studies and participants and summarise relevant characteristics of studies. | Yes |
| Synthesis of results  | 8 | Present results for main outcomes, preferably indicating the number of included studies and participants for each. If meta-analysis was done, report the summary estimate and confidence/credible interval. If comparing groups, indicate the direction of the effect (i.e. which group is favoured). | Yes |
| **DISCUSSION**  |  |
| Limitations of evidence | 9 | Provide a brief summary of the limitations of the evidence included in the review (e.g. study risk of bias, inconsistency and imprecision). | Yes |
| Interpretation | 10 | Provide a general interpretation of the results and important implications. | Yes |
| **OTHER**  |  |
| Funding | 11 | Specify the primary source of funding for the review. | NA |
| Registration | 12 | Provide the register name and registration number. | Yes |

# ST3. MOOSE guidelines and checklist

|  |  |
| --- | --- |
| **Criteria** | **Brief description of how criteria were applied in the meta-analysis** |
| **Reporting of background should include:** |  |
| √ | Problem definition | To study the magnitude and consistency of associations between overall childhood maltreatment and its subtypes and global/trait resilience and its domains in adults, and to examine mediators and moderators of these relationships. |
| √ | Hypothesis statement | We hypothesised that there is a negative association between childhood maltreatment and resilience (domains), in that childhood maltreatment would be related to poorer resilience outcomes in adulthood. |
| √ | Description of study outcomes | Resilience: global/trait resilience capacity; Resilience domains: coping, self-esteem, emotion regulation, self-efficacy, well-being. |
| √ | Type of exposure or intervention used | Studies included were original articles investigating adults (≥ 18 years) exposed to maltreatment during childhood (≤18 years) (no intervention studies). |
| √ | Type of study designs used | Cross-sectional and longitudinal studies (only with baseline data). |
| √ | Study population | Individuals with or without mental conditions (clinical or non-clinical populations) |
| **Reporting of search strategy should include** |  |
| √ | Qualifications of searchers | The credentials of the investigators/reviewers are indicated in the author list and acknowledgements. |
| √ | Search strategy, including time period included in the synthesis and keywords | We used specific keywords related to the type of diverse resilience domains, and childhood maltreatment. A second step involved a manual search of the reference lists of retrieved articles. |
| √ | Databases and registries searched | Embase, PubMed (Medline), Web of Science (Core collection), PsycINFO, Scopus. |
| √ | Search software used, name and version, including special features | Zotero 5.0.96.3, Rayyan (https://www.rayyan.com), Comprehensive Meta-analysis version 4.0, R version 4.1.2. |
| √ | Use of hand searching | A snow-balling approach was applied to identify additional studies in the reference lists of retrieved studies. We hand-searched bibliographies of retrieved papers for additional references.  |
| √ | List of citations located and those excluded, including justifications | Details of the literature search process are outlined in the PRISMA flowchart.  |
| √ | Method of addressing articles published in languages other than English | The search included abstracts without language restrictions. |
| √ | Method of handling abstracts and unpublished studies | Abstracts and unpublished studies (grey literature) were excluded. |
| √ | Description of any contact with authors | Where necessary, we contacted corresponding authors to request additional data for the meta-analysis. |
| **Reporting of methods should include** |  |
| √ | Description of relevance or appropriateness of studies assembled for assessing the hypothesis to be tested | Detailed inclusion and exclusion criteria are described in the methods section.  |
| √ | Rationale for the selection and coding of data | Data extracted from each of the studies were related to the population characteristics, study design, exposure, outcome, and effect of confounders, mediators and moderators reported in included studies. |
| √ | Assessment of confounding | Meta-regressions were used to examine the quantitative influence of several pre-defined variables and the quality of studies. Additionally, we qualitatively estimate the influence of confounders in the association between childhood maltreatment and resilience domains. |
| √ | Assessment of study quality, including blinding of quality assessors; stratification or regression on possible predictors of study results | We adapted the Newcastle-Ottawa Scale for the evaluation of non-randomised studies. This tool has been adopted in recent meta-analyses. |
| √ | Assessment of heterogeneity | Heterogeneity was assessed using the Q-test, *I2* index, and Tau square. Confidence intervals and prediction intervals were also reported. |
| √ | Description of statistical methods in sufficient detail to be replicated | Random effect meta-analyses. Description of methods of meta-analyses, sensitivity analyses, meta-regressions, subgroup analyses, and assessment of publication bias are fully detailed in the methods. |
| √ | Provision of appropriate tables and graphics | We included the PRISMA flow-chart and several tables to describe the literature search and results. Several tables and forest/funnel plots, and figures were used to describe the main findings of the analyses. |
| **Reporting of results should include** |  |
| √ | Graph summarising individual study estimates and overall estimate | We have appended an illustrative table (Table 2) in the main text. Additional tables were presented as supplementary material to fully describe the results. |
| √ | Table giving descriptive information for each study included | Table 1.  |
| √ | Results of sensitivity testing | Sensitivity analyses (one-study-removal) are reported in the main text and plots are appended in the supplementary results. |
| √ | Indication of statistical uncertainty of findings | We report mean estimates for the main outcome, pooled 95% CIs, and prediction intervals. |
| **Reporting of discussion should include** |  |
| √ | Quantitative assessment of bias | Descriptions of quantitative assessment of bias are detailed in the methods; results are described in the main text, and funnel plots are appended in the supplementary materials.  |
| √ | Justification for exclusion | Exclusion criteria regarding publication type, measures for childhood maltreatment and resilience, the presence of treatment outcomes, a relationship between childhood maltreatment and resilience in adults (or descriptive statistics that allow calculation of associations), or any meta-analytical data provided, are detailed in methods, and presented in the discussion section. |
| √ | Assessment of quality of included studies | The assessment of quality of included studies, using the Newcastle-Ottawa Quality Assessment Scale (NOS) is detailed in the supplement, and results of the quality assessment entered in meta-regression analyses are presented in the discussion section. |
| **Reporting of conclusions should include** |  |
| √ | Consideration of alternative explanations for observed results | We discussed alternative explanations for our findings, specifically considering potential methodological shortcomings. |
| √ | Generalisation of the conclusions | We have clearly addressed the generalisation of the conclusions in the discussion section. |
| √ | Guidelines for future research | We have suggested possible streams of future research in the discussion. |
| √ | Disclosure of funding source | We added a funding disclosure for the undertaking of this systematic review and meta-analysis. |

