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Factors Responsible for Child Abuse and Neglect: A Review of Risk Factors, Types, And Consequences

Aguoru Barbara Chiamaka

Department of Social Work, University of Benin, Nigeria

Email: chiamakabarbara@gmail.com

ORCID: 0009-0000-5479-2195

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ABSTRACT

Child abuse and neglect are widespread public health and social problems with consequences that extend across the life course. This narrative review synthesizes peer-reviewed evidence on the factors that increase the risk of child maltreatment, the main types of maltreatment and their prevalence, the consequences for victims, and the protective and preventive factors that reduce harm. Maltreatment is best explained by an ecological model in which individual, family, community, and societal factors interact. Parental anger and stress, parental substance misuse, family conflict and intimate partner violence, economic insecurity, social isolation, and norms that accept physical punishment are consistently linked to higher risk. Global meta-analyses show that maltreatment is common, with self-report studies yielding prevalence estimates far higher than official records. Maltreatment is associated with mental disorder, substance use, suicidal behaviour, chronic disease, altered brain development, and disorganized attachment, and these outcomes accumulate with the number of adverse experiences. Evidence supports home visiting and parent training as preventive approaches, though much of it comes from high-income countries. Prevention needs multi-level strategies that reduce risk, build protective factors, and are tested in low- and middle-income settings.

Keywords: child abuse, child neglect, child maltreatment, risk factors, adverse childhood experiences, prevention.

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1. INTRODUCTION

Child maltreatment covers physical, sexual, and emotional abuse and neglect by parents, caregivers, or others in a position of trust or power. Clinical and scientific attention to the problem is relatively recent. Kempe and colleagues (1962) described the "battered-child syndrome" in *JAMA*, a paper widely credited with bringing physical abuse to medical and public attention and prompting reporting systems and systematic research.

Child maltreatment is not rare. A review of past-year violence against children estimated that up to one billion children aged 2 to 17 years experienced physical, sexual, or emotional violence in a single year (Hillis et al., 2016). Understanding why maltreatment occurs is a precondition for preventing it, and no single cause explains it. This review addresses four questions. What theoretical frameworks explain maltreatment? What risk factors are associated with it? What forms does it take, and how common is each? What are its consequences, and what can be done to prevent it?

2. REVIEW APPROACH

This is a narrative review, not a systematic review. It draws on foundational papers, meta-analyses, systematic reviews, and large cohort studies published in peer-reviewed journals, selected to cover each of the four questions above. Where a meta-analysis or systematic review existed for a topic, it was preferred to a single study. Each reference was checked against publicly indexed bibliographic records (journal, repository, or database entries) for author, title, journal, and year. No formal database search protocol, quality appraisal, or pooled analysis was performed, and the selection of sources reflects the author's judgement. Most evidence comes from North America, Europe, and Australasia, a limitation discussed in Section 8.

3. THEORETICAL FRAMEWORKS

3.1. Ecological and Developmental Models

Belsky (1993) proposed a developmental-ecological model in which maltreatment arises from forces operating at several levels: the parent's developmental history and personality, the child's characteristics, the family setting, the community, and the wider culture. The model implies that risk factors add up and interact, and that strengths at one level can offset vulnerability at another. This framework underlies most current research and prevention planning, and it is the structure used for the risk factors in Section 5.

3.2. Social Learning Theory

Social learning theory holds that behaviour is acquired through direct experience and through observing and imitating models (Bandura, 1977). Applied to maltreatment, it predicts that children who are harshly punished or who witness violence may come to regard aggression as an acceptable way to manage conflict and may reproduce it as parents. A three-level meta-analysis found a significant association between experiencing maltreatment in childhood and maltreating one's own children (Assink et al., 2018). Transmission is far from inevitable, however: most people who were maltreated do not go on to maltreat, and protective relationships and circumstances interrupt the cycle.

