

Safety Threats Guide

Definitions and Examples

There are 17 safety threats that are assessed throughout the life of every case. The case worker is collecting, verifying, assessing, and analyzing information gathered to complete the safety assessment on an ongoing basis (utilize the safety assessment information gathering guide throughout this process). The case worker will utilize the definitions outlined below to determine if the information gathered meets the elements of a safety threat. If the case worker identifies a potential safety threat; they will utilize the safety threshold criteria (1-5) to determine if the child is safe or unsafe. All five safety threshold criteria **MUST** be met in order to indicate that a child is unsafe.



1. The family/facility situation results in no adults in the home/facility performing parenting/child care duties and responsibilities that assure the child's safety.

DEFINITION

This refers only to adults (not children) in a care-giving role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are to be considered at such a basic level that the absence of these basic provisions directly affects the safety of a child. This includes situations in which the parent(s)/caregiver(s) whereabouts are unknown. The parent(s)/caregiver(s) whereabouts are unknown while the initial assessment is being completed and this is affecting child safety. This safety threat also applies when a child's caregiver is present and available, but does not provide supervision or basic care and as a result impacts child safety. The failure to provide supervision and basic care may be due to avoidance of protective care and duties or physical incapacity. In such instances, this safety threat is considered if no other caregiver issues co-exist with the lack of supervision like substance use or mental health. Compare this threat to the safety threat question #5 regarding impulsiveness and lack of self-control.

APPLICATION of the Safety Threshold Criteria

The caregiver who normally is responsible for protecting the child is absent; likely to be absent; or is incapacitated in some way or becomes incapacitated. Nothing within the family can compensate for the condition of the caregiver which meets the out-of-control criteria. An unexplained absence of parent(s)/caregiver(s) is a situation that is out-of-control. Without explanation, the children have been abandoned and may be placed in situations by others that pose danger. They are without caregiver protection. Nothing can control the absence of the caregivers.

Duties and responsibilities are at a critical level that if not addressed represent a specific danger or pose a threat to a vulnerable child. The lack of meeting these basic duties and responsibilities could result in a child being seriously injured, kidnapped, becoming seriously ill or dying. Vulnerable children left without parent(s)/caregiver(s), in the absence of a family network, will suffer serious effects. The severe effects that could occur in the now or in the near future is based on understanding what circumstances are associated with the caregiver's absence, incapacity, the home condition, and the lack of other adult supervisory supports. The absence of caregivers meets the imminence criteria. The threat is immediate.

- Parent(s)/caregiver(s) physical or mental incapacitation renders the person unable to provide basic care for the children.
- Parent(s)/caregiver(s) is or has been absent from the home for lengthy periods of time (taking into

account child's age and developmental capacity), and no other adults are available to provide basic care.

- Parent(s)/caregiver(s) have abandoned the children.
- Parent(s)/caregiver(s) arranged care by an adult, but the parent(s)/caregiver(s) whereabouts are unknown or they have not returned according to plan, and the current caregiver is asking for relief.
- Parent(s)/caregiver(s) is or will be incarcerated, thereby leaving the children without a responsible adult to provide care.
- Parent(s)/caregiver(s) does not respond to or ignores a child's basic needs.
- Parent(s)/caregiver(s) allows child to wander in and out of the home or through the neighborhood without the necessary supervision.
- Parent(s)/caregiver(s) ignores child; does not provide necessary, protective supervision and basic care appropriate to the age and capacity of a child.
- Parent(s)/caregiver(s) is unavailable to provide necessary, protective supervision and basic care because of physical illness or incapacity.
- Parent(s)/caregiver(s) allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child and the parent(s)/caregiver(s) is present or approves.
- Parent(s)/caregiver(s) has left the child with someone and not returned as planned. Parent(s)/caregiver(s) did not express plans to return or the parent(s)/caregiver(s) has been gone longer than expected or what would be normally acceptable.
- Parents/caregiver(s) unexplained absence exceed a few days.
- Child has been left with someone who does not know the parent(s)/caregiver(s). No one knows the parent(s)/caregiver(s) identity.

2. The family/facility situation is that the living/child care arrangement(s) seriously endanger the child's physical health.

DEFINITION

This threat refers to conditions in the home which are immediate, life threatening or seriously endangering a child's physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness). Physical health as described here includes serious injuries, serious or life threatening health conditions that are likely to become active without delay; occur because of the condition of the living arrangement.

APPLICATION of the Safety Threshold Criteria

To be out-of-control, this safety threat includes situations that are in some state of deterioration. The threat to a child's safety and immediate health is evident. There is nothing within the family or natural support system that mitigates the conditions that are causing the threat to safety.

The living arrangements are at the end of the continuum for unhealthy and pose immediate danger. Vulnerable children who live in such conditions could become deathly sick, experience extreme injury, or acquire life threatening or severe medical conditions. Remaining in the environment could result in severe injuries and health repercussions today, this evening, or in the next few days.

EXAMPLES

- The family home is being used for methamphetamine production; products and materials used in the production of methamphetamine are being stored and are accessible within the home.

