

# E-Learning Discussion Guide – Module 2

## PRESENT AND IMPENDING DANGER, CHILD VULNERABILITY AND PROTECTIVE CAPACITY



***E-learning Module Discussion Guide***  
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## **Introduction to the *E-learning Module Discussion Guide* Materials**

The Florida Safety Decision Making Methodology defines Florida's integrated child protection approach to working with children and families, from intake and investigations through case management. A series of four e-learning modules introduce the core concepts and foundational practices of the methodology. This *E-learning Module Discussion Guide* builds on the introduction of the four e-learning modules, so concepts and practices may be further discussed and better understood.

There are four self-contained discussion guide modules, one for each of the four e-learning modules. Each discussion guide is designed to be completed immediately following the viewing of the corresponding e-learning module.

For each module discussion guide, various resource materials are provided, along with facilitation notes or discussion questions designed to guide the supervisor and/or Safety Practice Expert (SPE) who is leading the discussion/application.

# **Module 2**

**PRESENT AND IMPENDING DANGER,  
CHILD VULNERABILITY AND  
PROTECTIVE CAPACITY**

**-Module 2-**  
**Key Concepts in Safety Decision Making: Present and Impending Danger,  
Child Vulnerability and Protective Capacity**

**Learning Objectives for Module 2:**

1) Analyze a case scenario and apply the key concepts in the safety determination.

**Prior to the Group Discussion:**

Prior to the group discussion, assign each participant to review the following reference material:

- 1) The Kazca Family Case
- 2) Danger Threats
- 3) Reference Guide on Child Vulnerability
- 4) Reference Guide on Protective Capacity

**-Module 2-**  
**Key Concepts in Safety Decision Making: Present and Impending Danger,  
Child Vulnerability and Protective Capacity**

**Discussion Questions/Process:**

- 1) Have all participants review the case scenario provided on the Kazca family.
- 2) Organize the participants into groups of three.
- 3) Using the resource materials provided, ask each group to: 1) identify any danger threats which are clearly present in this family. Do not assume or make up any unknown information; 2) identify whether each child in this family is vulnerable to the threats they have identified; and 3) identify whether there is parental protective capacity to control the identified threats.
- 4) Conduct a discussion with the entire group following the small group work. In the discussion, give each group of 3 the opportunity to identify a threat, describe how they believe one or more of the children are vulnerable to that threat, and how protective capacity is insufficient to control the threat. As they present this, ask the others to refer to the reference material and evaluate whether there is support for the select of any threat. Challenge them to read the danger threat definitions and critically think about the application of each one. Have them do the same thing applying the information related to child vulnerability and protective capacity. The purpose of the discussion is to reinforce the importance of critical thinking and the essential use of the supporting guidelines.
- 5) Review the key decision making formula and focus on the relationship of the individual components during the discussion.

***Danger threats +/- child vulnerability +/- protective capacity = safe or unsafe***

In this discussion, draw on the danger threats which have already been discussed. You may want to write them on a board or flip chart so everyone can see all of them. Using the formula add brief bullets describing how the children are vulnerable to these threats. Continue with insufficient protective capacity that was identified in the previous discussion. All of this will allow for a conclusion to be reached about safe or unsafe. If there are differences in the way group members see any of the individual components, go back to the resource material and ask them to justify how they came to their conclusion about the presence or absence of anything. Again, the purpose is to demonstrate and promote the importance of critical thinking and applying a logical sequence in our safety decision-making process.

## **-Module 2- Reference Material**

Reference 1: Kazca Case Scenario

Reference 2: Danger Threats

Reference 3: Reference Guide on Child Vulnerability

Reference 4: Reference Guide on Protective Capacity

## **Reference 1**

### **Kazca Case Scenario**

#### **Maltreatment**

Donna Kazca gave her daughters Natasha and Esta and sons Simon and Donelo sleeping pills in order to get them to fall asleep faster. A former foster parent who has remained involved with the family reported this information after visiting with the children this past weekend. The children were tested by the pediatrician who found significant but non-toxic levels of the medication in the children's blood samples. A medical report with details is provided.

