

Pennsylvania In-Home Safety Threats

The Pennsylvania Safety Assessment and Management Process include fourteen (14) safety threats that may occur when the child is in the home. These safety threats were selected based on research conducted by the National Resource Center for Child Protection and Action. County agency staff use the six domains to gather information to determine the presence of any of these safety threats.

1) Caregiver(s) intended to cause serious physical harm to the child.

In order to meet this criterion, a judgment must be made that the acts were intentional; the objective was to cause pain and suffering; nothing or no one in the household could stop the behavior; or there is no remorse. The incident was planned or had an element of premeditation. Before or during the incident the caregiver's conscious purpose was to hurt the child. The focus was about causing the child pain.

Caregivers who intend to hurt their children can be considered to behave and have attitudes that are extreme or severe. The crux of this safety threat is pain and suffering which is consistent with serious harm. It is reasonable to conclude that a caretaker who has such feelings toward a child could act on those feelings soon.

This threat includes both behaviors and emotions as explained below:

- Caregiver(s) wants to inflict pain and/or injury to teach the child a lesson; discipline is not the primary reason.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g., cigarette burns).
- Caregiver(s) do not acknowledge any guilt or wrongdoing and they intended to harm the child.
- Caregiver(s) may feel justified, may express the child deserved it and they intended to hurt the child.
- Caregiver(s) can reasonably be assumed to have had some awareness of what the result would be prior to the incident.

2) Caregiver(s) are threatening to severely harm a child or are fearful that they will maltreat the child.

This threat refers to caregivers who are directing threats of harm toward a child. Their intentions are hostile, menacing, and sufficiently believable to conclude serious concern for a child's safety. The threat to severely harm 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. The caregiver is or feels out-of-control.

- Caregiver(s) state they will maltreat.
- Caregiver(s) threats are plausible, believable; may be related to specific provocative child behavior.

- Caregiver(s) talks about being worried about, fearful of, or preoccupied with maltreating the child.
- Caregiver(s) are distressed or “at the end of their rope,” and are asking for some relief in either specific (e.g., “take the child”) or general (e.g., “please help me before something awful happens”) terms.
- Caregiver(s) describes disciplinary incidents that were out of control and are threatening or fearful that this behavior will be repeated.

3) Caregiver(s) cannot or will not explain the injuries to a child.

Caregivers are unable or unwilling to explain maltreating conditions or injuries or their explanation is inconsistent with facts. An unexplained serious injury or condition is a present danger. A situation in which a child is seriously injured without a reasonable explanation is out-of-control. An injury or condition that cannot be explained or explained adequately is a threat that cannot be controlled.

This safety threat typically occurs in connection with a serious injury which speaks to the level of severity. Research, such as that associated with Battered Child Syndrome, supports a conclusion that one serious unexplained or non-accidental injury reasonably may occur again. When the cause of an injury or condition is not known, what might be occurring could result in another injury in the near future.

- Caregiver(s) acknowledge the presence of injuries and/or conditions but plead ignorant as to how they occurred.
- Caregiver(s) express concern for the child’s condition but are unable to explain it.
- Caregiver(s) accept the presence of injuries and conditions but do not explain them or seem concerned.
- History and circumstantial information are inconsistent with the caregivers’ explanation of the injuries and conditions.
- Caregivers’ verbal expressions do not match their emotional responses and there is not a believable explanation.
- Facts related to the incident, injury, and/or conditions contradict the caregivers’ explanations.

4) Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur.

Child sexual abuse always presents serious harm to the child. Behaviors, attitudes, emotions, intents and situations that are occurring are often disguised as having a positive intent (grooming practices) or are ignored to avoid the reality that sexual abuse is occurring. The safety concern relates to whether or not the sexual abuse is imminent.

- Caregiver(s) do not believe the children's disclosure of sexual abuse even when there is a preponderance of evidence and this affects the children's safety.
- Sexual abuse has occurred in which family circumstances, including opportunity, may be consistent with sexual abuse.
- Caregiver(s) deny the abuse, blame the child, or offer no explanation or an explanation that is unbelievable.
- Child sexual abuse is suspected and circumstances suggest continued abuse is likely to occur.
- Alleged perpetrator or perpetrator has access to child.
- Caregiver(s) or others with access to the child have forced or encouraged child to engage in sexual activities.
- Non-offending caregiver(s) is unable or unwilling to prevent the alleged perpetrator, perpetrator, or known sexual offender from having access to the child.
- Caregiver(s) cannot control their sexual impulses.

5) Caregiver(s) are violent and/or acting dangerously.

This threat includes both behaviors and emotions which may be immediately observable, frequently occurring or may occur in the future.

