**Table S1.** Inconsistent reports regarding the moderating effects of sex on psychopathology associated with CM. Abbreviations: disorder (d/o), CSA- (childhood sexual abuse), Childhood trauma questionnaire (CTQ), Department of children and families (DCF), chronically institutionalized group (CIG), Institutionalized adopted group (IAG), Never-institutionalized group (NIG).

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| Systematic reviews & Meta-Analyses |
| Reference | Sample description | Assessments | Types of maltreatment | Main Findings |
| Jumper 1995  | Meta-analysis of 23 studies, with a total n= 6,878 adult subjects | Depression, self-esteem, psychological symptomatology (e.g. anxiety, somatic d/o, psychosis, etc.) | Sexual abuse | Sexual abuse is associated with increased risk for depression, low self-esteem and psychological symptomatology. No significant sex differences emerged in any of the measurements. |
| Paolucci 2001  | Meta-analysis of 37 studies, with a total n= 25,367 adult subjects | PTSD, suicide, sexual promiscuity, victimization, academic performance | Sexual abuse | Sexual abuse is associated with increased risk for all outcomes measured, with no significant differences between males and females. |
| Gershon 2008  | Systematic review of 30 studies that formally assessed for sex X CM interaction, with separate analyses for adolescents and adults  | Multiple psychopathologies including anxiety, depression, and substance abuse. | Sexual abuse, physical abuse, peer victimization | CM is associated with worse outcomes in male adolescents with no clear sex differences in adulthood  |
| Chen 2010 | Large meta-analysis using 37 studies (17 case-control studies and 20 cohorts) with a total n= 3,162,318 participants | Anxiety, depression, eating d/o, PTSD, sleep d/o, somatization d/o, schizophrenia and suicide attempts. | Sexual abuse | Sexual abuse increases the risk for anxiety d/o, depression, eating d/o, PTSD, sleep d/o and suicide attempts in both men and women (no interaction between sex and sexual abuse). History of rape was associated with increased risk for psychopathology. |
| Multiple forms of maltreatment- cumulative risk |
| Reference | Sample description | Assessments | Types of maltreatment | Main Findings |
| Keyes 2012  | General population sample of 34,653 adults living in the USA, 52% men  | Internalizing and externalizing dimensions of psychopathology. Used structured interview and a 19-item questionnaire from the Conflict Tactics Scale and the Childhood Trauma Questionnaire. | Sexual abuse, physical abuse, emotional abuse, physical neglect, emotional neglect | Different forms of maltreatment lead to different vulnerabilities to internalizing and externalizing dimensions, with different effects of sex in some but not all forms of abuse. For example, sexual abuse increased risk for both internalizing and externalizing psychopathology in males and females, while physical abuse caused a significant increase in externalizing dimension in males and internalizing dimension in females. |
| MacMillan 2001 | General population sample of 7,016 Ontario Canada residents, ages 15-64, 47% men  | Anxiety d/o, major depression, alcohol use d/o, illicit drug abuse/dependence, antisocial personality d/o, and any psychiatric diagnosis. Used diagnostic Interview and The Child Maltreatment History Self-Report. | Physical and sexual abuse | Both physical and sexual abuse increase the risk for many psychiatric d/o and this effect was more pronounced in women across almost all diagnoses. The sample size for sexual abuse in males was underpowered and there is a concern for higher rate of physical/sexual abuse in females compared to males. |
| Kessler 1997  | National comorbidity Survey that include 5877 respondents, ages 15-54, representative of the US population | Assessed the relationship between 26 early adversities and adult psychopathology. | 26 early adversities | CM is more consistently associated with onset but not persistent of psychopathologies. There is an additive nature of adversities of risk for adult psychopathology. Adversities are more likely to co-occur. The effect is not specific with regard to psychopathology. There is no consistent effect of sex. |
| Hibbard 1990 | cohort of adolescents (n= 3998), grades 7th-12th | Emotional (internalizing) and behavioral (externalizing) d/o | Physical and/or sexual abuse | Both physical and sexual abuse were associated with increased emotional and behavioral risk, with individuals reporting both sexual and physical abuse showing the highest risk (additive risk). No significant sex X physical abuse interaction were founds. Significant sex by sexual abuse interaction for behavioral but not emotional d/o |
| Arnow 2011 | 5,673 adults (ages 21-71), 57% women, from 31 clinics in North California | Depression; Collected data on CM using CTQ and depression using PHQ8.  | Sexual abuse, physical abuse, emotional abuse, physical neglect, emotional neglect | All forms of CM increased rate of depression in a dose dependent manner. There was no significant interaction between any of the maltreatments and sex. Rates of victimization and depression were higher in women. |
| Sexual abuse (high threat) |
| Reference | Sample description | Assessments | Types of maltreatment | Main Findings |
| Gauthier-Duchesne 2017 | Sample of 447 sexually abused children (319 girls, 128 boys) ages 6-12 | Conducted path analysis to assess the effects of gender, severity of sexual abuse, and guilt on rates of PTSD, internalizing and externalizing d/o  | Sexual abuse | Boys experienced more severe and frequent abuse compared to girls. Boys were more likely to be abused by other teenagers while girls were more likely to be abused by adult males. Girls were more likely to likely to develop PTSD. Boys were more likely to develop externalized d/o. No sex differences on the rate of internalizing behavior |
| Banyard 2004 |  No CSA males= 37, females= 46, CSA males= 69, females= 128. Sexual abuse occurs at ages 1-14 and interviews conducted at ages 20-30  | Raw and same-sex normalized scores for depression and anxiety  | Childhood sexual abuse (CSA) | Exposure to CSA is associated with higher raw scores for anxiety and depression in women compared to men, but these differences were no longer present when normalized to non-abused same sex controls. |
| Coohey 2010  | A group of 158 adolescents (girls= 127, boys = 31), ages 11-14, with substantiated h/o sexual abuse. | Internalizing d/o | Sexual abuse | Boys showed increased rate of internalizing d/o compared to girls |
| Maikovich-Fong 2010 | DCF cases (n=599) of alleged sexual abuse in children-adolescents ages 4-16, 25% males | Internalizing and externalizing psychopathology. Caregivers were administered the Child Behavior Checklist and youths completed the Youth Self-Report questionnaire and the Trauma Symptom Checklist for Children.  | Sexual abuse | No differences in rates of externalizing or internalizing symptoms between male and female youth exposed to sexual trauma |
| Fergusson 1996 | Birth cohort of adolescents from New Zealand (n= 1019, ages 16-18 | Depression, anxiety, conduct d/o, alcohol use, suicide. | Sexual abuse | Dose dependent effect of sexual abuse on all psychopathologies tested, with individuals reporting intercourse showing the highest vulnerabilities. Sex was a significant confounder but the dose dependent effect of CSA was still significant after adjusting for sex. |
| Bucharest Early Intervention Project (high deprivation) |
| Reference | Sample description | Assessments | Types of maltreatment | Main Findings |
| Marshall 2004 | Children from the Bucharest Early Intervention Project (BEIP). Ages 5-31 months from the Institutionalized group (n=104), age matched controls (n=46) | EEG  | Parental deprivation/ institutionalization ages 6-31 months | Institutionalized group showed increased low frequency, reduced high frequency, and increased hemispheric asymmetry compared to controls, with no differences between males and females. |
| Zeanah 2009 | Children from the Bucharest Early Intervention Project (BEIP). Age 2.5y, IAG (n= 59), CIG (n= 52), NIG (n= 59).  | Externalizing d/o, internalizing d/o and, ADHD using the Preschool Age Psychiatric Assessment (PAPA) administered to the biological parents, foster parents, or institutional care giver and DSM IV for diagnoses | Parental deprivation/ institutionalization ages 6-31 months after birth followed by randomized fostering some of the children. | Exposure to institutionalization caused higher levels of multiple psychopathologies in boys compared to girls. These include externalizing d/o, internalizing d/o and, ADHD. Also, while foster care reduced multiple psychiatric symptoms and impairment in females, it did not reduce psychopathology in males.  |
| Humphreys 2015  | Children from the Bucharest Early Intervention Project (BEIP). Age 11-15, IAG (n= 55), CIG (n= 55). NIG (n= 49)  | Externalizing d/o, internalizing d/o and, ADHD using the Diagnostic Interview Schedule for Children, 4th edition (DISC-IV) with the biological parents, foster parents, or institutional care giver and DSM IV for diagnosis  | Social-parental deprivation/ institutionalization ages 6-31 months after birth followed by randomized fostering some of the children. | Exposure to institutionalization increased internalizing d/o in females but not males, with no sex differences in rates of externalizing d/o or ADHD. Adoption reduced externalizing behavior in males but not females and had no effect on rates of internalizing d/o or ADHD in males and females. |