#### **Circumstances Surrounding the Maltreatment**

Ms. Kazca was reunited with all four children seven months ago, with the agency closing her case six months after the children were returned to her. Except for this most recent incident, reported three days ago, no new reports had been received on the family. Ms. Kazca has frequently been tired and overwhelmed in caring for her children. When the investigator spoke to Ms. Kazca about the allegation she was very upset, yelling and crying. She stated she would rather die than live without her children again. She denied ever giving her children sleeping pills. However, she reportedly admitted to the foster parent that she was tired and needed the children to go to sleep so she could also get some rest. Ms. Kazca has a history of mental health issues (bipolar disorder) which may have affected the decisions she made regarding the sleeping pills as well as how she is responding to the allegations. This is the only known instance of Ms. Kazca giving the children sleeping pills. While potentially an isolated incident, the circumstances that seem to have influenced her decision to give them the medication (her own fatigue, poor decision making, and stress) remain. Previous maltreatment has included two instances of physical injury, bruising and scrapes to Simon and Donelo, received as a result of overly harsh discipline by Ms. Kazca. These instances of physical abuse were likely due to her mood instability (was not on current medication) and overreacting to the boys' behavior. The circumstances that led to a finding of dependency and the children's placement in foster care was Ms. Kazca's inability to provide even the most basic care for her children after the accidental death of her youngest child caused her to isolate herself from the surviving children, sleeping constantly and not being able to meet even their most fundamental needs. Her eventual psychiatric hospitalization did stabilize her rather quickly however.

#### **Children's Functioning**

All the children are developmentally on target. Simon, age 7, is smart and likes to help when he can. Simon has some significant anger issues that have increased since the death of his brother (accidental death approximately 2 years ago). Simon has temper tantrums where he fights with his younger siblings or other children. He throws things and tries to break them. Simon seeks a lot of attention. He knows what appropriate behavior is, but when he becomes upset he refuses to follow rules and directions. Simon responds well to



redirection when he is out of control. Physically, Simon is close to average height for a child his age. Simon likes to take on a parental and protective role toward his younger brother and sisters.

In the past year, Donelo, age 5, has become more outgoing and friendly with both adults and other children. Donelo used to be very quiet and withdrawn at times but has improved a great deal. He is now more talkative and responsive to others. Donelo is also smart and likes to be a helper. Donelo has a history of inappropriate boundaries with others, asking other children to pull their pants down. This behavior has been decreasing. Donelo gets along well with other children. He sometimes plays rough with other children at school and also gets into fights with his sister Esta. Donelo is developmentally on target in terms of height, weight, and social skills.

Esta, age 4, more recently has begun to look sad or moody. She is not as talkative as she used to be. She appears to be developmentally (social skills and intelligence) and physically on target at this time. Esta has times where she wants to be treated like a baby and she will revert into baby talk and actions.

Natasha, almost 3 years, is doing very well. She is talking a lot now and is potty training. She laughs a lot and enjoys being around her siblings. She eats well and is easy to care for. She sleeps well, though not long. She continues to have a slight allergy problem which the pediatric allergist is monitoring. Her behavior is socially and intellectually appropriate for her age.

### **Disciplinary Practices**

Some of Donna's discipline practices are inappropriate for the children's ages. She has made the children clean and scrub walls as a form of punishment. She has at times responded to her children out of frustration by yelling and cursing at them. Even though this continues to happen fairly regularly, this is something that she has been trying to improve. She has also disciplined the children appropriately by taking away their privileges for a period of time. In the past, Ms. Kazca spanked the children with her hand and occasionally used a belt or switch, but this is no longer the case.

### **General Parenting Practices**

Ms. Kazca takes her parenting seriously and is committed to making sure the children are never removed from her again. To raise four children alone, she has established a routine and schedule. However, all of the children are on the same schedule, which keeps them up too late and does not include naps. Although she uses the former foster parent for respite on many weekends, Ms. Kazca is often tired and overwhelmed with parenting. She wants all the children to demonstrate respect and honesty. She also encourages them to stick together as a family. However, some of her expectations for her children are inappropriate. The children, particularly Simon, are given more responsibility than children their age can handle. For example, Simon is expected to supervise his younger siblings for short periods of time while Ms. Kazca tries to nap and is sometimes asked to fix breakfast and wake his mother up in the morning. She is patient and does allow them to play and be active. Ms.

