

Psychosocial Approaches to the Recovery of Child Victims of Neglect: A Synthesis of the Literature and Professional Perspectives

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ABSTRACT

Child neglect may bring about lasting effects psychologically, emotionally, developmentally, relationally and socially; hence the need for recovery strategies that go beyond just safeguarding children. The current study looks at psychosocial recovery of victims of child neglect through the qualitative analysis of available literature and professional views on the matter. The empirical aspect of this study was based on semi-structured interviews of two professionals dealing with cases of children in Malaysia, specifically a psychological officer and a police officer dealing with child crime in the Royal Malaysia Police. The analysis of the interviews, together with findings from the literature review, helped in the identification of the dimensions of psychosocial recovery. The synthesis revealed six interrelated dimensions, which include: (i) safety and stabilization; (ii) trust and therapeutic relationships; (iii) child-focused and developmentally-sensitive interventions; (iv) biopsychosocial recovery; (v) family, community and multi-agency support; and (vi) sustainability of care and recovery. These perspectives pointed to the need for the establishment of safety psychologically and physically, developing trusting relationships, making the intervention tailored to the developmental and communicational requirements of the child, considering the interplay between biological, psychological and social factors, enhancing the protective environment of the child and ensuring proper follow up. These perspectives were largely consistent with the literature while bringing forward the significance of taking into account the issues concerning context and services provided as well. On the whole, the results indicate that psychosocial recovery has to be regarded as the developmental and relational process which goes beyond simple protection or relief of symptoms and involves the coordinated efforts on the part of the child's family and professionals.

Keywords: child neglect; psychosocial recovery; child protection; resilience; trauma-informed practice; multi-agency intervention; Malaysia

INTRODUCTION

Child neglect is an intricate form of child abuse which entails inadequate fulfillment of the physiological, psychological, developmental and social needs of children. Unlike other forms of abuse which may have more obvious symptoms, neglect may be a result of repeated failure to meet the needs of the children and may therefore not be easily noticeable as inadequate care may be normalized in the lives of the children. The literature has identified child neglect as a multi-dimensional problem linked with various family and situational factors such as caregiver problems, family situations, economic constraints and lack of social support (Schumacher et al., 2001; Dufour et al., 2000). In the context of Malaysia, neglect is further complicated by cultural aspects of parenting and child care, hence the need to consider the social and cultural environment when dealing with this issue (Abdullah & Thattengat, 2025). Neglect may lead to various negative impacts on different aspects of the development of the child. Various studies have shown links between neglect and various negative effects both physical and psychological among others (Maguire et al., 2015; Westphaln et al., 2024; Zhang et al., 2025). Psychological and emotional repercussions can include problems with emotion regulation, anxiety, depression, poor self-concept and problems with attachment, as well as long-term exposure to neglect that may result in behaviour and developmental problems (Grummitt et al., 2022; Rakesh et al., 2023; Xu et al., 2023). These are some of the examples that show that neglect must be considered not just from the perspective of lack of adequate care but must include a recovery process as well.

Recovery from neglect should therefore be seen as more than just protection from harm or addressing one instance of neglect. A psychosocial approach is especially significant since children's psychological health is closely tied to their relationships and surroundings. The ecological perspective of child development proposed by Bronfenbrenner sees child development as a process involving interactions between the person and multiple systems in the environment (Bronfenbrenner, 1979). In this sense, the child's family, educational establishment, peers, and community are part of the environment in which recovery takes place, rather than outside it. Resilience is increasingly viewed as a developmental process that is facilitated by adaptive systems and protective relationships, rather than simply being an attribute of an individual (Masten, 2021). Therefore, contemporary research increasingly advocates for approaches to recovery that are trauma-informed, child-centred, family-centred and multidisciplinary (Lee & Lynch, 1998; Schumacher et al., 2001; Undurraga & Álvarez, 2021; Langevin et al., 2026). Consequently, psychosocial interventions have taken into account not just the psychological reactions of children to adversity but also the parent-child relationship, attachment, family dynamics, social relations, and broader environmental factors. Some examples of approaches that have been employed include Trauma-Informed Care, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Attachment, Regulation and Competency (ARC), Trust-Based Relational Intervention (TBRI), MST-CAN Multisystemic Therapy for Child Abuse and Neglect, Parent-Child Interaction Therapy (PCIT), SafeCare and Attachment and Biobehavioral Catch-up (ABC). All these approaches combined have been linked to positive outcomes both for children's well-being and parents' competence (Lachman et al., 2023; Li et al., 2024; Langevin et al., 2026).

