CONDITION

Child neglect and emotional abuse

Learn how child neglect and emotional abuse may affect a child, how concerns are evaluated, and where families can find safety, treatment, and support.

WHAT IT IS
Forms of child maltreatment affecting safety and development

BODY SYSTEM
Mental health and child development

MAIN SYMPTOMS
Frequent hunger or poor hygiene, withdrawal or fear, anxiety or sadness, developmental delays

WHAT CAUSES IT
Caregiver actions or lack of action

HOW IT IS DIAGNOSED
Professional assessment and child-protection investigation

MAIN TREATMENT
Safety planning, practical support and therapy

CAN IT BE CURED?
Sometimes - harm stops and support continues

IS IT AN EMERGENCY?
Sometimes - immediate danger or suicidal intent

LONG-TERM OUTLOOK
Recovery possible, but lasting effects can occur

Overview

Child neglect and emotional abuse are forms of child maltreatment. They can affect a child's physical health, brain development, behavior, relationships, and emotional well-being.

Neglect means that a child's basic physical, medical, educational, emotional, or safety needs are not being met. Examples include regularly leaving a young child without appropriate supervision, not obtaining needed medical care, or failing to provide adequate food or shelter when the caregiver has access to help.

Poverty alone is not neglect. A family may be unable to afford food, stable housing, health care, or child care despite trying to meet the child's needs. In these situations, practical support and access to services may be more appropriate than blame. Definitions of neglect also vary by local law.

Emotional abuse , also called psychological maltreatment, is a repeated pattern of behavior that harms a child's sense of safety, worth, or belonging. It may include humiliation, threats, rejection, intimidation, isolation, extreme criticism, or exposing the child to severe conflict. It can also involve withholding affection or expecting a child to meet needs that are far beyond the child's age and abilities.

A single stressful interaction does not necessarily mean emotional abuse has occurred. Health and child-protection professionals consider the behavior's pattern, severity, context, and effect on the child.

Children may not tell anyone what is happening. They may fear punishment, believe the situation is their fault, feel loyal to a caregiver, or lack the words to explain it. Recognizing concerns early can help connect the child and family with safety planning, medical care, counseling, and practical support.

Symptoms

There is no single symptom that proves a child is being neglected or emotionally abused. Signs may have other explanations, including medical conditions, developmental differences, family stress, or other forms of trauma. A professional assessment is needed.

Possible physical or practical signs of neglect include:

Emotional and behavioral signs can occur with either neglect or emotional abuse. A child might become unusually withdrawn, watchful, fearful, aggressive, or eager to please. Some children have frequent emotional outbursts or seem unable to relax around a particular person.

Other possible signs include:

A child's behavior may differ by age. Babies may have feeding, sleep, growth, or attachment difficulties. Young children may become clingy, aggressive, or delayed in speech and toilet training. School-aged children may struggle with learning, friendships, or behavior. Teenagers may withdraw, take risks, misuse substances, or develop depression and anxiety symptoms.

A child may also appear cheerful, successful, or closely attached to a caregiver. This does not rule out maltreatment.

- Frequent hunger, poor hygiene, or clothing that is repeatedly unsuitable for the weather
- Missed health appointments or needed medicines that are not provided
- Untreated dental, vision, hearing, or medical problems
- Poor growth or unexpected weight changes

- Repeated absences from school without a clear reason
- A young child being left alone or caring for younger children beyond what is safe for their age
- Unsafe living conditions or repeated lack of basic supervision
- Low self-esteem or frequent statements that they are worthless or unwanted
- Anxiety, sadness, loss of interest, or ongoing irritability
- Difficulty trusting others or forming close relationships
- Sleep problems, nightmares, or changes in eating
- Developmental delays or loss of previously learned skills
- Trouble concentrating, falling grades, or repeated school avoidance
- Extreme behavior for the child's age, such as unusually passive or demanding behavior
- Self-harm, substance use, running away, or thoughts about suicide in older children and teenagers

Causes and risk factors

No child causes or deserves neglect or emotional abuse. Responsibility rests with the person whose actions or lack of action harms the child.

Maltreatment can occur in any family or community. It usually does not have one simple cause. Factors that may increase family stress include caregiver mental illness, substance use, intimate partner violence, social isolation, unstable housing, financial hardship, or limited access to health care and child care. A caregiver may also have unrealistic expectations about a child's development or may have experienced maltreatment during their own childhood.

Children who have disabilities, chronic illnesses, behavioral difficulties, or high care needs may be more vulnerable, especially when caregivers lack appropriate support. Very young children depend heavily on adults and cannot seek help on their own.

These factors do not mean that maltreatment will occur. Most people facing poverty, mental illness, disability, or family stress do not abuse or neglect children. Risk factors help professionals identify where additional resources may be useful; they should not be used to label a family.

Protective factors include supportive relationships, reliable access to basic needs, safe child care, caregiver education, mental health and substance-use treatment, and trusted adults who listen to the child.

Diagnosis

Child neglect and emotional abuse are not diagnosed with one blood test, scan, or checklist. Evaluation focuses on the child's health, development, safety, experiences, and home environment.