- Housing is unsanitary, infested or a health hazard. This may include things with a long-term, cumulative effect from exposure, such as asbestos or lead.
- The house's physical structure is decaying, falling down.
- Wiring and plumbing in the house are substandard, exposed.
- Furnishings or appliances are hazardous.
- Heating, fireplaces, stoves, are hazardous and accessible.
- There are natural or man-made hazards located close to the home.
- The home has easily accessible open windows or balconies in upper stories.
- People in the home, activity within the home, or traffic in and out of the home present a specific threat to a child's safety. This generally refers to people other than parents or caregivers.
- People abusing substances, high, under the influence of substances particularly that can result in violent, sexual or aggressive behavior are routinely in the home, party in the home or have frequent access to the home while under the influence.
- People frequenting the home in order to sell drugs or who are involved in other criminal behavior that might be directly threatening to a child's safety or might attract people who are a threat to a child's safety.

3. Caregiver(s) are acting (behaving) violently or dangerously and the behaviors impact child safety.

DEFINITION

This threat refers to caregiver behaviors that are violent, dangerous, aggressive, brutal, cruel or hostile. It can be immediately observable, regularly active or potentially active.

APPLICATION of the Safety Threshold Criteria

To be out-of-control, the violence must be active. It moves beyond being angry or upset, particularly related to a specific event. The violence is representative of the person's state of mind and is likely pervasive, in terms of the way the person feels and acts. There is nothing within the family or household that can counteract the violence. (Also see question 4 below for use of violence by a parent against children and child's other parent as a tactic of abusive and controlling behavior by domestic violence perpetrators).

The active aspect of this sort of behavior and emotion could result in lashing out toward family members and children, specifically those who may be targets or bystanders. Vulnerable children who cannot self-protect, who cannot get out of the way and who have no one to protect them could experience severe physical or emotional effects from the violence. The severe effects could include severe consequences to a child as defined in the safety threshold. The severe effects could include significant pain, serious injury, disablement, debilitating physical health or physical conditions, impairment or death.

The judgment about imminence is based on sufficient understanding of the dynamics and patterns of violent emotions and behavior. To the extent the violence is a pervasive aspect of a person's character or a family dynamic, occurs either predictably or unpredictably, and has a standing history, it is likely that the violence could or will occur immediately or in the near future.

EXAMPLES

This threat includes both behaviors and emotions in the following examples:

- Violence includes hitting, beating, physically assaulting a child/youth, partner/spouse or other family member.
- Violence includes acting dangerously toward a child/youth or, others includes, but is not limited to throwing things, brandishing weapons, driving recklessly, aggressively intimidating and terrorizing.
- Parent(s)/caregiver(s) who is physically impulsive, exhibiting physical aggression, having temper outbursts or unanticipated and harmful physical reactions i.e. throwing things.
- Parent(s)/caregiver(s) whose behavior outside of the home (i.e., drugs, violence, aggressiveness, hostility) creates an environment within the home which threatens child safety (i.e., drug parties, gangs, drive-by shootings).
- Parent(s)/caregiver(s) is exhibiting psychotic like features that may include mania, hallucinations or delusions about the children or other household members, or that result in dangerous attitudes, emotions, behaviors, or situations.

4. There has been an incident of domestic violence (DV) that impacts child safety.

DEFINITION

According to the Social Workers Practice Guide to Domestic Violence (DSHS 22-1314; Revised-1/16) Behavioral definition of DV: Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their **intimate partners**. This behavioral definition for domestic violence is most useful in carrying out the multiple safety tasks of case workers.

This threat posed by the DV perpetrator's abuse meets the out-of-control criteria.

A DV perpetrators' tactics against adult DV victim may have direct or indirect impacts on children. DV may result in death or serious injury due to a DV perpetrator's behavior (i.e., violence against victim, children, or others) or the adult victim's behavior (i.e., victims who physically fight back or kill themselves to escape) or children's behavior (i.e., children who physically intervene or harm themselves). Adult victim caregivers may be unable to perform protective duties. Additional impacts include but are not limited to:

Social Worker's Practice Guide to Domestic Violence, Revised January 2016, DSHS 22-1314

- A pattern of conduct, not an individual, isolated event.
- Use of physical force or the threat of physical harm against adult victims (or children) to establish dominance. DV perpetrators' use of physical force against people or property is key to the definition of DV. DV perpetrators may use physical force frequently or infrequently.
- A wide range of assaultive and coercive behaviors: some criminal, some not; some physically damaging, some not. Not all DV perpetrators use all the tactics. One DV perpetrator's pattern may include one event of physical force (e.g., shoving the adult victim against a wall) combined with repeated incidents involving non-physical tactics (e.g., threats to kill, to abduct the children, etc.). Another DV perpetrator may repeatedly use physical violence against the adult victim and/or children.
- A pattern of assaultive and coercive behaviors in intimate relationships. Not all assaults are part of an ongoing pattern of coercive behaviors that results in gaining power and control over a partner. A DV victim may use physical force (in self-defense or in retaliation) without engaging in a pattern of assaultive and controlling behavior against the DV perpetrator.

*Only by considering both physical **and** non-physical DV tactics can social workers determine the impact individual DV perpetrators can have on children.*

Indications of Lethality

- a. The domestic violence perpetrator has caused serious harm or threats of harm against the adult victim/caregiver of the child?
- b. The domestic violence perpetrator has seriously harmed or threatened serious harm to the child?
- c. The level of violence and/or threats towards either the adult victim or child is increasing so that serious harm is likely to occur?
- d. There are other indications of increased dangers from the domestic violence perpetrator such as suicide threats or attempts, substance abuse or threats with weapons?