4. TYPES OF MALTREATMENT AND PREVALENCE

Four main types are usually distinguished: physical abuse, sexual abuse, emotional (psychological) abuse, and neglect. Neglect is further divided into physical and emotional neglect in the prevalence literature. Reported prevalence depends heavily on how it is measured. Meta-analysis of studies worldwide shows that self-report studies yield estimates roughly thirty times higher than studies based on official or professional reports, which means that agency statistics capture only a small fraction of children affected (Stoltenborgh et al., 2015).

Table 1. Pooled Self-Reported Prevalence of Child Maltreatment (Per 1,000 Children), from Stoltenborgh Et Al. (2015)

Type	Definition (summary)	Pooled self-report prevalence
Physical abuse	Intentional use of physical force that harms or is likely to harm the child	226 per 1,000
Sexual abuse	Involvement of a child in sexual activity for the gratification or gain of another person	127 per 1,000
Emotional abuse	A pattern of behaviour that conveys that the child is worthless, unloved, or valued only for meeting another's needs	363 per 1,000
Physical neglect	Failure to provide food, shelter, clothing, medical care, or supervision	163 per 1,000
Emotional neglect	Failure to provide attention, warmth, and support	184 per 1,000

4.1. Physical Abuse and Physical Punishment

Much physical abuse occurs in the context of punishment. Durrant and Ensom (2012) reviewed twenty years of research and concluded that physical punishment is associated with a higher risk of physical abuse and with adverse child outcomes, and that there is no clear boundary between punishment and abuse. A meta-analysis of five decades of studies found that spanking was associated with 13 of 17 detrimental outcomes examined, including aggression and mental health problems, and with no beneficial outcomes (Gershoff & Grogan-Kaylor, 2016).

4.2. Sexual Abuse

A global meta-analysis of hundreds of independent samples estimated self-reported prevalence of about 18% for girls and 7.6% for boys, with wide variation between regions and methods (Stoltenborgh et al., 2011).

4.3 Emotional Abuse

Emotional abuse is the most commonly self-reported form but the least often recognized by services. Spinazzola and colleagues (2014) showed that psychological maltreatment contributes independently to mental health and risk outcomes, with effects comparable to those of other forms of abuse.

4.4. Neglect

Neglect includes physical, emotional, medical, educational, and supervisory failures. Its effects on cognitive, language, and socio-emotional development are substantial and are often underestimated because there is no discrete injury to observe (Hildyard & Wolfe, 2002).

5. RISK FACTORS

A meta-analytic review of risk factors found that no single characteristic predicts maltreatment, and that the strongest predictors differ by type of maltreatment (Stith et al., 2009). Parent-child dysfunction, parental anger and hyperreactivity, family conflict, and child behaviour problems were prominent. The factors below are organized by ecological level.

5.1. Parent and Caregiver Factors

Being maltreated as a child is associated with later maltreating one's own children (Assink et al., 2018). *Mental health and stress.* Parental depression, high stress, and low tolerance for frustration are repeatedly linked to harsh or neglectful parenting (Stith et al., 2009). *Substance misuse.* In a population-based Canadian sample, parental alcohol and drug problems were associated with a higher likelihood of child physical and sexual abuse (Walsh et al., 2003). *Unrealistic expectations.* Expectations beyond a child's developmental stage can provoke frustration and punitive responses, which is why parent education is a common prevention component.

5.2. Child and Family Factors

Child behaviour problems and a difficult parent-child relationship are associated with higher risk of physical abuse, although children are never responsible for being abused (Stith et al., 2009). Exposure to domestic violence overlaps with other forms of maltreatment and independently harms children's emotional and behavioural development (Holt et al., 2008). Family conflict, single parenthood without adequate support, and stressful life events add to risk mainly through their effects on parental stress and resources.

5.3. Community and Societal Factors

A systematic review of studies on economic insecurity found that financial hardship is associated with greater risk of maltreatment, consistent with a stress pathway in which poverty reduces parents' capacity to cope (Conrad-Hiebner & Byram, 2020). Social isolation removes sources of practical and emotional support. Cultural and legal acceptance of corporal punishment shapes what is seen as normal discipline and is one route by which societies make physical abuse more likely (Durrant & Ensom, 2012).

