**SUPPLEMENTARY MATERIAL**

**Appendix 1. *Search strategy***

To get maximum number of relevant citations, we used the following search strings: ‘child’ AND (depress\* OR anxiet\* OR phobi\* OR panic OR PTSD OR post-trauma\* OR posttrauma\* OR OCD OR obsessive\* OR agraphobi\*) AND (abus\* OR maltreat\* OR neglect OR abandon\* OR illtreat\* OR ill-treat\* OR mal-treat\* OR advers\* OR trauma\* OR ACE\*) as the keywords for study retrieval.

**Appendix 2. *References for the selected studies***

Brown J, Cohen P, Johnson JG, Smailes EM (1999). Childhood abuse and neglect: specificity of effects on adolescent and young adult depression and suicidality. *Journal of American Academy of Child and Adolescent Psychiatry* 38, 1490–1496.

Cutajar MC, Mullen PE, Ogloff JRP, Thomas SD (2010). Psychopathology in a large cohort of sexually abused children followed up to 43 years. *Child Abuse and Neglect* 34, 813–822.

Cutuli JJ, Ranby KL, Cicchetti D, Englund MM, Egeland B (2013). Contributions of maltreatment and serotonin transporter genotype to depression in childhood, adolescence, and early adulthood. *Journal of Affective Disorders* 149, 30–37.

Danese A, Moffitt TE, Harrington HL, Milne BJ, Polanczyk G, Pariante CM, Poulton R, Caspi A (2009). Adverse childhood experiences and adult risk factors for age-related disease: depression, inflammation, and clustering of metabolic risk markers. *Archives of Pediatrics and Adolescent Medicine* 163, 1135–1143.

Scott KM, McLaughlin KA, Smith DAR, Ellis PM (2012). Childhood maltreatment and DSM-IV adult mental disorders: comparison of prospective and retrospective findings. *British Journal of Psychiatry* 200, 469–475.

Spataro J, Mullen PE, Burgess PM, Wells DL, Moss SA (2004). Impact of child sexual abuse on mental health. *British Journal of Psychiatry* 184, 416–412.

Widom CS (1999). Posttraumatic Stress Disorder in abused and neglected children grown up. *American Journal of Psychiatry* 156, 1223–1229.

Widom CS, DuMont K, Czaja SJ (2007). A prospective investigation of major depressive disorder and comorbidity in abused and neglected children grown up. *Archives of General Psychiatry* 64, 49–56.

**Appendix 3. *Assessment of studies quality characteristics***

| First-named author | Year | Represen-tativenessa | Selection of controlb | Ascertainment of exposure to child abusec | Assessment of exposured | Assessment of outcomee | Temporalityf | Adequacy of follow-up of cohorts or response rateg | Was follow-up long enoughi | Appropriate analysisj | Appropriate confounding controlj | Total |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cutuli | 2013 | 0 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 7 |
| Cutajar | 2010 | 1 | 1 | 0 | 2 | 1 | 1 | 1 | 1 | 1 | 0 | 9 |
| Widom | 1999 | 1 | 1 | 1 | 2 | 1 | 0 | 1 | 1 | 1 | 1 | 10 |
| Scott | 2012 | 1 | 1 | 0 | 2 | 1 | 0 | 1 | 1 | 1 | 0 | 8 |
| Widom | 2007 | 1 | 1 | 0 | 2 | 1 | 0 | 1 | 1 | 1 | 1 | 9 |
| Spataro | 2004 | 1 | 1 | 0 | 2 | 1 | 0 | 1 | 1 | 1 | 1 | 9 |
| Brown | 1999 | 1 | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 8 |
| Danese | 2009 | 1 | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 8 |

aRepresentativeness of the population: population-based representative=1; Not representative, selected group, volunteers, or no description=0.

bSelection of the non-exposed cohort/control: drawn from the same population=1; drawn from a different source or no description=0.

cAssertainment of exposure to child abuse: data on child abuse collected prospectively, or collected retrospectively although the official reports were generated in real time= 1; data on child abuse collected retrospectively=0.

dAssessment of exposure: all cases from secure official record (court-substantiated abuse)=2; cases partially from secure official record=1; self-reported or structured interview or self-administered questionnaire or no description=0.

eAssessment of outcome: use of structured clinical interview for DSM-III/IV (DIS, DISC, CIDI)=1; questions from published health surveys/screening instruments, own system, symptoms described, no system, not specified, or self-reported=0.

fDemonstration that outcome of interest was not present at start of study: yes=1; no=0.

gAdequacy of follow-up of cohorts or response rate: completeness good (≧80%), with description of those lost to follow-up = 1; completeness poor (<80%) or no statement=0.

hWas follow-up long enough for outcomes to occur: yes=1; no=0.

iAppropriate statistical analysis: yes=1; no=0.

jAppropriate methods to control confounding: yes (multivariable adjusted OR including SES, education, or family dysfunction in models)=1; no (univariate analysis or controls for age/sex only)=0.

CIDI, Composite International Diagnostic Interview; DIS, Diagnostic Interview Schedule; DISC, Diagnostic Interview Schedule for Children; SES, socioeconomic status.

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