Kazca does not get along with the teacher and principal at Simon and Donelo's school and when conflict arises, refuses to send the boys to school for days at a time. She does not seem to understand Simon's behavioral issues (temper and fighting) and how to address those issues. However, it is evident that she has an extremely strong bond with her children and loves them very much.

### **Adult Functioning**

Ms. Kazca is diagnosed as having bipolar disorder. She takes medication but still has problems with mood and behavior. On a daily basis she can be a very calm, kind and respectful person. However, when she becomes upset she goes from one extreme to the other very quickly. When she becomes upset she screams and cries and at times hyperventilates. Ms. Kazca's response to stressful situations is improving but external interventions are still needed at times, which typically include someone Ms. Kazca knows and trusts simply "talking her down." Ms. Kazca has a history of suicide attempts and of self-medicating with marijuana. She has a history of reacting before thinking about the consequences of her actions. For example, she has tried to get into physical fights with friends or relatives in front of the children without thinking about how it would affect them. Ms. Kazca is lower functioning intellectually, and was diagnosed with a learning disability as a child. She has difficulty managing her expenses and expenditures on her own. She has had reoccurring problems with keeping her bills paid and doing the necessary steps toward keeping her TANF benefits. She does receive occasional child care help from her family (older sister and mother), which are frequently interrupted because of family conflict.

## Reference 2 Danger Threats

### **Present Danger**

Present danger threats are identified when the threat(s) are:

- **immediate,**
- **significant,**
- **clearly observable, and**
- **actively occurring** at the point of contact.

Present danger is usually identified at initial contact, however can occur during the course of an investigation or while the family is receiving case management services. Serious harm will result without prompt investigation and/or case manager response.

### **Impending Danger**

Refers to a child being in a continuous state of danger due to caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of severe harm to a child. Impending danger is often not immediately apparent and may not be active and threatening child safety upon initial contact with a family. Impending danger is often subtle and can be more challenging to detect without sufficient contact with families. Identifying impending danger requires thorough information collection regarding family/ caregiver functioning to sufficiently assess and understand how family conditions occur.

### **Impending Danger Threshold Criteria**

The danger threshold criteria must be applied when considering and identifying any of the impending danger threats. In other words, the specific justification for identifying any of the impending danger threat is based on a specific description of how negative family conditions meet the danger threshold criteria. The Danger Threshold is the point at which a negative condition goes beyond being concerning and becomes dangerous to a child's safety. Negative family conditions that rise to the level of the Danger Threshold and become Impending Danger Threats, are in essence negative circumstances and/or caregiver behaviors, emotions, etc. that negatively impact caregiver performance at a heightened degree and occur at a greater level of intensity.

- **Observable** refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen and understood and are subject to being reported and justified. The criterion "observable" does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.
- **Vulnerable Child** refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition also includes all young children from 0 – 6 and older children who, for whatever reason, are not able to protect themselves or seek help from protective others.
- **Out-of-Control** refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family's control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system.
- **Imminent** refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks. This is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes, without intervention.
- **Severity** includes such severe harm effects as serious physical injury, disability, terror and extreme fear, impairment and death.

- ***Parent/legal guardian/caregiver is not meeting child's basic and essential needs for food, clothing and/or supervision, AND child is/has already been seriously harmed or will likely be seriously harmed.***

“Basic needs” refers to the family’s lack of (1) minimal resources to provide shelter, food, and clothing or (2) the capacity to use resources to provide for a minimal standard of care if they were available.

### **Present Danger Examples**

For present danger, consideration of the parent/legal guardian or caregivers who are unable or unwilling to provide for food, clothing, and/or supervision. The parent/legal guardian or caregiver may be currently intoxicated and/or unavailable, thus leaving the child without supervision and the child is children are unable to protect themselves.

- Child is found unsupervised in a dangerous condition—such as being left wandering the streets. There is no parent/legal guardian or caregiver that is currently providing for supervision of the child.
- Lack of essential food, clothing, and/or supervision that results in child needing acute medical care due to the severity of the present danger.
- Hospitalized child due to non-organic failure to thrive.

### **Impending Danger Examples and Application of Danger Threshold**

There could be two things out of control. 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 impulses about use of resources or problem solving concerning use of resources.

