

**Title: Are psychiatric nurses sufficiently informed about the repercussions of childhood maltreatment ?**

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Recently, Dr Crowe and Dr Porter highlighted in the *Journal of Psychiatric and Mental Health Nursing* the importance of translating research evidence into mental health nursing practice (Crowe & Porter, 2019). We think that this would be particularly important with regard to what is currently considered the most important preventable cause of psychopathology: child maltreatment (Berthelot, Lemieux, & Maziade, 2019). However, to date, only a paucity of studies on child abuse and neglect are reporting on preventive or therapeutic strategies that provide a response to the high prevalence of childhood maltreatment in populations worldwide (Berthelot et al., 2019). Furthermore, current preventive programs in primary care would have limited efficacy in terms of numerous outcomes (Viswanathan et al., 2018) and more powerful multimodal interventions are required to alleviate the adverse effects of trauma in children and adults having been formerly exposed to childhood trauma (Shonkoff, 2016).

With a practice rooted in health promotion and prevention of mental health problems in high-risk populations, mental health nurses can play a critical role in preventing this major public health problem and in helping children and adults, exposed to childhood maltreatment, develop resilience. Nevertheless, we consider that this issue does not receive the attention it deserves from scientists in this discipline.

Our standpoint is based on two contradictory facts. First, the scientific attention dedicated to child abuse and neglect has been constantly growing since 1980 and we observed a threefold increased rate of publications on the topic in academic journals over the past two decades (blinded for peer-review). This makes perfect sense considering that childhood trauma has been strongly associated with psychiatric disorders and their neurodevelopmental determinants (Green, McLaughlin, Berglund, Gruber, Sampson,

Zaslavsky, & Kessler, 2010). Second, paradoxically, whereas the number of publications on child abuse and neglect in the disciplines of medicine and psychiatry showed a continuous increase over the past 40 years, the rate of publications on this major public health issue in nursing and psychiatric nursing journals remained constantly low. Accordingly, psychiatric nurses remain poorly confident about how to respond properly to trauma survivors (van der Zalm, Nugteren, Hafsteinsdottir, van der Venne, Kool, & van Meijel, 2015).

After decades of research on child abuse and neglect led by scientists in social sciences, a growing body of evidence emerging from biology and health sciences shows that childhood traumas get embedded in stress-regulating systems and immune systems, which would contribute to the emergence of not only psychiatric disorders but also physical illnesses (Shonkoff, 2016). Therefore, the science of child abuse and neglect can no longer be seen as a “social science” and definitely concerns mental health nurses and scientists in the field of nursing. Indeed, childhood maltreatment is associated with a higher use of health care services (Cannon, Bonomi, Anderson, Rivara, & Thompson, 2010) and patients exposed to childhood trauma usually display more complex and resistant mental health disorders (Teicher & Samson, 2013). Establishing a therapeutic alliance with people exposed to severe interpersonal traumas is understandably more complicated, some interventions possibly triggering posttraumatic reactions, and patients with and without a history of childhood maltreatment would respond differently to psychosocial and pharmacological treatments (Teicher & Samson, 2013). Consequently, the phenomenon of child maltreatment cannot be neglected anymore by nursing sciences.

Survivors of childhood maltreatment represent at least a third of the patients in health care services (Afifi, MacMillan, Boyle, Tailleu, Cheung, & Sareen, 2014). Considering the long known relation between trauma and major psychiatric disorders, the prevalence of trauma in psychiatric services is probably much higher. Mental health nurses are therefore constantly interacting with people exposed to child abuse or neglect. We argue that academics and scientific journals in nursing sciences have the duty to provide relevant research results to mental health nurses to sustain their ability to recognize the subtle manifestations of trauma in patients and to respond to traumatized children and adults in a way that would support resilience. We also believe that academics should fervently advocate that their research results get integrated into the mental health nurses' training curriculum. Mental health nurses could play a pivotal role in raising the awareness of the population, health care providers and public agencies concerning the influence of trauma on health. They could also contribute to developing, implementing and assessing innovative interventions for trauma-exposed populations. For instance, it is well known that child maltreatment has intergenerational repercussions but very few parental interventions currently exist to interrupt these risk trajectories (Berthelot, Lemieux, & Lacharité, 2018). Since trauma is frequent in adults suffering from a psychiatric disorder, mental health nurses are regularly practicing with parents who have been exposed to childhood traumas. They could certainly be pioneers in responding to the public health issue of the intergenerational transmission of traumas by developing and offering innovative programs that would strengthen coping strategies among survivors of child maltreatment and contribute to mitigating the adverse effects

that childhood traumas may still be exerting on their well-being and that of their entourage.

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