

## 14 Safety Threats

1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation/differential response (DR) case, as indicated by (select all that apply):
  - Serious injury or abuse to the child other than accidental.
  - Caregiver fears harming the child.
  - Caregiver has threatened to cause harm or retaliate against the child.
  - Caregiver has made substantial or unreasonable use of physical force.
  - Substance-exposed infant is in danger.
2. Child sexual abuse is suspected, AND circumstances suggest that the child's safety may be of immediate concern.
3. The caregiver is aware of the potential harm AND is unwilling OR unable to protect the child from actual or threatened serious harm by others. This may include physical abuse, emotional abuse, sexual abuse, sexual exploitation, trafficking, or neglect. Domestic violence behaviors should be captured under safety threat 9.
4. Caregiver's explanation or lack of explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. Caregiver does not meet the child's immediate needs for supervision, food, and/or clothing. Select all that apply.
  - Supervision
  - Food
  - Clothing

6. Caregiver does not meet the child's immediate needs for medical or critical mental health care (suicidal/homicidal).
7. Physical living conditions are hazardous and immediately threatening to the child's health and/or safety.
8. Caregiver's substance abuse seriously impairs their ability to supervise, protect, or care for the child.
9. Domestic violence exists, and offender behavior poses an imminent danger of serious physical and/or emotional harm to the child.
10. Caregiver frequently describes the child in predominantly negative terms or acts toward the child in negative ways; AND these actions make the child a danger to self or others, suicidal, act out aggressively, or severely withdrawn or anxious.
11. The caregiver's mental instability, developmental status, or cognitive deficiency seriously impairs their current ability to supervise, protect, or care for the child.
12. Family currently refuses access to or hides the child and/or seeks to hinder an investigation/DR case.

13. The child may be in immediate danger because of current circumstances AND because the caregiver severely maltreated a child in their care in the past (where the incident was resolved or unresolved) or because the caregiver has been unable to resolve a prior pattern of severe maltreatment.

14. Other (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Safety Threat Concept Table Activity

### Scenario 1

You are called to the hospital emergency room by CACD, who are investigating an allegation that a child has suffered a non-accidental burn. A hotline phone call was placed from the hospital, and CACD initiated an investigation

The child is a 12-month-old male who has an immersion burn on the buttocks. The burn is only on the buttocks and has clean lines of demarcation (no evidence of splashing). The maternal grandmother sought emergency medical care after she arrived at the home and found the child with a burn. The mother and her live-in boyfriend (who is not the baby's biological father) were present at the hospital. The boyfriend initially told the CACD investigator that the child turned on the hot water in the bathtub and then fell in.

When CACD interviewed the mother, she repeated the father's story. The mother appeared developmentally delayed. With more questioning, she stated the family was "potty training" the child, and he "pooped his diaper." Her boyfriend punished the baby by holding him in hot water. The mother explained, "He (the child) knows better than that." The mother stated that a couple of days ago, her boyfriend ran some water in a tub until it was very hot- filling the tub about ½ full. He then held the child down in the water. The mother eventually called her mother to see if the child needed to go to the doctor because the boyfriend said they shouldn't take him, but she was getting worried. Based on the information provided by the mother, CACD questioned the boyfriend again. The boyfriend said, "He deserved it. He just does it to piss me off, and it's no big deal anyway." The medical evaluation is still in progress to determine if there are other indicators of maltreatment. The parents want to check the baby out of the hospital against medical advice (AMA) because they are angry with the doctor. The boyfriend says, "no one is taking our kid. He's not going anywhere but home with us."

**Place Selected Safety Threats Here (Select 1-3)**

## Safety Threat Concept Table Activity

### Scenario 2

You are called to a child safety center where CACD took an 11-year-old boy for a forensic interview due to a report of sexual abuse to the child abuse Hotline. CACD also conducted an interview with the boy's 9-year-old and 6-year-old sisters.

During the interview, the 11-year-old boy disclosed sexual abuse by his father, which included anal penetration (adult to child) and oral penetration (adult to child). The child verbally described ejaculation. He said the sexual behavior had gone on since he was six years old. The boy told his mother after his father tried to make him “practice” the same behavior with his 6-year-old sister, who had observed the father's sexual acts with her brother. He stated that he told his mother once before, about 6 months ago, and his mom had confronted his Daddy, but he did not tell her until today that Daddy had not stopped because he was afraid that Daddy would hurt her. The girls were also interviewed. Neither one disclosed sexual abuse of themselves. However, the 6-year-old said, “Daddy does it to Sissy too. I watched.”

When CACD interviewed the mother, she burst into tears and told the investigator that her son had told her about six months ago about what his father was doing to him. At that time, she confronted her husband. The mother and father are religious and the two attended counseling at their church, and he promised never to do it again. No one made a Hotline report at that time. When the mother found out today that the behavior had never stopped, she immediately called the Hotline. She stated she believes her son and is ready to do whatever it takes to make the abuse stop.

The staff of the child safety center were willing to assist the mother in finding and paying for a short-term safe place to stay. The mother is willing to file an order of protection against the father.

**Place Selected Safety Threats Here (Select 1-3)**

## Safety Threat Concept Table Activity

### Scenario 3

CACD contacts you to complete a safety assessment at a family home. The CADC investigator had responded to a Non-Organic Failure to Thrive report made by a local doctor. The medical staff had followed a nearly 6-month-old infant in an outpatient clinic. The mother brought the baby to the clinic for a well-visit check when the baby was two weeks old. She told the staff then that he was a difficult feeder, and the staff noticed he had not gained any weight. The mother and staff worked together for the next two months, and the baby's development seemed to progress normally.

When the baby was close to three months old, staff noticed that the baby was not gaining weight again, and the mother was beginning to miss her weekly appointments. The mother did not seem as concerned about the baby's lack of growth as she had been when he was only three weeks old. She did not appear at the clinic for a few months and then showed up late Friday afternoon without an appointment. The mother's sister accompanied them to the clinic because she was very worried about the baby. At the clinic, the baby weighed only slightly more than his birth weight and appeared emaciated. When questioned, the mother became belligerent, accused her sister of trying to wreck her life by making her bring the baby in for a check, and left with the baby.

When CACD arrived at the home, the mother was passed out on the couch and could not be aroused. The sister was there and told the investigator that the mother had a history of methamphetamine use. She stayed clean during her pregnancy, but the family was concerned that she was using drugs again and sent her sister to check up on her. The sister immediately sought medical care for the baby based on his appearance. She told the investigator she could stay at the house as long as needed to care for the baby.



**Place Selected Safety Threats Here (1-3)**