The other common element of these theories is that they acknowledge the importance of the child's caregiving and social ecology in achieving sustainability. Family relations, responsive parenting, social supports, and family resilience can be considered protective, while family discord, economic stressors, caregiver stress, poor parenting, and lack of social supports can be seen as vulnerability factors (Schumacher et al., 2001; Dufour et al., 2000; Undurraga & Álvarez, 2021; Langevin et al., 2026). As a result, psychosocial recovery should not be defined as an approach that only focuses on the child. It entails the development of the child's ecology of relationships, caregiving, and supports. The context of Malaysia also provides evidence in favor of the comprehensive perspective. For instance, Program Naungan Kasih exemplifies the significance of community-based interventions that promote positive parenting practices, decrease violent discipline measures and foster good relationships between parents and children (Lachman et al., 2023). Moreover, the creation of the Screening Instrument for General Neglect of Infants in Malaysia (SIGNS-M) is one more step in the direction of detecting cases of infant neglect in the country from the point of view of its cultural specificity (Mohd Khanafiah et al., 2024). Furthermore, the analysis of recovery paths of domestic violence victims in Malaysia shows the importance of psychological assistance, social protection and cooperation between governmental organizations

and communities (Li et al., 2024). Overall, all the above-discussed innovations underline the importance of integrated psychosocial responses in the context of Malaysian child protection.

However, there is a clear indication from the literature that there are still important gaps in the application of these principles in formulating an integrated recovery model that takes into consideration the special needs of children who have experienced neglect. There is diversity in terms of theoretical foundation, targeted groups, and interventions, while the existing evidence is not always integrated in such a way that gives a holistic description of how psychological, family, social, and organizational aspects of recovery could interact in the process of recovery. Another constraint relates to the relation of evidence in the literature to practice. While studies present relevant evidence regarding psychosocial intervention, it is imperative that for one to understand the way in which recovery processes are carried out in child cases, they must focus on the views of professionals who come across such cases during practice. Professional views would assist in understanding how needs for psychology are determined, how children are engaged, how families participate, how monitoring of the cases takes place, and how other agencies help in achieving recovery.

Thus, this research integrates the literature review on the psychosocial approach to child neglect recovery with professional views from people working in cases involving children. In particular, the empirical part will include the views of a psychological officer and a police officer from the child crime section on recovery in terms of its psychological, social, familial, and institutional aspects. The integration of the literature and professional views makes it possible for the research to uncover common features of both the theoretical and practical views on the problem. This synthesis informs the study that takes into account the recovery process of a psychosocial nature as an extension of safety and stabilization, trust and therapeutic relationship, interventions and assessment that are centred on the child's well-being, and the involvement of the family and other agencies in the process. The recovery is not viewed merely as alleviation of psychological symptoms or completion of the intervention but rather as the process through which the child regains emotional and social functioning and is able to engage in developmental activities and supportive relationships and build resilience. This paper thus seeks to make a contribution to this more holistic approach to psychosocial recovery intervention models for neglected children through a literature review. The findings of such a review could serve as an important theoretical foundation for the development of intervention programs that are child-focused, family-friendly, multidisciplinary, and responsive to the realities of child protection practice in Malaysia.

LITERATURE REVIEW

Child Neglect and the Need for Recovery

Child neglect is an instance of multidimensional maltreatment that can have an impact on a variety of developmental aspects including physical health, emotion, behavior, cognition and social skills. As shown by the literature considered in this paper, neglect can be related to difficulties with emotional regulation, psychological well-being, attachment, behavior and development (Maguire et al., 2015; Grummitt et al., 2022; Rakesh et al., 2023; Westphaln et al., 2024; Zhang et al., 2025). Such findings imply that the intervention not only includes identifying and protecting the victim, but also the management of negative consequences of abuse in order to facilitate recovery from neglect. It means that the process of recovery is to be interpreted as a process of restoration and improving ability of the child to develop in a safer and more supportive environment. Like Jackson et al. (2023), there is also a lack of research on interventions targeted at neglected children. In their systematic review, Jackson et al. (2023) were only able to find six intervention studies that met their inclusion criteria, where four had positive effects on children but varied in terms of quality. The researchers thus emphasized the importance of conducting more research and establishing a more comprehensive theory of change for overcoming neglect. This aspect is crucial due to the heterogeneous nature of neglect. Children may be exposed to various types of neglect, varying in duration and intensity, and also in combination with other types of abuse. Therefore, recovery cannot be a linear process.

