

Protective Capacities

Cognitive:

Intellect, knowledge, understanding, and perception used to assist in protecting a child

- Have the referent describe each parent's interactions with the child.
- Does the parent comfort the child when he is upset?
- Does the parent use age appropriate discipline?
- Does the parent understand the child's needs?
- Is the parent aware of the concerns identified by the referent?
- What is the parent's reaction to the child?
- Examples:
 - *Mother asks step-father to leave the residence after child disclosed he sexually abused her.*
 - *Father takes his three year old son to grandmother's home for care and supervision while father drinks to point of intoxication.*
 - *Parent recognizes that he is frustrated by two year old child's refusal to eat dinner, takes a break before responding and does not physically discipline child as a result.*
 - *Having the cognitive ability to understand the limitations and needs of my newborn child and not physically disciplining child as a result.*
 - *What is the child's role in the family? What is the expectation of the child on a "regular day" by the parent?*

Behavioral:

Specific action and activity to assist in protecting a child

- Is the parent physically capable to intervene and protect the child?
- Does the parent defer his own needs in favor of the child?
- How does the parent care for the child?
- Is the parent able to adapt to stressful situations?
- Does the parent control impulsive behaviors?
- Is the parent responsive to the child? How?
- Have the referent describe behaviors of the parent that assist in maintaining the child's safety.
- Ask the referent to describe actions of the parent. Does the parent provide discipline? How is it implemented?
- What can the referent describe about the parent's ability to care for the child?
- Examples:
 - *Does the parent act differently when an incident occurs? (Substance abuse, supervision, and domestic violence)*
 - *Mother enforces the step-father leave the residence after child disclosed he sexually abused her.*
 - *Father takes his three year old son to grandmother's home for care and supervision while father drinks to point of intoxication.*
 - *Parents utilize a neighbor to provide care of the toddler while they are at work as current babysitter has been accused of leaving the toddler child home alone.*

Emotional:

Specific feelings, attitudes, and motivations that are directly associated with child protection

- Is the parent willing to protect the child?
- Does the parent have a desire to protect the child?
- Is the parent emotionally stable?
- Is the parent able to show affection?
- Does the parent reciprocate affection with the child?
- What is the nature of the parent-child attachment?
- Can the parent effectively meet his/her own emotional needs?
- How does the parent express love for/with the child?
- Do the child and parent appear to be bonded? How?
- Examples:
 - *The parent will hug or kiss the child.*
 - *The parent will talk positively of the child to others.*
 - *The parent is proud of the child and his achievements.*
 - *The parent will defer his own needs to purchase a gift for the child.*

Assignment of a Report Response Priority

Safety Factors

- 1) **A child has received serious, inflicted, physical harm.**
 - Where is the child's current location?
 - Does the child need medical care?
 - Is it known who inflicted the harm to the child?
 - If yes, where is this individual and what is his/her access to the child?
 - Child has serious inflicted injuries: broken bones, dislocations, burns, internal injuries, head injuries, extensive bruising, and multiple bruises.
- 2) **A caretaker has not, cannot, or will not protect the child from potential serious harm, including harm from other persons having familial access to the child.**
 - Does the caretaker have the ability to physically protect the child?
 - Does the child's caretaker understand the need to protect the child?
 - Was the caretaker present when the child was harmed? Why or why not?
 - Is the child in the care of an adult who is protecting him?
 - Has any action by the child's parent/guardian/custodian occurred to protect the child?
- 3) **A caretaker or other person having access to the child has made a credible threat which would result in serious harm to the child.**
 - Has anyone in the home threatened to kill or seriously injure the child?
 - Who made the credible threat?
 - What makes the threat credible (i.e. past history with the family)?
 - Is the individual making the threat emotionally stable?
 - What access does the individual have to the child?
- 4) **The behavior of any member of the family, or other person having access to the child, is violent and/or out of control.**
 - Are weapons (guns or knives) used in the home to control or threaten another individual?
 - Does anyone have criminal history residing in the home?
 - Do physical altercations occur in the home? Are the children involved?
 - Does anyone appear impaired emotionally, cognitively, or physically? (i.e. threaten to kill others and self, cannot rationalize behaviors of others, cannot refrain from physical aggression)
 - Behaviors: impulsive, physically aggressive, temper outbursts, harmful reactions, bizarre and cruel punishment.
- 5) **Acts of family violence pose an immediate and serious physical and/or emotional danger to the child.**
 - Do physical altercations occur in the home?
 - Are there physical altercations in which choking occurs?
 - Are physical altercations escalating in the home?
 - Does the child interfere in any physical altercations occurring between the adults?
 - Are weapons used in the home to control or threaten another individual?
 - Does anyone appear impaired emotionally, cognitively, or physically? (i.e. threaten to kill others and self, cannot rationalize behaviors of others, cannot refrain from physical aggression)
- 6) **Drug and/or alcohol use by any member of the family, or other person having access to the child, suggests that the child is in immediate danger of serious harm.**
 - What type of drugs/alcohol is being used? How often?
 - Are the children with the individual when he is using drugs/alcohol?
 - Is the individual providing care for the child when high/intoxicated?
 - How is the individual's ability to care for the child impacted by the drug/alcohol use?
 - What is the harm that could occur to the child resulting from the individual's drug/alcohol use?