# ST4. Description and measurement of global/trait resilience and domains

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| **Global/trait resilience** |
| ***Definition*** Resilience describes successful adaptation in the face of adversity, commonly inferred from trajectories of well-being following major life events. Alternatively, resilience is conceptualised as a psychological trait, facilitating adaptation through stable individual characteristics. As a personal trait, resilience is a relatively stable, innate characteristic that is featured by psychological hardiness, ego resilience, and coping efficacy (Blanke et al., 2023; Connor & Davidson, 2003). |
| **Instrument / Measurement** | **Description** |
| Adult Resilience Measure (ARM) | The ARM is a self-report measure of resilience, a 28-item scale that seeks to measure protective resources across individual, relational, and contextual subscales. |
| Brief Resilience Scale (BRS-6-item) | The BRS is a self-report measure of resilience, a 6-item scale designed to measure resilience as the ability to bounce back from stress (Smith et al., 2008). |
| Connor-Davidson Resilience Scale (CD-RISC) | The CD-RISC is a self-administered test that measures resilience or how well one is equipped to bounce back after stressful events, tragedy, or trauma, including the ability to adapt to change, the ability to deal with what comes along, the ability to cope with stress, the ability to stay focused and think clearly, the ability to not get discouraged in the face of failure, and the ability to handle unpleasant feelings such as anger, pain or sadness. The CD-RISC comprises of 25 items, each rated on a 5-point scale (0-4), with higher scores reflecting greater resilience(Connor & Davidson, 2003). |
| Psychological Resilience Scale-Short form (RS-15) | The Psychological Resilience scale was developed based on the theory that an overarching construct unites personality traits indicating psychological resilience, protecting individuals in the face of adversity and leading to positive adaptive behaviour. This self-report instrument is used to measure psychological resilience. The 15 items are answered using a Likert scale ranging from 1 (agree) to 7 (disagree) (Neill & Dias, 2016). |
| Suicide Resilience Inventory (SRI-25) | The SRI-25 is a self-report to assesses factors that help defend against suicidal thoughts and behaviours (Osman et al., 2004). |
| Resilience Scale for Adults (RSA)  | The RSA measures the presence of protective resources that promote adult resilience. The RSA consists of 45 items covering five dimensions: personal competence, social competence, family coherence, social support, and personal structure (Friborg et al., 2003). |
| Resilience scale (RS-25) | The RS-25 is a standardised 25-item self-report assessment tool that measures the degree of individual resilience, focusing on positive psychological characteristics instead of deficits. Participants are required to rate, using a 7-point Likert item, how much they agree or disagree with the statements and how much they identify with them. Higher scores reflect higher levels of resilience (Wagnild & Young, 1993). |
| The Defense Style Questionnaire (DSQ) | The Defense Style Questionnaire is the first questionnaire to reliably describe defense styles. The 72-item DSQ is a self-report instrument designed to measure defensive functioning and coping styles (Andrews et al., 1993).  |
| **Resilience domains** |
| **1) Coping** |
| **Definition:** Coping is defined broadly as an effort used to minimise distress associated with negative life experiences, involving conscious, volitional efforts to regulate emotion, cognition, behaviour, physiology, and the environment in response to stress (Bonanno et al., 2011, 2015). |
| **Instrument / Measurement** | **Description** |
| The Coping Wheel  | The Coping Wheel is a semi-projective open-ended instrument consisting of a circle with 12 equal-sized segments that captures the extent to which the individual feels that they can control different factors of their life, in relation to their perceived importance, and positive or negative evaluation. The investigator gives general, non-detailed instructions and guides the individual through the test. The scores range from −36 to +36, and a higher score indicates better coping (Blomkvist et al., 2002; Shalit & Carlstedt, 1984).  |
| Coping Inventory for Stressful Situation (CISS)  | The CISS is a trait-like measure of general coping styles. This self-report scale measures the multidimensional aspects of coping: task-oriented strategies (16 items), emotion-oriented strategies (16 items), and avoidance strategies (16 items). Respondents indicate how often, on a 5-point scale (1 = not at all, to 5 = a lot), they use each of the coping strategies presented. Higher scores indicate greater use of emotion-oriented and avoidant coping strategies (Endler & Parker, 1994; Rafnsson et al., 2006).  |
| Coping Orientation for Problem Experiences (COPE)  | The COPE is a 60-item self-report multidimensional coping inventory to assess the different ways in which people respond to stress. Five scales measure conceptually distinct aspects of problem-focused coping; five scales measure aspects of emotional-focused coping; and three scales measure ineffective coping responses. Response options for the 60 items include: 1= I never do such a thing; 2=I rarely do such a thing; 3=I occasionally do such a thing; 4=I oftendo such a thing. Each of the fifteen subscales consist of four items inquiring about a different coping attitude. COPE subscales include: 1. Positive reinterpretation and growth (positively review, assess the behaviour which has been displayed against stress), 2. Mental disengagement (giving up thinking about the problem), 3. Focus on and venting of emotions (expressing feelings), 4. Seeking social support for instrumental reasons (calling for suggestions, help or information), 5. Active coping (concentrating efforts on doing something about the stress), 6. Denial (denying the existence of stress), 7. Turningto religion, 8. Humour (mocking/joking about the situation), 9. Behavioural disengagement (reduction of coping efforts), 10. Restraint coping (waiting for the appropriate opportunity to act), 11. Seeking emotional social support (receiving moral support), 12. Substance use, 13. Acceptance, 14. Suppressionof competing activities (putting aside other activities in order to concentrate on the problem), and 15. Planning (thinking hard about coping with the stress). Higher scores obtained from the subscales provide the opportunity to comment on which coping attitude is used more frequently by the individual (Carver et al., 1989).  |
| Brief Coping Orientation for Problem Experiences (COPE)  | The Brief-COPE is a shortened self-report version of the instrument above, consisting of 28 items designed to measure effective and ineffective ways to cope with a stressful life event. The instrument measures a total of 14 coping strategies when faced with adversity or stressful situations. The items are classified into the following categories: problem-focused coping strategies (active coping, instrumental support, and plan); emotion-focused coping strategies (acceptance, emotional support, humour, positive reframing, and religion); and dysfunctional coping strategies (venting, behavioural disengagement, self-distraction, self-blame, substance use, and denial). Higher scores obtained from the subscales provide the opportunity to determine which coping attitude is used more frequently by the individual (Carver, 1997). |
| Ways of Coping Questionnaire (WCQ)  | The Ways of Coping Questionnaire (WCQ) is a widely used self-report measure of coping processes. It comprises a set of 45 items, in which the frequency of use of different coping strategies is presented in a Likert format, from 1 (“I never do this”) to 5 (“I always do this”). The participant is asked to select aspecific stress-related event and, using a 5-point Likert type scale, indicate how they would respond to that event. The coping strategies are divided into four factors: (1) focused on the problem (i.e., active efforts to manage, cope, solve, or reappraise the problem), (2) focused on emotion (i.e., efforts to regulate the emotional states associated with the stressor as a way to reduce emotional discomfort without the objective to solve the problem; these include emotional reactions, such as rage, anxiety, guilt, avoidance, and passive behaviour), (3) religious or fantastic thought (i.e., religious behaviour, thoughts, and faith that help when coping with problems), and (4) search for social support (i.e., actively search for information or emotional support). Higher scores indicate greater use of a particular coping strategy (Folkman et al., 1986). |
| The Brief Religious Coping Activities Scale (Brief RCOPE)  | The Brief Religious Coping Activities Scale (RCOPE) is a 14-item self-report instrument that measures how people use religion to cope with major life stressors. Items assess two styles of religious coping: positive and negative. Positive coping items include items such as “I looked for a stronger connection with God.” Negative religious coping methods include items such as “I wondered whether God had abandoned me.” The possible score range is 3–14, with 3 indicating low religious coping and 14 indicating high religious coping (Pargament et al., 1998).  |
| Simplified Coping Style Questionnaire (SCSQ)  | The 20-item Simplified Coping Style Questionnaire is a self-report measure of stress responses based on the Ways of Coping Questionnaire (Folkman et al., 1986). It includes two dimensions: problem-oriented/positive coping and emotion-oriented/negative coping. The SCSQ has 20 items on a 4-point Likert scale. Higher scores indicate greater use of a particular coping strategy (Xie, 1998). |
| 2012 Canadian Community Health Survey-Mental Health (CCHS-MH 2012)  | The purpose of the Canadian Community Health Survey - Mental Health (CCHS - Mental Health) is to collect information about mental health status, access to and perceived need for formal and informal services and supports, functioning and disability, and covariates. It is a national cross-sectional population-based survey conducted by Statistics Canada (Arslan & Genç, 2022).  |
| Spirituality Survey (SS-1) from the Study on Stress, Spirituality, and Health (SSSH)   | The SS-1 consists of 82 R/S items assessing the following areas: Religious activities; Closeness to God; Religious coping (positive religious coping and negative religious coping/spiritual struggles); Gratitude and Non-theistic daily spiritual experiences. Religious service attendance was coded “never” =0 to “several times per week” =6. Positive religious coping was an average of 8 items (e.g., “I saw my situation as part of God’s plan”), and negative religious coping was an average of six items (e.g., “I wondered what I did for God to punish me”) (Pargament et al., 2000). Responses ranged from “not at all” =1 to “a great deal” =4. Gratitude was an average of two items (“I have so much in life to be thankful for” and “If I had to list everything, I felt thankful for, it would be a very long list”) (McCullough et al., 2002). Response options ranged from “strongly disagree” = 1 to “strongly agree” =5. Non-theistic daily spiritual experiences (NTDSE) consisted of an average of four items (e.g., “I experience a connection to all of life”) and theistic daily spiritual experiences (TDSE) consisted of an average of two items (e.g., “I desire to be closer to God”). Response options ranged from “never”=0 to “many times a day”=5 for NTDSE and from “definitely not true of me”=0 to “definitely true of me”=5 for TDSE (Warner et al., 2021). |
| **2) Self-esteem**  |
| **Definition:** Self-esteem is defined as one’s overall sense of self-worth or personal value and represents one’s comprehensive evaluation of oneself, including positive and negative evaluations (Brown et al., 2001). |
| **Instrument / Measurement** | **Description** |
| Beck Self-Esteem Scale (BSE) | The BSE is an 18-item self-report instrument that measures an individual's self-esteem by evaluating their beliefs and attitudes about themselves, including their sense of self-worth and self-acceptance. The BSE uses a 4-point Likert scale, with response options ranging from 0 to 3. Higher scores indicate greater self-esteem (Beck et al., 2001, 2013). |
| Culture-Free Self-Esteem Inventory (CFSEI-2) | The CFSEI-2 is a self-report instrument designed to measure self-esteem in children and adults. The items are formatted as Yes and No questions (dichotomous response format), and the inventory consists of 60 items. The scales assess various aspects of self-esteem, including general self-esteem, social self-esteem, and academic self-esteem. It includes parent-related self-esteem and a lie scale to identify socially desirable response tendencies. Higher scores on the respective scales indicate a higher level of self-esteem in those areas (Holaday et al., 1996). |
| Coopersmith Self-Esteem Inventory (CSEI) | The CSEI is a self-report questionnaire consisting of 25 items. It uses a dichotomous response format (Yes or No). The results can be divided into various dimensions of self-esteem, including general self-esteem, social self-esteem, academic self-esteem, and parent- or family-related self-esteem. Higher scores in the respective dimensions indicate higher levels of self-esteem (Coopersmith, 2012). |
| Rosenberg Self-Esteem Scale (RSES) | The RSES measures an individual's overall self-esteem, evaluating their positive and negative perceptions of themselves through a series of statements rated on a four-point Likert scale. The scale consists of 63 items divided into 12 subgroups and is a self-report questionnaire. Respondents indicate the degree to which they agree with each statement, with response options ranging from strongly disagree (1) to strongly agree (4). The scale includes both positively and negatively worded items to minimise response biases. Scores are calculated by summing the responses. Positively worded items are scored directly. Negatively worded items are reverse scored. Higher scores indicate a greater level of self-esteem (Gnambs et al., 2018). |