Psychosocial Perspectives on Recovery

The psychosocial approach acknowledges the link between children's psychological health and the relations and contexts around them. Hence, trauma-informed, child-centered, family-centered, and multidisciplinary approaches are noted in the literature reviewed for the paper as significant orientations for healing (Lee & Lynch, 1998; Schumacher et al., 2001; Undurraga & Álvarez, 2021; Langevin et al., 2026). The ecological theory of Bronfenbrenner is one of the essential frameworks that underlie this approach by highlighting the interaction between the child and several environmental systems (Bronfenbrenner, 1979). Based on this theory, recovery is inseparable from the family, school, peers, and community the child belongs to. Social support can act as a buffer against adverse experiences, while family processes and parental behavior might act as protective or risk factors. In the research literature presented, economic stress, conflicts in the family, mental health problems on the part of the caregiver, poor parental skills and lack of social support were noted as possible causes of neglect. Positive family interaction, responsive parenting, social community and resilience within the family could increase recovery possibilities and prevent neglect from recurring (Schumacher et al., 2001; Dufour et al., 2000; Undurraga & Álvarez, 2021; Langevin et al., 2026). Consequently, psychosocial recovery is not about treatment of the child only, but involves the child, family and social context around the family.

Psychosocial and Family-Based Intervention Approaches

Various intervention methods that focus on various dimensions of recovery from trauma among children are discussed in the existing literature. These interventions include Trauma-Informed Care, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Attachment, Regulation, and Competency (ARC), Trust-Based Relational Intervention (TBRI), Multisystemic Therapy for Child Abuse and Neglect (MST-CAN), Parent-Child Interaction Therapy (PCIT), SafeCare, and Attachment and Biobehavioral Catch-up (ABC). All these interventions together have been linked to positive outcomes for child wellbeing, parent competence, and family function (Lachman et al., 2023; Li et al., 2024; Langevin et al., 2026). One commonality among the approaches mentioned above is that they all attach great importance to the concept of relationship. In PCIT, ABC and TBRI, for instance, great stress is placed on parent-child relationship, parent responsiveness, attachment and relational security. The research literature reviewed in this study reveals that enhanced parental competencies and parent-child relationship may be associated with better child well-being and less risk of repeat neglect (Lachman et al., 2023; Li et al., 2024; Langevin et al., 2026).

Other techniques go beyond the parent-child dyad by considering systemic issues. MST-CAN uses a multisystemic approach, whereas trauma-informed techniques focus on creating psychological safety and knowledge of trauma histories and prevention of further traumatization. Such an approach illustrates the importance of considering multiple aspects in psychosocial recovery, as opposed to just one therapeutic technique. Evidence with regards to neglect, however, is quite sparse. As per Jackson et al. (2023), neglect studies often lumped children suffering from different forms of maltreatment together, thus it was impossible to conclude what the outcome was due to neglect-related interventions. This illustrates the importance of synthesis of evidence carefully, and not taking it for granted that evidence about child maltreatment can be applied to neglect studies.

Family, Community and Multidisciplinary Support

Additionally, research in the literature shows that recovery is enhanced where intervention involves not only individual therapy but family and community involvement as well. Family functioning is especially vital since the care-giving milieu is potentially both a source of risk and a source of recovery. This implies that parenting programs, family counseling, home-based services and community intervention can help enhance the care giving capacity and protectiveness of relationships. Program Naungan Kasih in Malaysia gives an example of the relevance of community-based parenting intervention, in particular in enhancing positive parenting and improving parent-child relationships (Lachman et al., 2023). Development of SIGNS-M reflects another step forward in culturally specific identification of infant neglect in the Malaysian setting (Mohd Khanafiah et al., 2024).

Malaysian literature additionally emphasizes the importance of integration of psychological assistance and cooperation of governmental agencies and community in recovery processes (Li et al., 2024). This is especially true in cases of neglected children, whose recovery might include combined assistance of several sectors, including psychological, social, health care, educational, law enforcement, and community sectors. Practical restrictions in the current system of services are discussed in the literature as well. The lack of resources in Malaysia may restrict services in providing intensive monitoring and following up. Evidenced programs like MST-CAN and PCIT have also not been widely implemented in the context of governmental agencies and remain limited to research and academic areas or non-governmental organizations (Henggeler & Schoenwald, 2011; Thomas & Zimmer-Gembeck, 2011).

