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# ASSESSMENT FOR CHILD ABUSE: A SCOPING REVIEW OF CURRENT PRACTICES AND NEEDS

Farhana Nabila Fakaruddin[1], Azmawaty Mohamad Nor[1]*, Nursyuhaidah Mohd Kadri[1], Tan Yi Chin[2], & Samiljeet Khan Adam Malik[2]

**ABSTRACT**

Child abuse remains a critical global concern with increasing attention given to risks within childcare settings. However, limited evidence exists regarding the suitability of current assessment tools in identifying mental health-related risk factors for child abuse, particularly among childcare workers. This study aimed to map existing assessment tools used to evaluate child abuse risk and examine how mental health and well-being are operationalised within these measures. A scoping review was conducted following the PRISMA-ScR guidelines and guided by the Arksey and O'Malley framework. Four primary databases (Scopus, PubMed, ERIC, and PsycINFO) and supplementary sources were searched, yielding 12 studies for inclusion in the final synthesis. Data were analysed to identify assessment tools and categorised into five outcome domains: well-being, cognitive/emotional, behavioural, interpersonal/social, and child abuse. The findings indicate that assessment practices are largely dominated by a limited range of instruments, particularly the Brief Child Abuse Potential Inventory (BCAP). Mental health is primarily measured through psychological constructs such as stress, anxiety, and depression, while behavioural and interpersonal dimensions are less consistently assessed. Furthermore, most tools are developed within parent-based contexts, with limited applicability to professional childcare workers. This review highlights a significant gap in context-specific assessment approaches and underscores the need for more comprehensive and adaptable tools that integrate psychological, behavioural, and contextual factors. Future research should focus on developing and validating assessment frameworks tailored to childcare settings to support early risk identification and promote safer caregiving environments.

***Keywords:*** *Child abuse, assessment tools, mental health, childcare workers, scoping review.*


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**[1]Department of Educational Psychology and Counselling, Faculty of Education, Universiti Malaya**

**[2]Raffles College Kuala Lumpur**

**Corresponding Author:**
*azy_mn@um.edu.my*

## INTRODUCTION

Child abuse continues to be a pervasive and alarming issue globally, manifesting through a range of harmful behaviours inflicted by caregivers or trusted individuals upon children. This multifaceted problem not only violates children's rights but also leaves enduring psychological, emotional, and physical impacts, underscoring the need for effective prevention and intervention strategies (UNICEF, 2024). According to the American Psychological Association (2018), child abuse encompasses various forms, including physical abuse, sexual exploitation, emotional maltreatment, and neglect. In Malaysia, statistics reported by the Ministry of Women, Family, and Community Development indicate that 18,750 cases of child abuse were recorded between 2020 and 2022, reflecting a concerning prevalence that requires continuous attention. Within childcare settings, the issue becomes particularly critical, with 310 reported cases involving babysitters in 2022 alone, highlighting the vulnerability of children under non-parental care.

Despite increasing awareness, recent global reports indicate that cases involving childcare and institutional caregiving environments remain a growing concern. These cases raise important questions regarding the adequacy of existing screening, monitoring, and preventive strategies in such settings (World Health Organization [WHO], 2023). In professional childcare environments, caregivers are responsible not only for basic care but also for children's emotional safety and developmental well-being. This places significant demands on their psychological functioning and highlights the importance of identifying potential risk factors early, particularly those that may influence caregiving behaviour in subtle and cumulative ways.

The mental health of childcare providers has increasingly been recognised as a critical factor influencing caregiving quality and child safety. Previous studies have shown that stress, emotional exhaustion, and burnout can affect caregivers' ability to respond appropriately to children's needs (Cecho et al., 2019; Karlsson, 2023; Minichil et al., 2019). More recent evidence further suggests that child maltreatment risk is not solely associated with severe or clinical conditions, but may also emerge from prolonged exposure to stress, unmanaged emotional strain, and cumulative psychological burden (Schittek et al., 2023; Spadafora et al., 2022). Additionally, educators experiencing higher levels of depression tend to report more challenging interactions with children, which may compromise the quality of care and responsiveness required in early childhood settings (Silver & Zinsser, 2020).

