5. Determine if There is a Safety Threat

The term “safety threat” is defined as “family behavior, conditions or circumstances that could result in harm to a child.” In the context of the CPS assessment, there are specific factors to consider when determining the presence of a safety threat.

Procedure

- During the initial contact and, in general, during the CPS assessment, the CPS worker must determine, based on the information obtained at that time, if there is a safety threat to the child. Safety threats may occur as present danger or impending danger. To determine if there is a safety threat, the CPS worker must analyze the information and conclude that:
  1. A specific, observable, describable family behavior, condition or circumstance is present; and
  2. The specific, observable, describable family behavior, condition or circumstance reasonably could result in harm to a child.

- The caseworker must use the “safety threshold” criteria in determining if a safety threat exists. The safety threshold is the means by which a family condition can be judged or measured to determine if a safety threat exists. The safety threshold criteria include:
  1. A family behavior, condition or circumstance is out-of-control.
  2. A family behavior, condition or circumstance is likely to result in harm to the child.
  3. The harm is occurring now or reasonably could happen soon. Imminence is consistent with a degree of certainty or inevitability that danger resulting in harm is possible or even probable without intervention.
  4. The family behavior, condition or circumstance is observable and can be clearly described and articulated.

Safety threshold refers to the point at which family behaviors, conditions or situations become directly threatening to the safety of a child. The safety threshold is crossed when family behaviors, conditions or circumstances occur in such a way that they are beyond being just problems or risk and have become directly threatening to child safety. These family behaviors, conditions or circumstances are active at a heightened degree and a greater level of intensity, have moved past being in control, and have implications for dangerousness. Therefore, the safety threshold includes only those family behaviors, conditions or circumstances that are judged to be out of the parent’s/caregiver’s or family’s control. Family behaviors, conditions or circumstances can no longer be considered just problematic or contributing to the risk of child abuse or neglect, but have become alarming in so far as they are indicative of sure danger.
A. Present danger

Present danger refers to immediate, significant and clearly observable harm or threat of severe harm occurring to a child in the present and requiring immediate CPS protective response, called a protective action. Present danger exists at the highest safety threshold. Present danger is also the easiest to detect because it is totally transparent and happening right in front of you. Present danger includes, but is not limited to, the following:

- Hitting, beating, severely depriving now
- Injuries to the face and head
- Premeditated abuse or neglect
- Life-threatening living arrangements
- Bizarre cruelty toward a child
- Bizarre/extreme viewpoint of a child
- Vulnerable children who are unsupervised or alone now
- Child extremely afraid of home situation
- Child needing immediate medical care
- Caregiver unable to provide basic care

Please refer to appendix # 2.2, Present Danger Threats, and Appendix # 2.3, Present Danger Assessment.

B. Impending danger

Impending danger refers to a state of danger in which family conditions, behaviors, attitudes, motives, emotions and/or situations are out of control. While the danger may not be currently active, it can be anticipated to cause harm to a child at any time.

Impending danger often is not obvious. It may not be occurring at the onset of CPS intervention or in a present context, but may be identified and understood more fully upon a comprehensive assessment and evaluation of individual and family functioning and conditions. Without safety intervention, impending danger could reasonably lead to harm.

When evaluating impending danger it is important to remember:

- In CPS, family members are reluctant to reveal themselves, to disclose what is happening within the family.
- If something is not happening in front of the CPS worker, such as present danger, it will take time and effort to understand individual and family dynamics.
- By conducting thorough CPS assessments, impending danger can be exposed and understood.

Impending danger safety threats are delineated into 16 categories. At the assessment the CPS worker identifies whether one or more, or none, of these safety threats exist:
The following list of safety threats has been modified from the Action For Child Protection Guide.

1. **The family situation is such that no adult in the home is routinely performing parenting duties and responsibilities that ensure child safety.**

   Examples:
   
   - Parent’s/caregiver’s physical or mental disability/incapacitation renders the person unable and unavailable to provide basic care for the children.
   - Parent/caregiver is or has been absent from the home for lengthy periods of time, and no other adults are available to provide basic care.
   - Parents/caregivers have abandoned the children.
   - Parents arranged care by an adult, but the parents’/primary caregivers’ whereabouts are unknown or they have not returned according to plan, and the current caregiver is asking for relief.
   - Parent/caregiver is or will be incarcerated, thereby leaving the children without a responsible adult to provide care.
   - Parent/caregiver does not respond to or ignores a child’s basic needs.
   - Parent/caregiver allows child to wander in and out of the home or through the neighborhood without the necessary supervision.
   - Parent/caregiver ignores or does not provide necessary, protective supervision and basic care appropriate to the age and capacity of a child.
   - Parent/caregiver is unavailable to provide necessary, protective supervision and basic care because of physical illness or incapacity.
   - Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child, and the parent/caregiver is present or approves.
   - Child has been abandoned or left with someone who does not know the parent/caregiver.
   - Parent/caregiver has left the child with someone and not returned as planned.
   - Parent/caregiver did not express plans to return or the parent/caregiver has been gone longer than expected or beyond what normally would be acceptable.
   - No one knows the parent’s/caregiver’s identity.
   - Parents’/caregivers’ unexplained absence exceeds a few days.
2. **One or both parents’ or caregivers’ behavior is violent and/or they are acting (behaving) dangerously.**

