A REFERENCE MANUAL FOR

THE PENNSYLVANIA MODEL OF

RISK ASSESSMENT

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RISK ASSESSMENT

Assessing the potential risk and severity of abuse/neglect to a child is the process whereby the investigator determines: 1) whether the child is currently safe; 2) whether the child is likely/unlikely to be abused or neglected in the near future; and 3) the severity of the current child abuse and neglect incidents/circumstances. This assessment process is one of the two focal points of a child protective services investigation; the other is the actual determination of whether abuse/neglect has already occurred.

Risk/severity assessment is an ongoing evaluative process in which each new piece of evidence that is obtained must be analyzed in order to determine the extent to which the child is in danger of harm. During the course of any protective services investigation, the status of the case or report may change from "indicated" to "unfounded", etc. Thus the investigator should avoid making a final determination regarding the status of a case until: 1) there is "substantial evidence" to support such a determination; and 2) all of the relevant evidence has been collected and analyzed. However interim judgments must be made continuously and revised as necessary as new information is developed.

Risk and severity judgments go together to make up what this handbook refers to as risk assessment. They represent two different but related continua. Risk refers to the prediction of future events. Severity refers to judgments regarding the seriousness or degree of harm or injury that has been experienced. Making the judgment that death is more serious than a fractured leg is a severity judgment. Deciding that a child may be beaten again is a prediction of a future event. Deciding to remove a child from a perpetrator's custody to prevent another fractured leg as a consequence of another beating is both an assessment of risk and severity.

A family with a high likelihood of seriously harming a child as a consequence of abuse or neglect will be accepted for services more rapidly and receive more intense services than those with low risk and severity of harm. The higher the risk and the higher the severity, the more intervention is justified. However, good case judgment still must be exercised. For instance, a high severity yet low risk family such as a middle-aged single mother living alone whose neglect kills her only child still requires some intervention regardless of the current lack of any other children in the family. As a minimum, the ChildLine will register the investigative findings and appropriate preventative services offered. This intervention helps establish the warning indicators needed to protect any children who may enter her care in the future. Likewise a case specific judgment indicating a family is at high risk of causing low severity harm may result in a decision to provide minimal intervention beyond the registration of an indicated/substantiated report by offering counseling services to the family in the home.

Due to the inability of prediction tools to predict the severity of future events, a basic requirement prior to intervention is that seriously harmful behaviors and/or events under the parents/adults control must have already occurred. It is for this reason that an

extensive allegation investigation system has been developed. The allegation system includes allegations which are predictive in nature such as parent/adult behaviors which have a high likelihood of harm and are considered seriously harmful in them. It is for this reason that the worker when using the risk/severity guidelines given below must act "as if" substantial evidence of child abuse or neglect as defined by the agency allegation system exists. Long term services based upon the existence of abuse/neglect may not be offered unless a determination has been made that substantial evidence of CPS or GPS allegations existed. If a client refuses to participate, removal of a child or court ordered services may occur only if clear and convincing evidence of dependency is found by the Juvenile Branch of the Family Court.

This section of the Manual presents risk factors which are intended to assist the worker in making these types of judgments. These factors are based upon good practice experience. With the improved availability of investigation data from currently contemplated national studies, it is hoped that enhanced statistically evaluated risk models will be developed to improve the assessment guidelines given below.

THE RISK ASSESSMENT FORM

A form has been developed to assist the worker in focusing on factors which directly relate to the safety of the child and the family. These factors must be assessed in order to make a decision regarding the need to remove a child from his/her home or provide other emergency services. This summary form was not designed to diagnose or confirm if abuse/neglect has occurred. Instead, it was designed to serve as a tool for the investigator to use in focusing on factors which experience has shown to be associated with child abuse/neglect risk and severity.

Because the assessment process is one of the two focal points of the investigation, and because it can affect all of the other investigative decisions and actions, it is imperative that the risk assessment summary form be understood and that it be routinely utilized in the documentation of investigative information. In this regard, it should be noted that the summary form is designed to ensure that the entire family unit is evaluated.