**Table S2.** Robust consequences of CM in humans and their parallel findings in paradigms of postnatal stress in rodents.

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| Outcome | Human studies/reviews | Rodent studies/reviews |
| 1. CM leads to a dose-dependent increase in a large number of psychopathologies and medical conditions
 | Anda et al., 2006; Chen et al., 2010; Kaffman and Meaney, 2007; Nemeroff, 2016; Teicher and Samson, 2016 | Johnson et al., 2018; Kaffman and Meaney, 2007; Murthy and Gould, 2018; Tractenberg et al., 2016; Walker et al., 2017 |
| 1. Different types of ELS cause different developmental and behavioral outcomes
 | Keyes et al., 2012; McLaughlin et al., 2014; Teicher and Samson, 2016 | Chen and Jackson, 2016; Johnson et al., 2018; Pena et al., 2017; Pryce and Feldon, 2003 |
| 1. Reduced hippocampal volume in adulthood (M > F)
 | Teicher and Samson, 2016 | Bath et al., 2017; Naninck et al., 2015; Molet et al., 2016 |
| 1. Abnormal myelination notable for reduced corpus callosum size (M > F)
 | Teicher and Samson, 2016 | Berrebi et al., 1988; Bordner et al., 2011; Carlyle et al., 2012; Duque et al., 2012 |
| 1. Increased amygdala activation in response to threat
 | De Bellis and Hooper, 2012; Garrett et al., 2012; Gee et al., 2013; Grant et al., 2011; Maheu et al., 2010; Malter Cohen et al., 2013; Marusak et al., 2015; McCrory et al., 2013; McLaughlin et al., 2015; Suzuki et al., 2014; Tottenham et al., 2011 | Raineki 2012; Malter cohen 2013 |
| 1. Abnormal amygdala connectivity with the PFC and the hippocampus
 | Birn et al., 2014; Herringa et al., 2013; Wang et al., 2014;Cisler et al., 2013; Dean et al., 2014; Nicholson et al., 2015; Philip et al., 2013 | Bolton et al., 2018; Guadagno et al., 2018; Johnson et al., 2018; Yan et al., 2017 |
| 1. Elevated markers of peripheral immune activation (M = F)
 | Baumeister et al., 2016; Coelho et al., 2014 | Delpech et al., 2016; Roque et al., 2015 |

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