Child abuse risk has been linked to multiple interrelated factors, including previous exposure to maltreatment, limited social support, substance use, and psychological difficulties such as depression and anxiety (Brown et al., 2020; Liel et al., 2020; Prabhakaran et al., 2020). Personality traits and emotional regulation have also been identified as contributing factors influencing caregiving behaviour (Lee & Sung, 2021; Schittek et al., 2023). In addition, contextual and occupational factors play an important role. Childcare workers often face demanding work conditions, including high workloads, limited resources, and insufficient institutional support, all of which can contribute to emotional strain and psychological distress (Karlsson, 2023; OECD, 2022). These pressures may influence caregiving practices in ways that are not always immediately observable yet increase the risk of inappropriate or harmful responses toward children.

In terms of assessment, existing tools such as the Child Abuse Potential Inventory (CAPI) and its brief version (BCAP) are widely used to estimate the likelihood of abusive behaviour. These tools incorporate dimensions such as distress, rigidity, and interpersonal difficulties, and have

demonstrated utility in various contexts (Liel et al., 2019; Lee & Sung, 2021). However, most of these instruments were developed within parent-based contexts and may not fully capture the unique characteristics of professional childcare environments. Differences in caregiving roles, organisational structures, and workplace dynamics suggest that risk factors in institutional settings may not be adequately reflected in existing measures (Schols et al., 2019; Zhou & Nanakida, 2023).

Furthermore, current assessment practices tend to emphasise psychological distress while giving less attention to behavioural and contextual indicators of caregiving risk. As a result, assessment of child abuse potential is often inferred indirectly through measures of stress, depression, or anxiety rather than being evaluated through a comprehensive and context-sensitive framework. This limitation highlights the need to examine how mental health, well-being, and related constructs are currently operationalised across different assessment tools and whether these approaches are sufficient to capture the complexity of caregiving risk, particularly among childcare workers.

Given these gaps, there is a clear need to systematically map and synthesise existing assessment approaches related to child abuse risk and caregiver mental health. A scoping review is particularly suitable for this purpose, as it enables the identification of diverse assessment tools, conceptual domains, and research gaps within a broad and multidisciplinary body of literature (Peters et al., 2020; Tricco et al., 2018). More importantly, such an approach provides a structured foundation for evaluating whether current assessment practices are adequate to inform safer recruitment, screening, and monitoring strategies in childcare settings.

**METHOD**

This study employed a scoping review methodology to map and synthesize assessment tools used to evaluate mental health-related risk factors associated with child abuse. A scoping approach was selected due to the heterogeneous nature of assessment practices in this field, which span diverse constructs, outcome domains, and target populations. Rather than examining intervention effectiveness, this review aimed to identify and categorize existing assessment instruments, examine how mental health and related constructs are operationalized and highlight gaps in their applicability, particularly in relation to childcare workers. Scoping reviews are well suited to exploring fragmented and multidisciplinary literature where conceptual boundaries remain unclear (Arksey & O'Malley, 2005; Peterson et al., 2017; Tricco et al., 2018).

The review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines (Tricco et al., 2018) to ensure transparent and reproducible reporting of the search strategy, study selection, and data charting processes. In addition, the methodological framework proposed by Arksey and O'Malley (2005) guided the review through the following stages:

1. Identifying the research questions;
2. Identifying relevant studies;
3. Study selection;
4. Charting the data; and
5. Collating, summarising, and reporting the results.

The optional sixth stage (consultation with stakeholders) was not incorporated in this review, as the study focused on mapping existing literature rather than incorporating external validation. This is acknowledged as a limitation, and future studies may incorporate stakeholder consultation to

enhance the practical relevance and applicability of the findings. As this study involved analysis of published literature only, ethical approval was not required.

***Conceptual Framework and Research Question***

In accordance with scoping review best practices, the Population-Concept-Context (PCC) framework was used to guide the formulation of the research questions and eligibility criteria (Peters et al., 2020).

***Population***

Caregivers, including parents, guardians, and professional childcare workers (e.g., day care workers and early childhood educators) responsible for children aged 0-18 years, were included. Studies involving either caregiver self-report or proxy reporting on children's experiences were considered. Given the limited number of studies specifically targeting childcare workers, a broader caregiver population was included to ensure comprehensive identification of assessment tools, with subsequent analysis focusing on their relevance to professional childcare contexts where children are under non-parental supervision.

***Concept***

Assessment tools and measurement instruments used to evaluate child abuse potential and related mental health factors, including stress, depression, anxiety, and caregiver well-being. This includes both direct measures of child abuse risk (e.g., abuse potential inventories) and indirect indicators captured through psychological or well-being assessments.