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

Imminence is judged by context. What context exists today concerning the lack of resources? If extreme weather conditions or sustained absence of food define the context, then the certainty of severe effects occurring soon is evident. This certainty is influenced by the specific characteristics of a vulnerable child (e.g. infant, ill, fragile, etc.). Examples:

- Family has no food, clothing, or shelter and there is a threat to child safety. Indigence, homelessness, etc. in and of itself is not a safety threat.
- Family finances are insufficient to support child critical care needs (e.g. necessary 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.
- Non-offending parent/legal guardian or caregiver may not have access or any control of household finances in situations involving coercive economic control.

- ***Parent/legal guardian/caregiver’s intentional and willful act caused serious physical injury to the child, or the caregiver intended to seriously injure the child.***

This refers to caregivers who anticipate acting in a way that will result in pain and suffering. “Intended,” suggests that before or during the time the child was mistreated, the parents’/primary caregivers’ conscious purpose was willfully to act in a manner in which would reasonably hurt/harm the child. This threat must be distinguished from an incident in which the parent/legal guardian or caregiver meant to discipline or punish the child, and the child was inadvertently hurt.

### **Present Danger Examples**

Parent/legal guardian or caregiver actions were directed at the child to inflict injury; parent/legal guardian or caregiver shows no remorse for the injuries. Initial information support the injuries/child’s condition is a result of the deliberate preconceived planning or thinking which the parent/legal guardian or caregiver is responsible. **Serious** injury locations for present danger should be considered when located on the face/head/neck. Child’s injuries may or may not require medical attention.

- Bone breaks, deep lacerations, burns, inorganic malnutrition, etc. characterize serious injury.
- Children that are unable to protect themselves have sustained a physical injury as a result of the parent/legal guardian or caregiver intentional and willful act.
- Could include parent/legal guardian or caregiver who used objects to inflict pain.

### **Impending Danger Examples and Application of Danger Threshold**

This safety threat may seem to contradict the criterion “out of control,” however people who “plan” to hurt someone are very much under control. It is important to remember that “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 criterion, 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. This threat includes both behaviors and emotions. 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 can be reasonably 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/legal guardian/caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm the child.***

Violence refers to aggression, fighting, brutality, cruelty, and hostility. It may be regularly active or

generally potentially active. This threat is concerned with self-control. It is concerned with a person's ability to postpone, to set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to exert energy and action; to inhibit; to manage emotions; and so on. This is concerned with self-control as it relates to child safety and protecting children. So, it is the absence of caregiver self-control that places vulnerable children in jeopardy.

When violence includes the perpetrator dynamics of power and control it is considered "domestic violence." Physical aggression in response to acts of violence may be a reaction to or self-defense against violence. For purposes of child protection interventions, it is important to accurately identify the underlying causes of the violence and whether or not the dynamics of power and control are evident. It should be noted that the Florida criminal code for domestic violence (Florida Statute 741), which provides for law enforcement responses and investigations is narrower in scope.

### **PRESENT DANGER EXAMPLES**

Dangerous parents may be behaving in violent ways; however this is intended to capture a more specific type of behavior. Present danger would be considered when

- parent/legal guardian or caregiver is described as physically/verbally imposing/threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in attacking or aggressive ways.

Careful consideration when determining present danger should be made when assessing domestic violence and family violence. Parent/legal guardian or caregiver may not be "actively" violent in the presence of the worker, however the domestic violence dynamics within the household could be active. In addition, there should be consideration of information that indicates that a child and spouse are being mistreated. Concerns are heightened for both abuses presented as occurring.

### **IMPENDING DANGER EXAMPLES AND APPLICATION OF DANGER THRESHOLD**

To identify this impending danger threat there must be specific information to suggest that a caregiver's impulsive behaviors, addictive behaviors, bizarre behaviors, the individual cannot control compulsive behaviors, depressive behaviors, etc. The out-of-control behaviors result in the inability or unwillingness of the caregiver to provide for the basic needs and safety of the child.

#### Application of the Danger Threshold Criteria Related to Impulse Control:

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, and 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, clearly, much of self-control issues rest 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. Finally, those who use substances may 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 that it has moved well beyond the person's capacity to manage it regardless of self-awareness, and the lack of control is concerned with serious matters as compared, say, to lacking the 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 rather

clear and add to the certainty one can have about severe effects probably occurring in the near future.

