

**Department of Human Services  
Child Protective Services**

**COMPREHENSIVE STRENGTHS AND RISK ASSESSMENT  
Rating Reference**

**I. Child Vulnerability**

The level of susceptibility to child abuse and neglect is related to a child’s vulnerability, ability to protect himself/herself, developmental delays, behavioral problems and past victimization. Research, practice and child mortality studies indicate that younger children are more likely to be severely harmed as a result of child maltreatment.

**1. Self Protection (SHG #1)**

<b>Family Strengths/ Protective Factors (0)</b>	Child is able to consistently protect self. Child knows where to go for help—can dial phone number or go to neighbor, etc. Child expresses trust of caregivers—does not appear fearful. Child has developed relationships with people outside the family system who can support him/her. Caregiver is supportive of these relationships.
<b>Low/Moderately Low Risk (1)</b>	May escape or hide to avoid abuse. Recognizes the behavior as abusive, but cannot consistently avoid it. May be able to physically resist abuse. May not consistently seek help from non-abusive caregiver.
<b>Moderate Risk (2)</b>	Child displays occasional ability to protect self. Child is unable to distinguish between abuse and discipline. School-age child has reduced ability for self-care. Child is unable to leave abusive situations. Child occasionally seeks assistance to protect self. Child has a relationship with person outside home, not consistently available for protection. Child is reluctant to be with caregiver. Child is fearful of retaliation from caregiver. Child is fearful of home environment due to domestic violence, drug/alcohol use, dangerous people and/or health and safety issues.
<b>Moderately High/High Risk (3)</b>	Child is unable to protect self. Child views abuse as normal and acceptable. Child lives or is left in unsafe environments. Child is not supported in efforts to seek help or protection. Child is unable to communicate. Child is unable to seek assistance. Child is 0 to 5 years old or a child with special needs. Child has no visibility in the community. Child blames self for abuse. Child recants or denies substantiated abuse. Child hides or minimizes injuries.

**2. Special Needs/Behavior Problems (SHG’s #1, 5)**

<b>Family Strengths/ Protective Factors (0)</b>	Child displays age appropriate behavior with no physical, mental, social or developmental delays. Caregiver is knowledgeable about the child’s special needs (i.e. diet, medication, medical condition or concerns). Caregiver is sympathetic to the child’s needs. Caregiver has sought services or supports for the child. Child is confident in school. Child has friends.
<b>Low/Moderately Low Risk (1)</b>	Child displays minor behavioral problems with no physical, mental, social or developmental delays. Child often has age appropriate behaviors. Child has minor illness/medical condition requiring periodic parental attention.

	<p>Child has mild developmental delay.</p> <p>Child has minor hyperactivity or depression.</p> <p>Child has minor school problems or occasional truancy.</p>
<b>Moderate Risk (2)</b>	<p>Child is behaviorally disturbed/significant physical, mental, social or developmental delays.</p> <p>Irritable and/or distressed infant is difficult to console.</p> <p>Child has medical condition, physical disability or psychological condition requiring regular parental and/or medical attention.</p> <p>Child has been diagnosed with attention deficit disorder, fetal alcohol syndrome or some other condition.</p> <p>Child has behavior problems which interfere with academic performance and social relationships with peers.</p> <p>Child has significant pattern of aggression or withdrawal at school, home or with friends.</p> <p>Child is periodically absent from school or runs away for short periods of time.</p> <p>Child may exhibit inappropriate behavior for their age.</p> <p>Child has difficulty concentrating at school.</p> <p>Child is overeating, losing weight or other changes in diet.</p> <p>Child is occasionally violent and dangerous to others.</p> <p>Child displays some self-destructive behavior.</p> <p>Child destroys objects.</p> <p>Child has sleep disorders.</p> <p>Child experiments with drugs and alcohol.</p>
<b>Moderately High/High Risk (3)</b>	<p>Profound physical, mental, social or developmental delay.</p> <p>Low birth weight and/or medically fragile infant.</p> <p>Child has extreme and challenging behaviors requiring almost constant management and supervision.</p> <p>Child is reliant on parent for total care due to physical/developmental disability.</p> <p>Child regularly used drugs and/or alcohol.</p> <p>Child's behavior causes regular removal from academic and social environments.</p> <p>Child exposes himself to risky situations without knowledge of danger.</p> <p>Child is violent and dangerous to others and self.</p> <p>Child has criminal history.</p> <p>Child is involved in coercive, aggressive sexual behavior.</p> <p>Mutilation/killing of animals.</p>

## II. Baseline Level of Risk: Abuse and Neglect

### 3. Abuse and Neglect History (SHG #2) Severity/Chronicity

<b>Family Strengths/ Protective Factors (0)</b>	<p>There is a realization that the child needs more than what the family is currently providing.</p> <p>The non-abusive caregiver sought to protect the child.</p> <p>There have been no incidents of abuse or neglect in the past.</p>
<b>Low/Moderately Low Risk (1)</b>	<p>Isolated incidents of abuse and neglect.</p> <p>One incident of abuse or neglect.</p> <p>Intermittent incidents of abuse or neglect.</p>
<b>Moderate Risk (2)</b>	<p>More than one incident of abuse or neglect separated by long intervals of non-abusive or non-neglectful behavior.</p>
<b>Moderately High/High Risk (3)</b>	<p>Repeated or ongoing pattern of abuse or neglect.</p> <p>Abuse occurs periodically as conditions and situations vary.</p> <p>Abuse occurs regularly on a daily or weekly basis.</p> <p>Neglect is ongoing and constant with infrequent interludes of appropriate care.</p> <p>For an infant or preschool child, a dangerous pattern may occur within a period of hours, days or weeks.</p> <p>For an older child, a dangerous pattern may emerge over a period of weeks to months.</p>