***Context***

Caregiving environments, including family settings, childcare centres, early childhood education settings, and other institutional care contexts where children are supervised or cared for.

Using this framework, the primary research question guiding this scoping review was:

What assessment tools are used to evaluate mental health-related risk factors for child abuse among caregivers, and what gaps are evident in their application to childcare workers?

To further address the scope and objectives of the review, the following sub-questions were examined:

1. What assessment tools are currently used to measure mental health, well-being, and related risk factors associated with child abuse among caregivers?
2. Which outcome domains are assessed by existing tools (e.g., well-being, cognitive/emotional, behavioural, and interpersonal), and how are these domains represented across studies?
3. What evidence exists regarding the applicability, limitations, or gaps of these assessment tools when used to assess child abuse risk among childcare workers and early childhood professionals?

***Identification of Relevant Studies***

This scoping review focused on studies published over five years (January 2019 to March 2023). This timeframe was selected to capture contemporary assessment practices and recent developments in assessment tools and caregiver mental health research, ensuring that the findings reflect current practices in the field, particularly in light of recent changes in caregiving practices and post-pandemic

workforce stress. Limiting the search period also helped maintain a focused and methodologically transparent scope. The potential exclusion of earlier foundational studies is acknowledged as a limitation.

A structured search was conducted across four primary indexing databases: Scopus, PubMed, ERIC, and PsycINFO (via EBSCOhost). In addition, publisher platforms (ScienceDirect and Taylor & Francis Online) were searched as supplementary sources to enhance coverage and identify relevant studies. All records were exported into Microsoft Excel, and duplicate entries were removed before screening.

A Boolean search strategy was applied across databases using combinations of the following terms: ("mental health assessment" OR "mental health evaluation" OR "mental health screening" OR "assessment tool" OR "instrument" OR "scale" OR "measure" OR "inventory") AND ("child abuse" OR "child maltreatment" OR "child neglect") AND ("risk factors" OR "indicators" OR "stressors" OR "well-being") AND ("childcare" OR "early childhood education" OR "day care" OR "nursery" OR "preschool").

Search terms were adapted as necessary for each database. Searches were restricted to peer-reviewed journal articles published in English.

***Study Selection and Screening Process***

The study selection process followed a structured screening procedure, as illustrated in the PRISMA flow diagram (Figure 1). All retrieved records were imported into Microsoft Excel, and duplicate entries were removed before screening. Screening was conducted in two stages by two independent reviewers. First, titles and abstracts were independently reviewed by the two reviewers based on predefined eligibility criteria. Second, full-text articles of potentially relevant studies were independently assessed by the same two reviewers for final inclusion. Any discrepancies between reviewers were resolved through discussion, and where consensus could not be reached, a third reviewer made the final decision. Studies were included if they examined mental health, well-being, or psychological factors among caregivers and utilised assessment tools related to child abuse risk. Studies focusing on forms of violence unrelated to child maltreatment (e.g., bullying, peer violence, or gang-related violence) were excluded. Articles published in languages other than English and non-empirical works (e.g., opinion pieces, commentaries, and editorials) were also excluded. Only primary empirical studies were included to avoid duplication and double counting of results; review articles were excluded from the synthesis.

***Data Charting Process and Data Items***

Data were independently charted by two reviewers using a structured Excel spreadsheet in accordance with the guidelines established by Arksey and O'Malley (2005). Any discrepancies were resolved through discussion. The following six data elements were extracted: (1) first author; (2) country of study; (3) study design; (4) sample population; (5) research purpose; and (6) key findings.

***Data Synthesis***

The data extraction process was methodically organized in several stages. Initially, we extracted detailed information from each included study, which encompassed the authors' names, the study's country of origin, the research objectives, the study populations, research design, and findings. Following this, we catalogued the assessment measures used in the 12 studies, along with relevant contextual information regarding the purpose and application of each tool. To address the research sub-questions, we systematically classified the outcome measures across the studies into five distinct domains: (1) Well-Being, (2) Cognitive/Emotional, (3) Behavioural, (4) Interpersonal/Social, and (5)

Child Abuse, with the latter encompassing the outcome domains pertinent to all child abuse assessment tools.