METHODOLOGY

A qualitative methodology that included focused literature review and professional viewpoints was adopted to explore the issue of psychosocial recovery for child victims of neglect in this paper. This focused literature review covered those papers that discussed the psychological, emotional, developmental, relationship and sociological impacts of child neglect as well as the psychosocial and family-based interventions concerning the recovery of these children. The literature review was done by searching academic databases using a combination of keywords including “child neglect”, “psychosocial recovery”, “trauma”, “attachment”, “resilience”, “intervention” and “child protection”. The papers used in this study were selected based on their relevance to the psychological, relationship, development, and sociological aspects of the issue. The empirical part included semi-structured interviews with two professionals from the Child Crime Investigation Division of Polis Diraja Malaysia (PDRM). The first informant is a psychologist, while the second informant is a Deputy Superintendent of Police (DSP) of the PDRM. The interviews examined professional views of children's psychosocial needs, therapeutic alliance, family involvement, social support, multi-agency collaboration, and monitoring and continuity of care. The interviews were designed to supplement and interpret the literature review rather than to provide representative examples of professional practice. The interview data were thematically analyzed for patterns and dimensions of psychosocial recovery. The identified themes were analyzed in relation to the literature and synthesized in six interrelated dimensions: (i) safety and stabilization; (ii) trust and therapeutic alliance; (iii) child-focused interventions; (iv) biopsychosocial recovery; (v) family, community, and multi-agency support; and (vi) continuity of care, resilience, and sustainable recovery. Selected direct quotes were translated into English language to demonstrate professional perspectives. The analysis made clear distinctions between evidence based on literature review, the practice-based perspectives provided by the professional informants, and the authors' thematic synthesis.

FINDINGS AND DISCUSSION

The synthesis of the literature and the perspectives of the two professional informants reveals that the process of psychosocial recovery from child neglect is multi-dimensional, relational and continuous in nature. According to the findings from the literature, recovery from child neglect is not restricted to dealing with the psychological effects experienced by the child but is rather a multi-dimensional process that involves addressing safety concerns, building relationships, meeting the developmental needs of the child, addressing physical and social well-being, family situations, and the larger support network around the child. While the professional perspectives of both of the informants agree with the literature in terms of emphasizing on the supportive context around the child, their perspectives provide valuable practice insight as to how the principles can be applied in the context of child-related services. Through this process of synthesis, it was possible to derive the following six interrelated dimensions of recovery: (1) Safety and psychological stabilization; (2) Trust and therapeutic relationships; (3) Child-centered and developmentally sensitive intervention; (4) Biopsychosocial recovery; (5) Family, peer, community and multi-agency support; and (6) Continuity of care, resilience and sustainable recovery.

Table 1: Finding Matrix

Finding	Literature	Professional Perspectives	Integrated Psychosocial Principle
4.1 Safety & Stabilisation	The trauma informed and child protection literature is focused on safety and stabilization.	The psychological and police approaches emphasize protection and the immediate psychological status of the child.	Recovery starts from safety.
4.2 Trust & Therapeutic Relationships	Attachment and relationships stresses the importance of stable relationships.	Psychological approach stresses rapport while the police approach stresses proper professional relationship.	Trust paves the way for recovery.
4.3 Child-Centred Intervention	Individualized and trauma informed interventions stress individuality and development.	Professionals highlight the importance of tailoring interventions and interactions to the specific child.	The child needs to stay at the centre of the intervention.
4.4 Biopsychosocial Recovery	Literature provides examples of intertwined physical, psychological, developmental and social repercussions.	Professionals refer to psychological, familial, behavioural and environmental factors.	A holistic approach is required for recovery.
4.5 Family, Peer, Community & Multi-Agency Support	Interventions from family, peer, parents, community, and multidisciplinary approaches can improve protective mechanisms.	Professionals stress the role of family and peer involvement and inter-agency cooperation.	A protective system should surround the child for recovery.
4.6 Continuity, Resilience & Sustainable Recovery	The literature on resilience and recovery stresses the need for prolonged support and protective mechanisms.	Professionals stress the importance of following up and monitoring the child.	The recovery process should continue even after the initial intervention.

Safety, Stabilisation and Prevention of Retraumatism as the Foundation of Psychosocial Recovery

These results show that safety and psychological stabilization are the first steps of psychosocial recovery for neglected children. Nevertheless, in the professional view, safety is not only about physical safety; it also refers to psychological stabilization, feeling secure, and determining how hard the next intervention will be based on a particular situation of the child.

According to the psychological perspective, Informant 1 (Psychology Officer) explained recovery as a step-by-step process starting from psychological first aid and safety before moving on to therapy.

“Then, step by step, we first build a relationship with the child. We call it rapport... their trust in adults is somewhat reduced... So it is difficult for them to trust us, so we have to build the trust a little through rapport first. Then we proceed with the sessions, and finally move to rehabilitation treatment or therapy.”

This narrative implies a clear relationship between stabilisation and the child’s readiness for intervention. Instead of getting straight into the therapeutic process, the professional process as narrated by the informant begins with creating the necessary psychological safety and trust. This is corroborated by the evidence that shows how

childhood maltreatment and poor caregiving experiences may influence the child's psychological, cognitive and social development (Bick et al., 2021; De Bellis & Zisk, 2021; Crawford et al., 2022). Trauma-informed practices have also emphasized safety and responsiveness while working with maltreated children (Briggs et al., 2021).