| Tennessee Self Concept Scale (TSCS) | The TSCS is composed of 70 self-descriptive statements that include three subscales: self-identity, satisfaction, and behaviour. It uses a 5-point Likert scale, where respondents indicate the extent to which they agree with a statement, ranging from "strongly disagree" to "strongly agree." The statements are designed to measure various aspects of self-concept, including both positive and negative self-perceptions. The TSCS is a self-report questionnaire to assesses a global self-concept and specific dimensions, such as physical self-concept, moral self-concept, social self-concept, emotional self-perception, and academic as well as intellectual self-concept. Higher scores indicate a more positive self-concept in the respective dimension (Marsh & Richards, 1988). |
| Self-esteem Scale (SES) | The SES, based on the TSCS, is an instrument specifically designed to measure self-esteem as a subset of self-concept. While the TSCS covers a broader range of self-concept dimensions, the SES focuses on assessing general and specific self-esteem. A 5-point Likert scale is used to measure the intensity of agreement with statements. The SES is a self-report questionnaire evaluating global self-esteem. Higher scores indicate a higher level of self-esteem, whereas lower scores may suggest insecurity or low self-esteem (Robson, 1988, 1989). |
| Taylor Self-Esteem Inventory (TSEI) | The TSEI is a psychological instrument designed to assess self-esteem. It typically uses an 8-point Likert scale, where respondents indicate the extent to which they agree or disagree with specific statements. It is a self-report questionnaire consisting of 16 items. Higher scores indicate a higher level of self-esteem, while lower scores may suggest lower self-esteem. The TSEI measures an individual's self-esteem by assessing their self-perception and self-worth through a series of statements, providing insights into overall self-esteem levels (Jones, 1996). |
| **3) Emotion Regulation**  |
| **Definition:** the process by which individuals influence the occurrence, timing, nature, experience, and expression of their emotions, involving conscious or unconscious strategies or processes to monitor, evaluate, modulate, modify and manage the intensity, form, duration, physiological states and behaviours associated with emotional arousal and expression (Kok, 2020). |
| **Instrument / Measurement** | **Description** |
| Brief Self Control Scale (BSCS) | The Brief Self Control Scale (BSCS) is an abbreviated 13-item self-report questionnaire based on the 36-item Self Control Scale. The BSCS uses a five-point scale to assess self-control (self-discipline, deliberative/no impulsive action, healthy habits, work ethic, reliability) and yields scores ranging from 13–65 (Tangney et al., 2004). |
| Cognitive Emotion Regulation Questionnaire (CERQ) | The cognitive Emotion Regulation Questionnaire (CERQ) is a 36-item self-report questionnaire assessing nine cognitive strategies of emotion regulation (self-blame, blaming others, acceptance, refocus on planning, positive refocusing, rumination or focus on thought, positive reappraisal, putting into perspective, catastrophising) and generating scores from 36–180 (Garnefski et al., 2001). |
| Difficulties in Emotion Regulation Scale (DERS) | The Difficulties in Emotion Regulation Scale (DERS) is a 36-item self-report questionnaire to assess problems in adaptively using appropriate emotion regulation strategies. The six subscales comprise nonacceptance of emotional responses, difficulty engaging in goal-directed behaviour, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies and lack of emotional clarity. Scores range from 36–180, with higher scores indicating greater emotion regulation problems (Gratz & Roemer, 2004). |
| Emotion Dysregulation Scale – Short (EDS) | The Emotion Dysregulation Scale – Short (EDS) is a 12-item self-report questionnaire assessing emotional experiencing, cognition and behaviour. Scores range from 12–84, with higher scores indicating greater emotion regulation difficulties (Powers et al., 2015). |
| Emotion Regulation Questionnaire (ERQ) | The Emotion Regulation Questionnaire (ERQ) is a 10-item questionnaire assessing two domains of emotion regulation (suppression and reappraisal). A 7-item scale is used and generates scores ranging from 10–70 (Gross & John, 2003). |
| Feelings and Me (FAM) | The Feeling and Me (FAM) questionnaire is a 54-item self-report survey assessing both adaptive and maladaptive cognitive, behavioural/instrumental, interpersonal and somatosensory responses employed to alleviate sadness and distress. Items are rated on a scale from 0–2 with scores for the 30 items measuring adaptive regulatory responses ranging from 0–60 and the 24 items measuring maladaptive regulatory responses ranging from 0–48 (Kovacs et al., 2009). |
| Negative Mood Regulation Scale (NMR) | The Negative Mood Regulation Scale (NMR) is a 30-item self-report questionnaire that assesses personal expectations of the ability to regulate negative mood via behaviour or cognition mood regulation ability. Items assessing negative mood regulation expectancies and mood regulation strategies are scored on a 5-point scale yielding total scores ranging from 30–150 (Catanzaro & Mearns, 1990). |
| Urgency, Premeditation, Perseverance, Sensation seeking, and Positive urgency Impulsive Behaviour Scale (UPPS-P) | The Urgency, Premeditation, Perseverance, Sensation seeking and Positive urgency Impulsive Behaviour Scale (UPPS-P) is a 59-item measure of impulsive behaviour (positive urgency, negative urgency, sensation seeking, lack of premeditation, lack of perseverance). Items are scored on a scale from 1–4, yielding a total score ranging from 59–236 (Lynam et al., 2006). |
| **4) Self-efficacy** |
| **Definition** Self-efficacy is one’s overall sense of self-worth or personal value that represents one’s comprehensive evaluation of oneself, including positive and negative evaluations, and a person's belief in their ability to complete a task or achieve a goal (Bandura, 1982).  |
| **Instrument / Measurement** | **Description** |
| The General Self-Efficacy Scale (GSES)  | The General Self-Efficacy Scale (GSE) is a 10-item self-report instrument created to assess a general sense of perceived self-efficacy with the aim in mind to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events. Participant responses range from 1 (Always false) to 4 (Always true). Higher scores are indicative of high level of self-efficacy (Caikang, 2001; Schwarzer, R. & Jerusalem, M., 1995; Zhang & Schwarzer, 1995).  |
| The Regulatory Emotional Self-Efficacy Scale (RESE)  | The RESE is a 12-item scale developed to assess perceived self-efficacy in managing negative (NEG) and in expressing positive (POS) affect. The Chinese version has 17 items and supports a second-order five-factor model including perceived self-efficacy in expressing positive affect (POS-RESE) and perceived self-efficacy in managing negative affect (NEG-RESE). Ratings are a 5-point scale from 1 (not at all like me) to 5 (completely like me). Higher scores indicate greater self-efficacy (Caprara & Gerbino, 2001; Shufeng et al., 2009).  |
| Pearlin Mastery (PM) Scale  | The PM scale is a self-report instrument to measure the extent to which an individual regards their life chances as being under their personal control rather than fatalistically ruled. Respondents are presented with seven items that included statements such as “You have little control over the things that happen to you” and “What happens to you in the future mostly depends on you.” Response categories range from “strongly agree” to “strongly disagree” on a 5-point scale. All responses are coded such that higher values equate to greater self-efficacy (Pearlin & Schooler, 1978).  |
| 12-item Self-Efficacy Scale for Battered Women (SESBW)  | The SESBW is a 27-item 100-mm visual analogue scale designed to measure an self-efficacy in women exposed to abuse. The scale taps engagement in adaptive help-seeking behaviours and adaptive living skills. Items are ranked from 0 (*couldn’t do it at all*) to 100 (*completely sure I could do it*) and summed to get a rating of self-efficacy, with higher scores indicative of greater self-efficacy (May & Limandri, 2004).  |
| The Self-Efficacy Scale  | The Self-Efficacy Scale includes 23 self-report statements, 17 of which assess general self-efficacy (e.g., “when I make plans, I am certain they will be executed”) and six of which assess social self-efficacy (e.g., “I find it difficult to make new friends”). In addition, the scale includes seven filler statements that are not calculated in the score for the self-efficacy variable (e.g., “there’s something good in everyone”). Responses are based on a scale ranging from 1(*completely disagree*) to 5 (*completely agree*). The overall score is calculated as the mean score on all 23 items. A high score indicates a high degree of self-efficacy (Sherer et al., 1982).  |
| CD-RISC Tenacity and Personal Competence sub-scale  | The CD-RISC is a self-administered test that measures resilience or how well one is equipped to bounce back after stressful events, tragedy, or trauma, including the ability to adapt to change, the ability to deal with what comes along, the ability to cope with stress, the ability to stay focused and think clearly, the ability to not get discouraged in the face of failure, and the ability to handle unpleasant feelings such as anger, pain or sadness. The CD-RISC comprises 25 items and participants rate each item on a 5-point Likert-type scale (0–4). The scale consists of three factors: tenacity and personal competence, tolerance of negative affect, and spiritual influences. Scores range from 0–100, with higher scores indicative of higher psychological resilience (Connor & Davidson, 2003).  |
| **5) Well-being** |
| **Definition:** A broad psychological and social construct that encompasses life satisfaction, higher positive affect and lower negative affect (Diener, 2000) and biological and psychological qualities that enable successful adaptation or swift recovery from life adversity, such as sense of mastery, optimism, or sense of coherence, the experience of positive emotions, and having a purpose in life (Rutten et al., 2013). |
| **Instrument / Measurement** | **Description** |
| General Health Questionnaire -12 (GHQ-12) | The General Health Questionnaire (GHQ-12) is a 12-item screening measure for common mental disorders, as well as general psychiatric well-being. Items are rated on a 4-point scale with total scores varying based on whether bimodal, Likert or C-GHQ scoring approaches are used (Goldberg et al., 1997). |
| Meaning and Purpose in Life Scale (MPLS) | The Meaning and Purpose in Life Scale (MPLS) is a 17-item scale measuring the degree to which individuals attach meaning, based on subjective experience and purpose, to their lives. The items are scored on a 5-point scale yielding total scores ranging from 17–85 (Aydin et al., 2015). |
| Meaning in Life Questionnaire (MLQ) | The Meaning in Life Questionnaire (MLQ) is a 10-item questionnaire measuring the sense made of one’s being and existence, as well as the perceived significance of this i.e., the presence of and search for meaning. The items are scored on a 7-point scale yielding total scores ranging from 10–70 (Steger et al., 2006). |
| Mental Health Continuum Short Form (MHC-SF) | The Mental Health Continuum Short Form (MHC-SF) is a 14-item measure of emotional (happiness, interest in life, satisfaction), psychological (autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, self-acceptance) and social well-being (social coherence, social integration, social contribution, social actualisation, social acceptance). The items are rated on a 6-point scale yielding total scores ranging from 0–70 (Keyes, 2009). |
| Scales of Psychological Well-Being (SPWB) | The Ryff’s Scales of Psychological Well-Being comprised 20 items measuring six dimensions of psychological well-being (autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, self-acceptances). Items are rated on a scale of 1–6 to yield total scores ranging from 20–120 (Ryff & Keyes, 1995). |
| Scales of Psychological Well-Being – Medium Form (SPWB – 54)  | The Ryff’s Scales of Psychological Well-Being – Medium Form comprises 54 items measuring six dimensions of psychological well-being (autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, self-acceptances). Items are rated on a scale of 1–6 to yield total scores ranging from 54–324 (Ryff, 1989). |
| Satisfaction with Life Scale (SWLS) | The Satisfaction with Life Scale (SWLS) is a 5-item measure that measures global satisfaction with life as an aspect of subjective well-being. Items are rated on a 7-point scale to yield total scores ranging from 7–35 (Diener et al., 1985). |
| Sense of Coherence Scale – 13 (SOC-13) | The Sense of Coherence Scale (SOC-13) is a 13-item measure of the perceptions of the world and stressors that facilitate coping (comprehensibility, manageability and meaning of life). The items are scored on a 7-point scale to yield total scores ranging from 13–91 (Antonovsky, 1993). |
| Spiritual Well-Being Scale (SWBS) | The Spiritual Well-Being Scale is a 20-item instrument designed to assess religious and existential well-being in both groups and individuals. Each item is scored on a 6-point Likert scale to yield total scores ranging from 20–120 (Paloutzian & Ellison, 1991). |
| Subjective Well-being Inventory (SUBI) | The Subjective Well-being Inventory (SUBI) is a 40-item measure that covers eleven factors related to feelings of well-being and ill-being (general well-being/positive affect, expectation-achievement congruence, confidence in coping, transcendence, family group support, social support, primary group concern, inadequate mental mastery, perceived ill-health, deficiency in social contacts, general well-being/negative affect). Items are rated on a 3-point scale to yield total scores ranging from 40–120 (World Health Organisation, 1992). |
| Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) | The Warwick-Edinburgh Mental Well-Being Scale (WEMBS) is a 14-item self-report measure that examines positive mental health (positive affect, interpersonal relationship satisfaction and positive functioning). Each item is scored on a 5-point scale to yield total scores ranging from 14–70 (Tennant et al., 2007). |
| World Health Organisation-Five Well-Being Index (WHO-5) | The World Health Organisation-Five Well-Being Index (WHO-5) is a 5-item self-report measure of mental well-being within the prior two weeks. Items are scored on a 0–5 scale yielding total scores ranging from 0–25 (World Health Organisation, 2024). |