- Child injuries.
- Child's health is compromised.
- Emotional, cognitive, psychological, behavioral effects.
- Relationships with family, friends, peers, community.
- Access to housing, education, resources.
- Adult victim's injuries or chronic pain, trauma, stress, or depression.
- Adult victim's parenting undermined or compromised by DV perpetrator's isolation of the adult victim/children and control of access to basic resources.
- DV perpetrator's neglectful or abusive parenting.

Even if the children have not been directly targeted, it is vital to assess the safety of the adult DV victim. This is to determine the safety threat posed from the DV to a vulnerable child. Child safety is often tightly linked to safety of the adult DV victim because children are dependent on the adult victim. It is important for workers to identify the presence of the following factors and assess how they pose a threat to safety for the adult DV victim and the children:

- **Suicidality:** Suicidality of a DV perpetrator is a significant risk factor for homicide to an adult victim, children, or others.
- **Obsessive jealousy and control:** Research indicates that DV perpetrators who are extremely obsessive, possessive, jealous, and controlling toward an intimate partner also present increased risk of lethality, even when previous levels of physical violence have been low. Very controlling and jealous partners pose increased risks after separation.
- **Escalating violence:** DV perpetrators often respond to any attempts by their victims to protect themselves physically by escalating the severity of their violence. Children's use of physical force to intervene to protect themselves or others can also add to the level of danger for children.
- **Access to weapons:** Most DV murders are committed with firearms. Access to guns and prior threats with guns or other weapons increase risk of homicide.
- **Unemployment:** Abusers who are unemployed have been shown to pose a higher risk of deadly violence. **Lack of consequences:** DV perpetrators who have faced few consequences for DV often feel emboldened and entitled to their use of violence and coercion (e.g., lack of law enforcement/court follow-through on violations of protective orders, lack of a founded finding for child maltreatment, failure to address DV or limit visitation in parenting or service plans, etc. (Campbell et al., 2003) While the focus is on DV in current relationships, brief questions about DV perpetrators' conduct in other intimate relationships can aid workers in evaluating the lethality in the current relationships (e.g., use of a gun in a previous relationship, even though not used in this relationship, would be an indicator of dangerousness for the DV perpetrator in question).

EXAMPLES

- Child is physically assaulted by the DV perpetrator.
- DV perpetrator sexually abuses the child as a tactic of controlling the DV victim.

- DV perpetrator pushes or shoves the other parent while the parent is holding an infant, and the infant is dropped or thrown.
- Child is hit by objects thrown by the DV perpetrator.
- Child is not the actual target of the violence, but is caught in the middle when the DV perpetrator physically assaults the adult DV victim.
- Child attempts to intervene when DV perpetrator assaults the adult DV victim and is physically assaulted or pushed away, resulting in injuries from hitting furniture or glass.
- Domestic violence perpetrator physically and verbally assaults other parent in the presence of a child. The child witnesses the activity and is fearful for self and/or others. “In the presence of a child” is defined as the child is present in the house at the time of the incident, whether or not they are in the same room at the time of the incident.
- DV perpetrator neglects the child’s basic needs while focusing on controlling the adult DV victim.

(Note: The presence of DV and a DV perpetrator’s abusive behavior can influence other threats listed in the guide. For example, a DV perpetrator may incapacitate a DV victim preventing the victim from providing basic care to the child.)

5. Caregiver(s) will not or cannot control their behavior and their behavior impacts child safety.

DEFINITION

This threat refers to a caregiver’s self-control. It is concerned with a person’s inability to postpone, to set aside their own needs, to plan, to be dependable, to avoid destructive behavior, to use good judgment, to not act on impulses, and to manage emotions. This threat applies to caregivers who experience debilitating lethargy, those who cannot control their emotions, resulting in sudden explosive temper outbursts; spontaneous uncontrolled reactions; loss of control during times of elevated stress. This threat impacts self-control as it relates to child safety and protecting children. It is the lack of caregiver self-control that causes vulnerable children to be unsafe. The threat also includes caregivers who are incapacitated or not controlling their behavior because of mental health or substance use. This safety threat is different from the first safety threat concerned with no adult in the home to routinely provide supervision and protection first safety threat concerned with no adult in the home to routinely provide supervision and protection.

APPLICATION of the Safety Threshold Criteria

This threat is self-evident as related to meeting the out-of-control criterion. Beyond what is mentioned in the definition, this includes caregivers who cannot control their emotions, resulting in sudden explosive temper outbursts; spontaneous uncontrolled reactions; loss of control during high stress or at specific times like while punishing a child. Typically, application of the out-of-control criterion may lead to observations of behavior but much of self-control issues are in emotional areas. Emotionally disturbed caregivers may be out of touch with reality or so depressed that they represent a danger to their child or are unable to perform protective duties. Those who use substances may misuse or have become sufficiently dependent that they have lost their ability for self-control in areas concerned with protection.

Severity should be considered from two perspectives. The lack of self-control is significant. That means it has moved well beyond the person’s capacity to manage it regardless of self- awareness. The lack of control is concerned with serious matters as compared to the lack of self-control to exercise. The effects of the threat could result in severe effects as caregivers lash out at children, fail to supervise children, leave children alone or leave children in the care of irresponsible others.

A presently evident and standing problem of poor impulse control or lack of self-control establishes the basis for imminence. Since the lack of self-control is severe, the examples of it should be clear.