- 7) Behavior(s) of any member of the family, or any person having access to the child, is symptomatic of mental or physical illness or disability that suggests the child is in immediate danger of serious harm.
- Has an individual made a credible threat to harm the child?
 - Are weapons used in the home to control or threaten another individual?
 - Does anyone appear impaired emotionally, cognitively, or physically? (i.e. threaten to kill others and self, cannot rationalize behaviors of others, cannot refrain from physical aggression)
 - Is the individual making the threat emotionally stable?
 - Does the caretaker have the ability to physically protect the child?
 - Does the child's caretaker understand the need to protect the child?
 - Does the information provide a description of bizarre behaviors that impacts the child's safety? (caretaker reporting the child is the devil, caretaker having auditory or visual hallucinations)
 - Has a mental health professional identified a need for the caretaker to receive treatment and identified concern for the child's safety if the caretaker is not treated?
- 8) A caretaker is unwilling or unable to meet the child's immediate needs for sufficient supervision, food, clothing, and/or shelter to protect child from immediate danger of serious harm.
- Has the child experienced serious harm, or is in danger of being seriously harmed, as a result of lack of supervision?
 - Child playing in the middle of the road.
 - Infant, toddler, or child with special needs left home alone.
 - Does not interfere with a child playing with dangerous objects.
 - Infant/toddler has bleeding and or painful rash that is not being treated as a result of being left in soiled diapers for extended periods of time.
 - Child suffers from a skin condition, loss of hair, or loss of teeth due to poor hygiene.
 - Has the child experienced serious harm, or is in danger of being seriously harmed, as a result of lack of food?
 - Does not provide food or water to the child for extended periods of time.
 - Hospitalization of the child as a result of starvation.
 - Child suffers from a skin condition, loss of hair, or loss of teeth due to lack of food.
 - Has the child experienced serious harm as a result of lack of clothing?
 - Child has frost bite due to lack of adequate clothing in the winter.
 - Has the child experienced serious harm as a result of lack of shelter?
 - Child has frost bite due to lack of shelter.
 - Family resides outside where child is exposed to dangerous activity. (Family sleeps in alley where drug deals are regularly made.)
- 9) Household environmental hazards suggest that the child is in immediate danger of serious harm.
- What is the serious harm that has, or will occur, to the child resulting from the environmental hazards reported?
 - Is the child currently exposed to the environmental hazards?
 - How long will the child be exposed to the environmental hazards?
 - Excessive garbage or rotted food lying around the house impacting ability to move through the home.
 - Room covered with feces and/or urine accessible to children.
 - The physical structure of the house is decaying or falling down.
 - Dangerous objects are accessible to the children in the home.
- 10) Any member of the family, or other person having access to the child, describes or acts toward the child in predominantly or extremely negative terms and/or has extremely unrealistic expectations of the child.
- Has the child received serious harm by any member of the family?
 - Is the child required to complete tasks that place the child in danger?
 - Does the information provide a description of bizarre behaviors that impacts the child's safety? (caretaker reporting the child is the devil, caretaker having auditory or visual hallucinations)
 - Does anyone appear unstable emotionally, cognitively, or physically? (i.e. threaten to kill others and self, cannot rationalize behaviors of others, cannot refrain from physical aggression) Do physical altercations occur in the home?
 - Caretaker uses extreme gestures to intimidate the child.
 - Caretaker's interaction with the child is to threaten or intimidate.
 - Child is given responsibilities beyond his capabilities that are dangerous to the child.
 - Child is consistently excluded from family activities.
 - Child is blamed for everything negative and physically punished for events beyond the child's control.

11) The family refuses access to the child or there is reason to believe the family will flee.

- The family fleeing or refusing access to the child will result in the child continuing to be seriously harmed, or at risk of being seriously harmed.

** The agency's lack of access would need to be linked to another safety factor identifying how/why the child has been harmed, or is at risk of being harmed.*

12) A caretaker has an unconvincing or insufficient explanation for the child's serious injury or physical condition.

- A child has received a serious injury and:
 - The caretaker cannot identify who harmed the child.
 - The caretaker cannot describe how the child was harmed.
 - The caretaker may have seriously harmed or permitted the child to be seriously harmed by another individual.

