Children at Risk: Evidence

Which professionals can look for signs and evidence of risks to children?

Every professional who comes in contact with children and families has the opportunity to identify risks to children. This would include child welfare, law enforcement, medical, teachers/educators, prevention and treatment professionals, and fire/ems. It can also include: code enforcement, camp counselors, housing authorities, utility workers, nursefamily partnerships, and others.



None of these professionals are likely to observe all of the signs and evidence of risks to children but each of these professionals may have the opportunity to provide a critical piece of the picture of a child that could result in an intervention.

Why is it critical that professionals understand and identify risks to children?

- To be able to report to appropriate agencies (i.e., Child Welfare, Law Enforcement)
- To allow for earlier identification, intervention, and services for drug endangered children
- To increase information and evidence for other professionals in order to help drug endangered children
- To enhance investigations and cases of all disciplines
- To enhance the capacity of each agency to better serve children
- To increase the likelihood of breaking the multigenerational cycles of abuse and neglect and substance abuse

What can professionals look for?

- 1. Signs of children
- 2. Indicators of increased risk of abuse or neglect
- 3. Signs of actual abuse: physical, emotional, sexual
- 4. Signs of actual neglect

1. Signs of Children:

Child car seat or booster seat in car	Children's drawings on refrigerator
Toys in yard or driveway of residence	Diapers or school papers in trash
Pictures of child on cell phone/computer screen	Child food items in trash (e.g., Graduate brand foods, Gerber containers, etc.)
Sidewalk chalk drawings at residence	Children's items hanging in windows

2. Increased risks of abuse and/or neglect:

Caregiver's substance use or withdrawal	Impaired or intoxicated caregiver
Increased family stressors (e.g., loss of housing,	Drug users, dealers, drug cooks, parolees,
employment, income; death in family; medical issues;	probationers, sex offenders, or other unknown people
birth of a child, etc.	in/around residence
Harmful substances within the residence	Caregiver has out of proportion anger/rage or has
	impulsive, erratic or aggressive behaviors
Chaotic environment	Previously reported abuse or neglect
Caregiver has irrational thinking or other mental	Child has behavior problems or is difficult to manage
health issues	
Weapons/booby traps in residence	Domestic violence in the residence

3. Possible signs of abuse (physical, emotional, sexual):

Unexplained injuries to the child	Domestic violence in the residence
Cuts, welts, bruises, burns or other marks on the child (e.g., belt marks, linear marks, bruising on or behind ears, black eyes, etc.)	Caregiver swears at, insults, puts down, or talks negative to child or about child
Child seems fearful of caregiver	Evidence of abuse to pets or other animals
Child has knowledge beyond their age of sexual	Unusual markings on the child that are not easily
activity or acts out sexually	explained

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4.	Possible signs of neglect:		
	Impaired/intoxicated caregiver		Unsafe living environment
	Inappropriate caregiver		Drug buys occurring with child present
	Inadequate or no supervision		Air quality issues in the residence
	Controlled substance in residence		Exposed/uncovered /hazardous wiring
	Controlled substance or other unsafe items accessible		Child commits crime to support the caregiver's drug
	to child (Children often find ways to reach things that		use or to support the family due to caregiver's drug
	adults think is out of reach)		use
	Lack of basic necessities (e.g. food, clothing, shelter)		Child is "parentified" – child takes on parental role (ex: 4-year-old feeding or changing infant)
	Signs or threats of violence (e.g., holes in walls or		Child witnesses or is present during caregiver's
	doors, broken furniture or other items)		criminal behavior (e.g., theft, robbery, assault)
	Spoiled or moldy food		Child is dirty
	Child does not react to presence of professionals in		Residence is injurious (e.g., very cluttered, garbage
	residence or when asked questions		overflowing, dirty dishes scattered)
	Child has untreated illness or injury		Health risks in residence (e.g., rodents, roaches,
			insects, feces/urine, soiled sheets/bed, etc.)
	Educational delays		Child ingests illegal or harmful substance
	Utilities not working		Domestic violence in the residence
	Chemical or cooking elements from drug lab in the		Child imitates inappropriate and/or negative adult
	residence		behavior
	physical or sexual abuse or neglect?		hohaviaral problems?
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