#### Application of the Danger Threshold in Relation to Violence.

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 they feel and act. To identify this impending danger threat there must be specific information to suggest that a caregiver's volatile emotions and tendency toward violence is a defining characteristic of how he or she often behaves and/or reacts toward others. The caregiver exhibits violence that is unmanaged, unpredictable, and/or highly consistent. There is nothing within the family or household that can counteract the violence.

The active aspect of this sort of behavior and emotion could easily lash out toward family members and children, specifically, 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. This includes situations involving domestic violence whereby the circumstance could result in severe effects including physical injury, terror, 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 conclusive that the violence and likely severe effects could or will occur for sure and soon. Examples:

- Parent/legal guardian or caregiver is seriously depressed and unable to control emotions or behaviors.
- Parent/legal guardian or caregiver is chemically dependent and unable to control the dependency's effects.
- Parent/legal guardian or caregiver makes impulsive decisions and plans, which leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable caregiver).
- Family violence involves physical and verbal assault on a parent in the presence of a child; the child witnesses the activity and is fearful for self and/or others.
- Family violence is occurring and a child is assaulted.
- Family violence is occurring and a child may be attempting to intervene.
- Family violence is occurring and a child could be inadvertently harmed even though the child may not be the actual target of the violence.

➤ ***Parent/legal guardian/caregiver is threatening to seriously harm the child; is fearful he/she will seriously harm the child.***

This 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.”

#### **PRESENT DANGER EXAMPLES**

At present danger this refers to parents/legal guardian or caregivers who express intent and/or desire to harm their child. Parent/legal guardian or caregiver may have a history of harming children in the past and has identified a need for intervention due to their fear of harming their child. Intent should

be considered for present danger, in addition access and ability to harm child.

#### **IMPENDING DANGER EXAMPLES AND APPLICATION OF DANGER THRESHOLD**

Out of control is consistent with conditions within the home having progressed to a critical point. The level of dread as experienced by the caregiver is serious and high. This is no passing thing the caregiver is feeling. The caregiver feels out of control. The caregiver is afraid of what he or she might do. A request for placement is extreme evidence with respect to a caregiver's conclusion that the child can only be safe if he or she is away from the caregiver.

Presumably, the caregiver who is admitting to this extreme concern recognizes that his or her reaction could be very serious and could result in severe effects on a vulnerable child. The caregiver has concluded that the child is vulnerable to experiencing severe effects.

The caregiver establishes that imminence applies. The 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:

- Parents/caregivers state they will maltreat.
- Parent/legal guardian or caregiver describes conditions and situations, which stimulate them to think about maltreating.
- Parent/legal guardian or caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.
- Parent/legal guardian or caregiver identifies things that the child does that aggravate or annoy the parent/legal guardian or caregiver in ways that make the parent want to attack the child.

**➤ *Parent/legal guardian/caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child.***

“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.

#### **PRESENT DANGER EXAMPLES**

This is the extreme, not just a negative attitude towards the child. It is consistent with seeing the child, as demon possessed, evil, responsible for the conditions within the home. Consideration of parent/legal guardian or caregivers viewpoint of the child as being in action for present danger.

#### **IMPENDING DANGER EXAMPLES AND APPLICATION OF DANGER THRESHOLD**

The caregivers' negative perceptions toward the child are apparent and overtly negative to a heightened degree that there are implications that the child is likely to be severely harmed.

This refers to exaggerated perceptions. It is out of control because their point of view of the child is so extreme and out of touch with reality that it compels the caregiver: to react to the child, avoid the child, mentally and emotionally terrorize the child, or allow the child to be in dangerous situations. The perception of the child is totally unreasonable. No one in or outside the family has much influence on altering the caregiver's perception or explaining it away to the caregiver. It is out of control.



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 in place not in the process of development. 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 totally withdraw at any time and, certainly, 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/legal guardian or caregiver hates and is fearful of or hostile towards, and the parent/legal guardian or caregiver transfers feelings and perceptions of the person to the child.
- Child is considered to be punishing or torturing the parent/legal guardian or caregiver.
- One parent/legal guardian or 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/legal guardian or caregiver sees child as an undesirable extension of self and views child with some sense of purging or punishing

➤ ***Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that parent/legal guardian/caregiver is unwilling or unable to manage.***

This refers to specific deficiencies in parenting that must occur for the "exceptional" child to be safe. The status of the child helps to clarify the potential for severe effects. Clearly, "exceptional" includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.