### 4. Description of Current CA/N (SHG#2)

## Physical Abuse (Injury)

<b>Family Strengths/ Protective Factors (0)</b>	No injury and no medical treatment required. Non-abusive caregiver sought to protect the child and took the child for medical care. Abusive caregiver admits he/she injured the child and voices a concern and commitment to improve parenting skills.
<b>Low/Moderately Low Risk (1)</b>	Inflicted bruises confined to extremities and buttock that do not require medical treatment. Superficial welts, scratches or abrasions confined to knees, shins, arms and buttocks.
<b>Moderate Risk (2)</b>	Any bruises on pre-ambulatory child or child under age one. Bite marks with breaks in the skin. Cuts, bruises or abrasions on protected body areas such as inner thighs, neck, and genitalia. Cuts, bruises or abrasions on facial area such as eye, cheek, lip, forehead or nose. Multiple superficial injuries or multiple plane injuries. Patches of hair pulled from child's scalp. First and/or second degree burns confined to a small area of child's hand, leg, or arm.
<b>Moderately High/High Risk (3)</b>	Cuts that require stitches. Head injuries, i.e. concussion, retinal or cerebral hemorrhage, skull fractures. Fractured bones. Extensive and multiple bruises (battering). First and/or second degree burns on face, abdomen or genitals. Third degree burns to any area of the body. Displaced joints. Injuries resulting in significant sight, hearing, or mental impairment. Internal injuries. Evidence of neck injury that interferes with breathing. Near drowning inflicted.

## Exploitation (Non-Sexual)

<b>Family Strengths/ Protective Factors (0)</b>	Caregiver has non-exploitative relationship with the child. Caregiver supports the child in being a child, and has reasonable expectations.
<b>Low/Moderately Low Risk (1)</b>	Caregiver uses child to obtain food or shelter.
<b>Moderate Risk (2)</b>	Caregiver demands that child work outside the home and relinquishes most of earnings to adult for his/her own use. Caregiver expects child to do all the household tasks including meal preparation and laundry. Child is frequently forced to miss school to care for younger siblings or adult. Caregiver uses child for illegal non-violent activities such as betting or selling stolen items.
<b>Moderately High/High Risk (3)</b>	Caregiver engages child in property crimes such as robbery, auto theft, burglary, etc. Caregiver uses child to sell or transport drugs. Caregiver forces child to work full-time and relinquish all earnings for adult's use. Caregiver indentures child to third party for monetary benefit.

## Neglect

<b>Family Strengths/ Protective Factors (0)</b>	Caregiver appropriately provides for the basic needs of child. Caregiver seeks out community resources to ensure that child has food, clothing, housing and/or heat. Caregiver has made an attempt to correct the home's physical deficiencies within financial limitations.
<b>Low/Moderately Low Risk (1)</b>	Child's clothing is consistently dirty or in need of repair. Child has insufficient clothing for current weather. Shelter is only sporadically heated in the winter, causing child some discomfort.

	Regular meals provided, but may be nutritionally poor. Child occasionally left alone or with inappropriate or inadequate caregivers.
<b>Moderate Risk (2)</b>	Shelter does not provide adequate protection from the elements. Inadequate provisions for sleeping such as rough surface, dirty, smelly, noisy or damp. Food provided is inadequate to sustain a healthy, growing child. Infant is not fed regularly. Infant or young child not bathed regularly, causing itching, rash or matted hair. Infant's or young child's diapers changed irregularly, causing rashes or significant discomfort. Child responsible for caring for younger sibling. Mild to moderate developmental delays due to neglect.
<b>Moderately High/High Risk (3)</b>	Health or safety hazards in living environment including exposure to elements, human/animal feces, exposed wiring, access to dangerous objects or harmful substances. Sleeping provisions are cold, wet or unsafe. Food is not provided or only provided sporadically for child. Infant is not fed within 12 hours. Clothes are inadequate to protect child from elements. Infant or young child smells strongly, has a painful skin condition, hair or teeth loss. Infant or young child left in soiled diapers for extended periods of time, resulting in a bleeding, painful skin condition. Child is alone and cannot care for self or other children or child is left to his or her own resources. Child has delayed or untreated medical condition which is life-threatening or permanently disabling such as comatose state or debilitation from starvation or non-organic failure to thrive. History of extensive gestational substance abuse or child test positive for non-prescribed drugs or alcohol at time of birth or child displays withdrawal symptoms. Significant developmental delays due to neglect.