EXAMPLES

This includes behaviors, other than aggression or emotion, that impact child safety:

- Parent(s)/caregiver(s) is unable to perform basic care duties and fulfill essential protective duties.
- Parent(s)/caregiver(s) is seriously depressed and unable to control emotions or behaviors.
- Parent(s)/caregiver(s) is struggling with substance use and unable to control the substances effects.
- A substance abuse problem renders the parent/primary caregivers incapable of routinely/consistently attending to the child's basic needs.
- Parent(s)/caregiver(s) makes impulsive decisions and plans which leave the children in precarious situations (i.e., unsupervised, supervised by unreliable caregiver).
- Parent(s)/caregiver(s) spends money impulsively resulting in a lack of basic necessities.
- Parent(s)/caregiver(s) is emotionally immobilized (chronically or situation specific) and cannot control behavior.
- Parent(s)/caregiver(s) has addictive patterns or behaviors (i.e., addiction to substances, gambling or computers) that are uncontrolled and leave the children in unsafe situations (i.e. failure to supervise or provide other basic care).
- Parent(s)/caregiver(s) is delusional and/or experiencing hallucinations.
- Parent(s)/caregiver(s) cannot control sexual impulses.
- Parent(s)/caregiver(s) is seriously depressed and functionally unable to meet the children's basic needs.

6. Caregiver(s) perceive the child in extremely negative terms.

DEFINITION

One or more caregivers perceive a child in extremely negative terms. "Extremely" is meant to suggest a perception which is so negative that, when present, it creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and the perceptions must be inaccurate.

APPLICATION of the Safety Threshold Criteria

The extreme negative perception fuels the caregiver's emotions and could escalate the level of response toward the child. The extreme perception may provide justification to the caregiver for acting out or ignoring the child. Severe effects could occur with a vulnerable child such as serious physical injury, extreme neglect related to medical and basic care, failure to thrive, etc.

The extreme perception is established, specific, and clearly understood. It is pervasive concerning all aspects of the child's existence. It is constant and immediate in the sense of the very presence of the child in the household or in the presence of the caregiver. Anything occurring in association with the standing perception could trigger the caregiver to react aggressively or withdraw basic needs at any time and it can be expected within the near future.

EXAMPLES

- Child is perceived to be the devil, demon-possessed, evil, a bastard or deformed, ugly, deficient, or embarrassing.
- Child has taken on the same identity as someone the parent(s)/caregiver(s) hates and is fearful of or hostile towards, and the parent(s)/caregiver(s) transfers feelings and perceptions of the person to the child.
- Child is considered to be punishing or torturing the parent(s)/caregiver(s).
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parent/primary caregiver's relationship and stands in the way of their best interests.
- Parent/caregiver sees child as an undesirable extension of self and views child with some sense of purging or punishing.
- Parent(s)/caregiver(s) sees the child as responsible and accountable for the Parent(s)/caregiver(s) problems; blames the child; perceives, behaves, acts out toward the child as a result based on a lack of reality or appropriateness because of their own needs or issues.

7. Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs, which present an immediate threat of serious harm to a child.

DEFINITION

The Research indicates that the majority of low income parents do not neglect their children. Being economically disadvantaged is not, in and of itself, child abuse or neglect. Often times the resources that the family lacks can be provided in ways that do not involve intervention. If the parent(s)/caregiver(s) actions or inactions in acquiring or using resources for their children results in the children lacking minimal basic needs, this may require intervention.

APPLICATION of the Safety Threshold Criteria

There could be two things out-of-control here. There are not sufficient resources to meet the safety needs of the child. There is nothing within the family's reach to address and control the absence of needed protective resources. The second question of control is concerned with the caregiver's lack of control related to either impulse about use of resources or problem solving concerning the use of resources.

The lack of resources must be so acute that their absence could have an immediate severe effect. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition. To articulate imminence; context must be specific and clearly observable.

Examples

- Family resources are insufficient to support needs (i.e. food, clothing, shelter medical care) that, if unmet, could result in a threat to child safety.
- Parent(s)/caregiver(s) lack life management skills to properly use resources when they are available.
- Family is routinely using their resources for things other than their basic care and support thereby leaving them without their basic needs or the children's basic needs being adequately met (i.e. drugs).
- Child's basic needs exceed normal expectations because of unusual conditions (i.e., disabled child) and the family is unable to adequately address the needs.

8. Caregiver's attitudes, emotions or behaviors threaten severe harm to a child, or caregivers(s) fear they will maltreat the child and are requesting placement.

DEFINITION

One or more caregivers are threatening to severely harm a child/youth or are fearful they will maltreat a child or request placement. This refers to caregivers who are directing threats to hurt a child. Their emotions and intentions are hostile, threatening, alarming and certain to conclude grave concern for a child's safety. This also refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a "call for help."

APPLICATION of the Safety Threshold Criteria

Out-of-control is consistent with conditions within the home having progressed to a critical point. The level of aggravation, intolerance or dread as experienced by the caregiver is serious and high. The caregiver is or feels out-of-control. The caregiver is either afraid of what they might do. A request for placement is evidence with respect to a caregiver's conclusion that the child can only be safe if they are away from the caregiver.

The parent(s)/caregiver(s) who is threatening to hurt a child or is admitting to an extreme concern for mistreating a child recognizes that their reaction could be very serious and could result in severe effects of a vulnerable child. The caregiver has concluded that the child is vulnerable to experiencing severe effects.