Examples:

- Violence includes hitting, beating or physically assaulting a child, spouse or other family member.
- Violence includes acting dangerously toward a child or others, including throwing things, brandishing weapons, aggressively intimidating and terrorizing. This includes making believable threats of homicide or suicide.
- Family violence involves physical and verbal assault on a parent, caregiver or member of the child’s household in the presence of a child; the child witnesses the activity; and the child demonstrates an observable, significant effect.
- Family violence occurs and a child has been assaulted or attempted to intervene.
- Family violence occurs and a child could be inadvertently harmed even though the child may not be the actual target of the violence.
- Parent/caregiver whose behavior outside of the home (e.g., drugs, violence, aggression, hostility) creates an environment within the home which threatens child safety (e.g., drug labs, gangs, drive-by shootings).
- Due to the batterer’s controlling behavior, the child’s basic needs are unmet.

3. **One or both parents’ or caregivers’ behavior is impulsive or they will not/cannot control their behavior.**

Examples:

- Parent/caregiver is unable to perform basic care, duties, fulfill essential protective duties.
- Parent/caregiver is seriously depressed and unable to control emotions or behaviors.
- Parent/caregiver is chemically dependent and unable to control the dependency’s effects.
- A substance abuse problem renders the parents/primary caregivers incapable of routinely/consistently attending to the children’s basic needs.
- Parent/caregiver makes impulsive decisions and plans that leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable parent or caregiver).
- Parent/caregiver spends money impulsively, resulting in a lack of basic necessities.
- Parent/caregiver is emotionally immobilized (chronically or situationally) and cannot control behavior.
- Parent/caregiver 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).
- Parent/caregiver is delusional and/or experiencing hallucinations.
- Parent/caregiver cannot or will not control sexual offending behavior.
- Parent/caregiver is seriously depressed and functionally unable to meet the children’s basic needs.
4. **Parents’ or caregivers’ perceptions of a child are extremely negative.**

Examples:

- Child is perceived to be evil, demon-possessed, deformed or deficient.
- Child has taken on the same identity as someone the parent/caregiver hates and is fearful of or hostile toward, and the parent/caregiver transfers feelings and perceptions of the person to the child.
- Child is considered to be punishing or torturing the parent/caregiver.
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parents’/primary caregivers’ 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/caregiver sees the child as responsible and accountable for the parent/caregiver’s problems; blames the child; or perceives, behaves, acts out toward the child based on a lack of reality or appropriateness because of their own needs or issues.

5. **A family situation or behavior is such that the family does not have or use resources necessary to ensure a child’s safety.**

Examples:

- Family has insufficient food, clothing or shelter, affecting child safety.
- Family finances are insufficient to support needs (e.g., medical care) that, if unmet, could result in a threat to child safety.
- Parents/caregivers lack life management skills to properly use resources when they are available.
- Family is routinely using their resources for things (e.g., drugs) other than their basic care and support, thereby leaving them without their basic needs being adequately met.
- 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.

6. **One or both parents’ or caregivers’ attitudes, emotions and behavior are such that they are threatening to severely harm a child or are fearful they will abuse or neglect the child and/or request placement.**

Examples:

- Parents/caregivers use specific threatening terms including even identifying how they will harm the child or what sort of harm they intend to inflict.
- Parents/caregivers threats are plausible, believable; may be related to specific provocative child behavior.
- Parents/caregivers state they will maltreat.
- Parent/caregiver describes conditions and situations which stimulate them to think about maltreating.
• Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.
• Parent/caregiver identifies things the child does that aggravate or annoy the parent/caregiver in ways that make the parent want to attack the child.
• Parent/caregiver describes disciplinary incidents that have become out of control.
• Parents/caregivers 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.
• One parent/caregiver is expressing concerns about what the other parent/caregiver is capable of or may be doing.

7. **One or both parents’ or caregivers’ attitudes or emotions are such that they intend(ed) to seriously hurt the child.**

Examples:
• 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 reasonably can be assumed to heighten the level of pain or injury (e.g., 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/caregiver 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 ensure that the actions hurt the child, and there is no remorse.
• Parent/caregiver does not acknowledge any guilt or wrongdoing, and there was intent to hurt the child.
• Parent/caregiver intended to hurt the child and shows no empathy for the pain or trauma the child has experienced.
• Parent/caregiver may feel justified; may express that the child deserved it and they intended to hurt the child.