# ST5. Quality assessment of included studies

The adapted version of the Newcastle-Ottawa Scale (NOS) for non-randomised studies was used to assess the quality of included studies. Details on this scale can be found in the NOS scoring section in ST7. Studies were assessed based on three broad domains: 1) Selection of participants (representativeness of exposed samples; sample size, non-response rate or non-responders compared, and ascertainment of exposure; 2) Comparability involving appropriate control for confounders; 3) Assessment of outcome based on validated scales, and statistical analysis clearly described and allowing associations to be calculated.

The maximum number of scores for each domain was 4 for Selection, 2 for Comparability, and 2 for Outcome. Total quality scores ranged from 0 to 8, with a higher score representing better quality. We rated the overall quality according to specific combinations of results across the three domains, according to the scale adaptation for cross-sectional studies (Modesti et al., 2016). Studies scoring 5 points, that is, 2 points in selection, 1 point in comparability, and 2 points in outcome were considered as “fair” quality. Studies scoring 6, that is, 3 points in Selection, 1 point in Comparability, and 2 points in Outcome were classified as “good” quality. “High” quality studies scored > 6, that is, 3 or 4 points in Selection, 1 or 2 points in Comparability, and 2 points in Outcome (see definitions of each domain and scoring of the NOS assessment in SA5 and ST5, and the quality assessment of the included studies below in ST7).

The representativeness of samples was mixed, and most included studies did not report on non-response rates, or *a priori* or *post hoc* power analyses or other sample size justifications.A wide range of confounders were considered in 62 (30.54%) included studies, such as age, sex or gender, race/ethnicity, education level, income, marital/employment status, family risks, drug use, mood symptoms, affective temperament, and/or adulthood trauma (see Table 1). Many studies did not fully report results from statistical analyses conducted, e.g., omitting named effect estimates, *p* values, or measures of precision, if appropriate (such as standard errors or confidence intervals).

## **Newcastle-Ottawa scale (NOS) for non-randomised studies**

***Selection (maximum 4 stars)***

**1. Representativeness of the sample**

a. Truly representative of the average in the target population (all subjects or whole population, random sampling). \*

b. Somewhat representative of the average in the target population (evidence that the sample is representative of the source population, non-random sampling). \*

c. Selected group of users.

d. No description of the sampling strategy.

**2. Sample size**

a. Justified or satisfactory. \*

b. Not justified.

**3. Non-respondents**

a. Comparability between respondents and non-respondents characteristics is established, or the response rate is satisfactory (> 60%) \*

b. The response rate is unsatisfactory, or the comparability between respondents and non-respondents is unsatisfactory.

c. No description of the response rate or the characteristics of the responders and non-responders.

**4. Ascertainment of the exposure** (childhood maltreatment)

a. Validated measurement tool. \*

b. Non-validated measurement tool, or not described.

***Comparability (maximum 2 stars)***

**5. The subjects in different outcome groups are comparable,**

**based on the study design** **or analysis** (confounding factors are controlled).

a. The study controls for sex/gender (or analysis separated by sex/gender). \*

b. Study controls for any additional factor. \*

c. The study does not adjust for any confounding factor.

***Outcome (maximum 2 stars)***

**6. Assessment of the outcome** (resilience)

a. The study uses reliable and validated instruments as confirmed by reported psychometric measures (questionnaires). \*

b. No description.

**7. Statistical test**

a. The statistical test used to analyse the data is clearly described and appropriate, and the measurement of the association is presented, including confidence intervals and the probability level (*p* value). \*

b. Study reports descriptive statistics that allows calculating associations. \*

c. The statistical test is not appropriate, not described or incomplete.

***Note:***  In the Newcastle-Ottawa Scale (NOS) (Wells et al., 2014) adapted and validated (Epstein et al., 2018; Herzog et al., 2013; Mertz et al., 2013; Wickersham et al., 2020) for non-randomised studies (cross-sectional and longitudinal)*,*a study can be awarded a maximum of one point (star) for each numbered item within the Selection and Exposure categories. A maximum of two points (stars) can be given for Comparability.

|  |  |
| --- | --- |
| ***NOS scoring*** | **Maximum score = 8** |
| **Selection** | **4** |
| Sample representative of target sample (e.g., all eligible or random sample)?  | 1 |
| Sample size justified or satisfactory? | 1 |
| Non-response rate is defined satisfactory, and characteristics of responders/non-responders compared? | 1 |
| Ascertainment of exposure (i.e., childhood maltreatment) is valid and/or well described?  | 1 |
| **Comparability** | **2** |
| Controls for sex/gender | 1 |
| Controls for any additional factor | 1 |
| **Outcome** | **2** |
| Assessment of outcome with validated tool? | 1 |
| Statistical test clearly described and appropriate, and/or descriptive statistics that allows calculating associations? | 1 |