6. CONSEQUENCES

6.1. Physical and Long-Term Health

The Adverse Childhood Experiences (ACE) study of more than 9,000 adults found a graded relationship between the number of adverse childhood experiences, including abuse and household dysfunction, and risk of several leading causes of adult death and disability, including heart disease, cancer, chronic lung disease, and liver disease (Felitti et al., 1998).

A later meta-analysis of 37 studies confirmed that people with four or more adverse experiences had markedly higher risk of problematic alcohol and drug use, mental ill health, violence, and poor sexual health, with weaker but significant associations for chronic disease (Hughes et al., 2017). A systematic review and meta-analysis found that child physical abuse, emotional abuse, and neglect are each associated with increased risk of mental disorders, drug use, suicide attempts, sexually transmitted infections, and risky sexual behaviour (Norman et al., 2012).

6.2. Brain Development

Teicher and Samson (2016) reviewed neuroimaging and other evidence showing that maltreatment is associated with alterations in brain regions involved in emotion, memory, and stress regulation, including the amygdala, hippocampus, and prefrontal cortex. These findings are largely correlational, and the timing and type of maltreatment appear to matter.

6.3. Psychological and Emotional Outcomes

Maltreated infants are far more likely than non-maltreated infants to show disorganized attachment. In an early study of 12-month-olds, around four in five maltreated infants were classified as disorganized, compared with a minority of controls (Carlson et al., 1989). Gilbert and colleagues (2009) reviewed evidence from high-income countries and concluded that maltreatment leads to lasting mental health problems, impaired education and employment outcomes, and economic costs to society. Emotional abuse and neglect show effects as large as those of physical and sexual abuse (Norman et al., 2012; Spinazzola et al., 2014).

7. PROTECTIVE FACTORS AND PREVENTION

7.1. Protective Factors

A review of resilience following maltreatment identified protective factors at three levels: individual (for example, cognitive ability, self-esteem, and an easy temperament), family (a supportive relationship with a caring adult), and community (peer, school, and neighbourhood support) (Afifi & MacMillan, 2011). These map onto the ecological model and suggest targets for intervention.

7.2. Prevention

Prevention is commonly described at three levels: primary (all families), secondary (families with known risk factors), and tertiary (families where maltreatment has occurred). A systematic review of reviews found the best evidence for home visiting and parent training programmes, with promising evidence for programmes to prevent abusive head trauma, and noted that most evidence came from high-income countries (Mikton & Butchart, 2009). In a randomized trial with 15-year follow-up, nurse home visiting reduced verified child abuse and neglect among families at higher risk, defined as unmarried, low-income mothers (Olds et al., 1997). Reducing social acceptance of physical punishment is a complementary population-level measure (Durrant & Ensom, 2012).

8. DISCUSSION AND LIMITATIONS

The evidence converges on a multi-factor, multi-level account. Risk factors are probabilistic and cumulative, they differ by maltreatment type and they are modified by protective factors. Three limitations apply to both the literature and this review. First, official statistics substantially undercount maltreatment, so prevalence depends on method (Stoltenborgh et al., 2015). Second, most studies are observational and cannot establish causation, and retrospective self-report is subject to recall bias. Third, the evidence base is dominated by high-income countries, so the strength of specific risk factors and the effectiveness of programmes in other settings, including sub-Saharan Africa, are less certain. Because this is a narrative review without a formal search protocol, relevant studies may have been missed. Future research should test prevention programmes in low- and middle-income settings, use longitudinal designs, and examine how risk and protective factors interact.

9. CONCLUSION

Our society is confronted with many problems, including poor education (Nyong & Onyemaobi, 2025), inadequate healthcare (Nyong et al., 2025), poor environmental conditions (Nyong, 2025; Nyong et al., 2025). And child abuse adds to these existing challenges. Child abuse and neglect result from the interaction of parental, family, community, and societal factors, and their effects on health, development, and behaviour can last a lifetime. Because risk accumulates and protection can offset it, effective responses combine support for parents and families, reductions in economic and social stressors, changes in norms about punishment, and early identification of children at risk. Programmes with proven benefit, such as home visiting and parent training, should be extended and evaluated in more diverse settings.

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