The caregiver is reporting the concern is immediate. establishes that imminence applies. It is evident to the case worker the threat to severely harm, admission or expressed anxiety is sufficient to conclude that the caregiver might react toward the child at any time and it could be in the near future.

Examples

- Parent(s)/caregiver(s) use specific threatening terms including even identifying how they will harm the child or what sort of harm they intend to inflict.
- Parents/caregiver threats are plausible and believable and may be related to specific provoking behavior by the child.
- Parents/caregiver state they will maltreat.
- Parent(s)/caregiver(s) describes conditions and situations which stimulate them to think about maltreating.
- Parent(s)/caregiver(s) talks about being worried, fearful, or preoccupied with maltreating the child.
- Parent(s)/caregiver(s) identifies things that the child does that aggravate or annoy the Parent(s)/caregiver(s) in ways that make the parent want to mistreat the child.
- Parent(s)/caregiver(s) describes disciplinary incidents that have become out-of-control.
- Parent(s)/caregiver(s) are distressed or "at the end of their rope," and are asking for some relief in either specific (i.e. "take the child") or general (i.e. "please help me before something awful happens") terms.
- One Parent(s)/caregiver(s) is expressing concerns about what the other parent(s)/caregiver(s) is capable of or may be doing.

9. Caregiver(s) intend(ed) to seriously hurt the child.

DEFINITION

This refers to caregivers who anticipate acting in a way that will result in pain and suffering to the child. “Intended” suggests that before or during the time the child was mistreated, the parent(s)/caregiver(s) conscious purpose was to hurt the child. This threat must be distinguished from an incident in which the parent(s)/caregiver(s) meant to discipline or punish the child and the child was inadvertently hurt. “Seriously” refers to an intention to cause the child to suffer. This is more about a child’s pain than any expectation to teach a child.

APPLICATION of the Safety Threshold Criteria

In this safety factor, “out of control” also includes the question of whether there is anything or anyone in the household or family that can control the safety threat. In order to meet this criteria, a judgment must be made that 1) the acts were intentional; 2) the objective was to cause pain and suffering; and 3) nothing or no one in the household could stop the behavior.

Caregivers who intend to hurt their children can be considered to behave and have attitudes that are extreme or severe. Furthermore, the whole point of this safety threat is pain and suffering, which is consistent with the definition of severe effects.

While it is likely that often this safety threat is associated with punishment and that a judgment about imminence could be tied to that context, it seems reasonable to conclude that caregivers who hold such heinous feelings toward a child could act on those at any time – soon.

EXAMPLES

This threat includes both behaviors and emotions:

- The incident was planned or had an element of premeditation and there is no remorse.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (i.e., cigarette burns) and there is no remorse.
- Parent(s)/caregiver(s) motivation to teach or discipline seems secondary to inflicting pain and/or injury and there is no remorse.
- Parent(s)/caregiver(s) can reasonably be assumed to have had some awareness of what the result would be prior to the incident and there is no remorse.
- Parent(s)/caregiver(s) actions were not impulsive; there was sufficient time and deliberation to assure that the actions hurt the child, and there is no remorse.
- Parent(s)/caregiver(s) does not acknowledge any guilt or wrong-doing. and there was intent to hurt the child.
- Parent(s)/caregiver(s) intended to hurt the child and shows no empathy for the pain or trauma the child has experienced.
- Parent(s)/caregiver(s) may feel justified; may express that the child deserved it and they intended to hurt the child.

10. Caregiver(s) lack the parenting knowledge, skills, or motivation necessary to assure a child's safety.

DEFINITION

This refers to basic parenting that directly affects a child's safety. It includes parent(s)/caregiver(s) lacking the basic knowledge or skills which prevent them from meeting the child's basic needs. They also may lack the motivation resulting in the parent's/caregiver failure to adequately perform the parental role to meet the child's basic needs. This inability and/or unwillingness to meet basic needs creates concerns for child safety.

APPLICATION of the Safety Threshold Criteria

This family condition is out-of-control when parent(s)/caregiver(s) do not know, care or understand how to provide the most basic care for children such as feeding infants, hygiene, or immediate supervision. Parent(s)/caregiver(s) may be hampered by cognitive, social, or emotional deficits. The reason for parent(s)/caregiver(s) lack of ability will vary. The parent(s)/caregiver(s) inability to understand must be clear. Skill, is different than knowledge as people can know things, but are unable to perform what's expected. People may also be very capable, but lack the motivation, desire or energy to act. Again, any of these are out-of-control behaviors of the parent(s)/caregiver(s) are in absence of any ability within the family to resolve the circumstances.

EXAMPLES

- Parent(s)/caregiver(s) intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care.
- Young or intellectually challenged parent(s)/caregiver(s) have little or no knowledge of a child's needs and capacity.
- Parent(s)/caregiver(s) expectations of the child far exceed the child's capacity thereby placing the child in unsafe situations.
- Parent(s)/caregiver(s) does not know what basic care is or how to provide it and or does not apply basic safety measures. (i.e., how to feed or diaper; keeping medications, sharp objects, or household cleaners out of reach of small children or guns; how to protect or supervise according to the child's age.
- Parent(s)/caregiver(s) parenting skills are exceeded by a child's special needs and demands in ways that impact safety.
- Parent(s)/caregiver(s) knowledge and skills are adequate for some children's ages and development, but not for others (i.e. able to care for an infant, but cannot control a toddler).
- Parent(s)/caregiver(s) does not want to be a parent and does not perform the role, particularly in terms of basic needs.
- Parent(s)/caregiver(s) is averse to parenting and does not provide basic needs.
- Parent(s)/caregiver(s) avoids parenting and basic care responsibilities.
- Parent(s)/caregiver(s) allows others to parent or provide care to the child without concern for the other

person's ability or capacity (whether known or unknown).