## **Results of the quality assessment of included studies**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Study** | **Selection** | **Comparability** | **Outcome** | **NOS Total**  |
| Allbaugh et al., 2017 | \*\* |  | \*\* | 4 |
| Anctil et al., 2007 | \*\* | \*\* | \*\* | 6 |
| Armitage et al., 2021 | \*\*\* | \* | \*\* | 6 |
| Arslan & Genç, 2022 | \*\*\* |  | \*\* | 5 |
| Arslan et al., 2015 | \* |  | \*\* | 3 |
| Artime et al., 2012 | \*\* |  | \*\* | 4 |
| Babad et al., 2022 | \*\*\* | \*\* | \*\* | 7 |
| Berhe et al., 2023 | \*\*\*\* | \*\* | \*\* | 8 |
| Berzenski & Yates, 2010 | \*\* | \* | \*\* | 5 |
| Berzenski, 2019 | \*\*\*\* | \* | \*\* | 7 |
| Billen et al., 2022 | \*\* | \* | \*\* | 5 |
| Blood & Blood, 2016 | \*\* | \*\* | \*\* | 6 |
| Bouchard & Sonnier, 2023 | \*\*\* | \*\* | \*\* | 7 |
| Bradley et al., 2005 | \*\* | \* | \*\* | 5 |
| Brodski & Hutz, 2012 | \* | \* | \*\* | 4 |
| Broekhof et al., 2015 | \*\*\*\* | \*\* | \*\* | 8 |
| Bungert et al., 2015 | \*\* | \* | \*\* | 5 |
| Burns et al., 2010 | \*\*\* |  | \*\* | 5 |
| Cantón-Cortés et al., 2012 | \*\* |  | \*\* | 4 |
| Cao et al., 2022 | \*\* | \* | \*\* | 5 |
| Cao et al., 2023 | \*\*\* |  | \*\* | 5 |
| Carvalho et al., 2014 | \* | \*\* | \*\* | 5 |
| Cecen & Gümüş, 2024 | \*\*\* | \*\* | \*\* | 7 |
| Çelik & Odaci, 2020 | \*\*\* |  | \*\* | 5 |
| Chang et al., 2023 | \*\*\* |  | \*\* | 5 |
| Chaturvedi & Arya, 2023 | \*\*\*\* | \* | \*\* | 7 |
| Chen et al., 2023 | \*\*\* |  | \*\* | 5 |
| Cheng & Langevin, 2023 | \*\*\*\* | \*\* | \*\* | 8 |
| Chi et al., 2021 | \*\*\*\* | \*\* | \*\* | 8 |
| Choe et al., 2021 | \*\* | \*\* | \*\* | 6 |
| Choi et al., 2014 | \* | \* | \*\* | 4 |
| Christ et al., 2019 | \*\*\*\* | \* | \*\* | 7 |
| Clark et al., 2021 | \*\* | \* | \*\* | 5 |
| Cloitre et al., 2008 | \* | \* | \*\* | 4 |
| Costa et al., 2024 | \* | \* | \*\* | 4 |
| Crosta et al., 2018 | \*\*\*\* |  | \*\* | 6 |
| Daniels et al., 2012 | \* |  | \*\* | 3 |
| Daruy-Filho et al., 2013 | \* | \* | \*\* | 4 |
| Davies et al., 2004 | \* | \* | \*\* | 4 |
| Dawson et al., 2022 | \*\*\* | \*\* | \*\* | 7 |
| Demir et al., 2020 | \* | \*\* | \*\* | 5 |
| Dereboy et al., 2018 | \*\*\*\* | \* | \*\* | 7 |
| Di Nicola et al., 2024 | \*\* | \*\* | \*\* | 6 |
| Ekinci & Kandemir, 2015 | \*\*\* | \*\* | \*\* | 7 |
| ElBarazi, 2023 | \*\* |  | \*\* | 4 |
| Endo et al., 2024 | \*\* |  | \*\* | 4 |
| Erol & Inozu, 2023 | \*\*\* |  | \*\* | 5 |
| Feinauer et al., 1996 | \*\* |  | \* | 3 |
| Fereidooni et al., 2023 | \*\*\*\* |  | \*\* | 6 |
| Festinger & Baker, 2009 | \*\* | \*\* | \*\* | 6 |
| Fitzgerald & Barton, 2022 | \*\*\*\* | \*\* | \*\* | 8 |
| Fitzgerlad & Esplin, 2023 | \*\*\* | \*\* | \*\* | 7 |
| Fleming et al., 1999 | \*\*\* | \* | \*\* | 6 |
| Fossati et al., 2015 | \*\*\* | \*\* | \*\* | 7 |
| Fosse & Holen, 2007 | \*\*\* | \*\* | \*\* | 7 |
| Fox et al., 1994 | \*\* | \* | \*\* | 5 |
| Galea et al., 2007 | \*\* |  | \*\* | 4 |
| Gambaro et al., 2020 | \*\*\* |  | \*\* | 5 |
| Garcia & Berzenski, 2023 | \*\*\* |  | \*\* | 5 |
| Garofalo et al., 2024 | \*\*\*\* |  | \*\* | 6 |
| Goldbach et al., 2023 | \*\*\* |  | \*\* | 5 |
| Goldstein et al., 2013 | \* | \*\* | \*\* | 5 |
| Goodboy et al., 2016 | \* |  | \*\* | 3 |
| Griffing et al., 2006 | \* |  | \*\* | 3 |
| Güler et al., 2023 | \*\*\* |  | \*\* | 5 |
| Guo et al., 2022 | \*\*\* | \*\* | \*\* | 7 |
| Haj-Yahia et al., 2021 | \*\*\* |  | \*\* | 5 |
| He et al., 2022 | \*\* |  | \*\* | 4 |
| Hengartner et al., 2013 | \*\* | \* | \*\* | 5 |
| Herrenkohl et al., 2012 | \*\*\* | \*\* | \*\* | 7 |
| Heshmati et al., 2021 | \*\*\* |  | \*\* | 5 |
| Higgins et al., 1994 | \*\*\* |  | \*\* | 5 |
| Hu et al., 2024 | \*\*\* |  | \*\* | 5 |
| Ion et al., 2023 | \*\*\*\* | \* | \*\* | 7 |
| Janiri et al., 2021 | \*\*\* | \*\* | \*\* | 7 |
| Jennissen et al., 2016 | \*\*\*\* | \*\* | \*\* | 8 |
| Johnson, 2001 | \* |  | \*\* | 3 |
| Jones et al., 2023 | \*\*\* | \*\* | \*\* | 7 |
| Jonzon & Lindblad, 2006 | \* | \* | \*\* | 4 |
| Kanai et al., 2016 | \* |  | \*\* | 3 |
| Kanj et al., 2023 | \*\*\* | \* | \*\* | 6 |
| Kapoor et al., 2018 | \*\* |  | \*\* | 4 |
| Karagöz & Dağ, 2015 | \* | \* | \*\* | 4 |
| Karakaş & Çingol, 2022 | \*\*\*\* |  | \*\* | 6 |
| Kazan Kizilkurt et al., 2021 | \*\*\* |  | \*\* | 5 |
| Kesebir et al., 2015 | \*\* |  | \* | 3 |
| Khosravani et al., 2019 | \*\*\* | \* | \*\* | 6 |
| Kim et al., 2016 | \*\* | \*\* | \*\* | 6 |
| Kim et al., 2021 | \*\*\* |  | \*\* | 5 |
| Kiziltepe et al., 2023 | \*\*\* | \*\* | \*\* | 7 |
| Koçak & Çağatay, 2024 | \*\*\* |  | \*\* | 5 |
| Kong et al., 2024 | \*\*\* |  | \*\* | 5 |
| Krause-Utz et al., 2023 | \*\*\*\* | \* | \*\* | 7 |
| Krvavac & Jansson, 2021 | \*\*\* | \* | \*\* | 6 |
| Kumar et al., 2022 | \*\*\* | \*\* | \*\* | 7 |
| Kuo et al., 2015 | \*\* |  | \*\* | 4 |
| Kurtuluş & Elemo, 2023 | \*\*\* |  | \*\* | 5 |
| Lacelle et al., 2012 | \*\*\* | \* | \*\* | 6 |
| Laghaei et al., 2023 | \*\*\*\* |  | \*\* | 6 |
| Lassri et al., 2023 | \*\* |  | \*\* | 4 |
| Latzer et al., 2020 | \*\*\* | \* | \*\* | 6 |
| Lewis et al., 2006 | \* |  | \*\* | 3 |
| Li et al., 2020 | \*\*\*\* | \*\* | \*\* | 8 |
| Li et al., 2023 | \*\*\* | \*\* | \*\* | 7 |
| Li et al., 2023 | \*\*\*\* | \*\* | \*\* | 8 |
| Li et al., 2023 | \*\* |  | \*\* | 4 |
| Li et al., 2023 | \*\*\*\* | \*\* | \*\* | 8 |
| Liu et al., 2023 | \*\*\*\* |  | \*\* | 6 |
| Liu et al., 2024 | \*\*\*\* | \*\* | \*\* | 8 |
| Lu et al., 2017 | \*\*\* | \*\* | \*\* | 7 |
| Maftei & Nițu, 2024 | \*\*\*\* |  | \*\* | 6 |
| Mandavia et al., 2016 | \*\*\*\* | \*\* | \*\* | 8 |
| Martin et al., 2023 | \*\*\*\* |  | \*\* | 6 |
| Martínez et al., 2023 | \*\*\* | \*\* | \*\* | 7 |
| Martxueta et al., 2014 | \* |  | \*\* | 3 |
| Maxwell & Huprich, 2014 | \*\* | \* | \*\* | 5 |
| Merians & Frazier, 2023 | \*\* |  | \*\* | 4 |
| Mohammadpanah Ardakan et al., 2024 | \*\* |  | \*\* | 4 |
| Mohammadzadeh et al., 2019 | \*\*\* | \* | \*\* | 6 |
| Mondolin et al., 2024 | \*\*\* | \* | \*\* | 6 |
| Moreira et al., 2024 | \* |  | \*\* | 3 |
| Musella et al., 2024 | \*\* |  | \*\* | 4 |
| Naderzadeh et al., 2023 | \*\*\* | \*\* | \*\* | 7 |
| Naughton et al., 2020 | \*\*\*\* | \*\* | \*\* | 8 |
| Newman et al., 2011 | \*\* | \* | \*\* | 5 |
| Nimphy et al., 2024 | \*\* | \*\* | \*\* | 6 |
| Özakar Akça et al., 2021 | \*\*\*\* |  | \*\* | 6 |
| Pabian et al., 2022 | \*\*\*\* |  | \*\* | 6 |
| Park et al., 2023 | \*\*\*\* | \* | \* | 7 |
| Peng et al., 2020 | \*\*\* | \*\* | \*\* | 7 |
| Pourshahriar et al., 2018 | \*\*\*\* |  | \*\* | 6 |
| Qin et al., 2024 | \*\* |  | \*\* | 4 |
| Racine & Wildes, 2015 | \* | \* | \*\* | 4 |
| Richardson et al., 2023 | \* |  | \*\* | 3 |
| Rodriguez et al., 2021 | \* | \* | \*\* | 4 |
| Romans et al., 1995 | \*\* |  | \*\* | 4 |
| Rong et al., 2023 | \*\*\* | \*\* | \*\* | 7 |
| Rostami et al., 2023 | \*\*\* |  | \*\* | 5 |
| Sachs-Ericsson et al., 2011 | \*\*\* | \*\* | \*\* | 7 |
| Salles et al., 2023 | \*\* |  | \*\* | 4 |
| Schulz et al., 2014 | \*\* | \*\* | \*\* | 6 |
| See Mey et al., 2022 | \*\*\*\* |  | \*\* | 6 |
| Sehlikoğlu et al., 2022 | \*\* |  | \*\* | 4 |
| Sexton et al., 2015 | \*\*\* | \* | \* | 5 |
| Sezer Katar et al., 2023 | \*\* |  | \*\* | 4 |
| Shen & Soloski, 2022 | \*\*\* | \*\* | \*\* | 7 |
| Shen, 2009 | \*\*\*\* | \*\* | \*\* | 8 |
| Shin & Brunton, 2024 | \* |  | \*\* | 3 |
| Simeon et al., 2007 | \* | \*\* | \*\* | 5 |
| Simon et al., 2009 | \* | \*\* | \*\* | 5 |
| Sistad et al., 2021 | \*\*\* | \*\* | \*\* | 7 |
| Soffer et al., 2008 | \*\*\* |  | \*\* | 5 |
| Șoflău et al., 2023 | \*\*\*\* |  | \* | 5 |
| Somers et al., 2017 | \*\*\*\* | \*\* | \*\* | 8 |
| Stevens et al., 2013 | \*\* | \* | \*\* | 5 |
| Su et al., 2022 | \*\*\* |  | \*\* | 5 |
| Suresh & Tipandjan, 2012 | \* | \* | \*\* | 4 |
| Švecová et al., 2023 | \*\*\*\* | \*\* | \*\* | 8 |
| Swaminath et al., 2023 | \*\*\* | \* | \*\* | 6 |
| Talmon et al., 2022 | \*\*\* | \*\* | \*\* | 7 |
| Tarber et al., 2016 | \*\*\*\* | \* | \*\* | 7 |
| Theran & Han, 2013 | \*\* | \* | \*\* | 5 |
| Thoma et al., 2021 | \*\* | \*\* | \*\* | 6 |
| Tinajero et al., 2020 | \* | \*\* | \*\* | 5 |
| Toker et al., 2011 | \*\* | \* | \*\* | 5 |
| Top & Cam, 2021 | \*\*\*\* |  | \*\* | 6 |
| Upenieks et al., 2024 | \*\*\*\* | \*\* | \*\* | 8 |
| Valencia & Rosa-Gómez, 2024 | \*\* |  | \*\* | 4 |
| Van Schie et al., 2024 | \*\* | \*\* | \*\* | 6 |
| Vancappel et al., 2023 | \* |  | \*\* | 3 |
| Vetesse et al., 2011 | \*\* | \*\* | \*\* | 6 |
| Volgenau et al., 2022 | \*\*\* |  | \* | 4 |
| Wadji et al., 2023 | \*\*\* | \*\* | \*\* | 8 |
| Walker et al., 2023 | \*\* | \*\* | \*\* | 6 |
| Walsh et al., 2011 | \* | \* | \*\* | 4 |
| Wang et al., 2022 | \*\*\* |  | \*\* | 5 |
| Wang et al., 2023 | \*\*\*\* |  | \*\* | 6 |
| Whittington (2023 | \*\* |  | \*\* | 4 |
| Wind et al., 1994 | \*\* | \* | \*\* | 5 |
| Wolff et al., 2016 | \*\* | \*\* | \*\* | 6 |
| Wong et al., 2024 | \*\*\* | \* | \*\* | 6 |
| Wu et al., 2022 | \*\*\* | \*\* | \*\* | 7 |
| Wu et al., 2023 | \*\*\* | \* | \*\* | 6 |
| Xiang et al., 2018 | \*\*\* | \* | \*\* | 6 |
| Xiang et al., 2020 | \*\* | \* | \*\* | 5 |
| Xiang et al., 2021 | \*\* |  | \*\* | 4 |
| Xiao et al., 2023 | \*\* | \* | \*\* | 5 |
| Xie et al. (2023 | \*\* | \* | \*\* | 5 |
| Xu & Zeng, 2022 | \*\*\*\* | \* | \*\* | 7 |
| Xu et al., 2023 | \* | \*\* | \*\* | 5 |
| Yao et al., 2023 | \*\*\*\* |  | \*\* | 6 |
| Yaroslavsky et al., 2022 | \*\* | \* | \*\* | 5 |
| Yilmaz & Satici, 2023 | \*\* | \* | \*\* | 5 |
| Yöyen & Akyüz, 2023 | \*\* |  | \*\* | 4 |
| Yöyen & Bozacı, 2023 | \*\*\* |  | \*\* | 5 |
| Yrondi et al., 2021 | \*\* | \*\* | \*\* | 6 |
| Yubero et al., 2021 | \*\*\* |  | \*\* | 5 |
| Yujing et al., 2023 | \*\*\* | \* | \*\* | 6 |
| Zaorska et al., 2020 | \* | \* | \*\* | 4 |
| Zhang et al., 2023 | \*\*\* |  | \*\* | 5 |
| Zhou & Li (2024 | \*\*\*\* |  | \*\* | 6 |
| Zhou et al., 2024 | \*\* | \* | \*\* | 5 |
| Zhou et al., 2024 | \*\*\*\* |  | \*\* | 6 |