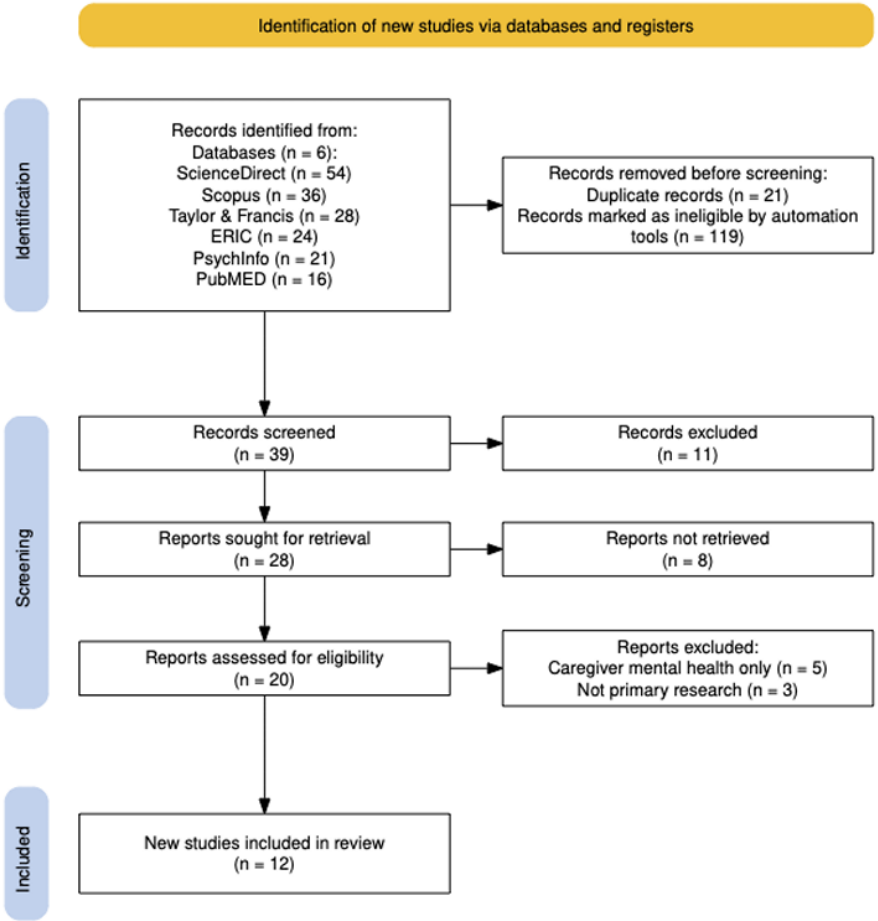
## RESULTS

### *Selection of Source Evidence*

The article selection process is depicted in Figure 1. The search strategy yielded 54 records from ScienceDirect, 36 from Scopus, 28 from Taylor & Francis Online, 24 from ERIC, 21 from PsycINFO (via EBSCOhost), and 16 from PubMed, resulting in a total of 179 records across all sources after the initial search. All records were exported to Microsoft Excel, and duplicates were removed before screening, leaving 39 records for abstract screening. Abstract and title screening were conducted independently by two reviewers based on the predefined eligibility criteria. During this stage, 11 records were excluded for unfulfilling the inclusion criteria. The remaining 28 records proceeded to full-text review. Full-text articles were independently assessed by the same two reviewers, with disagreements resolved through discussion. Following full-text assessment, 16 articles were excluded for unfulfilling the inclusion criteria. Review articles (e.g., systematic and scoping reviews) were also excluded from the synthesis to avoid duplication of findings. Consequently, 12 studies were included in the final synthesis.

**Figure 1**

*PRISMA Flow Diagram of Study Selection*



***Characteristics of Source Evidence***

Table 1 presents a summary of the 12 studies included in this review, outlining key information such as the first author, country of origin, study design, sample population, research purpose, and main findings. The studies were published between 2019 and 2023, reflecting recent research on child abuse risk and caregiver mental health. The included studies were conducted across multiple countries, with the majority from Germany (n=3), followed by the United States (n=3), the Netherlands (n=2), and one study each from Finland, Iran, and South Korea. The sample populations primarily consisted of caregivers, particularly parents, across a range of contexts including community samples, clinical populations, and families involved in child welfare systems. Most studies focused on parents (n=10), while only one study specifically examined childcare providers, highlighting the limited focus on professional caregivers. Sample sizes varied considerably, ranging from small clinical samples to large population-based studies involving several thousand participants.