Another angle of view given by informant 2 (Police Officer) is the following:

"For neglect cases, we look at how severe the situation is. If the child's condition is relatively ordinary, we will return the child to the parents and alert the school to monitor the situation. From what I have seen so far, alhamdulillah, most of them recover quickly."

For more serious cases, the informant further stated:

"But for serious cases of neglect... such cases cannot simply be left as they are. They have to be continuously monitored until they have truly recovered."

It becomes clear that the professional approach is not always consistent but varies depending on the seriousness of the problem and the degree of ongoing risks involved. This is vital because the effects of the neglect may go far beyond the visible physical conditions. There is evidence about the connection between childhood neglect and psychological, behavioral, and developmental problems (Maguire et al., 2015), as well as studies about the consequences of prolonged adversities which highlight possible long-term effects throughout the whole developmental trajectory (Bick et al., 2021; De Bellis & Zisk, 2021). Therefore, the lack of visible danger does not mean complete recovery.

In general, the two professional approaches work together rather than overlap with each other. For example, Informant 1 focuses on psychological stabilization and the readiness of the child for treatment, while Informant 2 is concerned with the risk assessment, protection, and further monitoring based on the level of seriousness of the case. The literature helps to provide empirical justification for considering neglect from the multidimensional perspective with potential long-term effects. In other words, recovery is supposed to start with physical and psychological security, then proceed to stabilization and proportionate monitoring.

Rebuilding Trust and Therapeutic Relationships in Psychosocial Recovery

Trust became an essential relational condition for psychosocial rehabilitation, especially since neglect could interfere with children's trust in adults and their ability to establish supportive relationships. The professional theory states that therapy participation must be established through a supportive relationship based on acceptance, consistency and safety.

Informant 1 (Psychology Officer) stresses that the professional must not become yet another source of danger or criticism:

"The psychological officer or counsellor themselves must not be threatening... must not judge them, must not label them and so on. Do not scold them, accept them."

The above narrative shows that the therapeutic relationship is more than just a conduit through which therapy is provided but rather it is a part of the process of healing for the child. The relationship between the professional and the child which is non-threatening and accepting can serve as the context within which the child can slowly enter into therapy. This aligns with the literature on attachment which highlights the need for responsive relationships for children who have been through adverse experiences of caregiving (Bernard et al., 2012; Forslund et al., 2022).

The need for responsive relationship goes beyond just the professional-child dyad. Informant 2 (Police Officer) pointed out the role played by the child's social surroundings:

"To improve the recovery process itself, it is actually through community and family support."

The informant further emphasised:

“Family support is very important so that they know how to manage parenting issues and know the limits of their actions.”

In this way, these perspectives expand the idea of therapeutic help beyond the personal clinical bond into a relational web around the child. This is in line with the literature showing that the recovery process depends on the quality of care and the broader social environment rather than on the psychological treatment alone (Masten, 2021; Lachman et al., 2023). The research on attachment also shows how important it is for the development and emotional adjustment of children to have a stable caregiver relationship (Bernard et al., 2012).

Overall, the evidence suggests that trust is both a pre-condition and an achievement of the therapeutic process, which should be gradually restored through secure and responsive relations. On the one hand, professionals are to engage with the child in a non-judgmental and accepting manner; on the other, families and communities are to develop supportive relationships that will enhance the feeling of security of the child. Thus, psychosocial recovery means not only treating the effects of neglect but reconstructing the relational environment of recovery itself.

Child-Centred and Developmentally Responsive Psychosocial Intervention

This means that the intervention needs to be tailored to the child’s stage of development, emotional state and capability to express him/herself as opposed to using a one-size-fits-all approach or an approach that relies solely on language. This is especially important in cases involving neglected children, because the distress experienced by these children can be communicated through their behavior, emotional reactions or inability to use words to articulate their experiences.

Informant 1 (Psychology Officer) explained tailoring the intervention to the child’s capacity to communicate:

“We need to use a different approach. For example, previously we might ask many questions and conduct sessions verbally only. Perhaps we can use other expressive therapies. For example, if a child finds it difficult to share verbally, we can use play therapy. We use many techniques. So that is why we have to try whichever one is suitable for the child, until the child feels that they have gained insight and awareness.”

Such an approach is thus more responsive than prescriptive since the engagement process will be modified based on what works for the child. Hence, it is not the engagement approach per se that matters but the fact that effective engagement and communication have been facilitated. It should be noted that such an approach is quite congruent with approaches based on the understanding of the needs of children in terms of psychological and developmental development (Briggs et al., 2021; Bernard et al., 2012).