13) A caretaker is unwilling or unable to meet the child's immediate and serious physical or mental health needs.

- The child has received serious harm resulting from a lack of care for his mental health or physical needs.
- A mental health or medical professional has identified a need for the child to receive medical treatment.
- The mental health or medical professional has identified the serious injury that has, or could occur, if the child is not treated.
- The caretaker is unwilling or unable to seek treatment.
- The child is actively suicidal/homicidal and the caretaker is refusing treatment.
- Care is not provided for a medical condition that could cause permanent disability if not treated.
- Emergency medical treatment is not provided for a potentially life-threatening condition.
- There is an unreasonable delay in obtaining medical services.

14) Child sexual abuse/sexual exploitation is suspected and circumstances suggest that child may be in immediate danger of serious harm.

- The child is in the direct care of the individual who has sexually abused/exploitation the child?
- The child requires immediate medical/psychological attention a result of sexual abuse/exploitation.
- The caretaker makes no effort to prevent child from being sexually abused.
- The caretaker forces the child to engage in sexual behaviors.

Assignment of a Report Response Priority

Protective Capacities and Child Vulnerability

It is critical when assessing protective capacity that we take the time necessary to fully review the family's capacity to protect the child.

Cognitive: Intellect, knowledge, understanding, and perception used to assist in protecting a child

Cognitive abilities include recognizing a child's needs (such as the basic needs of food, shelter, and clothing, social needs, psychological needs, and the need for protection from harm), personal responses to various stimuli, awareness of threatening family circumstances within their family system and understanding the parent's responsibility to protect. Other examples include: being reality oriented; having an accurate perception of the child and his vulnerabilities.

Behavioral: Specific action and activity to assist in protecting a child

This category refers to specific action and activity to assist in protecting a child. Behavioral abilities include an individual's physical capacity to intervene to protect a child; the ability to defer one's own needs in favor of the child; and the skills associated with meeting the child's safety related needs. Other examples include being adaptive, assertive and responsive, taking action, and using impulse control.

Emotional: Specific feelings, attitudes, and motivations that are directly associated with child protection

This category refers to specific feelings, attitudes, and motivations that are directly associated with child protection. Emotional abilities include a willingness and desire to protect, emotional stability, resiliency, the form in which love is expressed and reciprocated and the nature of the parent-child attachment. Also included is how effectively the parent meets his/her own emotional needs.

How does the child's vulnerability impact the parents' reactions or protective capacity?

Ability to protect self
Age
Ability to communicate
Likelihood of serious harm
Provocativeness of the child/s behavior or temperament
Special needs: behavioral, emotional, or physical

Access to individuals who can protect the child
Family composition
Role in the family
Physical appearance, size, and robustness
Resilience and problem-solving skills
Prior victimization
Ability to recognize and report abuse/neglect

Commonalities of Risk Contributors per Type of Child Maltreatment:

Upon the categorization of referral information the screener should attempt to obtain additional information from the referent to assist in completing a screening decision based on characteristics that are clustered per the type of abuse/neglect.

	Psychological Characteristics	Intra-Family Problems	Social Relationships	Social Economic Status
<u>Physical Abuse</u>	<ul style="list-style-type: none"> • History of Rejection • Unresolved Anger • Rigid • Controlling • Substance Abuse • Assaultive Behaviors 	<ul style="list-style-type: none"> • Marital Discord • Negative Child Behavior 	<ul style="list-style-type: none"> • Conflict with Family • Conflict with community • Isolation 	<ul style="list-style-type: none"> • Unemployed • Underemployed
<u>Neglect</u>	<ul style="list-style-type: none"> • Emotional Deprivation as child • Depressed • Hopeless • Substance Abuse 	<ul style="list-style-type: none"> • Large Number of Children • Inadequate Parenting Knowledge 	<ul style="list-style-type: none"> • Isolation • Short-term Relationships 	<ul style="list-style-type: none"> • Very Poor • No Economical Resources
<u>Sexual Abuse</u>	<ul style="list-style-type: none"> • Need to feel powerful • Need to feel controlling • Substance Abuse • Generational Sexual Abuse 	<ul style="list-style-type: none"> • Marital Discord • Lack of sexual gratification in marriage • Role Reversal 	<ul style="list-style-type: none"> • Conforms with social norms • Lack of social involvement • Step-parent/paramour 	<ul style="list-style-type: none"> • Job Dissatisfaction
<u>Emotional Abuse/Neglect</u>	<ul style="list-style-type: none"> • Lack of empathy • Rigid expectations • Narcissistic 	<ul style="list-style-type: none"> • Disturbed attachment • Child fears parental rejection • If married, enmeshed family 	<ul style="list-style-type: none"> • Absence of continuing relationships • Participation in isolated charge or social group 	<ul style="list-style-type: none"> • Employed • Adequate Income