**Table 1**

*Main Characteristic of Studies*

| Author | Country | Design | Sample | Purpose | Findings |
|---|---|---|---|---|---|
| Brown et al. (2020) | United States | Cross-sectional survey | 183 parents with children under 18. | To examine the relationship between COVID-19 related stress, parental mental health, and child abuse potential. | Higher COVID-19 stress, anxiety, and depression were associated with increased child abuse potential; social support and perceived control reduced risk. |
| Ellonen et al. (2019) | Finland | Quantitative | 453 parents from general population in primary health care and hospital settings. | To evaluate the reliability and validity of the Brief Child Abuse Potential Inventory (BCAP) in a Finnish general population | BCAP demonstrate d acceptable reliability and validity; however, lower scores compared to other countries suggest the need for population-specific cutoff |

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|---|---|---|---|---|---|
| | | | | | values. |
| Lang et al. (2021) | Germany | Cross-Sectional | 197<br><br>caregivers with children under 3 years of age. | To examine the associations between child abuse potential and risk factors among parents | Child abuse potential was associated with parental stress, mental health, and perceptions of the child; multiple risk factors contributed cumulatively |
| Lawson et al. (2020) | United States | Cross-Sectional | 363<br><br>parents of children aged 4-10 years | To examine the impact of parental job loss during COVID-19<br><br>on child maltreatment. | Parental job loss during COVID-19<br><br>was a strong predictor of psychologic al maltreatment and physical abuse.<br><br>Positive cognitive reframing buffered the association between job loss and physical abuse, while parental depression and prior maltreatment history were additional<br><br>significant risk factors. |
| Lee & Sung (2021) | South Korea | | 808<br><br>childcare providers employed at childcare centers | To evaluate the validity and reliability of the BCAP among childcare providers. | BCAP<br><br>demonstrate d good validity and reliability; higher abuse potential was associated with caregiver distress and rigidity. |
| Liel et al. (2019) | Germany | Cross-Sectional | 6,000<br><br>caregivers of toddlers (0-3 | To validate the 6-factor structure of the BCAP among mothers | The six-factor structure was supported for mothers but not for fathers, indicating potential |

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| | | | years); subsample of 394 caregivers (197 primary, 197 secondary) analyzed. | and fathers in Germany | gender differences in the tool's validity |
| Rodriguez & Silvia (2022) | United States | Quantitative (Experimental / psychometric) | 114 mothers (38 child welfare-involved; 76 matched comparison) | To evaluate indirect (analog) and traditional (CAPI) methods for assessing child abuse risk | Indirect analog tasks showed acceptable validity, but differences between high-risk and comparison groups were limited, indicating challenges in distinguishing abuse risk. |
| Schittek et al. (2023) | Netherlan ds | Quantitative | 680 parents | To assess the influence of parental burnout, job burnout, depression, generalized anxiety Disorder (GAD), borderline personality disorder (BPD), sadism, psychopathy, narcissism, and child abuse potential in forecasting violence and neglect toward children. | Most variables, except narcissism, were positively associated with child maltreatment. Parental burnout and borderline personality traits emerged as the strongest predictors of neglect and violence. |

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|---|---|---|---|---|---|
| Schols et al. (2019) | Netherlands | Prospective/longitudinal validation | 1,257 families with newborn children (N = 1,271 infants) | To examine the factor structure and predictive validity of the ERPANS for early identification of child abuse and neglect risk | ERPANS showed partial support for its factor structure and demonstrate d predictive utility. Parental psychological problems and a negative view of the family of origin were key predictors of later child protection involvement and family risk. |

**Table 2**

*Employed Measures and Outcome Domain*

| Study | Child Abuse | Well-Being | Emotion/Cognition | Behaviour | Interpersonal |
|---|---|---|---|---|---|
| Brown et al. (2020) | Brief Child Abuse Potential Inventory (BCAP) | Perceived Stress Scale-10 (PSS-10); Perceived Control Over Stressful Events Scale | Generalized Anxiety Disorder 7 (GAD-7); Centre for Epidemiologic Studies Depression Scale (CESD-R); Cognitive Emotion Regulation Questionnaire Short Form (CERQ-SF) | | PCRI |
| Ellonen et al. (2019) | BCAP | | | | |
| Farnia et al. (2020) | CAP | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Goldberg & Blaauw (2019) | | Manchester Short Assessment of Quality of Life (MANSA) | | Measurements in the Addictions for Triage and Evaluation (MATE) | |
| Lang et al. (2021) | BCAP; Adverse Childhood Experiences (ACE); Juvenile Victimization Questionnaire (JVQ) | PSS-4; Parenting Stress Index (PSI-SF); Survey of Economic and Social Context (SENR) | Patient Health Questionnaire-4 (PHQ-4); CAPI (anger subscale) | | DAS-4 ; Germany Family Panel Pairfam |
| Lawson et al. (2020) | Conflict Tactics Scale Parent Child Version (CTSPC) | | CES-D | Family Crisis Oriented Personal Evaluation Scales (F-COPES) | |
| Lee & Sung (2021) | BCAP-K; Behavior of Child Abuse Questionnaire | | | | Caregiver Interaction Scale (CIS) |
| Liel et al. (2019) | BCAP; JVQ; ACE | PSS-4; SENR | PHQ-D | | Dyadic Adjustment Scale-4 (DAS-4); Pairfam |
| Liel et al. (2020) | JVQ (adapted items) | PSI; PSS-4; Clinical Index of Risk for Child Abuse (KINDEX) | PHQ-4; CAPI (anger subscale) | | DAS-4; Pairfam |