The informant also mentioned expressive drawing:

“We often use ADHTP, Art-Drawing House-Tree-Person, drawing a house, tree and person. This really helps the child express their emotions. We can see the family relationships through this projective drawing approach.”

This finding needs to be read with caution. The interview reveals how projective drawing is utilized by the expert as a tool for emotional expression and communication, yet this study cannot confirm whether projective drawing works therapeutically. Thus, the finding reinforces the general idea that children should be offered ways of expression instead of confirming the therapeutic value of projective drawing.

Emotional expression aside, the intervention described by Informant 1 also involved emotional regulation:

“Next, we need to provide psychoeducation. Psychoeducation to the child about how to control their emotions. We might use breathing techniques with them. Then I use a lot of mindfulness techniques... Then we have grounding techniques.”

These approaches imply that the child-centred approach to intervention could be based on not only helping a child express emotions but also building coping and regulation skills. These aspects can be attributed to the evidence of problems in emotional and social functioning caused by childhood neglect and maltreatment

(Maguire et al., 2015; Crawford et al., 2022). Meanwhile, resilience studies demonstrate the necessity for children to develop adaptive mechanisms in the supportive environment (Masten, 2021).

Summing up the results, one may conclude that the definition of child-centred psychosocial recovery is not based on the specific method used but rather on how responsive the intervention is in terms of developmental and psychological needs of a child. Thus, the expressive, psychoeducational and regulation-based techniques may be involved in recovery in different ways. The conclusions drawn from the professional account and literature review allow one to assume the flexible nature of child-centred intervention.

A Biopsychosocial Approach to Holistic Recovery

These results suggest that the biopsychosocial aspects of child neglect recovery should be viewed through an integration of the biological, psychological, and social factors of the child. This is because the well-being of the person is determined not only by the functioning of the individual but also by other related factors (American Psychological Association, 2007).

Interviewee 1 (Psychology Officer) pointed out the importance of performing a biopsychosocial assessment as follows:

“There must be a biopsychosocial assessment. Biological assessment, which is concerned with physical health, nutrition, and sleeping patterns.”

The psychological aspect was elaborated as follows:

“Psychologically, which concerns emotions, trauma, self-respect, and personality. Do they suffer from anxiety, depression and so on?”

The informant also highlighted the significance of the child's social context:

“Then we talk about the social aspect. What is the social aspect? It is institutional relationships, it is the school, financial, social context, abuse, culture and all these things.”

These examples show that, from the professional point of view, the assessment for recovery goes beyond detecting psychological symptoms. Physical state, psychological functioning, and social situation are considered as a whole to have an overall picture of the child's condition. This is especially applicable to the case of neglect as poor care can impair not only psychological but also physical development of a child (Bick et al., 2021; De Bellis & Zisk, 2021; Maguire et al., 2015).

Sleep, nutrition, and physical state were specified by the informant as aspects of recovery:

“We as psychological officers should advise them... to do psychoeducation on how many hours they have to sleep, how many hours... From this point of view, it is biological – sleep, nutrition, physical health, medication and genetics if it is possible.”

From this view, it becomes clear the necessity to consider all the factors that can affect the child's ability to engage in psychological and social recovery. According to research, childhood adversity and neglect may have an impact on development and neurobiology (Bick et al., 2021; De Bellis & Zisk, 2021; Rakesh et al., 2023). Psychologically, neglect is related to problems in emotions, behaviour and cognition (Maguire et al., 2015), while emotional neglect is connected to depression and alterations in brain functions (Xu et al., 2023).

The social aspect emphasizes the impossibility of reducing the process of recovery to an individual one. It can be seen from the fact that the informant mentions such things as family connections, school, money, social support, and culture, which means that the recovery of the child's psychology takes place within the environment where the child exists. In addition, family situation, social context, and social support can play an important role in neglect and children's well-being (Dufour et al., 2000; Schumacher et al., 2001; Undurraga & Álvarez, 2021).

When taken as a whole, the case study along with the literature review highlights a whole child approach to recovery whereby the biological, psychological and sociological aspects of the child's well-being are interconnected. Thus, the synthesis shows that in order to have effective psychosocial recovery, it is not enough to concentrate solely on alleviating the psychological symptoms but to create appropriate physical and social settings as well.

Family, Peer, Community and Multi-Agency Support in Sustaining Recovery

The results show that the psychosocial recovery from child neglect goes beyond the therapeutic session and depends on the support system in which the child is embedded. There are different protective and support systems such as family support, friendship, school, community, and professional support. This result correlates with the ecological perspective of child development that suggests that the health and development of the child are influenced by several interrelated environments (Bronfenbrenner, 1979) and the literature on child neglect where it is suggested to consider the role of family and other social factors (Dufour et al., 2000; Li et al., 2024).