8. **A situation, attitudes and/or behavior is such that one or both parents or caregivers lack parenting knowledge, skills and motivation necessary to ensure a child’s safety.**

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 limited parents/primary caregivers 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/caregiver 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).
• Parents’/caregivers’ parenting skills are exceeded by a child’s special needs and demands in ways that affect safety.
• Parent’s/caregiver’s knowledge and skills are adequate for some children’s ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler).
• Parent/caregiver does not want to be a parent and does not perform the role, particularly in terms of basic needs.
• Parent/caregiver is averse to parenting and does not provide basic needs.
• Parent/caregiver avoids parenting and basic care responsibilities.
• Parent/caregiver 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/caregiver 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).
• Parents/caregivers place their own needs above the children’s needs, thereby affecting the children’s safety.
• Parents/caregivers do not believe the children’s disclosure of abuse/neglect even when there is a preponderance of evidence and this affects the children’s safety.

9. Parents’ or caregivers’ attitudes and behavior result in overtly rejecting CPS intervention, refusing access to a child, and/or there is some indication the caregivers will flee.

Examples:

• Parents/caregivers avoid talking with CPS, or refuse to allow CPS access to the home.
• Parents/caregivers manipulate in order to avoid any contact with CPS, make excuses for not participating, miss appointments, and go through various means and methods to avoid CPS involvement and any access to a child.
• Parents/caregivers avoid allowing CPS to see or speak with a child; do not inform CPS where the child is located.
• Family is highly transient.
• Family has little tangible attachments (e.g., job, home, property, extended family).
• Parent/caregiver is evasive, manipulative, suspicious.
• There is precedence for avoidance and flight.
• There are or will be civil or criminal complications the family wants to avoid.
• There are other circumstances prompting flight (e.g., warrants, false identities uncovered, criminal convictions, financial indebtedness).
10. **Parents’ or caregivers’ attitude, behavior or perception result in the refusal and/or failure to meet a child’s exceptional needs that affect his/her safety.**

Examples:

- Child has a physical or mental condition that, if untreated, is a safety threat.
- Parent/caregiver does not recognize the condition.
- Parent/caregiver views the condition as less serious than it is.
- Parent/caregiver refuses to obtain treatment for the child who threatens suicide, attempts suicide or appears to be having suicidal thoughts.
- Child is so withdrawn that basic needs are not being met.
- Parent/caregiver refuses to address the condition for religious or other reasons.
- Parent/caregiver 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/caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child’s condition.

11. **The family situation is such that living arrangements seriously endanger the child’s physical health.**

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, filthy, infested, a health hazard.
- 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.
- Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to a child’s safety.
- People abusing substances, high and under the influence of substances (particularly those 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 are 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.
12. **The situation is such that a child has serious physical injuries or serious physical symptoms from abuse or neglect.**

Examples:

- Child has severe injuries.
- Child has multiple/different kinds of injuries (e.g., 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 (e.g., 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 method of discipline (e.g., coat hanger, extension cord, kitchen utensil).
- Child has physical symptoms from abuse or neglect that require immediate medical treatment.
- Child has physical symptoms from abuse or neglect that require continual medical treatment.
- Child appears to be suffering from Failure to Thrive.
- Child is malnourished.

13. **The situation is such that a child shows serious emotional symptoms and/or lacks behavioral control that result in provoking dangerous reactions in caregivers or self-destructive behavior.**

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 capable of and likely to self-mutilate.
- Child is so withdrawn that basic needs are not being met.

14. **The situation is such that a child is fearful of the home situation or people within the home.**

Examples:

- Child demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home (e.g., 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 that seem reasonable and believable.
15. **Because of perception, attitude or emotion, parents or caregivers cannot, will not or do not explain a child’s injuries or threatening family conditions.**

Examples:

- Parents/caregivers acknowledge the presence of injuries and/or conditions, but plead ignorant as to how they occurred.
- Parents/caregivers express concern for the child’s condition, but are unable to explain it.
- Parents/caregivers appear to be totally competent and appropriate with the exception of 1) the physical or sexual abuse, 2) the lack of an explanation or 3) an explanation that makes no sense.
- Parents/caregivers accept the presence of injuries and conditions, but do not explain them or seem concerned.
- 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 parents/primary caregivers deny the abuse, blame the child, or offer no explanation or an explanation that is unbelievable.
- “Battered Child Syndrome” case circumstances are present and the parents/primary caregivers appear to be competent, but the child’s symptoms do not match the parents'/primary caregivers’ appearance, and there is no explanation for the child’s symptoms.
- Parents'/caregivers’ explanations are far-fetched.
- Facts observed by Child Welfare staff and/or supported by other professionals that relate to the incident, injury and/or conditions contradict the parents'/primary caregivers’ explanations.
- History and circumstantial information are incongruent with the parents'/primary caregivers’ explanation of the injuries and conditions.
- Parents'/caregivers’ verbal expressions do not match their emotional responses and there is not a believable explanation.

16. **One or both parents or caregivers has a child out of his/her care due to child abuse or neglect, or has lost a child due to termination of parental rights. (*This safety threat has been added in the Oregon Child Welfare Safety Model.*)**

*Please refer appendix #2.4, The Oregon Safety Threat Guide*