| | | | | |
|---|---|---|---|---|
| Rodriguez & Silvia (2022) | Child Abuse Potential Inventory (CAPI);<br><br>Adult Adolescent Parenting Inventory (AAPI-2);<br><br>Response Analog to Child Compliance Task<br><br>(ReACCT) | | FDS; Implicit Association Test (N-IAT); Plotkin Child Vignettes (PCV) | Parent-Child Aggression Acceptability Movie Task (Parent-CAAM);<br><br>Frustration Intolerance Task (FIT) (Parent-CAAM);<br><br>Frustration Intolerance Task (FIT) |
| Schitek et al. (2023) | BCAP;<br><br>Neglect & Violence Scales | PBA;<br><br>Maslach Burnout Inventory (MBI) | PHQ-9; GAD-7;<br><br>Borderline Evaluation of Severity over Time (BEST);<br><br>Assessment of Sadistic Personality (ASP); Dark Triad | |
| Schols et al. (2019) | Early Risks of Physical Abuse and Neglect Scale<br><br>(ERPANS) | | | |

***Types of Assessment Measures Used to Evaluate Mental health and Well-being***

Across the 12 included studies, a total of 34 distinct measures were identified to assess mental health and well-being among caregivers. These measures were categorized into five outcome domains: (1) well-being, (2) cognitive or emotional, (3) behavioural, (4) interpersonal or social, and (5) child abuse. An overview of the outcome domains and corresponding measures is presented in Table 2. The well-being and cognitive or emotional domains were the most frequently represented. Within the well-being domain, stress-related constructs appeared most commonly. Multiple studies employed more than one stress measure, including the Perceived Stress Scale (PSS) and the Parenting Stress Index (PSI), to capture both general stress and caregiving-specific stress experiences. Within the cognitive or emotional domain, anxiety and depressive symptoms were commonly assessed using standardized screening tools. Frequently used instruments included the Generalized Anxiety Disorder 7, the Patient Health Questionnaire, and the Centre for Epidemiologic Studies Depression Scale. These measures were applied across a range of caregiver populations.

Measures within the behavioural domain appeared less frequently and were largely observed in studies involving specific populations, such as caregivers with substance use disorders or elevated psychopathology. Interpersonal or social measures were used to assess constructs such as family functioning, social support, and parent-child relationships; however, their inclusion was inconsistent across studies.

***Child Abuse Risk Assessment Tool***

Across the included studies, direct assessment of child abuse potential was most frequently conducted using instruments derived from the Child Abuse Potential Inventory framework, including the full CAPI and its brief version, the BCAP. Among these, the BCAP was the most consistently used instrument to estimate the likelihood of abusive behaviour across studies examining abuse risk (Lang et al., 2021; Lee & Sung, 2021; Liel et al., 2019). In addition to CAPI-based measures, the ERPANS was identified in one study as a measure designed for early identification of abuse risk (Schols et al., 2019). One study also employed task-based analogue assessment methods to examine cognitive and behavioural responses associated with abusive tendencies (Rodriguez & Silvia, 2022). Several studies employed instruments such as the Adverse Childhood Experiences questionnaire and the Juvenile Victimization Questionnaire to assess exposure to maltreatment or adversity rather than to estimate perpetration risk directly. In several studies, the BCAP or related measures were administered alongside measures of stress, mental health symptoms, and interpersonal functioning (Lang et al., 2021; Liel et al., 2019; Liel et al., 2020). Aside from studies that used instruments such as the BCAP, CAPI, or ERPANS to directly assess child abuse risk, several studies relied on alternative measures, including the Adverse Childhood Experiences questionnaire, the Juvenile Victimization Questionnaire, and behaviour-based assessments of abusive tendencies. These measures capture exposure to maltreatment or related behaviours rather than directly estimating the likelihood of perpetration, while some studies relied solely on related indicators such as depression, perceived stress, or family environment.