The role of family support was especially significant since the care environment can also be linked to the child's problems. According to the DSP, the participation of the family is important for providing support to the child as well as solving parenting issues:

"Family support is very important so that they know how to manage parenting issues and know the limits of their actions."

It implies that the involvement of family members cannot merely be seen as an extra form of emotional support. When there is neglect due to poor caregiving, the recovery process would need more than just changing things outside the caregiving environment. Psychological intervention towards the child would only show a certain degree of sustainability if there is no change in the existing situation that causes neglect. This conclusion is in line with the literature that links family functioning and parenting styles to neglect in children (Dufour et al., 2000). At the same time, the effectiveness of the Naungan Kasih parenting program in Malaysia proves this point (Lachman et al., 2023).

It is worth noting that in the professional account, even friends and peers were mentioned as potential sources of psychosocial support. In his statement, the informant said:

"Also, support from friends is important.... They require support from the people who surround them when they are stressed."

Peer support is important since recovery does not only take place within the family and by means of services but may extend beyond them. For children and teenagers, peer connections and friendships offer companionship and a chance for them to get back to normal social experiences. Hence, in case of neglect, it may help the child feel connected socially. This is in line with the ecological theory where peers and school are a part of the child's developmental context along with the family (Bronfenbrenner, 1979).

Importance of peer relations is also reflected indirectly in the story given by the Psychological Officer about a child suffering from neglect in terms of emotions. As a result of intervention and altered behavior on part of parents, she was able to develop confidence to such a level that she could go to school by bus with her friends. Informant said:

"She was able to go to school by bus on her own with her friends".

In this case, the significance of friends is not just coincidental. It is a sign of the reestablishment of the normal social and educational life of the child.

The results also establish the importance of the school as a setting in terms of sustaining the well-being of the child even after intervention or family reunification. In cases where the situation is less critical, the DSP mentioned that they would reintegrate the child with their families but include the school in monitoring the situation as follows:

“If the child is doing relatively okay, then we will return the child to the parents and make sure that the school is aware of this.”

This implies that the school could be another venue for the monitoring of the situation after the child has been returned to the family. This is especially important because any changes in the child’s attendance, behavior, performance in academics, and interactions with peers can serve as clear signs of the adaptation process.

Community support also extends the recovery process beyond psychological therapy in the same way. According to the DSP,

“The way to improve the process of recovery is actually by community and family support.”

This supports the idea that psychosocial recovery is socially embedded. In the case of the child, there is need for an environment which is capable of supporting the progress achieved during psychological therapy.

In more severe or complicated cases, according to the professional view, recovery will require collaboration with different organizations. As explained by the DSP,

“In the case of more serious cases, our process of intervention includes many people, including the counsellors of PDRM, JKM, KKM, and even specialist from the hospital itself. The parents are also provided with counselling sessions on how to deal with the child.”

The participation of PDRM, JKM, KKM, and hospital experts indicates the multifaceted nature of complex child neglect. Various agencies may handle different aspects of the child's needs, depending on protection, counseling, social welfare, health care, and parents' help, among others. Hence, the implications indicate that the involvement of multi-agencies in a particular child abuse case should depend on its severity and complexity rather than a uniform application in all cases.

Another indication of the need for cooperation from various agencies is given by the DSP, who explained the lack of enough psychological specialists in PDRM as follows:

“Task screening will be conducted by PDRM itself. The problem here is that each contingent in Malaysia (15 contingents, including Bukit Aman) has only one psychologist for the whole contingent. This way, we have to delegate the task to the hospital and JKM according to whatever assistance they can give.”

It seems clear that the cooperation between multiple agencies is both desirable and even necessary because of the variations in institutional and professional competences and capacities. Rather than viewing services in terms of isolated referrals, the research findings suggest the model of functional integration in which various participants do their job.

On the whole, the research findings prove that the process of psychosocial recovery in the case of child neglect is relational, ecological and institutionally facilitated. Firstly, the family is responsible for the primary environment of the child, who may need help himself or herself. Secondly, friends and peers provide the child with social and emotional assistance. Thirdly, schools play the role of continuity and surveillance of the process of recovery. Fourthly, the community supplies the wider resources. Fifthly, professional agencies provide specific protection, psycho-social, welfare and health services. The intensity of such assistance depends on the needs of the child and the complexity of the case in question.

Continuity of Care, Resilience and Sustainable Recovery

The last one revolves around the steps that need to be taken after immediate protection and treatment. The results indicate that psychosocial recovery from neglect needs to be viewed as an ongoing development process where maintenance is achieved through follow-up, supportive relationships, and reintegration into society as well as reinforced protective mechanisms. This is especially the case since the impact of neglect may not be limited to the immediate period of neglect but may continue to manifest itself psychologically and developmentally over time (Maguire et al., 2015; Bick et al., 2021; De Bellis & Zisk, 2021).