### Sexual Abuse

<b>Family Strengths/ Protective Factors (0)</b>	Caregiver has a non-sexualized relationship with child and protects from sexual abuse or exploitation. Non-abusive caregiver took appropriate action to protect the child. Non-abusive caregiver (believes) supports the child.
<b>Low/Moderately Low Risk (1)</b>	Caregiver makes sexually suggestive remarks or flirtations with child without clear overtures or physical contact. Caregiver makes sexual innuendoes, provocative statements, or lewd comments to child. Sexual activities are discussed inappropriately in front of child. Pornographic media material is viewed in child's presence or available for child to see it.
<b>Moderate Risk (2)</b>	Caregiver engages in sexually stimulating grooming behavior with child. Child is propositioned or pressured to have sexual contact by the caregiver. Caregiver exposes self to child or masturbates in child's presence. Child is encouraged or forced to view pornographic material by the caregiver. Caregiver engages in sexual activities in front of child. Child is photographed in provocative poses or clothing by the caregiver. Caregiver does not intervene in inappropriate sex play between siblings.
<b>Moderately High/High Risk (3)</b>	Child is engaged by an adult or older child in sexual penetration. Child is forced by an adult to engage in sexual activity with another child. Child is engaged in masturbation by an adult or older child. Child is engaged in sadomasochistic practices. Caregiver forces child to watch or perform sex with an animal. Pornographic photographs are taken of child. Caregiver forces child to act out sexually in front of him/her or others. Caregiver pressures or forces child to engage in sexual activity with another adult. Child has a sexually transmitted disease. Child is <b>unsupervised</b> in the presence of a known sex offender.

### Psychological Abuse

<b>Family Strengths/ Protective Factors (0)</b>	Child appears happy and well adjusted (not overly worried or anxious). Caregiver has an understanding of how his/her behavior hurt child. Caregiver demonstrates an understanding of how developmental stages impact child's behavior. Caregiver seems to take the child's attention seeking behavior in stride without becoming overly frustrated. Child exhibits normal behavior and social functioning. Caregiver has a strong emotional bond and connection to the child.
<b>Low/Moderately Low Risk (1)</b>	Child has some negative attention-seeking behavior. Lack of impulse control. Limited attention span. Child displays minor behavioral problems.
<b>Moderate Risk (2)</b>	Emotional or social impairment resulting in social isolation. Sadness caused by CA/N resulting in decreased capacity to perform age appropriate tasks. Depression evidenced by listlessness, withdrawal or daydreaming, impairing academic performance and/or peer relationships. Signs of anxiety or fear that interfere with learning new skills or making new friends. Antisocial behaviors such as chronic lying, destruction of property, or stealing.
<b>Moderately High/High Risk (3)</b>	Fire setting. Lack of emotional attachments. Assaultive behavior. Sexual victimization of younger child. Mutilation of animals. Severe psychological reaction such as suicide attempt, self-mutilation, loss of ability to speak or extreme social fear. Severe depression which immobilizes child or leads to suicidal behavior. Chronic ridiculing, belittling, humiliation or debasement of child. Terrorizing a child.

### Dangerous Acts

<b>Family Strengths/ Protective Factors (0)</b>	Caregiver exercises care and control to ensure child's safety and not cause injury to child. Caregiver has an alternative plan (Plan B) when he/she is concerned about hurting child. For example, takes time out to protect the child such takes a walk, washes his/her face, calls a neighbor, etc.
<b>Low/Moderately Low Risk (1)</b>	Forcing child to eat small amounts of an inappropriate food item such as Tabasco sauce, hot peppers or soap. Allowing toddler on elevated surface without close supervision. Pulling child off floor by arm or leg.
<b>Moderate Risk (2)</b>	Dragging child by hair. Biting child. Twisting or pulling body parts, such as arms, wrists or ears. Locking child in area without a means of escape. Denying food for more than two consecutive meals. Forcing a child to eat a non-food item. Throwing hard objects at child. Forcing young child to be outside in the heat, cold or rain. Hitting child with an object or instrument. Making child stand in corner for excessive time periods. Pulling out patches of hair.
<b>Moderately High/High Risk (3)</b>	Shaking an infant. Spanking an infant. Any physical discipline to an infant. Interfering with a child's breathing. Hitting a child with fist or object or instrument on head, face, neck, stomach, abdomen, genitals or kidneys. Throwing child against a wall or other surface. Holding head of young child in toilet bowl. Head banging.

	<p>Threatening child with a deadly weapon.  Tying child down or using restraining devices such as handcuffs, ropes or chains.  Burning a child including immersion burns.  Using electric shock as punishment.  Leaving child unattended in a hot car.  Denial of food or water for 24 hours.  Introducing into a child's body any substance which could temporarily or permanently impair bodily functions.  Assaultive behavior which poses a physical threat to the safety of child.  Smearing feces or urine in a child's face.  Munchausen's by Proxy.</p>
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### III. Caregiver Characteristics

The risk factors identified under caregiver characteristics provide information about the history and present parenting function of the child's caregiver. Since the following caregiver risk factors are predictive of future abuse and neglect, it is important to gather reliable information about each factor.

#### 5. History of CA/N as a Child (SHG#4)

A parent's history of CA/N as a child includes a parent's experience of physical abuse, sexual abuse, neglect and psychological abuse by caregivers in a manner that had the potential to result in significant physical, developmental or emotional harm.