# SF1. Forest plots investigating associations between CM and resilience in adulthood

**I- Global/trait resilience**



****









**II- Resilience domains**

1. **Coping**

****





 **2) Self-esteem**

****













 **3) Emotion Regulation**

****

****

****

****

****

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 **4) Self-efficacy**













 **5) Well-being**











# SF2. Meta-regressions for associations between CM and resilience in adulthood

Meta-regressions for associations between CM and resilience in adulthood were conducted by overall CM and subtypes. The following variables were explored as potential moderating (continuous) variables: 1) mean age; 2) proportion of males; 3) sample size; 4) study quality score (NOS).

***Global/trait resilience:*** The magnitude of the association between sexual abuse and global/trait resilience decreased with sample size (*n* = 12, *k* = 12, *B* = -0.000, 95% CI [-0.021; 0.002], *p* = 0.018) and increased with study quality (*n* = 12, *k* = 12, *B* = 0.161, 95% CI [0.073; 0.249], *p* < 0.001).

***Resilience domains:*** Coping: the magnitude of the association between overall CM and coping increased with sample size (*n* = 7, *k* = 7, *B* = 0.001, 95% CI [0.000; 0.001], *p* = 0.000) and decreased with age (*n* = 7, *k* = 7, *B* = -0.001, 95% CI [-0.000; -0.000], *p* = 0.003 and study quality (*n* = 7, *k* = 7, *B* = -0.091, 95% CI [-0.164; -0.018], *p* = 0.014). The association between physical abuse and coping decreased with age (*n* = 7, *k* = 7, *B* = -0.000, 95% CI [-0.000; -0.000], *p* = 0.002). Emotion regulation: the association between sexual abuse and emotion regulation decreased with study quality (*n* = 33, *k* = 33, *B* = -0.034, 95% CI [-0.063; 0.005], *p* = 0.021). The association between emotional neglect and emotion regulation increased with age (*n* = 20, *k* = 20, *B* = 0.014, 95% CI [0.005; -0.022], *p* = 0.002) and sample size (*n* = 20, *k* = 20, *B* = -0.000, 95% CI [-0.000; -0.000], *p* = 0.003). The association between physical neglect and emotion regulation increased with age (*n* = 6, *k* = 6, *B* = 0.010, 95% CI [0.000; -0.095], *p* = 0.040). No moderation effects of mean age, percentage of males, sample size, or study quality were found on the associations between overall or any subtype of CM and self-esteem, self-efficacy or well-being.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome/Exposure** | **Moderators** | **n *(k)*** | ***B*** | **SE** | **95% CI** | ***Z-*value** | ***p-*value** |
| **Global/trait resilience** |  |  |  |  |  |  |  |
| **Overall CM** | Mean age | 26 (*26*) | -0.005 | 0.003 | -0.002; 0.001 | -1.64 | 0.100 |
| Sex (% male) | 26 (*26*) | -0.006 | 0.001 | -0.002; 0.001 | -0.82 | 0.410 |
| Sample size | 26 (*26*) | -0.000 | 0.000 | -0.001; 0.000 | -0.32 | 0.746 |
| Study quality (NOS rating) | 26 (*26*) | 0.042 | 0.026 | -0.009; 0.093 | 1.63 | 0.103 |
| **Emotional abuse** | Mean age | 14 *(14)* | -0.009 | 0.006 | -0.021; 0.002 | -1.64 | 0.100 |
| Sex (% male) | 14 *(14)* | 0.002 | 0.002 | -0.001; 0.005 | 1.11 | 0.269 |
| Sample size | 14 *(14)* | -0.001 | 0.000 | -0.001; 0.000 | -0.41 | 0.678 |
| Study quality (NOS rating) | 14 *(14)* | 0.086 | 0.047 | -0.007; 0.178 | 1.81 | 0.697 |
| **Physical abuse** | Mean age | 13 *(13)* | -0.007 | 0.006 | -0.019; 0.005 | -1.20 | 0.231 |
| Sex (% male) | 13 *(13)* | -0.001 | 0.002 | -0.002; 0.005 | 0.73 | 0.464 |
| Sample size | 13 *(13)* | 0.002 | 0.003 | -0.000; -0.001 | 0.60 | 0.549 |
| Study quality (NOS rating) | 13 *(13)* | 0.037 | 0.063 | -0.086; 0.159 | 0.59 | 0.556 |
| **Sexual abuse** | Mean age | 12 *(12)* | -0.006 | 0.004 | -0.014; 0.002 | -1.49 | 0.137 |
| Sex (% male) | 12 *(12)* | 0.001 | 0.001 | -0.001; 0.004 | 1.14 | 0.255 |
| **Sample size** | **12 *(12)*** | **-0.000** | **0.001** | **-0.001; -0.000** | **-2.37** | **0.018** |
| **Study quality (NOS rating)** | **12 *(12)*** | **0.161** | **0.045** | **0.073; 0.249** | **3.59** | **<0.001** |
| **Emotional neglect** | Mean age | 12 *(12)* | -0.005 | 0.016 | -0.006; 0.005 | -1.07 | 0.283 |
| Sex (% male) | 12 *(12)* | -0.001 | 0.002 | -0.004; 0.003 | -0.43 | 0.669 |
| Sample size | 12 *(12)* | 0.000 | 0.000 | -0.000; 0.007 | 1.25 | 0.209 |
| Study quality (NOS rating) | 12 *(12)* | -0.017 | 0.061 | -0.137; 0.103 | -0.28 | 0.779 |
| **Physical neglect** | Mean age | 11 *(11)* | 0.004 | 0.008 | -0.016; 0.016 | 0.04 | 0.966 |
| Sex (% male) | 11 *(11)* | 0.002 | 0.002 | -0.004; 0.004 | 0.09 | 0.093 |
| Sample size | 11 *(11)* | 0.000 | 0.000 | -0.000; 0.000 | 0.94 | 0.346 |
| Study quality (NOS rating) | 11 *(11)* | 0.003 | 0.794 | -0.153; 0.159 | 0.04 | 0.970 |
| **Coping** |  |  |  |  |  |  |  |
| **Overall CM** | **Mean age** | **7 *(7)*** | **-0.001** | **0.000** | **-0.000; -0.000** | **-3.01** | **0.003** |
| Sex (% male) | 7 *(7)* | 0.007 | 0.001 | -0.000; 0.002 | 1.46 | 0.146 |
| **Sample size** | **7 *(7)*** | **0.001** | **0.000** | **0.000; 0.001** | **5.42** | **0.000** |
| **Study quality (NOS rating)** | **7 *(7)*** | **-0.091** | **0.037** | **-0.164; -0.018** | **-2.45** | **0.014** |
| **Physical abuse** | **Mean age** | **5 *(5)*** | **-0.000** | **0.000** | **-0.000; -0.000** | **-3.15** | **0.002** |
| Sex (% male) | 5 *(5)* | 0.003 | 0.002 | -0.001; 0.008 | 1.36 | 0.173 |
| Sample size | 5 *(5)* | 0.000 | 0.000 | -0.001; 0.001 | 0.25 | 0.806 |
| Study quality (NOS rating) | 5 *(5)* | 0.082 | 0.087 | -0.089; 0.025 | 0.94 | 0.348 |
| **Sexual abuse** | Mean age | 7 *(7)* | -0.000 | 0.000 | -0.000; 0.000 | -0.21 | 0.834 |
| Sex (% male) | 7 *(7)* | 0.001 | 0.004 | -0.007; 0.009 | 0.32 | 0.751 |
| Sample size | 7 *(7)* | -0.000 | 0.000 | -0.002; 0.001 | -0.36 | 0.719 |
| Study quality (NOS rating) | 7 *(7)* | -0.053 | 0.199 | -0.443; 0.336 | -0.27 | 0.789 |
| **Self-esteem** |  |  |  |  |  |  |  |
| **Overall CM** | Mean age | 25 *(25)* | 0.001 | 0.003 | -0.006; 0.007 | 0.25 | 0.805 |
| Sex (% male) | 25 *(25)* | 0.001 | 0.001 | -0.002; 0.003 | 0.51 | 0.612 |
| Sample size | 25 *(25)* | -0.000 | 0.000 | -0.000; 0.000 | -0.76 | 0.449 |
| Study quality (NOS rating) | 25 *(25)* | -0.009 | 0.036 | -0.078; 0.062 | -0.24 | 0.809 |
| **Emotional abuse** | Mean age | 19 *(19)* | 0.005 | 0.003 | -0.001; 0.011 | 1.67 | 0.096 |
| Sex (% male) | 19 *(19)* | -0.001 | 0.002 | -0.004; 0.020 | -0.56 | 0.577 |
| Sample size | 19 *(19)* | -0.000 | 0.000 | -0.001; 0.000 | -0.52 | 0.601 |
| Study quality (NOS rating) | 19 *(19)* | 0.046 | 0.043 | -0.038; -0.131 | 1.08 | 0.282 |
| **Physical abuse** | Mean age | 23 *(23)* | -0.005 | 0.006 | -0.016; 0.007 | -0.81 | 0.419 |
| Sex (% male) | 23 *(23)* | 0.001 | 0.002 | -0.003; 0.006 | 0.55 | 0.582 |
| Sample size | 23 *(23)* | -0.001 | 0.000 | -0.001; 0.000 | -0.36 | 0.717 |
| Study quality (NOS rating) | 23 *(23)* | 0.034 | 0.087 | -0.138; 0.205 | 0.38 | 0.700 |
| **Sexual abuse** | Mean age | 23 *(23)* | -0.002 | 0.003 | -0.008; 0.004 | -0.72 | 0.471 |
