CONDITION

Child abuse

Learn about signs of child abuse and neglect, medical evaluation, reporting, treatment, safety planning, and when a child needs urgent help.

WHAT IT IS
Harm or risk from acts or neglect

BODY SYSTEM
Whole body and mental health

MAIN SYMPTOMS
Unexplained injuries, sudden fear, poor growth, self-harm

WHAT CAUSES IT
Another person's actions or failure to protect

HOW IT IS DIAGNOSED
Clinical evaluation, injury imaging, forensic examination

MAIN TREATMENT
Safety planning, medical care, trauma-focused therapy

CAN IT BE CURED?
Sometimes, symptoms may improve with treatment

IS IT AN EMERGENCY?
Sometimes, breathing difficulty or immediate danger

LONG-TERM OUTLOOK
Variable, from recovery to disability or death

Overview

Child abuse is an act-or a failure to act-that harms a child or places a child at risk of harm. The broader term child maltreatment includes physical abuse, sexual abuse or exploitation, emotional abuse, and neglect. More than one type may occur at the same time.

Physical abuse involves intentionally causing an injury, such as by hitting, burning, shaking, or choking. Sexual abuse includes sexual contact, exploitation, or exposing a child to sexual activity or images. Emotional abuse includes repeated humiliation, threats, rejection, or other behavior that seriously harms emotional development. Neglect means failing to meet a child's basic needs for safety, supervision, food, shelter, medical care, education, or emotional support.

Abuse can happen in any family or community. The person responsible may be a parent,

caregiver, relative, household member, or another trusted adult. Abuse is never the child's fault.

Possible abuse matters because it may affect immediate safety, physical health, development, and emotional well-being. Early protection and trauma-informed care can reduce harm and support recovery. A concern does not need to be proven before it is reported to the appropriate authorities.

If a child is in immediate danger, contact local emergency services. In the United States, call 911. A person who suspects abuse can also contact the state's child protective services agency or the Childhelp National Child Abuse Hotline at 1-800-422-4453. Reporting procedures and legal duties differ by location.

Symptoms

There is no single symptom that confirms child abuse. Many injuries and behavior changes have other explanations. Some children also have no visible injuries or may not disclose what happened.

Possible physical warning signs include:

Possible emotional or behavioral signs include sudden fear, withdrawal, aggression, sleep problems, nightmares, loss of previously learned skills, falling school performance, or unusual knowledge of sexual behavior. A child may appear unusually watchful or fearful around a particular person. Older children and teenagers may use substances, run away, self-harm, or have thoughts of suicide.

Neglect may be suspected when a child repeatedly lacks safe supervision, appropriate clothing, food, needed medical care, or a stable and safe place to live. Financial hardship alone does not establish neglect. Families may need practical assistance rather than punishment.

A child's words should be taken seriously, even when physical signs are absent. Most sexually abused children do not have a diagnostic genital injury by the time they are examined.

Seek emergency care if a child has trouble breathing, loss of consciousness, a seizure, severe bleeding, repeated vomiting, confusion, severe pain, or a possible head, neck, chest, or abdominal injury. Strangulation or suffocation requires urgent assessment even when there are few visible marks. Immediate help is also needed when a child is at risk of suicide or further violence.

- Bruises, burns, fractures, or other injuries without a clear explanation
- Injuries that do not fit the child's age, development, or reported event

- Patterned marks, such as marks shaped like an object
- Injuries in several stages of healing
- Bruising or mouth injuries in a baby who is not yet independently mobile
- Repeated injuries or delays in seeking medical care
- Genital pain, bleeding, discharge, or a sexually transmitted infection
- Poor growth, persistent hunger, untreated medical problems, or inadequate hygiene

Causes and risk factors

Abuse occurs because of another person's actions or failure to protect the child. A child's behavior, disability, identity, or family circumstances do not make the child responsible.

Certain conditions may increase stress or reduce a family's support. These include caregiver substance use, untreated mental illness, intimate partner violence, social isolation, unstable housing, and difficulty obtaining food or health care. Very young children and children with disabilities may be more vulnerable because they depend heavily on caregivers or may have difficulty communicating.

A caregiver's own history of trauma may be relevant, but most people who experienced abuse do not abuse children. Poverty, culture, religion, family structure, and an injury by themselves do not prove maltreatment. Risk factors should guide offers of support, not assumptions about an individual family.

Protective factors include reliable social support, safe child care, access to health and mental health services, stable housing, and caregivers who understand child development and nonviolent discipline.