## DISCUSSION

This discussion synthesizes the review findings in relation to the three research questions, focusing on the assessment tools used to evaluate child abuse risk, the outcome domains through which risk is conceptualized, and the applicability of existing approaches to childcare workers. The findings are discussed below in relation to each research question.

***Assessment Tools for Evaluating Child Abuse Risk***

In relation to research question 1, which examines the assessment tools used to evaluate child abuse risk, the findings indicate that the current assessment landscape is constrained and largely dominated by a narrow range of instruments. Across the included studies, direct estimation of abuse potential was predominantly operationalized using the Brief Child Abuse Potential Inventory (BCAP), with relatively limited use of alternative instruments such as the Child Abuse Potential Inventory (CAPI) and the Early Risks of Physical Abuse and Neglect Scale (ERPANS). This concentration suggests that current assessment practices are shaped more by the established status and accessibility of specific tools than by conceptual diversity. The dominance of the BCAP also explains the reliance on self-reported psychological indicators such as distress, anger, and rigidity as primary markers of abuse risk. Although these constructs are empirically linked to maltreatment, their predominance limits the assessment of more context-specific, behavioural, and situational dimensions of abusive caregiving. These limitations are particularly evident in professional or

institutional caregiving environments, where abusive behaviour may not follow the same intrapersonal pathways emphasized in parent-focused tools.

The findings also reveal a conceptual distinction between exposure-based and risk-based assessment approaches. Instruments such as the ACE questionnaire and the JVQ are frequently used to characterize histories of maltreatment or adversity but do not directly estimate the likelihood of perpetrating abuse (Liel et al., 2019; Liel et al., 2020). When such tools are used as proxies for risk, abuse potential is inferred rather than measured, which may reduce conceptual precision in distinguishing between exposure, vulnerability, and active risk of perpetration. The limited presence of instruments designed to incorporate predictive indicators or prospective risk factors, such as the ERPANS, further highlights this gap (Schols et al., 2019). Similarly, alternative methodological approaches such as analogue, task-based assessments of cognitive and behavioural tendencies associated with abuse remain marginal within the literature (Rodriguez & Silvia, 2022). These patterns indicate that methodological development in child abuse risk assessment has not kept pace with the recognition of abuse as a multidimensional and context-dependent phenomenon.

Overall, current assessment practices remain heavily reliant on self-report instruments and indirect indicators of risk, limiting the diversity of assessment approaches. Expanding assessment strategies beyond these approaches is necessary to improve the accuracy and applicability of child abuse risk evaluation across diverse caregiving contexts (Schittek et al., 2023; Zhou & Nanakida, 2023).

***Outcome Domains and Conceptualization of Risks***

In relation to research question 2, which focuses on how mental health and well-being are defined and operationalized, the findings demonstrate that these constructs are primarily conceptualized through psychological indicators such as stress, anxiety, and depression. Across the reviewed studies, mental health and well-being were most commonly defined through measures of stress, anxiety, and depression, reflecting a consistent reliance on standardized self-report instruments to index risk (Brown et al., 2020; Lang et al., 2021; Liel et al., 2020). This pattern shows that abuse risk is primarily conceptualized through intrapersonal psychological states rather than through direct assessment of caregiving behaviour or relational functioning.

By contrast, behavioural and interpersonal domains were applied inconsistently and to a much lesser extent. Measures intended to capture parenting behaviour, family interaction, or social functioning appeared sporadically across studies and were not incorporated systematically or comparably (Lang et al., 2021; Liel et al., 2019). As a result, it remains unclear whether these domains are underrepresented in assessment or whether their measurement is fragmented due to the absence of shared operational frameworks. Where behavioural indicators were included, they were typically restricted to studies involving specific high-risk populations, such as caregivers with substance use disorders or elevated psychopathology, which limits their generalizability across broader caregiving contexts (Goldberg & Blaauw, 2019; Schittek et al., 2023). The way multiple domains were combined within individual studies further reflects this imbalance. Psychological measures consistently functioned as the core anchoring domain, with behavioural and interpersonal indicators positioned as secondary components. This pattern suggests that observable caregiving behaviours and relational dynamics are often treated as secondary manifestations of psychological distress rather than as independent dimensions of abuse risk. For instance, studies employing behavioural measures such as the CTSPC or observational tools were comparatively limited, which highlights the underrepresentation of direct behavioural assessment.