- Parent(s)/caregiver(s) place their own needs above the children's needs thereby impacting the children's safety.
- Parent(s)/caregiver(s) do not believe the child/youth disclosure of abuse/neglect even when there is a preponderance of evidence and this affects the children's safety.

11. Caregiver(s) overtly rejects CA intervention, refuses access to a child, or there is some indication that the caregiver(s) will flee.

DEFINITION

This threat refers to the family behaving in such a way it raises concern that they are attempting to hide the child from DCYF. Attempts to avoid DCYF access to a child can include overtly rejecting all attempts by DCYF to enter the home, see a child, and conduct the initial assessment information collection. The caregivers rejecting DCYF involvement is overt. The rejection is more than a failure to cooperate, open anger or hostility about DCYF involvement or other signs of general resistance or reluctance. Rejecting DCYF intervention must be blatant to meet the safety threshold criteria. This safety threat also applies when there are indications that a family will change residences, leave the jurisdiction, or refuse access to the child. In all instances when a family is avoiding any intervention by DCYF the current status of the child or the potential consequences for the child must be considered severe and immediate.

APPLICATION of the Safety Threshold

Like other safety threats, it appears when parent(s)/caregiver(s) do things deliberately that are in their control. Overt rejection of DCYF or an attempt to flee must be considered a deliberate act to prevent DCYF from gaining access to a child; it is the deliberate intention to hide a child. Parent(s)/caregiver(s) who solve their problems by such behavior can be considered to be out-of-control and desperate. Parent(s)/caregiver(s) who need to keep secret what is happening in their family are out-of-control. Overt rejection of DCYF could be an expression of a parent(s)/caregiver(s) rights. Until we see and assess the child, the rejection representing a safety threat remains the same. Judging severity is unpredictable with respect to this safety threat. A child might already be seriously hurt or may be in serious danger.

Imminence is apparent. Fleeing can happen immediately. Families who flee can be desperate and act impulsively. Overt rejection of intervention immediately results in no access to a child and no opportunity to determine if a child is safe.

EXAMPLES

- Parent(s)/caregiver(s) avoid talking with DCYF; refuses to allow DCYF access to the home.
- Parent(s)/caregiver(s) manipulate in order to avoid any contact with DCYF; make excuses for not participating; miss appointments; go through various means and methods to avoid DCYF involvement and any access to a child.
- Parent(s)/caregiver(s) avoid allowing DCYF to see or speak with a child; do not inform DCYF where the child is located.
- Family is highly transient.
- Family has little tangible attachments (i.e. job, home, property, extended family).
- Parent(s)/caregiver(s) is evasive, manipulative, or suspicious.

- There is precedence of avoidance and flight.
- There are or will be civil or criminal complications that the family wants to avoid.
- There are other circumstances prompting flight (i.e. warrants, false identities uncovered, criminal convictions, financial indebtedness).

12. Caregiver(s) are not meeting, cannot meet or will not meet the child’s exceptional physical, emotional, medical, or behavioral needs.

DEFINITION

This threat refers to specific child characteristics which are either organic or naturally caused as opposed to parentally caused.

“Exceptional needs” refers to physical and mental characteristics that result in a child being uniquely vulnerable and unable to protect themselves. When the parent(s)/caregiver(s) cannot do what is necessary, does not want to do it, and does not do it, the parent(s)/caregiver(s) attitude and behavior are out of control. This does not refer to parent(s)/caregiver(s) who do not do well at meeting the child’s needs. It refers to specific tasks in parenting that must occur and are required for the child to be safe.

The needs of the child are specific and when unattended can result in severe consequences. Imminence is apparent could be immediate or in the near future.

EXAMPLES

- Child has a physical or mental characteristic-that, if untreated can result in serious consequences to the child.
- Parent(s)/caregiver(s) does not recognize or acknowledge the characteristic.
- Parent(s)/caregiver(s) views the characteristic as less serious than it is.
- Parent(s)/caregiver(s) refuses to address the characteristic for religious or other reasons.
- Parent(s)/caregiver(s) lacks the capacity to fully understand the condition or the safety threat.
- Parent(s)/caregiver(s) expectations of the child are totally unrealistic in view of the child’s condition.
- Parent(s)/caregiver(s) allows the child to live or be placed in situations in which harm is increased by virtue of the child’s condition.

13. Caregiver(s) cannot or will not explain child’s injuries or maltreating condition(s) or explanation is not consistent with the facts.

To be noted: An unexplained serious injury is a present danger and remains so until an explanation alters the seriousness of not knowing how the injury occurred or by whom (see present danger guide).

DEFINITION

Parent(s)/caregiver(s) do not or are unable or unwilling to give explanations of maltreating conditions or injuries which are consistent with the facts.

Parent(s)/caregiver(s) are unable and/or unwilling to provide an explanation that is consistent with the facts of the maltreating condition(s) (physical abuse, sexual abuse, emotional abuse, and/or neglect).