A health professional may speak with the child and caregivers, sometimes separately. Questions should be calm, open-ended, and appropriate for the child's age. The goal is to understand what happened without pressuring the child or asking the same questions repeatedly.

If a child describes possible maltreatment, an adult should listen, remain calm, and use the child's own words. It is helpful to say that the child did the right thing by speaking and that the situation is not their fault. Avoid promising secrecy because other professionals may need to be involved to keep the child safe.

The assessment may include:

Clinicians may work with social workers, child-abuse pediatric specialists, mental health professionals, schools, and child-protection agencies. Reporting laws differ by location, but many professionals must report a reasonable concern about child maltreatment. They generally do not need to prove that abuse or neglect occurred before making a report. Child-protection authorities investigate and determine what response is needed.

- A physical examination and review of growth, nutrition, development, and hygiene
- A review of medical, dental, school, and attendance records when appropriate
- Screening for anxiety, depression, trauma symptoms, or developmental concerns
- Tests for specific medical problems when the history or examination indicates a need
- Assessment of supervision, food, housing, health care access, and caregiver support

Treatment and management

Management starts with the child's immediate safety and basic needs. The response depends on the child's age, the type and severity of concern, the caregiver's ability to protect the child, and available family supports.

If a child is in immediate danger, has a serious injury, has taken an overdose, or is at immediate risk of suicide, contact local emergency services or go to an emergency department. A child who is alone without safe supervision also needs urgent help from emergency or child-protection services.

Concerns that are not immediate emergencies still deserve prompt attention. A pediatrician, family doctor, school nurse, social worker, or local child-protection service can help assess the situation. In the United States, the Childhelp National Child Abuse Hotline is available by call or text at 1-800-422-4453 . Other countries have their own child-protection and crisis services.

Treatment may include medical care for untreated health problems, support for nutrition and development, and a plan for safe supervision. Practical services may help a family obtain food, housing, transportation, child care, health coverage, or disability support.

Mental health care should be matched to the child's age and symptoms. Trauma-focused therapy can help some children understand their experiences, manage distress, and build safe relationships. Younger children may benefit from treatment that includes a safe caregiver and focuses on the caregiver-child relationship. School support may be needed for learning, attendance, or behavior.

Caregivers may need parenting education, respite care, mental health treatment, substance-use treatment, or help addressing violence in the home. Services should focus on safety and sustainable change rather than punishment alone.

No medicine specifically treats the experience of neglect or emotional abuse. A clinician may consider medicine for a separate condition, such as depression, anxiety, attention-deficit/hyperactivity disorder, or sleep problems, after a proper evaluation. Medicine does not replace safety planning or therapy.

Child-protection involvement does not always mean a child will be removed from home. When it can be done safely, agencies may arrange services while the child remains with family. In other situations, temporary care with relatives or foster caregivers may be necessary. These decisions are made according to the child's safety needs and local law.

Complications

Ongoing neglect or emotional abuse can interfere with healthy development. Chronic stress may affect attention, emotional control, learning, sleep, and the body's stress-response systems.

Possible longer-term effects include:

These outcomes are not inevitable. Children can recover and develop well, especially when harm stops, basic needs are met, and dependable adults provide consistent support. Recovery may take time and may not follow a straight path.

- Delayed language, physical, social, or emotional development

- Difficulty at school or leaving school early
- Anxiety, depression, post-traumatic stress symptoms, or low self-worth
- Problems forming safe, trusting relationships
- Self-harm, suicidal thoughts, substance use, or risky behavior
- Poor nutrition, untreated illness, or worsening chronic health conditions

Follow up

Follow-up should be based on the child's specific medical, developmental, emotional, and safety needs. Routine appointments may monitor growth, sleep, school progress, behavior, treatment response, and access to family services. Young children and children with health or developmental concerns may need more frequent review.

Care plans often work best when health professionals, mental health clinicians, schools, social workers, and safe caregivers share relevant information. The child's privacy and local legal requirements should guide communication.

Seek prompt professional help if a child develops worsening depression or anxiety, stops attending school, runs away, uses substances, self-harms, or says they do not want to live. Statements about suicide should be taken seriously.

Contact emergency services immediately if the child is in immediate danger, cannot be safely supervised, has a serious injury, has attempted suicide, or has a plan and immediate intent to harm themselves or someone else.

Sources

- Centers for Disease Control and Prevention. About Child Abuse and Neglect . National Center for Injury Prevention and Control; updated May 16, 2024.
- World Health Organization. Child maltreatment . Fact sheet; November 5, 2024.
- Hibbard R, Barlow J, MacMillan H; American Academy of Pediatrics Committee on Child Abuse and Neglect and American Academy of Child and Adolescent Psychiatry Child Maltreatment and Violence Committee. Psychological Maltreatment . Pediatrics . 2012;130(2):372-378.

- National Institute for Health and Care Excellence. Child maltreatment: when to suspect maltreatment in under 18s . Clinical guideline CG89; published July 22, 2009, updated October 9, 2017.
- U.S. Children's Bureau, Child Welfare Information Gateway. Mandatory Reporting of Child Abuse and Neglect . State statutes series; U.S. Department of Health and Human Services.