- Violence includes hitting, beating, physically or verbally assaulting a child or other family member.
- Violence includes acting dangerously toward a child or others including throwing things, taunting with weapons, driving recklessly, aggressively intimidating and terrorizing.
- Presence of domestic violence whereby violence involves physical and verbal assault on an adult caregiver in the household in the presence of a child; the child's exposure to the presence of domestic violence causes fear for self and/or others.
- Family violence is occurring and a child is assaulted; attempting to intervene; and/or inadvertently harmed even though the child may not be the actual target of the violence.
- Caregiver(s) who is impulsive, exhibiting physical aggression, having temper outbursts or unanticipated and harmful physical reactions (e.g., throwing things).
- Caregiver(s) whose behavior outside of the home (e.g., drugs, violence, aggressiveness, and hostility) creates an environment within the home which threatens child safety (e.g., drug parties, drive-by shootings).

6) Caregiver(s) will not or cannot control their behavior.

This threat is concerned with the lack of caregiver self-control which jeopardizes the safety of the child. This threat includes caregivers who cannot control their emotions

resulting in sudden explosive outbursts or impulsive uncontrolled reactions or actions.

Severity should be considered from two perspectives. The lack of control is significant. It has moved beyond the caregiver's ability to manage it regardless of self-awareness and the lack of control could result in serious harm. This threat includes behaviors other than aggression or emotion that affect child safety.

- Caregiver(s) is acting bizarrely, delusional, and/or experiencing hallucinations
- Caregiver(s) is under the influence of some substance or is chemically dependent and unable to control the effects of the addiction.
- Caregiver(s) is seriously depressed or unable to control emotions or behaviors and is functionally unable to meet the children's basic needs.
- Caregiver(s) makes impulsive decisions and plans which leave the children in unsafe situations (e.g., unsupervised, supervised by an unreliable caregiver).
- Caregiver(s) is emotionally immobilized, chronically or situationally (e.g. paralyzed by fear as a result of domestic violence relationships).
- Caregiver(s) has addictive patterns or behaviors (e.g., addiction to substances, gambling, or computers) that are uncontrolled and leave the children in unsafe situations (e.g., failure to supervise or provide other basic care).

7) Caregiver(s) reacts dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self destructive behavior.

Caregiver(s) can be so provoked by the child's behavior that they react dangerously. The child's behavior is so out-of-control that the caregivers cannot safely manage it. The caregivers are aggravated by the child's behavior to the point that they are not able or willing to control their reaction to the child. The child's behavior is unmanageable and the caregiver's severe reaction may cause the child serious harm making the situation unpredictable and most likely imminent.

- Child is confrontational, insulting or challenging; highly aggressive and acting out repeatedly; threatens to run away; abuses substances; so that caregivers lose patience, impulsively strike out at the child, isolate the child, or totally avoid the child in an extreme manner.

8) Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs.

The needs of the child are acute and require immediate and constant attention by the caregiver(s). The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects would be immediate.

The caregiver's ability and/or attitude are what is out of control. If a caregiver is not doing what is required to assure needs are being met then no one within the family is ensuring control.

- Caregiver(s) does not seek or follow recommended treatment for child's immediate and dangerous medical conditions.
- Caregivers' failure to give prescribed medication endangers the child's life or causes their conditions to worsen.
- Child complains of extreme pain and the caregiver(s) does not seek medical or dental attention.
- Child is suicidal, is self-mutilating, or is exhibiting other harmful behaviors (e.g. substance abuse), but the caregiver(s) will not take protective action.
- Caregiver(s) expectations of the child are totally unrealistic in view of the child's condition.
- Child is a physical danger to others.
- Child's basic needs exceed normal expectations because of unusual conditions (e.g., disabled child) and the family is unable to adequately address the needs.

9) Caregiver(s) in the home are not performing duties and responsibilities that assure child safety.

This refers only to adults (not children) in a caregiving role. Duties and responsibilities are at a critical level that if not addressed represent a specific danger or threat is posed to a vulnerable child. The lack of meeting these basic duties and responsibilities could result in a child being seriously injured, neglected, seriously ill, or even dying.

This threat includes caregivers whose whereabouts are unknown. The immediacy of the severe effects is based on an understanding of the circumstances associated with a caregiver's absence or incapacity, the home condition, and the lack of other adult supervisory supports.

This threat includes both behaviors and emotions explained below:

- Caregiver(s) is unable to perform basic care, duties, or fulfill essential protective duties.
- Caregiver(s) is incapacitated, incarcerated, hospitalized, on vacation, absent from home, or current whereabouts are unknown.
- Caregiver(s) does not attend to the child; the need for care goes unnoticed or unmet (e.g., child wanders outdoors alone, plays with dangerous objects, plays on unprotected window ledge, or is exposed to other serious hazards).
- Caregiver(s) leaves child alone, not considering length of time alone and child's age/development.
- Caregiver(s) leaves child with other inadequate and/or inappropriate caregivers.
- Caregiver(s) is unable to care for the child due to trauma of recent assault or repeated incidents of violence, including domestic violence.
- Caregiver(s) has abandoned the child.

10) Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child.

This refers to basic parenting that directly affects a child's safety. This extreme inability and/or unwillingness to meet basic needs, creates child safety concerns. Caregivers may be hampered by cognitive, social, or emotional conditions. The situation is out-of-control based on the behavior of the caregiver and the absence of any controls within the family.

- Caregiver(s) does not know what basic care is or how to provide it (e.g., how to feed or diaper, how to protect or supervise according to the child's age).
- Caregiver(s) expectations of the child are unrealistic and far exceed the child's capacity thereby placing the child in unsafe situations.
- Caregiver(s) avoids parenting and basic care responsibilities.
- Caregiver(s) does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).
- Caregiver(s) place their own needs above the children's needs thereby affecting the children's safety.
- Living conditions severely endanger the child.

11) 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.

Basic needs refer to the family's lack of minimal resources to provide shelter, food and clothing or their unwillingness and/or inability to use resources if they were available.

The lack of resources must be so acute that their absence could have an imminent severe effect on a child. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition.

Imminence is ascertained by context such as extreme weather conditions or sustained absence of food. It is influenced by the vulnerability of the child (e.g. infant, ill, fragile, etc.)

- Family has no food, clothing, or shelter.
- Family finances are insufficient to support needs (e.g. medical care) that, if unmet, could result in a threat to child safety.
- Family is routinely using their resources for things (e.g., drugs, electronics, vacations) other than basic care and support thereby leaving them without basic needs being adequately met.

12) Caregiver(s) perceive child in extremely negative terms.

“Extremely” is meant to suggest a perception which is so negative that, when present, creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and must be inaccurate and exaggerated. No one inside or outside the family has much influence on changing or altering the caregiver’s perception.

The extreme perception is pervasive concerning all aspects of the child’s existence. It is constant and immediate in the sense of the child’s or caregiver’s presence in the household. Anything occurring in association with the perception could trigger the caregiver to react aggressively or totally withdraw at anytime.

- Child is perceived to be the devil, demon-possessed, or evil.
- Caregiver(s) perception of the child is extremely negative e.g. deformed, ugly, deficient, or embarrassing.
- Caregiver(s) perceive the child as having taken on the same identity as someone the parent/caregiver hates, is fearful of, or hostile towards; and the parent/caregiver transfers feelings and perceptions of the person to the child.
- Child is considered by caregiver(s) to be punishing or torturing them.
- Caregiver(s) is jealous of the child and believes the child is a detriment or threat to the caregiver(s)’ relationship and stands in the way of their best interests.
- Caregiver(s) sees child as an undesirable extension of self who needs purging or punishing.
- Caregiver(s) sees the child as responsible and accountable for the caregiver’s problems; blames the child; perceives, behaves, or acts out toward the child as a result based on a lack of reality or appropriateness because of their own needs or issues.

13) Caregiver(s) overtly rejects county agency intervention; refuses access to a child; and/or there is some indication that the caregivers will flee.

The rejection is far more than a failure to cooperate, open anger or hostility about county agency involvement or other signs of general resistance or reluctance. This safety threat applies also when there are indications that a family will change residences, leave the jurisdiction, or refuse access to the child.

Overt rejection of intervention immediately results in no access to the child and no opportunity to determine if the child is safe.

- Caregiver(s) refuse to allow county agency in the home or access to certain parts of the home.
- Caregiver(s) refuse to allow county agency to see or speak with a child; do not inform county agency where the child is located.
- Family is highly transient, family has little attachments (e.g., job, home, property, extended family) and/or there are other circumstances prompting flight (e.g., warrants, false identities uncovered, criminal convictions, financial

debt) and behaviors suggests flight for the purpose of avoiding agency involvement.

- Caregiver(s) has demonstrated behaviors of avoidance and/or flight
- Caregiver(s) overt behavior prevents caseworker from assessing child's living condition. These behaviors include but are not limited to: refusing to talk to county agency, avoiding contact with county agency, making excuses for not participating, missing appointments, or other evasive, manipulative, or suspicious behavior.

14) Child is fearful of the home situation, including people living in or having access to the home.

The child's fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. The home situation includes specific family members and other conditions in the living situation. Other people in the home refers to those either living in the home or frequenting the home so often the child would expect that person would likely be there.

If the level of fear is consistent with the safety threat, it is reasonable to believe that the child's terror is founded in something occurring in the home that is extreme. It is reasonable to believe that the source of the child's fear could result in serious harm.

Whatever is causing the child's fear is active and an immediate concern of the child. Imminence applies.

- Child demonstrates extreme emotional and/or physical responses (e.g., post traumatic stress disorder, crying, inability to focus, nervousness, withdrawal, fear of going home) indicating fear of the living situation or of people within the home.
- Child expresses fear and describes people and circumstances which are an obvious and/or serious threat.
- Child recounts 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 clear, serious, and believable.