

# **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/or parents/caretakers has the opportunity to identify risks to children. This would include the obvious: child welfare, law enforcement, medical, teachers/educators, prevention and treatment professionals, and fire/ems. But it can also include the not so obvious: code enforcement, camp counselors, housing authorities, utility workers, nurse-family 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

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

#### 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

# What increases the likelihood of the risk of abuse and/or neglect?

Caregiver's substance use or withdrawal	Impaired or intoxicated caregiver
Increased family stressors (e.g. loss of housing, employment,	Drug users, dealers, drug cooks, parolees, probationers, sex
income, death in family, medical issues, birth of a child, etc.	offenders, or other unknown people 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 health issues	Child has behavior problems or is difficult to manage
Weapons/booby traps in residence	Domestic violence in the residence

#### 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 activity or acts out sexually	Unusual markings on the child that are not easily explained

For more information on Drug Endangered Children please contact National DEC: <a href="https://www.michigan.gov/msp/0,4643,7-123-72297">www.michigan.gov/msp/0,4643,7-123-72297</a> 34040 75047---,00.html

#### Possible signs of neglect:

Unsafe living environment
Drug buys occurring with child present
Air quality issues in the residence
Exposed/uncovered /hazardous wiring
Child commits crime to support the caregiver's drug use or to support the family due to caregiver's drug use
Child is "parentified" – child takes on parental role (e.g. 4-year- old feeding or changing infant)
Child witnesses or is present during caregiver's criminal behavior (e.g. theft, robbery, assault)
Child is dirty
Residence is injurious (e.g. very cluttered, garbage overflowing, dirty dishes scattered)
Health risks in residence (e.g. rodents, roaches, insects, feces/urine, soiled sheets/bed, etc.)
Child ingests illegal or harmful substance
Domestic violence in the residence
Child imitates inappropriate and/or negative adult behavior

#### **Things to Consider**

- 1. What other types of evidence might indicate physical or sexual abuse 3. What evidence can you look for that shows behavioral problems? or neglect?
- 2. What evidence can you look for that shows emotional problems?
- 4. What evidence can you look for that shows cognitive problems?

#### **Examples of Emotional Problems of the Child**

Attachment Disorder	Acting out
Post-Traumatic Stress Disorder (PTSD)	Attaching to strangers too easily
Anxiety	Mistrust or fear of others
Depression	Withdrawal
Complex emotions (e.g. guilt, shame, embarrassment)	Sleep disorders (e.g. nightmares, restlessness, insomnia)
Difficult time understanding or sharing their emotions (e.g. love, anger, guilt, sadness)	Low threshold of stimulation (e.g. overwhelmed with normal light or noise levels)

# **Examples of Behavioral Problems of the Child**

Impulsive
Inappropriate sexual behaviors or sexually acts out
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# **Examples of Cognitive Problems of the Child**

Difficulty talking and listening	Trouble learning from mistakes
Difficulty paying attention	Trouble picking up social cues (e.g. unable to read others emotions)
Difficulty remembering	Poor communication skills
Trouble reading	Educational delays
Preoccupied or tired	Poor school achievement

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