Taken together, the findings indicate that child abuse risk is both unevenly measured and conceptually narrowed. The predominance of psychological constructs obscures how risk is enacted in everyday caregiving interactions, particularly in contexts where distress does not readily translate into self-reported symptoms. Expanding the systematic inclusion of behavioural and relational domains is necessary to capture how abuse risk manifests in caregiving practices rather than being inferred primarily from internal psychological states.

***Applicability to Childcare Workers and Identified Gaps***

In relation to research question 3, which examines the applicability of assessment tools to childcare workers, the findings reveal a substantial gap in both the development and contextual relevance of existing instruments. The reviewed measurement frameworks are overwhelmingly derived from studies involving parents and primary caregivers, with minimal empirical testing within professional caregiving populations. Only one study directly applied a child abuse risk instrument within a childcare workforce, using the BCAP among childcare providers (Lee & Sung, 2021). While this study shows that parent-derived instruments can be administered in professional contexts, it provides limited evidence regarding their contextual validity or sensitivity to work-related risk factors. As the majority of studies in this review involve parents rather than professional caregivers, the identified instruments primarily reflect constructs relevant to family-based caregiving contexts. Consequently, these tools are not designed to capture factors specific to institutional environments. Indicators such as workload intensity, organizational support, staffing ratios, role strain, and professional burnout, although widely discussed in childcare and occupational health research, were largely absent from the instruments identified in this review.

The scarcity of studies involving childcare workers further constrains evaluation of whether existing tools adequately capture abuse risk in professional settings. With only isolated applications of risk instruments among childcare providers, it remains unclear whether current measures can detect risk pathways unique to institutional caregiving or whether they systematically privilege parent-centric models of maltreatment risk.

To conclude, these findings indicate that the current assessment landscape is insufficient to address the distinctive characteristics of professional caregiving. The absence of context-sensitive and role-specific measures limits both research and practice efforts to identify abuse risk among childcare workers. Addressing this gap requires the development and validation of assessment approaches that integrate workplace conditions, organizational factors, and professional demands alongside individual psychological indicators, ensuring that risk assessment frameworks are responsive to the realities of childcare practice.

**CONCLUSION**

This scoping review aimed to map existing assessment tools used to evaluate mental health-related risk factors associated with child abuse and to examine their applicability within childcare contexts. The findings indicate that current assessment practices are largely dominated by a limited range of instruments, particularly the Brief Child Abuse Potential Inventory (BCAP), with relatively little diversity in the types of tools used to estimate abuse risk (Lee & Sung, 2021; Liel et al., 2019; Schols et al., 2019). While these instruments provide useful insights into psychological risk factors, they remain primarily grounded in parent-based contexts and may not fully capture the complexities of professional caregiving environments.

The review also shows that mental health and well-being are most commonly operationalised through psychological constructs such as stress, anxiety, and depression (Brown et al., 2020; Lang et al., 2021; Liel et al., 2020). However, behavioural and interpersonal domains are less consistently assessed, resulting in a narrowed conceptualisation of child abuse risk. This imbalance suggests that current approaches may not adequately reflect how risk is expressed in everyday caregiving interactions, particularly in institutional settings where contextual and organisational factors play a significant role (Schittek et al., 2023). Importantly, the findings highlight a clear gap in the applicability of existing assessment tools to childcare workers. The limited inclusion of professional caregivers in the reviewed studies indicates that current measurement frameworks are not sufficiently adapted to capture workplace-related risk factors such as workload, organisational support, and role-related stress (Karlsson, 2023; Schittek et al., 2023). As a result, the current assessment landscape remains insufficient to address the unique characteristics of childcare settings.

In conclusion, this review underscores the need for developing more comprehensive, context-sensitive assessment approaches that integrate psychological, behavioural, and contextual dimensions of caregiving (Liel et al., 2020; Schittek et al., 2023; Lee & Sung, 2021). Future research should focus on adapting and validating assessment tools specifically for childcare workers, as well as incorporating organisational and environmental factors into risk evaluation. Such efforts may contribute to more effective screening, early identification of risk, and ultimately, the promotion of safer childcare environments.

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