<b>Family Strengths/ Protective Factors (0)</b>	<p>Caregiver was raised in healthy, non-abusive environment.  Caregiver has worked through issues relating to his/her upbringing.  Caregiver talks to siblings about how to avoid the mistakes of his/her parents; thus, avoiding the cycle of abuse.  Caregiver has been able to learn from the past and it influences his/her child rearing.  Caregiver sought help to learn how to parent more effectively.</p>
<b>Low/Moderately Low Risk (1)</b>	<p>Caregiver had occasional incidents of abuse or neglect as a child.  Caregiver remembers incidents of harsh punishment although did not perceive it as abuse.  Caregiver recalls some abusive discipline.  Caregiver's siblings were abused, but caregiver was not.  Caregiver was victim of abuse and received support and protection from other family members.</p>
<b>Moderate Risk (2)</b>	<p>Caregiver has repeated incidents of abuse or neglect as a child.  Caregiver reports basic needs not frequently met.  Caregiver received harsh physical punishment on a regular basis resulting in frequent injuries.  Caregiver has no sense of belonging or attachment to a family.  Caregiver experienced a lack of consistent parenting by a loving caregiver.  Caregiver has a history of hostile and verbally assaultive relationship with own parents.</p>
<b>Moderately High/ High Risk (3)</b>	<p>Caregiver has history of chronic/severe abuse as a child.  Caregiver reports being a victim of severe neglect that resulted in physical problems.  Caregiver was victim of assaults resulting in fractured bones, physical disability, or emotional trauma.  Caregiver was victim of sexual abuse and received no support, protection or affirmation from family.  Caregiver recalls repeated beatings and/or physical attacks.  Caregiver recalls no appropriate discipline.  Caregiver reports severe emotional rejection, scapegoating and humiliation by own parents.  Caregiver was deprived of food, clothing, rest or medical care as a form of punishment.</p>

#### 6. Mental, Emotional, Intellectual or Physical Impairments (SHG#'s4, 5, 13)

In any case in which mental health, emotional, intellectual or physical impairments incapacitates a parent for extended periods of time, CPS staff should ask themselves the question, “who will be caring for this child when the parent is unable to do so?” The presence of these conditions **does not necessarily mean** that the person cannot parent adequately or that a child is unsafe.

<p><b>Family Strengths/ Protective Factors (0)</b></p>	<p>Caregiver is mentally, emotionally, intellectually and physically capable of parenting child. Caregiver is in touch with his/her feelings about the child. Caregiver has sought treatment for mental health issues. Caregiver uses medications as prescribed. Caregiver is aware of disabilities and involved in support groups and activities to compensate for these disabilities. Caregiver uses assisted device (technologies) to enable timely interaction with the child and community (TDD, hearing aids, guide dog). Caregiver is willing, but does not have resources or knowledge to obtain services.</p>
<p><b>Low/Moderately Low Risk (1)</b></p>	<p>A mental, emotional, intellectual or physical impairment mildly interferes with the capacity to parent. Caregiver has some mild physical or emotional impairment causing minimal interference with some daily activities. Caregiver has emotional problems for which he/she is receiving effective treatment. Caregiver has low tolerance for stressors and may react in emotionally inappropriate ways. Caregiver has developmental delay and relies on consistent support to manage daily activities. Caregiver has low-self esteem, anxiety attacks and mood swings that minimally impact parenting functions.</p>
<p><b>Moderate Risk (2)</b></p>	<p>A mental, emotional, intellectual or physical impairment interferes significantly with the capacity to parent. Caregiver has a physical, mental or emotional impairment that interferes with daily parenting activities. Caregiver is being supervised by a physician for a physical, mental or emotional condition, but does not consistently comply with treatment plan. Caregiver is depressed and unable to provide nurturance and stimulation to child. Caregiver requires consistent support to manage daily activities, but does not have the help required.</p>
<p><b>Moderately High/High Risk (3)</b></p>	<p>Due to a mental, emotional, intellectual or physical impairment, capacity to parent severely inadequate. Acute or chronic illness or disability that significantly impairs the caregiver’s ability to care for child. Caregiver has serious mental illness, but refuses to participate in treatment plan. Caregiver’s physical, mental or emotional impairment causes them to be vulnerable to dangerous situations. Caregiver impairment causes failure of caregiver to recognize dangers and protect child from harm. Caregiver has history of injuries, assaults, exploitation due to physical, mental or emotional impairment. Caregiver behavior may include delusions and hallucinations. Caregiver has history of suicide attempts.</p>

**7. History of Violence by or Between Caregivers Towards Peers and/or Children (SHG #6)**

Parent has caused physical or sexual injury to another person not limited to family members or children. Information is supplied by a credible source that has direct knowledge of the caregiver’s violent or sexually assaultive behavior.

<p><b>Family Strengths/ Protective Factors (0)</b></p>	<p>Caregiver resolves conflicts in non-aggressive manner. Caregiver is able to admit that he/she has a temper. Caregiver has sought help for his/her temper. Caregiver has good relationships with co-workers. Caregiver is assertive, but not aggressive about getting needs met. Caregiver is able to redirect anger toward accomplishing something positive. Conflict is not always bad and the caregiver is able to identify times when conflict has been an opportunity.</p>
<p><b>Low/Moderately</b></p>	<p>Caregiver has engaged in isolated incident of assaultive behavior not resulting in injury.</p>