Diagnosis

There is no single blood test, scan, or interview that diagnoses every form of child abuse. Evaluation focuses on the child's health and safety while considering accidental injuries, medical conditions, and other possible explanations.

A clinician may ask separately about the event, the child's medical history, development, medications, previous injuries, and family history. When appropriate, the child may be allowed to describe what happened in their own words. Clinicians document statements carefully and avoid repeated or leading questions.

The physical examination depends on the concern. It may include a full skin examination, measurements of growth, a neurologic assessment, or an examination for genital or anal injury. The clinician should explain each step in age-appropriate language and protect the child's privacy.

Tests are selected for the child's age, symptoms, and injuries. They may include X-rays to look for fractures, imaging of the head or abdomen, blood tests for bleeding disorders or organ injury, and tests related to sexually transmitted infections or pregnancy. A normal examination does not rule out abuse.

Specialists in child abuse pediatrics may help distinguish injuries from conditions that can look similar, such as accidental trauma, certain birthmarks, bone disorders, skin conditions, or problems with blood clotting. In suspected sexual abuse, an examiner with pediatric forensic training may collect evidence when appropriate. Medical care remains worthwhile even if evidence cannot be collected.

Health professionals and other mandated reporters generally must notify child protective services or law enforcement when there is reasonable concern, although specific laws vary. Their role is to report concern, not to prove who caused the harm. A medical assessment and a legal investigation are related but separate processes.

Treatment and management

The first priority is preventing further harm. A safety plan may involve child protective services, law enforcement, health professionals, relatives, school staff, or community services. Depending on the circumstances, a plan may provide in-home support, arrange safe care with another adult, restrict contact with a suspected offender, or place the child elsewhere temporarily. Removal from home is not the automatic outcome of every report.

Medical treatment is based on the child's needs. It may include care for wounds, burns, fractures, pain, dehydration, infection, or poor nutrition. A child with a possible head injury may need observation or hospital care. After possible sexual contact, clinicians may discuss testing, preventive treatment for certain infections, pregnancy testing, emergency contraception when appropriate, and follow-up testing. Decisions depend on age, timing, health history, and local protocols.

Emotional support is also part of treatment. Evidence-based therapy, including trauma-focused cognitive behavioral therapy, can help some children understand trauma reactions, develop coping skills, and reduce fear, anxiety, or post-traumatic stress symptoms. Treatment should match the child's age, development, culture, and symptoms. A safe

nonoffending caregiver is often included when appropriate.

When a child discloses abuse, an adult can help by staying calm, listening, and saying that the child did the right thing by telling someone. The adult should make clear that the abuse was not the child's fault. Avoid pressing for details, repeatedly questioning the child, confronting the suspected offender, or promising to keep the disclosure secret.

After a recent sexual assault, avoid delaying medical care in an effort to preserve evidence. If practical, the child should not bathe, change clothes, or wash bedding before speaking with professionals. However, an examination can still be useful if any of these things have already happened.

Practical services may address food, housing, safe child care, transportation, caregiver treatment, and school support. These services can reduce stress and help create a safer environment.

Complications

Physical complications depend on the type and severity of harm. They can include chronic pain, disability, vision or hearing problems, brain injury, sexually transmitted infections, pregnancy, poor growth, and, in severe cases, death.

Possible emotional effects include anxiety, depression, post-traumatic stress, shame, sleep problems, difficulty concentrating, self-harm, and trouble trusting others. Ongoing stress may affect learning, relationships, and physical health. Neglect during early childhood can interfere with language, attachment, and development.

These outcomes are not inevitable. Children vary in how they respond, and symptoms may improve with safety, stable relationships, appropriate medical care, and effective mental health treatment. Support from a trusted adult can be an important part of recovery.

Follow up

Follow-up should be planned around the child's injuries, development, emotional health, and safety. Routine appointments may include wound or fracture checks, repeat laboratory testing, growth monitoring, developmental screening, and mental health visits. School support may be needed if concentration, attendance, or behavior has changed.

Clinicians may also check how the safety plan is working and whether the child and nonoffending caregivers can access recommended services. New disclosures or symptoms can emerge after the first visit, so continued, calm communication is important.

Contact the child's clinician promptly for new pain, bleeding, discharge, vomiting, headaches, sleep disruption, major behavior changes, or concerns that the safety plan is not working. Seek emergency help for immediate danger, breathing difficulty, loss of consciousness, seizure, serious injury, suicidal intent, or threats of further violence.

Follow-up is often most helpful when it is consistent and trauma-informed. This means explaining what will happen, offering reasonable choices, protecting privacy, and avoiding unnecessary repetition of the child's story.

Sources

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