APPLICATION of the Safety Threshold Criteria

An intervention is not adequate unless the nature of the injury is known or explained. You cannot control what you do not understand – what is not explained or explained adequately. A family situation in which a child is seriously injured without a reasonable explanation is a family situation that is out-of-control.

This safety threat occurs in connection with a serious injury, therefore the injury is severe. Research supports a concern that one serious unexplained or non-accidental injury reasonably may be followed by another in the near future.

Note: An unexplained injury at initial contact should be considered a present danger. If the injury remains unexplained at the conclusion of an initial assessment/investigation, the lack of an acceptable explanation must be considered a threat.

EXAMPLES

- Parent(s)/caregiver(s) acknowledges and accepts the presence of injuries and/or conditions but state they do not know how they occurred.
- Parent(s)/caregiver(s) expresses concern for the child's condition but are unable to explain it.
- Parent(s)/caregiver(s) appear to be competent and appropriate with the exception of 1) the physical or sexual abuse and 2) the lack of an explanation or 3) an explanation that makes no sense.
- Sexual abuse has occurred in which 1) the child discloses; 2) family circumstances, including opportunity, may or may not be consistent with sexual abuse; and 3) the caregiver/parent deny the abuse, blame the child, or offer no explanation or an explanation that is unbelievable.
- Parent(s)/caregiver(s) explanations are inconsistent with injuries or family situation (i.e. blames a sibling, a family pet, or an inanimate object, etc.).
- Facts observed by child welfare staff and/or supported by other professionals that relate to the incident, injury, and/or conditions contradict the parent's/caregiver's explanations.
- History and circumstantial information are incongruent with the parent(s)/caregiver(s) explanation of the injuries and conditions. Parent(s)/caregiver(s) verbal expressions do not match their emotional responses and there is not a believable explanation.

14. A child has serious physical injuries or serious physical conditions resulting from maltreatment.

To be noted: children in need of immediate medical attention is present danger (see present danger guide).

DEFINITION

The key word is "serious," and the child's condition has immediate implications for intervention (i.e., need for medical attention, extreme physical vulnerability). It is either alleged or confirmed, that the physical injuries or physical symptoms are related to maltreatment. At intake and during the initial contacts with a child physical injuries and physical symptoms may be apparent (as in a present danger), but insufficient information has been gathered to connect the child's condition to maltreatment. This item remains a safety threat until such time as maltreatment is ruled out as the cause of the child's condition.

APPLICATION of the Safety Threshold Criteria

Serious physical effects of maltreatment are out-of-control when they are health or life threatening; when routine accessible medical care is questionable; and when their existence represents a symptom of unchecked

aggressive or assaultive caregiver behavior. No control exists within the family to care for and nurture the child regardless of the physical condition.

Serious is qualified by the nature of the child's condition and the impending results of no protection and questionable medical care and follow-up.

Imminence is qualified by whether the child's condition will not improve or worsen if left unattended.

Note: Many of the examples are also consistent with present danger. The injuries identified in the examples would be apparent at first contact. These remain here in this listing to emphasize the importance of addressing serious injuries to children as a result of maltreatment, the need for immediate medical care, and the relationship of these kinds of concerns to other family conditions and behaviors that represent a continuing state of danger or threat. Some of the examples, such as failure to thrive, may not be apparent at the initial contact.

EXAMPLES

- Child has serious injuries.
- Child has multiple/different kinds of injuries (i.e. burns and bruises).
- Child has injuries to head or face.
- Injuries appear to be premeditated; injuries appear to have occurred as a result of an attack, assault or out of control reactions (i.e. serious bruising across a child's back as if beaten in an out of control disciplinary act).
- Injuries appear associated with the use of an instrument which exaggerates the method of discipline (i.e., coat hanger, extension cord, kitchen utensil, etc.).
- Child has physical symptoms from maltreatment which require immediate and/or continual medical treatment.
- Child appears to be suffering from non-organic Failure to Thrive.
- Child is malnourished that isn't caused disease
- Child has physical injuries or physical symptoms that are a more serious example of similar injuries or symptoms previously known and recorded.
- Serious abuse injuries include, but are not limited to: unexplained or healing fractures, significant bruising, pattern of scarring, chronic physical abuse, bruising to the face/ears/neck/torso on a particularly vulnerable victim (i.e., victim less than 12 months old), use of instrument on a particularly vulnerable victim or location of injury on the body, lower level of injury accompanied by a previous history of abuse and/or neglect, bite marks attributed by an adult, intentional withholding of food or water.

15. A child demonstrates serious emotional symptoms, self-destructive behavior and/or lack of behavioral control that results in provoking dangerous reactions in caregivers.

DEFINITION

Key words are "serious" and "lack of behavioral control." "Serious" suggests that the child's condition has immediate implications for intervention (e.g., extreme emotional vulnerability, extreme antisocial conduct, suicidal thoughts or actions). "Lacks behavioral control" describes the provocative child who stimulates reactions in others

APPLICATION of the Safety Threshold Criteria

The child's emotional and behavioral conditions are so extreme that the child is seriously disturbed as determined by a medical professional and self-destructive. The results could be suicide, overdose, or self-mutilation. Or, the child may behave in ways that places the child/youth in situations in which others will be a danger to their person. This may include physical or sexual abuse, sexual exploitation, etc. The child's emotional and behavioral conditions are so profound that they are an immediate danger to their person without protection. The severe effects could be immediate. An important factor is the parent's/caregiver's response to the child's emotional and behavioral condition. If the parent's/caregiver's attempt to control and protect the child by responding appropriately to the child's conditions, this factor does not apply.