<b>Low Risk (1)</b>	Caregiver has engaged in yelling, shoving or other physically aggressive behaviors with children and/or adults that have not resulted in injuries. Caregiver has a history of violence and has successfully participated in credible treatment program designed to address violent behaviors. Caregiver has history of reports of physical abuse toward children.
<b>Moderate Risk (2)</b>	Caregiver has sporadic incidents of assaultive behavior which result in or could result in minor injury. Caregiver has engaged in physical altercations with children and/or adults resulting in minor injuries. Caregiver has occasionally engaged in abusive/assaultive or intimidating behaviors toward children and/or adults. Caregiver's family, social contacts or others express fear of the caregiver's assaultive behavior. Caregiver has difficulty in work, social or other situations as a result of intimidating and aggressive language and behaviors.
<b>Moderately High/High Risk (3)</b>	Single incident or repeated incidents of assaultive behavior which results in or could result in major injury. Caregiver has had a prior substantiated report for child abuse. Caregiver engages in behaviors with children and/or adults resulting in serious injuries. Caregiver frequently engages in abusive/assaultive/intimidating behaviors toward children and/or adults. Caregiver has an arrest history of assault or crimes against others. Caregiver's family, social contacts or others are afraid of the caregiver and avoid contact with him/her. Caregiver has a history of restraining orders against him/her for violence or assault. Caregiver has refused, failed, or not completed treatment and persists in violent behavior.

## 8. Substance Abuse (SHG #7)

Substance abuse may interfere with a person's ability to perform essential life functions such as parenting, work, interpersonal relationships and self-care.

<b>Family Strengths/Protective Factors (0)</b>	Caregiver does not abuse alcohol or drugs and is not involved in selling drugs. Caregiver has a strong sense of his/her own struggle in the area of drugs and alcohol. Caregiver has sought treatment in the past. Caregiver has a sponsor through AA or NA.
<b>Low/Moderately Low Risk (1)</b>	History of substance abuse, but no current problem. Has completed treatment and remained free from substance abuse for more than one year. Is voluntarily involved in treatment, has regularly attended support groups or meetings for at least six months. Infrequent use of drugs and/or alcohol which occasionally impairs parenting skills or abilities.
<b>Moderate Risk (2)</b>	Reduced effectiveness due to substance abuse or addiction. Caregiver's use of drugs and/or alcohol results in erratic and unreliable parenting of child. Social and/or support network includes known abusers of drugs and alcohol. Has failed treatment programs or has not completed treatment in past. Successful completion of treatment and current regular use of alcohol or drugs. History of DUI and/or drug or alcohol related criminal activities. Has begun treatment although has not established consistent participation. Heavy use is occasional, weekends or situational, rather than an established pattern indicating addiction.
<b>Moderately High/High Risk (3)</b>	Substantial incapacity due to substance abuse or addiction. Caregiver's use of substances results in inability to meet any of child's basic needs. Use of substances results in emotionally abusive and/or violent behavior. Drug-using or drug-making paraphernalia accessible to child.

	<p>Recent history of DUI/DWI and/or drug or alcohol related criminal activities.</p> <p>Inability to maintain employment due to substance abuse.</p> <p>Denial of impact of substance abuse on caregiver's ability to provide for child's needs.</p> <p>History of extensive gestational substance abuse.</p>
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## 9. Recognition of Problem/Motivation to Change (SHG's #8, 11, &12)

The recognition of the problem and the motivation to change are two separate issues. Both issues help determine a parent's commitment and ability to make positive change. Both indicators must be positive in order for a positive outcome to be completely supported. If both indicators are negative, a negative outcome would be most likely.

There may be circumstances where one indicator is positive and the other indicator is negative. A parent who does not fully recognize the problem, but is motivated to change may have difficulty changing the behavior since there is limited insight into the problem. If highly motivated, however, the parent may over time gain the insight required to resolve the issues. A parent that recognizes the problem, but has limited motivation to change will also be hindered in making progress unless circumstances change to increase the parent's motivation to alter the behavior.

The rating assigned under these circumstances will best be determined by case specifics. A parent that recognizes the problem, but is debilitated by depression may be unable to take the necessary steps to change. The rating would indicate lower risk if the parent was aware of the affects of the depression and expressed willingness to seek professional help.

Parents who are able to process new information about the behavior toward their children are more likely to experience positive outcomes. In contrast, if parents are unwilling or unable to process new information regarding the problem, progress will be limited and the risk greater.

Recognition of the problem and the motivation to change involves a parent's acknowledgment and awareness of CA/N issues combined with a readiness and commitment to change regardless of how difficult, painful, or costly those changes might be.

<b>Family Strengths/ Protective Factors (0)</b>	<p>Caregiver openly acknowledges the problem and is willing to accept responsibility.</p> <p>Caregiver asks for help.</p> <p>Caregiver expresses a motivation to change.</p>
<b>Low/Moderately Low Risk (1)</b>	<p>Caregiver recognizes a problem exists and is willing to take some responsibility.</p> <p>Caregiver recognizes, but may not understand problem.</p> <p>Caregiver understands that child has been affected by CA/N, but does not understand the consequences to child.</p> <p>Caregiver is initially angry at allegations, but later agrees to comply.</p>
<b>Moderate Risk (2)</b>	<p>Caregiver has a superficial understanding of the problem and fails to accept responsibility for own behavior.</p> <p>Caregiver projects blame onto child or others.</p> <p>Caregiver minimizes impact of the problem on child and/or family.</p> <p>Caregiver overestimates child's resilience and ability to cope with abuse.</p> <p>Caregiver makes statements and promises indicating willingness to make changes, but fails to follow through.</p>
<b>Moderately High/ High Risk (3)</b>	<p>Caregiver has no understanding of the problem and refuses to accept any responsibility.</p> <p>Caregiver maintains denial although presented with evidence.</p> <p>Caregiver believes that behavior is socially accepted norm.</p> <p>Caregiver denies emotional and behavioral impacts of problem/abuse on child.</p> <p>Caregiver refuses to change behaviors to alleviate CA/N.</p> <p>Caregiver has support of family and social network that supports continued CA/N.</p>

## 10. Protection of Child by Non-Abusive Caregiver (SHG #9)

When there are instances of abuse or neglect, we need to observe that the non-abusive caregiver acknowledges the threat that the abusive caregiver poses to child and possesses the capabilities and resources necessary to protect the child and keep the child safe from harm.