**PRESENT DANGER EXAMPLES**

Present danger considerations are focused both on the child's emotional needs and the parent/legal guardian or caregiver ability to meet those needs. Child's emotional symptoms are serious in that they pose a danger to others or themselves, this could include self harming, fire setting, sexual acting out on others. Parent/legal guardian or caregiver response places the child in present danger.

Child that requires acute psychiatric care due to self-harming that the parent/legal guardian or caregiver will not or cannot meet despite the resources and ability to attend to the child's needs.

**IMPENDING DANGER EXAMPLES AND APPLICATION OF DANGER THRESHOLD**

The caregiver's ability and/or attitude are out of control. If you can't do something, you have no control over the task. If you do not want to do something and therefore do not do it but you are the principal person who must do the task, then no control exists either.

This does not refer to caregivers who do not do very well at meeting a child's needs. The needs of the child are acute, require immediate and constant attention. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects could be immediate to soon. Examples:

- Child has a physical or mental condition that, if untreated, is a safety threat.
- Parent/legal guardian or caregiver does not recognize the condition.
- Parent/legal guardian or caregiver views the condition as less serious than it is.
- Parent/legal guardian or caregiver refuses to address the condition for religious or other reasons.
- Parent/legal guardian or 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.

➤ ***Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the parent/legal guardian/caregiver explanations are inconsistent with the illness or injury.***

This refers to serious injury which parent/legal guardian or caregivers cannot or will not explain. While this is typically associated with injuries, it can also apply when family condition or what is happening is bizarre and unusual with no reasonable explanation. An example of children who are absent within the community, their whereabouts and conditions are unknown or unexplained. Child who has sustained multiple injuries to their face and head and the parent/legal guardian cannot explain the injuries and the child is non-verbal.

**NOTE: This threat is presented as a present danger threat, as the danger is immediate and significant, occurring now. This threat cannot be used as an impending danger threat. When this danger threat is identified, it is always responded to as present danger.**

**PRESENT DANGER EXAMPLES**

This refers to serious injury which parents/legal guardians or caregivers cannot or will not explain. While this is typically associated with injuries, it can also apply when family conditions, or what is happening, are bizarre and unusual with no reasonable explanation. An example of children who are absent within the community, their whereabouts and conditions are unknown or unexplained. Another example might be a child who has sustained multiple injuries to their face and head and the parent/legal guardian cannot or will not explain the injuries and the child is very young or non-verbal.

➤ ***The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger a child's physical health.***

This threat refers to conditions in the home which are immediately 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).

### **PRESENT DANGER EXAMPLES**

Information for housing is specific to the child's living condition that is an immediate threat to the child's safety. This would include the most serious health conditions, such as:

- Living condition in the home has caused the child to be injured, such as digesting toxic chemicals and/or material and the child requires immediate medical attention.
- Home has no egress and child is vulnerable, unable to access an exit and dependent on parent/legal guardian or caretaker who has not or will not act.

### **IMPENDING DANGER EXAMPLES AND APPLICATION OF DANGER THRESHOLD**

To be out of control, this safety threat does not include situations that are not in some state of deterioration. The threat to a child's safety and immediate health is obvious. There is nothing within the family network that can alter the conditions that prevail in the environment.

The living arrangements are at the end of the continuum for deplorable and 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:

- 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.

- ***There are reports of serious harm and the child's whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm.***

This threat refers to situations the location of the family cannot be determined, despite diligence by the agency to locate the family. The Threat also refers to situations where a parent/legal guardian or caregiver refuses to see or speak with agency staff and/or allow agency staff to see the child, is openly hostile or physically aggressive toward welfare staff, totally avoiding, refusing access to the home, hides child, or refuses access to the child and the reported concern is significant and indicates serious harm. The hiding of children to avoid agency intervention should be thought of in both **overt and covert** terms. Information, which describes a child being physically restrained within the home or parents who avoid allowing others to have personal contact with the child, can be considered 'reported concern is significant and indicates serious harm' for example. The act of physically restraining a child within the home might be a maltreatment of Bizarre punishment or Physical injury, the danger threat of which is reflected here.