The child's condition may or may not be a result of previous maltreatment.

EXAMPLES

- Child threatens suicide, attempts suicide, or appears to be having suicidal thoughts.
- Child's emotional state is such that immediate mental health/medical care is needed.
- Child is likely to self-mutilate.
- Child is a physical danger to others.
- Child abuses substances and may overdose.
- Child is withdrawn and basic needs are not being met. Child's behavior can provoke parent(s)/caregiver(s) to violence
- Child is highly aggressive and acts out repeatedly which can cause reactive responses.
- Child is confrontational, insulting or so challenging that caregivers lose patience, impulsively strike out at the child, or isolate the child or totally avoid the child.

16. A child is extremely fearful of the home/facility situation or people within the home/facility.

DEFINITION

The home situation refers to specific family members and/or other conditions in the living situation. "Other people in the home" refers to those who either live in the home or frequent the home so often that a child expects that the person may be there or show up. (i.e. frequent presence of known drug users in the household).

"Extremely" can be assessed as a child demonstrating strong emotions such as crying, trembling, shaking, expressing terror, fear of severe harm, and/or death. The child is expressing with a certainty that they will continue to experience these emotions now and in the near future. Additionally, the conditions of the home/people in the home support these notions.

APPLICATION of the Safety Threshold Criteria

To meet this criteria, the child's fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. There is no one within the family that will alleviate the child's fear and assure a sense of security.

By trusting the level of fear that is consistent with the safety threat, it is reasonable to believe that the child's terror is well founded in something that is occurring in the home. It is reasonable to believe that the source of the child's fear could result in severe effects.

Whatever is causing the child's fear is active, currently occurring, and an immediate concern of the child.

EXAMPLES

- Child demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home (i.e. crying, inability to focus, nervousness, withdrawal).
- Child expresses fear and describes people and circumstances which are reasonably threatening.
- Child recounts previous experiences which form the basis for fear.
- Child's fearful response escalates at the mention of home, people, or circumstances associated with reported incidents.
- Child describes personal threats which seem reasonable and believable.

17. Child sexual abuse is suspected, has occurred, or circumstances suggest sexual abuse is likely to occur.

DEFINITION

Any time a child or youth is forced or coerced to participate in sexual acts this is sexual abuse. Such acts include, but are not limited to sexual intercourse, sexual contact – sexual molestation, sexual exploitation and sexual communication.

APPLICATION of the Safety Threshold Criteria

Child Sexual Abuse seriously impacts a child developmentally and emotionally. Victims of sex abuse are often threatened overtly but always covertly. The intimidation is usually direct and extreme. Children who are sexually exploited or experiencing various forms of sexual acts suffer day by day, hour by hour. Some sex abuse can result in physical injury and sexually transmitted diseases. All children are potentially vulnerable to sex abuse. Age, size, health etc. are not good indicators about vulnerability with respect to sex abuse. Power, control, intimidation, grooming, direct threats are examples of the kind of adult behavior that reduce the ability of a child to self-protect or seek protection even among teenagers.

The sexual behavior and sexual relationships of adults who sexually abuse children are distorted. Recurrence of such behavior by the adult can be predictable.

While there may be exceptions, it is a safe judgment to conclude that danger exists in all child sexual abuse where the offending adult still has access to the child. When assessing whether child sexual abuse exists as a danger, it is important to determine who knows about the abuse. When the non-abusive caregiver(s) takes decisive action to remove or counter the threat to safety, then danger doesn't exist and the child is safe. This demonstration of protectiveness is consistent with the definition for safety. So, when considering whether child sexual abuse represents danger, it is always important to assess the effectiveness of the parent(s)/caregiver(s) protective capacities.

Observing and describing these criteria can be a little harder to apply if it is unclear whether child sexual abuse actually occurred. However, if it is believed child sexual abuse did occur then it could reoccur. It is helpful to identify specific facts that led to this conclusion. These facts can include:

- Descriptions of events and occurrences.
- Observations by others.
- A marked change in the child's physical appearance emotions and behaviors as indicators of child sexual abuse present in the child.
- Opportunity and access.
- Other behaviors associated with the child sexual abuse (such as substance use).

- The absence of responsible adults to protect (which refers to whether a non sexually abusing caregiver will and can protect).
- Admissions.

To correctly assess child sexual abuse, consider other dynamics such as:

- Progression (developing occurrence, established pattern or increasing in severity)
- Access and opportunity by the alleged perpetrator to the alleged victim.
- Relationship of the adult to the child and the implications of that relationship to trust, power, intimidation and child vulnerability.
- Access and opportunity.

The examples below demonstrate variation in how serious, extreme or severe child sexual abuse acts can be.

- An adult exposes themselves to a child.
- A child is exposed to pornography.
- A child is made to watch an adult masturbate.
- An adult takes pictures or videos of a child having sex with another child, with other children, with an adult, or with adults.
- An adult has a child masturbate himself and/or the adult.
- An adult performs oral sex on a child.
- An adult forces the child to perform oral sex on the adult.
- An adult has intercourse with a child.
- An adult performs any other sexual acts on a child.