<b>Family Strengths/ Protective Factors (0)</b>	Caregiver is able and willing to protect child from dangerous persons and situations. Non-abusive Caregiver does not cover for abusive caregiver. Caregiver believes and supports the child. Caregiver recognizes dangerous situations and steps in to protect. Non-abusive caregiver is able to put the child's needs above his/her own. Non-abusive caregiver uses family or other resources to protect the child.
<b>Low/Moderately Low Risk (1)</b>	Caregiver is willing, but occasionally unable to protect the child. Caregiver is willing to protect child although lacks confidence in ability to do so. Caregiver provides protection by having child stay with appropriate friends or relatives.
<b>Moderate Risk (2)</b>	Caregiver's protection of child is inconsistent or unreliable. Caregiver obtains protection order, but allows violation of the order. Caregiver questions or doubts need to provide protection for child. Caregiver maintains relationship with abusive caregiver. Caregiver allows supervised contact between abusive caregiver and child. Caregiver questions child's account of abuse.
<b>Moderately High/ High Risk (3)</b>	Caregiver is unwilling to protect child. Caregiver does not follow through with obtaining protection order. Caregiver allows contact between child and abusive caregiver. Caregiver does not recognize danger posed by abusive caregiver. Caregiver remains committed to relationship. Caregiver leaves child alone with abusive caregiver. Caregiver blames child for abuse. Caregiver pressures child to deny or recant reports of abuse. There is no non-abusive caregiver.

## 11. Level of Cooperation with Intervention (SHG #11)

A parent's level of cooperation is determined by a family's willingness to work in partnership with DCYF/CPS and service providers toward child safety, reunification, permanency, and case closure.

<b>Family Strengths/ Protective Factors (0)</b>	Caregiver wants to make things right for his/her family and is willing to work with CPS to get there—although that may scare him/her. Caregiver requests intervention and services. Caregiver follows through with what he/she says that he/she will do.
<b>Low/Moderately Low Risk (1)</b>	Caregiver accepts intervention and is intermittently cooperative. Caregiver expresses willingness to participate in service plan, but occasionally fails to follow through. Caregiver appears angry and uncooperative, but complies with service plan.
<b>Moderate Risk (2)</b>	Caregiver accepts intervention, but is non-cooperative. Caregiver does not consistently comply with service plan. Caregiver undermines attempts to provide services. Caregiver undermines communication between service providers and CPS. Caregiver is verbally abusive toward service providers and CPS. Participation is unproductive, conflict-ridden, argumentative, and/or caregiver is passive giving no attention to the service. Caregiver demonstrates no change in behavior despite service participation. Caregiver expresses justification for problem and/or abusive behaviors.
<b>Moderately High/ High Risk (3)</b>	Caregiver is extremely hostile to CPS contact or involvement with the family. Caregiver refuses to work with CPS and/or service providers. Caregiver continues to blame others for abuse after intervention. Caregiver threatens violence toward CPS or service providers. Caregiver refuses to support child in services. Caregiver prevents CPS or service providers from seeing child. Caregiver avoids contact with social and service providers.

	<p>Caregiver has extensive CPS history of non-compliance.</p> <p>Caregiver has past history of termination of parental rights.</p> <p>Caregiver flees with child to avoid CPS intervention and the CPS case manager is unable to contact after numerous attempts.</p>
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## 12. Parenting Skills/Expectations of Child (SHG #13)

Parenting skills and expectations of the child should demonstrate an ability to provide for a child’s basic needs and to guide, educate, and discipline in a way that facilitates a child’s positive social and emotional development.

<p><b>Family Strengths/ Protective Factors (0)</b></p>	<p>Caregiver provides environment that is child friendly.</p> <p>Caregiver has age-appropriate expectations.</p> <p>Caregiver clearly interacts with the child in loving and/or fun ways.</p> <p>Caregiver uses visual aids such as pictures on the refrigerator to complement the child’s progress.</p> <p>Caregiver is able to change their parenting style based on the needs of the child.</p> <p>Caregivers are able to work out parenting approaches.</p> <p>Caregiver redirects child in positive ways.</p> <p>Caregiver is able to identify child strengths.</p> <p>Caregiver is proud of child and expresses this to child.</p>
<p><b>Low/Moderately Low Risk (1)</b></p>	<p>Caregiver has some unrealistic expectations of child and/or gaps in parenting skills.</p> <p>Caregiver is inconsistent in disciplining child based on age and behavior.</p> <p>Caregiver does not consistently offer assistance or encouragement to promote child’s healthy development.</p> <p>Caregiver has some understanding of normal child development.</p>
<p><b>Moderate Risk (2)</b></p>	<p>Caregiver has significant gaps in knowledge or skills that interfere with effective parenting.</p> <p>Caregiver has limited understanding of child’s developmental stage, skills and abilities.</p> <p>Caregiver consistently demonstrates unrealistic expectations of child.</p> <p>Caregiver assigns child responsibilities that exceed child’s developmental skills and abilities.</p> <p>Caregiver reacts with a consistently negative response to child.</p> <p>Caregiver engages in harsh physical punishment.</p>
<p><b>Moderately High/High Risk (3)</b></p>	<p>Caregiver has gross deficits in parenting knowledge and skills or inappropriate demands and expectations of child.</p> <p>Caregiver has little or no understanding of child’s developmental skills and assigns child tasks beyond their capacities.</p> <p>Caregiver scapegoats child, assigning blame and engaging in physical punishment.</p> <p>Caregiver punishes child for age appropriate behaviors.</p> <p>Caregiver does not intervene when young child is in dangerous situations.</p> <p>Caregiver demonstrates helplessness and hopelessness to control child’s dangerous or out-of-control behaviors.</p> <p>Caregiver rewards child for anti-social and/or negative behaviors.</p> <p>Caregiver does not express affection or interest in child.</p> <p>Caregiver does not recognize or respond to child’s needs.</p>