The fifteen (15) factors included in the summary form were selected because they: 1) are relatively easy for the investigator to observe; 2) are consistent with child abuse/neglect practice; and 3) provide enough information for the worker to assess the risk of harm to a child.

These 15 factors are listed below and then described in greater detail in the following subsections.

I. Child Factors

1. Vulnerability
2. Severity/Frequency and/or Recentness of Abuse/Neglect
3. Prior Abuse/Neglect
4. Extent of Emotional Harm

II. Caregiver/Household Member/Perpetrator Factors

5. Age, Physical, Intellectual or Emotional Status
6. Cooperation
7. Parenting Skill/Knowledge
8. Alcohol/Substance Abuse
9. Access to Children
10. Prior Abuse/Neglect
11. Parental Relationship with Child

III. Family Environment Factors

12. Family Violence
13. Condition of the Home
14. Family Supports
15. Stressors

Investigative workers should incorporate the risk assessment summary form into their investigative records. Such documentation would facilitate the worker's decision-making process by:

- ✓ Providing a comprehensive listing of factors and variables on which the assessment of risk could be based
- ✓ Ensuring a uniform and systematic method for assessing risk
- ✓ Providing the investigative worker with a comprehensive assessment tool via which s/he can evaluate the family and home environment
- ✓ Increasing the accuracy in all decisions revolving around the assessment of risk
- ✓ Strengthening the accountability of the investigative process by providing the worker with the means to document, in writing, any decision regarding assessment of risk
- ✓ Identifying what factors/variables were present at the time that protective custody was taken
- ✓ Assisting the investigative worker in organizing his/her impressions about a family, thus allowing him/her to arrive at more than a "gut level" feeling about a family's risk profile
- ✓ Providing the investigative worker with a means for sharing pertinent case information (e.g., observations/recommendations with other staff that will assist in the evaluation of the family's need for services)

PENNSYLVANIA RISK ASSESSMENT CASE INTERVAL POLICY

In addition to the above, the summary form can be especially valuable in repeat abuse/neglect investigations. In this regard, previously completed summary forms can provide documentation of previous assessments of risk, thus supplying critical data regarding:

1) The chronology of risk and harm factors
2) The consistencies/inconsistencies from sequence to sequence

The worker should complete a risk assessment summary form during each of the following processes:

1. Opening-Assessment/Investigation:

Assessments of risk are completed on all referrals irrespective of the type of referral at time of status determination, (i.e., completion of CY-48; GPS investigation or other assessment). The social worker and supervisor sign and date the RA Form and file the Risk Assessment Summary Form in the record.

2. 6 Months - In Conjunction with Family Service Plan and/or Judicial Review:

Assessments of risk are completed prior to the six-month plan and/or judicial review in all in-home services cases and all placement cases where there are children still in the home. For placement cases in which the goal is to return home and the return is to be completed within the next six months, an assessment of risk is required. No assessment of risk is required for placement cases where the goal is long term foster care, adoption, or independent living.

Exceptions:

a. The case had been accepted and remained at no or low risk.
b. The child(ren) are in care six months or more and there are no other children at home.

3. Child(ren) are Being Returned Home:

Planned: Complete RA in conjunction with Judicial Review and again 30 days after the actual return home.

Unplanned: Complete RA within two weeks of the actual return home.

Exception: The case had been accepted and remained at low or no risk.

4. Agency/Supervisor Discretion:

5. Case Closure:

Exception: The case had been accepted and remained at low or no risk.

Despite the usefulness of the factors and the summary form, the investigative worker must keep in mind that these 'tools' are not foolproof. They are not intended to serve as a substitute for the workers' own judgment and opinion. A "high risk" situation may involve just one of the factors or a varying combination of all 15 factors. The factors are NOT additive. They document the present risk and severity factors to be considered by the worker/supervisor. Protective actions are never done by rule of thumb, related to the number of factors found. However, the presence of many high risk factors for an indicated report may require clear documentation of why emergency protective actions were not taken.

A sample of the risk assessment form is included on the following pages, followed by a listing of factor definitions.