Informant 2 (Police Officer) stressed the importance of following up depending on the severity of the case:

"But in cases of serious neglect... such cases cannot simply be left as they are. They have to be continually monitored until they have genuinely recovered."

This implies that case closure should not automatically mean that recovery has been achieved. Instead, it gives a means of determining if any improvement achieved during the case remains intact. In less serious cases, however, the informant spoke about another type of continuity:

"If it is a relatively common condition of the child, then we will transfer the child back to his parents and inform the school about monitoring the situation."

From the above examples, it can be observed that continuity is not always associated with continued intensive treatment. Instead, the type and degree of the process of follow-up may be varied based on the need and functioning of the child. It is also supported by the literature which suggests that overcoming adversities in childhood occurs when there are enough stable and resilient systems (Masten, 2021).

Another example shows that recovery might be seen as functional reintegration rather than only the decrease of symptoms. Referring to one of the cases that were treated by the psychological service, Informant 1 mentioned:

"In the end, her mother told us that she managed to get to school independently by bus with her friends, and her mother did not have to take her anymore."

In this case, this is an indication that there has been a transformation in the functioning and independence of the child. This is especially since the positive change in question happened amid changes in the child's immediate environment, meaning that the recovery did not just happen inside the child. Similarly, the literature sees resilience as developing out of the interactions between the child's individual attributes and adaptive mechanisms in their environment (Masten, 2021).

It is especially true for neglect, since resilience should never be seen as an individual trait that either exists in a child or does not exist at all. In fact, supportive caregiving, family relations, school involvement, and community resources can create the necessary conditions for fostering adaptive functioning. Similarly, findings from the Malaysian setting reveal the importance of parenting and family relations in addressing issues of violence against children (Lachman et al., 2023), while pathways to recovery including psychological, social and institutional support have also been found among domestic violence survivors in Malaysia (Li et al., 2024).

This means that the current findings build upon previous recovery dimensions. Safety forms the base, trust allows for engagement, child-focused therapy allows for psychological adaptation, biopsychosocial therapy meets integrated needs, and family and multiagency support provides the protective environment around the child. Continuity of care becomes the crucial factor determining whether this progress can be sustained within the child's daily life.

In summary, the research and professional opinions indicate that sustainable psychosocial recovery would be best measured in terms of continued safety, adaptability, stability of relationships, and reintegration within normative developmental settings, rather than solely through intervention completion. Psychosocial recovery is, therefore, a developmental process which extends beyond the therapeutic session and which is dependent on the ability of the child's protective relationships and environments to maintain their stability.

Limitations

There are many limitations to this study. Firstly, the professional analysis was conducted using only two informants who were working in the child crime investigation field. Therefore, their opinions should be treated as supplementary professional viewpoints but not representative examples of recovery practice in Malaysia. Secondly, the analysis of literature was narrow in its scope, and it might not be methodologically comprehensive enough, compared to the systematic review. Thirdly, this research lacked the viewpoints of children and their

caregivers that play an important role in analyzing psychosocial recovery after neglect. Finally, there is a need to treat some practices described by professionals, including particular methods of treatment, carefully.

CONCLUSION

From this research, it is evident that psychosocial recovery from child neglect should be viewed as a continuous process rather than a specific form of intervention for protection. Through combining the available literature with professional perspectives, this study highlights that recovery cannot be achieved without an interplay between the well-being of the child psychologically and the environment in which they find themselves in relation to their development. It moves away from the idea of dealing with the aftermath of neglect into creating an environment for sustainable recovery. The main contribution of this study is that it combines evidence, which is normally treated separately in literature on psychosocial intervention and child protection. Psychosocial recovery can thus be considered as not only relief from any negative consequences but also as the child's recovery of ability to feel safe, grow, interact with others and work in a favorable environment. In turn, however, this study does not attempt to create a model of validated intervention. It offers a conceptual framework informed by existing empirical data to better understand the concept of psychosocial recovery from neglect and its implications for the further creation of interventions. Additional research is needed to test the suggested dimensions of recovery among different groups of children and in various contexts of service delivery, especially long-term research that can evaluate recovery. Ultimately, the recovery of the neglected child depends not only on what happens to the child but also on the surrounding of the child. The truly psychosocial approach presupposes connection of protection, healing, relationships, family support and other components.

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Ethical Approval

Approval for the project was sought from the faculty before conducting the interviews. The subjects were volunteers and they had been made aware of the aims of the study, measures on confidentiality and that they could withdraw from the process at any time.

Conflict of Interest

The authors declare that there are no conflicts of interest related to this study.

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