## 13. Empathy, Nurturance, Bonding (SHG #13)

Empathy, nurturance and bonding with a child requires a parent to be appropriately responsive to a child’s feelings, situations and motives. It also requires that parents provide a strong emotional connection, consistent loving care, and acceptance with a commitment to the overall well-being of the child.

<p><b>Family Strengths/ Protective Factors (0)</b></p>	<p>Caregiver is openly accepting of child, interacts with child and provides appropriate and adequate stimulation.</p> <p>Caregiver engages child in play.</p> <p>Caregiver has toys that are age appropriate.</p> <p>Caregiver reads to child.</p> <p>Caregiver spends time with child and asks questions about child’s day.</p> <p>Caregiver attends school meetings and/or activities.</p> <p>Caregiver hugs child in comfort.</p>
<p><b>Low/Moderately</b></p>	<p>Caregiver provides inconsistent expression of acceptance and inconsistent stimulation and</p>

<b>Low Risk (1)</b>	interaction. Caregiver rarely praises child although can identify strengths and positive qualities in child if asked. Caregiver is critical when child makes normal developmental mistakes or errors. Caregiver is overly protective of child limiting interaction with peers, family members and community.
<b>Moderate Risk (2)</b>	Caregiver withholds affection and acceptance, but is not openly rejecting or hostile to child. Caregiver rarely enjoys company of or spends time with child. Caregiver isolates child from rest of family or social situations. Caregiver is punitive when child makes normal developmental mistakes. Caregiver demonstrates frequent lack of interest in child's activities, interests or accomplishments. Caregiver uses belittling language when talking to or about child. Caregiver rarely demonstrates verbal or physical affection toward child. Caregiver does not recognize nor intervene when child needs help.
<b>Moderately High/High Risk (3)</b>	Caregiver severely rejects child, providing no affection, attention or stimulation. No demonstration of attachment or bonding between child and caregiver. Caregiver is physically rejecting of child, providing no attention or affection. Caregiver expects child to meet own needs. Caregiver makes statements to child that devalues, demoralize and reject. Child is immediately friendly with strangers, clinging to or seeking physical affection.

#### IV. Familial, Social and Economic Factors

Familial, social and economic factors are defined as employment status, family stress and social support. The presence or absence of these factors has been shown to impact the level of risk of CA/N in families.

##### 14. Domestic Violence (SHG #6)

Domestic violence is defined as a pattern of verbal, physical, sexual and economic assaultive and coercive behaviors that occurs between intimate partners with one partner dominating the other.

<b>Family Strengths/ Protective Factors (0)</b>	Caregivers do not engage in any domestic violence behavior. Caregiver has a safety plan. Caregiver protects child. Caregiver seeks assistance to ensure that the family is safe.
<b>Low/Moderately Low Risk (1)</b>	Abusive caregiver engages in isolated incidents of domestic violence. Abusive caregiver engages in socially isolating behaviors with partner, limiting partner's contact with friends and family. Abusive caregiver engages in pushing and shoving partner. Abusive caregiver uses emotionally abusive language toward partner. Child may be present or witness domestic violence.
<b>Moderate Risk (2)</b>	Abusive caregiver frequently engages in incidents of domestic violence. Abusive caregiver is frequently emotionally abusive toward partner. Abusive caregiver threatens or harms family members causing minor injuries. Abusive caregiver threatens to harm family pets. Abusive caregiver uses finances to control behaviors/life of family members. Abusive caregiver destroys property. Abusive caregiver cuts partner off from family and other social supports. Child may try to intervene or seek help from others.
<b>Moderately High/High Risk (3)</b>	Abusive caregiver engages in repeated incidents of domestic violence with severe emotional/physical consequences. Abusive caregiver coerces partner into sexual relations in front of child. Abusive caregiver engages in patterns of physical assaults, threats or intimidation of partner. Abusive caregiver isolates partner and partner is punished if outside contact occurs. Abusive caregiver uses/threatens to use weapons to harm family members. Abusive caregiver does not allow partner access to finances and controls all expenditures.