| Sex (% male) | 23 *(23)* | 0.000 | 0.001 | -0.002; 0.003 | 0.37 | 0.711 |
| Sample size | 23 *(23)* | -0.000 | 0.000 | -0.000; 0.000 | -0.49 | 0.623 |
| Study quality (NOS rating) | 23 *(23)* | 0.006 | 0.031 | -0.054; 0.067 | 0.21 | 0.837 |
| **Emotional neglect** | Mean age | 16 *(16)* | -0.000 | 0.003 | -0.006; 0.006 | -0.04 | 0.967 |
| Sex (% male) | 16 *(16)* | 0.003 | 0.002 | -0.000; 0.006 | 1.82 | 0.069 |
| Sample size | 16 *(16)* | -0.000 | 0.000 | -0.001; 0.000 | -1.96 | 0.050 |
| Study quality (NOS rating) | 16 *(16)* | -0.026 | 0.451 | -0.114; 0.063 | -0.57 | 0.569 |
| **Physical neglect** | Mean age | 14 *(14)* | -0.004 | 0.007 | -0.017; 0.009 | -0.52 | 0.599 |
| Sex (% male) | 14 *(14)* | 0.003 | 0.004 | -0.007; 0.007 | 0.07 | 0.944 |
| Sample size | 14 *(14)* | -0.000 | 0.001 | -0.001; 0.001 | -0.49 | 0.626 |
|  | Study quality (NOS rating) | 14 *(14)* | 0.026 | 0.124 | -0.217; 0.269 | 0.21 | 0.834 |
| **Bullying** | Mean age | 7 *(7)* | 0.008 | 0.284 | -0.047; 0.064 | 0.29 | 0.774 |
| Sex (% male) | 7 *(7)* | -0.006 | 0.007 | -0.021; 0.009 | -0.79 | 0.431 |
| Sample size | 7 *(7)* | 0.000 | 0.001 | -0.001; 0.001 | 0.23 | 0.822 |
|  | Study quality (NOS rating) | 7 *(7)* | -0.069 | 0.143 | -0.349; 0.210 | -0.49 | 0.625 |
| **Emotion Regulation** |  |  |  |  |  |  |  |
| **Overall CM** | Mean age | 30 *(30)* | -0.002 | 0.004 | -0.009; 0.006 | -0.43 | 0.669 |
| Sex (% male) | 30 *(30)* | -0.001 | 0.001 | -0.003; 0.001 | -0.87 | 0.384 |
| Sample size | 30 *(30)* | 0.000 | 0.000 | -0.000; 0.000 | 0.66 | 0.510 |
| Study quality (NOS rating) | 30 *(30)* | -0.012 | 0.020 | -0.052; 0.281 | -0.58 | 0.560 |
| **Emotional abuse** | Mean age | 32 *(32)* | -0.001 | 0.003 | -0.007; 0.005 | -0.36 | 0.719 |
| Sex (% male) | 32 *(32)* | 0.003 | 0.002 | -0.008; 0.006 | 1.49 | 0.135 |
| Sample size | 32 *(32)* | -0.000 | 0.000 | -0.000; 0.000 | -0.08 | 0.938 |
| Study quality (NOS rating) | 32 *(32)* | -0.022 | 0.018 | -0.057; 0.014 | -1.20 | 0.229 |
| **Physical abuse** | Mean age | 27 *(27)* | -0.002 | 0.003 | -0.008; 0.003 | -0.85 | 0.394 |
| Sex (% male) | 27 *(27)* | -0.000 | 0.001 | -0.003; 0.002 | -0.20 | 0.839 |
| Sample size | 27 *(27)* | 0.000 | 0.000 | -0.000; 0.001 | 0.67 | 0.505 |
| Study quality (NOS rating) | 27 *(27)* | -0.015 | 0.016 | -0.046; 0.016 | -0.95 | 0.343 |
| **Sexual abuse** | Mean age | 33 *(33)* | -0.002 | 0.003 | -0.007; 0.004 | -0.58 | 0.565 |
|  | Sex (% male) | 33 *(33)* | -0.000 | 0.001 | -0.002; 0.002 | -0.00 | 0.997 |
|  | Sample size | 33 *(33)* | 0.000 | 0.000 | -0.000; 0.001 | 0.35 | 0.729 |
|  | **Study quality (NOS rating)** | **33 *(33)*** | **-0.034** | **0.015** | **-0.063; 0.005** | **-2.31** | **0.021** |
| **Emotional neglect** | **Mean age** | **20 *(20)*** | **0.014** | **0.005** | **0.005; 0.022** | **3.06** | **0.002** |
|  | Sex (% male) | 20 *(20)* | 0.001 | 0.002 | -0.003; 0.006 | 0.58 | 0.560 |
|  | **Sample size** | **20 *(20)*** | **0.000** | **0.000** | **0.000; 0.000** | **2.97** | **0.003** |
|  | Study quality (NOS rating) | 20 *(20)* | -0.010 | 0.025 | -0.059; 0.040 | -0.38 | 0.703 |
| **Physical neglect** | **Mean age** | **6 *(6)*** | **0.010** | **0.005** | **0.000; 0.095** | **2.05** | **0.040** |
|  | Sex (% male) | 6 *(6)* | -0.005 | 0.008 | -0.020; 0.011 | -0.61 | 0.545 |
|  | Sample size | 6 *(6)* | 0.000 | 0.000 | -0.000; 0.000 | 1.87 | 0.062 |
|  | Study quality (NOS rating) | 6 *(6)* | -0.019 | 0.025 | -0.067; 0.031 | -0.74 | 0.460 |
| **Self-efficacy** |  |  |  |  |  |  |  |
| **Overall CM** | Mean age | 6 *(6)* | 0.010 | 0.217 | -0.033; 0.053 | 0.46 | 0.646 |
| Sex (% male) | 6 *(6)* | -0.003 | 0.009 | -0.021; 0.014 | -0.36 | 0.717 |
| Sample size | 6 *(6)* | 0.000 | 0.000 | -0.001; 0.001 | 0.14 | 0.887 |
| Study quality (NOS rating) | 6 *(6)* | 0.155 | 0.083 | -0.008; 0.319 | 1.86 | 0.063 |
| **Emotional abuse** | Mean age | 6 *(6)* | -0.001 | 0.014 | -0.034; 0.021 | -0.47 | 0.635 |
| Sex (% male) | 6 *(6)* | -0.003 | 0.002 | -0.008; 0.002 | -1.36 | 0.174 |
| Sample size | 6 *(6)* | 0.000 | 0.000 | -0.000; 0.001 | 0.83 | 0.409 |
| Study quality (NOS rating) | 6 *(6)* | 0.043 | 0.100 | -0.153; 0.239 | 0.43 | 0.668 |
| **Physical abuse** | Mean age | 6 *(6)* | -0.001 | 0.015 | -0.040; 0.018 | -0.76 | 0.447 |
| Sex (% male) | 6 *(6)* | -0.005 | 0.002 | -0.009; 0.000 | -1.86 | 0.063 |
| Sample size | 6 *(6)* | 0.000 | 0.000 | -0.000; 0.001 | 0.39 | 0.696 |
| Study quality (NOS rating) | 6 *(6)* | 0.003 | 0.111 | -0.215; 0.220 | 0.02 | 0.981 |
| **Sexual abuse**  | Mean age | 5 *(5)* | -0.002 | 0.008 | -0.017; 0.013 | -0.23 | 0.817 |
|  | Sex (% male) | 5 *(5)* | -0.001 | 0.002 | -0.005; 0.002 | -0.76 | 0.445 |
|  | Sample size | 5 *(5)* | -0.000 | 0.000 | -0.000; 0.000 | -0.18 | 0.855 |
|  | Study quality (NOS rating) | 5 *(5)* | 0.034 | 0.054 | -0.071; 0.139 | 0.64 | 0.522 |
| **Emotional neglect** | Mean age | 5 *(5)* | -0.001 | 0.019 | -0.039; -0.037 | -0.06 | 0.949 |
|  | Sex (% male) | 5 *(5)* | -0.002 | 0.004 | -0.011; 0.005 | -0.63 | 0.529 |
|  | Sample size | 5 *(5)* | 0.001 | 0.000 | -0.000; 0.001 | 0.48 | 0.631 |
|  | Study quality (NOS rating) | 5 *(5)* | 0.132 | 0.110 | -0.084; 0.348 | 1.20 | 0.232 |
| **Physical neglect** | Mean age | 5 *(5)* | -0.002 | 0.016 | -0.032; 0.028 | -0.14 | 0.893 |
|  | Sex (% male) | 5 *(5)* | -0.001 | 0.003 | -0.007; 0.006 | -0.16 | 0.869 |
|  | Sample size | 5 *(5)* | 0.000 | 0.000 | -0.000; 0.001 | 0.31 | 0.755 |
|  | Study quality (NOS rating) | 5 *(5)* | 0.146 | 0.069 | 0.010; 0.282 | 2.11 | 0.035 |
| **Well-being** |  |  |  |  |  |  |  |
| **Overall CM** | Mean age | 16 *(16)* | -0.007 | 0.006 | -0.019; 0.005 | -1.21 | 0.225 |
| Sex (% male) | 16 *(16)* | 0.002 | 0.002 | -0.002; 0.067 | 0.98 | 0.328 |
| Sample size | 16 *(16)* | 0.000 | 0.000 | -0.000; 0.000 | 1.82 | 0.069 |
| Study quality (NOS rating) | 16 *(16)* | -0.137 | 0.028 | -0.068; 0.040 | -0.50 | 0.619 |
| **Emotional abuse** | Mean age | 11 *(11)* | -0.002 | 0.005 | -0.012; 0.008 | -0.34 | 0.735 |
| Sex (% male) | 11 *(11)* | 0.002 | 0.004 | -0.006; 0.011 | 0.52 | 0.604 |
| Sample size | 11 *(11)* | 0.000 | 0.000 | -0.000; 0.000 | 0.67 | 0.505 |
| Study quality (NOS rating) | 11 *(11)* | 0.029 | 0.037 | -0.043; 0.101 | 0.79 | 0.427 |
| **Physical abuse** | Mean age | 5 *(5)* | -0.002 | 0.001 | -0.005; 0.001 | -1.29 | 0.197 |
| Sex (% male) | 5 *(5)* | -0.002 | 0.003 | -0.007; 0.004 | -0.63 | 0.531 |
| Sample size | 5 *(5)* | -0.000 | 0.000 | -0.000; 0.000 | -0.90 | 0.366 |
| Study quality (NOS rating) | 5 *(5)* | 0.009 | 0.012 | -0.014; 0.034 | 0.81 | 0.418 |
| **Emotional neglect** | Mean age | 5 *(5)* | -0.000 | 0.002 | -0.005; 0.005 | -0.05 | 0.964 |
|  | Sex (% male) | 5 *(5)* | -0.001 | 0.003 | -0.005; 0.004 | -0.22 | 0.825 |
|  | Sample size | 5 *(5)* | -0.000 | 0.000 | -0.000; 0.000 | -1.35 | 0.178 |
|  | Study quality (NOS rating) | 5 *(5)* | -0.000 | 0.026 | -0.052; 0.051 | -0.01 | 0.991 |