The threat is qualified by the allegation of maltreatment and information contained from history and current reports regarding the child. The concern for present or impending danger is active based upon information provided to the agency that would result in serious harm to the child.

**Note: This threat is presented as a present danger threat, as the danger is immediate and significant, occurring now. This threat should be qualified through identification of an additional danger threat. This threat cannot be used as an impending danger threat.**

- ***Parent/legal guardian/caregiver is not meeting the child's essential medical needs AND the child is/has already been seriously harmed or will likely be seriously harmed.***

This refers to medical care that is required, acute, and significant that the absence of such care will seriously affect the child's health. "Essential" refers to specific child conditions (e.g., retardation, blindness, physical disability), which are either organic or naturally induced as opposed to parentally induced. The key here is that the parents, by not addressing the child's essential needs, will not or cannot meet the child's basic needs.

#### **PRESENT DANGER EXAMPLES**

There is an emergent quality about the required care.

- For example, child has Type 1 diabetes and is unable to self-administer their medication and the parent/legal guardian or caregiver has not been administering medication to ensure child safety.

#### **IMPENDING DANGER EXAMPLES AND APPLICATION OF DANGER THRESHOLD**

The caregiver's ability and/or attitude are what are out of control. If you can't do something, you have no control over the task. If you do not want to do something and therefore do not do it but you are the principal person who must do the task, then no control exists either.

This does not refer to caregivers who do not do very well at meeting a child's needs. This refers to specific deficiencies in parenting that must occur for the child to be safe. The status of the child helps to clarify the potential for severe effects. Clearly, "essential" includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.

The needs of the child are acute, require immediate and constant attention. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects could be immediate too soon. Examples:

- **Child has a physical or mental condition that, if untreated, is a safety threat.**
- **Parent/legal guardian or caregiver does not recognize the condition.**
- **Parent/legal guardian or caregiver views the condition as less serious than it is.**
- **Parent/legal guardian or caregiver refuses to address the condition for religious or other reasons.**
- **Parent/legal guardian or 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/legal guardian or caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child's condition.**

- ***Other***

This category should be used rarely. Consultation with a supervisor must occur to determine that the threat identified is not covered in any of the standard danger threat definitions.

## Reference 3

### Reference Guide on Child Vulnerability

#### Vulnerability

A child is vulnerable when they lack the capacity to self-protect. This non-exhaustive list contains issues that determine or increase a child's vulnerability:

- A child lacks capacity to self-protect
- A child is susceptible to harm based on size, mobility, social/emotional state
- Young children (generally 0-6 years of age)
- A child has physical or mental developmental disabilities
- A child is isolated from the community
- A child lacks the ability to anticipate and judge presence of danger
- A child consciously or unknowingly provokes or stimulates threats and reactions
- A child is in poor physical health, has limited physical capacity, is frail
- Emotional vulnerability of the child
- Impact of prior maltreatment
- Feelings toward the parent – attachment, fear, insecurity or security
- Ability to articulate problems and danger

#### Questions to ask to explore vulnerability

- Has the child demonstrated self-protection by responding to these threats? (Self-protection means recognizing danger and acting to secure safety for one's self; it is not calling 911, CPS, or the school *after* the event.)
- Besides defending herself from threats, can the child care for her own basic needs?
- How does the judge find this child *not vulnerable* given the threats?
- Is vulnerability of all children, not just the victim, considered?
- Are there issues preventing this child from self-protecting?
- What plan would this child carry out to protect himself from threats?
- Can the child describe how she will know a threatening situation is developing, rather than recognizing it once it is happening?
- What has been learned about this child's functioning? How comprehensive is the information? How much time did the worker or other parties talk to the child about self-protecting? Is there information about this family and the way threats operate arguing against the child self-protecting?
- Are there ways the child behaves and responds, that escalate the threats to the child?

## Module 2 / Reference 4: Reference Guide on Protective Capacity

### Cognitive Protective Capacities

Cognitive protective capacity refers to *knowledge, understanding, and perceptions* contributing to protective vigilance. Although this aspect of protective capacities has some relationship to intellectual or cognitive functioning, parents with low intellectual functioning can still protect their children. This has to do with the parent recognizing she is responsible for her child, and recognizing clues or alerts that danger is pending.