	<p>Abusive caregiver does not allow partner access to transportation.</p> <p>Non-abusive caregiver denies violence despite evidence.</p> <p>Non-abusive caregiver appears detached, withdrawn or emotionless in light of extreme violence.</p> <p>Abusive caregiver severely injures or kills pet as a means of intimidation.</p> <p>Repeated police interventions for DV.</p> <p>Abusive caregiver threatens to kill partner if attempts are made to leave.</p> <p>Child is physically harmed during DV altercation.</p> <p>Non-abusive caregiver is frequently hospitalized for serious physical injuries due to DV.</p> <p>Abusive caregiver has refused, failed or not completed treatment and persists in violent and coercive behavior.</p>
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### 15. Economic Resources of Family (SHG #10)

Economic resources for a family might include income from employment, public assistance, charitable contributions, or extended family or friends. Income from these resources is available to meet the family’s basic physical needs.

<b>Family Strengths/ Protective Factors (0)</b>	<p>Family has resources to meet basic needs.</p> <p>Caregiver maintains gainful employment.</p> <p>Caregiver knows and uses community resources.</p> <p>Caregiver has found “free” ways to have fun with children in community.</p> <p>Caregiver has gone to family and friends to ask for help to ensure that basic needs are met.</p>
<b>Low/Moderately Low Risk (1)</b>	<p>Caregiver works long hours or multiple jobs to make ends meet.</p> <p>Family lacks resources to meet educational, recreational or social needs.</p> <p>Family is unable to seek regular medical care due to financial limitations.</p> <p>Family seeks help from extended family, community and charities to supplement the meeting of basic needs.</p>
<b>Moderate Risk (2)</b>	<p>Family can minimally meet basic needs, but crisis leaves family without means to provide for basic needs.</p> <p>Family lives in unsafe environment due to lack of resources.</p> <p>Family member has ongoing medical condition, but is unable to treat due to lack of financial resources.</p> <p>Family is dependent upon extended family, community and charities to meet basic needs.</p>
<b>Moderately High/High Risk (3)</b>	<p>Family resorts to illegal means to provide financial support.</p> <p>Family member has life-threatening medical condition that goes untreated due to lack of financial resources.</p> <p>Family has no access to supports that can provide help with basic needs.</p> <p>Family lacks a source of income to meet basic needs.</p> <p>Family’s resources are so limited that caregiver must juggle meeting needs based on level of crisis.</p>

### 16. Social Support for Family (SHG#10)

Social support includes ongoing positive social contacts from extended family, friends and community that contribute to the overall well-being of family members.

<b>Family Strengths/ Protective Factors (0)</b>	<p>Frequent supportive contact with friends and relatives with appropriate use of community support.</p> <p>Caregiver is involved with activities outside the home.</p> <p>Family is open to feedback and support from their personal network.</p>
<b>Low/Moderately Low Risk (1)</b>	<p>Family is supportive, but not close by.</p> <p>Community services are available, but difficult to access or too infrequent.</p> <p>Family is new to the area and has yet to access social supports.</p> <p>Caregiver does not see the services being provided as helpful.</p> <p>Caregiver has social acquaintances, but no close friends, family or intimate partner.</p>
<b>Moderate Risk (2)</b>	<p>Family lives in an isolated area and is unable to access community or family supports.</p> <p>Limited community resources available.</p> <p>Services may be offered to the family, but remain inaccessible due to language barriers or the</p>

	<p>service provider’s lack of familiarity with the culture of the family.  Caregiver asks for help only when he/she is in crisis.  The support the family receives from family and friends is inconsistent and unreliable.  Social contacts are not emotionally supportive and some may be emotionally destructive.  Caregiver cannot maintain friendships or casual social acquaintances.</p>
<b>Moderately High/High Risk (3)</b>	<p>Caregiver has no one to turn to for emotional support or practical assistance in crisis or emergency.  Family is geographically isolated and has no means to access help or support in times of emergency or crisis, i.e. transportation or telephone.  Caregiver is hostile and threatening toward offers of help with basic needs even though family is suffering.  Primary caregiver is largely restricted to the home with little opportunity for periodic relief from continuous interaction with child.  Family is alienated from or has an ongoing conflict with extended family, friends or neighbors.</p>

### 17. Stress on Family (SHG #13)

Stress on the family includes life events that significantly diminish the ability to provide basic needs for the child.

<b>Family Strengths/ Protective Factors (0)</b>	<p>Family has normal amount of stress and is able to manage it effectively  Caregiver manages stress in healthy ways such as exercise, yoga, music.  Caregiver has support to manage stress—a place to vent.</p>
<b>Low/Moderately Low Risk (1)</b>	<p>Family is experiencing mild stress  Caregiver experiences difficulty managing disruptions in household.  Minor irritants lead to emotional distress for caregiver.  Caregiver has difficulty maintaining perspective and mood stability under normal stress.  Caregiver has limited income and regularly struggles to meet basic needs.</p>
<b>Moderate Risk (2)</b>	<p>Family is experiencing significant stress.  Crisis and/or losses have led to intense anxiety, depression or frequent family conflict.  Caregiver has ongoing conflict with intimate partner and/or intense conflict with siblings and extended family members.  Caregiver has lost significant portion of financial income.  Caregiver has chronic physical/medical problems resulting in pain and emotional discomfort.</p>
<b>Moderately High/High Risk (3)</b>	<p>Family is experiencing multiple and/or severe stress or life changes.  Caregiver has been evicted from housing and is homeless.  Caregiver has lost major source of financial income.  Caregiver has recently experienced the death of a child or other family member.  Caregiver has recently experienced divorce or the loss of an intimate partner.</p>