***Note.***As a general rule, estimates of heterogeneity based on less than 10 studies are not likely to be reliable (Borenstein, 2022, 2024; Borenstein et al., 2017).

# SF3. Subgroup analyses for associations between CM and resilience in adulthood

Subgroup analyses for associations between CM and resilience in adulthood were conducted by overall CM and subtypes. The following variables were explored as potential moderating (categorical) variables: 1) western *vs.* non-western countries; 2) clinical vs. non-clinical samples.

***Global/trait resilience:*** No differences were found in the association between overall or any subtype of CM and global/trait resilience in western *vs.* non-western countries, or in samples with mental disorders *vs.* without mental disorders.

***Resilience domains:*** The association between emotional abuse and emotion regulation was higher in western countries (*n* = 21, *r* = -0.321, [-0.364; -0.277]) *vs.* non-western countries (*n* = 16, *r* = -0.215, [-0.282; -0.1545), *p* = 0.010 (see figure a). The association between emotional abuse and self-esteem was lower in western countries (*n* = 9, *r* = -0.213, [-0.321; -0.098]) *vs.* non-western countries (*n* = 15, *r* = -0.352, [-0.407; -0.296]), *p* = 0.025 (see figure b).

No differences were found in the association between overall or any subtype of CM and any resilience domains in clinical vs. non-clinical samples.

**a.**



**b.**



***Note***. 1 = western country; 2 = non-western country.

# SF4. One-study-removed sensitivity analyses

To further assess possible causes of heterogeneity and robustness of findings, one-study-removed sensitivity analyses (Borenstein et al., 2022) were conducted. Removal of single effect sizes did not change the patterns of results with a few exceptions:

For the association between sexual abuse and coping, the removal of Lacelle et al. (*r =* -0.081 [95% CI = -0.134, -0.027], *p* = 0.003) led to a significant negative association, which was not observed with the inclusion of this study.

For the association between physical abuse and self-esteem, the removal of Babad et al. (*r =* -0.118 [95% CI = -0.224, -0.008], *p* = 0.035), or Toker et al.(*r =* -0.157 [95% CI = -0.222, -0.090], *p* = 0.028) led to a significant negative association, which was not observed with the inclusion of these studies. For the association between physical neglect and self-esteem, the removal of Zhou & Li (*r =* -0.183 [95% CI = -0.255, -0.110], *p* < 0.001) led to a significant negative association, which was not observed with the inclusion of this study.

For the association between overall CM and self-efficacy, the removal of Güler et al. (*r =* -0.300 [95% CI = -0.588, -0.035], *p* = 0.030), Li et al. (*r =* -0.256 [95% CI = -0.509, 0.038], *p* = 0.087), See Mey et al. (*r =* -0.239 [95% CI = -0.494, 0.055], *p* = 0.110), and Wu et al. (*r =* -0.313 [95% CI = -0.603, 0.051], *p* = 0.091), resulted in the previous significant negative association becoming not significant. For the association between physical abuse and self-efficacy, the removal of Güler et al. (*r =* -0.300 [95% CI = -0.588, -0.035], *p* = 0.030), Li et al. (*r =* -0.256 [95% CI = -0.509, 0.038], *p* = 0.087), See Mey et al. (*r =* -0.239 [95% CI = -0.494, 0.055], *p* = 0.110), and Wu et al. (*r =* -0.313 [95% CI = -0.603, 0.051], *p* = 0.091), led to a non-significant association, which was significant (negative) with the inclusion of these studies. For the association between sexual abuse and self-efficacy, the removal of See Mey et al. (*r =* -0.063 [95% CI = -0.157, 0.031], *p* = 0.187), and Wu et al. (*r =* -0.068 [95% CI = -0.177, 0.041], *p* = 0.222) led to non-significant association, which was significant (negative) with the inclusion of these studies. For the association between physical neglect and self-efficacy, the removal of Güler et al. (*r =* -0.151 [95% CI = -0.301, 0.006], *p* < 0.059), See Mey et al. (*r =* -0.185 [95% CI = -0.361, 0.003], *p* = 0.054), and Wu et al. (*r =* -0.198 [95% CI = -0.406, 0.028], *p* = 0.085) led to non-significant association, which was significant (negative) with the inclusion of these studies.

# SF5. Funnel plots for associations between CM and resilience in adulthood

**I. Global trait/resilience**













***Note.*** The funnel plots investigating publication bias for the association between CM and global/trait resilience are displayed in this order: overall CM, emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect. The plot observed is represented in blue and the plot imputed is represented in red.

**II. Resilience domains**

**Coping**

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***Note.*** Funnel plot investigating publication bias for the association between overall CM and coping. The plot observed is represented in blue and the plot imputed is represented in red.

**Self-esteem**



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***Note.*** Funnel plots investigating publication bias for the association between CM and self-esteem displayed in order: overall CM, emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect. The plot observed is represented in blue and the plot imputed is represented in red.

**Emotion Regulation**

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***Note.*** Funnel plots investigating publication bias for the association between CM and emotion regulation displayed in order: overall CM, emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect. The plot observed is represented in blue and the plot imputed is represented in red.

**Well-being**

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***Note.*** Funnel plots investigating publication bias for the association between CM and well-being displayed in order: overall CM, emotional abuse. The plot observed is represented in blue and the plot imputed is represented in red.

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