*Cognitive protective capacities can be demonstrated when the parent:*

- articulates a plan to protect the child
- is aligned with the child
- has adequate knowledge to fulfill care-giving responsibilities and tasks
- is reality oriented; perceives reality accurately
- has accurate perceptions of the child
- understands his/her protective role
- is self-aware as a caregiver

### Behavioral Protective Capacities

Behavioral protective capacity refers to *actions, activities, and performance* that result in protective vigilance. Behavioral aspects show it is not enough to know what must be done, or recognize what might be dangerous to a child; the parent must *act*.

*Behavioral protective capacities can be demonstrated when the parent:*

- is physically able
- has a history of protecting others
- acts to correct problems or challenges
- demonstrates impulse control
- demonstrates adequate skills to fulfill care-giving responsibilities
- possesses adequate energy
- sets aside her/his needs in favor of a child
- is adaptive and assertive
- uses resources necessary to meet the child's basic needs

### Emotional Protective Capacities

Emotional protective capacity refers to *feelings, attitudes and identification* with the child and motivation resulting in protective vigilance. Two issues influence the strength of emotional protective capacity: the attachment between parent and child, and the parent's own emotional strength.

*Emotional protective capacities can be demonstrated when the parent:*

- is able to meet own emotional needs
- is emotionally able to intervene to protect the child
- realizes the child cannot produce gratification and self-esteem for the parent
- is tolerant as a parent
- displays concern for the child and the child's experience and is intent on emotionally protecting the child
- has a strong bond with the child, knows a parent's first priority is well-being of the child
- expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings

### **Questions to ask to explore protective capacity**

- Has the parent demonstrated the ability to protect the child in the past under similar circumstances and family conditions? (***Behavioral Protective Capacity***)
- Has the parent arranged for the child to not be left alone with the adult/parent maltreater or source of danger? (This could include having another adult present aware of the protective concerns and able to protect the child). (***Cognitive and Behavioral Protective Capacity***)
- Is the parent intellectually, emotionally and physically able to protect the child given the threats? (***Cognitive, Behavioral and Emotional Protective Capacity***)
- Is the parent free from needs which might affect the ability to protect such as severe depression, lack of impulse control, or medical needs? (***Behavioral and Emotional Protective Capacity***)
- Does the parent have resources to meet the child's basic needs in light of the other changes the court is expecting from the family? (***Behavioral Protective Capacity***)
- Is the parent cooperating with the caseworker's efforts to provide services and assess family needs? (***Cognitive and Behavioral Protective Capacity***)
- Does the parent display concern for the child's experience? Is the parent intent on emotionally protecting the child? (***Emotional Protective Capacity***)
- Can the caregiver specifically articulate a feasible, realistic plan to protect the child, such as the maltreating adult leaving when a situation escalates, calling the police in the event the restraining order is violated, etc.? (***Cognitive Protective Capacity***)
- Does the caregiver believe the child's report of maltreatment and is he/she supportive of the child? (***Emotional Protective Capacity***)
- Is the caregiver capable of understanding the specific threat to the child and the need to protect? (***Cognitive Protective Capacity***)
- Has the caregiver asked the maltreating adult to leave the household (if applicable)? (***Behavioral Protective Capacity***)
- Does the caregiver have adequate knowledge and skill to fulfill parenting responsibilities and tasks? (This may involve considering the caregiver's ability to

meet any exceptional needs that the child might have). ***(Cognitive and Behavioral Protective Capacity)***

- Is the caregiver emotionally able to carry out a plan and/or to intervene to protect the child (caregiver is not incapacitated by fear of maltreating adult)? ***(Behavioral and Emotional Protective Capacity)***
- Do the caregiver and child have a strong bond and does the caregiver demonstrate clearly that the number one priority is the safety and well-being of the child? ***(Behavioral and Emotional Protective Capacity)***
- Even if the caregiver is having a difficult time believing the other adult would maltreat the child, does he or she describe the child as believable and trustworthy? ***(Emotional Protective Capacity)***
- Does the caregiver believe that the problems of the family (including current CPS and court involvement) are not the child's fault or responsibility? ***(Cognitive and Emotional Protective Capacity)***