I. CHILD FACTORS:

These evidentiary factors focus on the (in) capability of the child to withstand abuse/neglect and to protect himself with regard to the same. In this regard, the age of the child will obviously have a direct bearing on the ability of the child to protect herself and is an affirmation of the child's physical and mental capabilities and the extent of the "external threat" observed and assessed in the investigation (NOTE: A normal infant will not have the mobility or the verbal and reasoning abilities of a normal 15 year old and, thus, while it may be clear that the infant needs maximum protection, the 15 year old's risk of harm must be considered in light of the actual threat that the situation poses).

1. VULNERABILITY

NO RISK	LOW RISK	MODERATE RISK	HIGH RISK
Age 18 years+.	Cares for and can protect self with minimal assistance. Has no physical or mental handicap. Typically age 12-17.	Requires adult assistance to care for and protect self. Has minor limitation or mild to moderate impaired development. Typically age 6-11.	Is unable to care for or protect self without adult assistance. Has severe physical or mental handicap or limitation. Is severely impaired developmentally Typically age 0-5.

This factor refers to the child's inability to care for and protect themselves. The younger the child, the greater the risk of injury. An infant is unable to care for herself and is much more at risk of injury due to neglect than a teenager would be. Infants and younger children are also at higher risk of physical abuse due to less mobility and greater physical vulnerability. A disproportionate number of child abuse/neglect deaths involve children under 5 years of age.

An illustration of a situation which represents a "low risk" of harm to the child would be the disciplining of an adolescent during which the parent/adult shakes the teen. The adolescent may be emotionally upset, but there is little risk of serious physical harm. The same treatment of a seven year old child, however, would very likely increase the risk of harm to the "moderate risk" level because the younger child may suffer neck or head injuries as a result of the parent's action and may be bruised where the parent grabbed him. Given the same action to an infant, there likely would be a "high risk" level because the parent/adult's action could easily result in severe neck injuries, whiplash, broken spinal column and/or subdural hematoma to the infant.

In considering the age factor, it must be remembered that the younger the child:

- ✓ The more vulnerable (s)he is to abuse/neglect and manipulation by the parent/adult. (NOTE: A very young child will be almost totally dependent upon the parent/adult to provide nutrition, shelter, affection and clothing, whereas an adolescent may be able to secure these items independently without the help of a parent/adult);
- ✓ The less able he is to protect himself from abuse/neglect (NOTE: While a secondary school aged child can run away from abuse by leaving the home and a six year old can sometimes avoid a parent's anger by hiding in closets or behind chairs, infants have no mobility and cannot protect themselves); and
- ✓ The greater the potential harm will be from abuse/neglect due to the child's physical condition. A blow to the soft skull of an infant may do substantial injury, e.g., subdural hematoma, but the same blow to an adolescent's head may have no measurable physical effect.

While typical children have a developmental pattern that is reflective of their age, others, due to physical or mental handicaps, are at greater risk irrespective of their age. Some of the special conditions or factors which may put certain children at a higher risk of abuse/neglect include the following:

- Intellectual Disability
- Physical Handicaps
- Emotional/Behavioral Problems
- Congenital Abnormalities (missing limbs, organs, etc.)
- Premature Birth

Other conditions which can affect the child's ability to protect himself and/or

which can increase the child's reliance on the parent/adults include the following:

- Chronic Illness (e.g., colic, asthma, diabetes, etc.)
- Diseases affecting motor coordination (e.g., cerebral palsy, muscular dystrophy, etc.); and
- Alcohol/Drug Addiction

The danger of the risk presented in the continuum illustrates the effects of children's age, physical and mental abilities in light of the risk of harm.

The situation which represents "no risk" to the "child" exists when the "child' is eighteen (18) years old or older. The expectation is that this "adult" is self-sufficient or is able to utilize support services.

An example of a "low risk" of harm in light of the child's age, physical and mental abilities is a typical 12 year old left unsupervised for 12 hours in an unheated home during the winter. A typical 12 year old can put on warm clothing, snuggle under blankets, go to a neighbor's house or, if necessary, cook his own food. Thus, the effects of the lack of heat and supervision for a 12 hour period on a child of this age may be minimal.

At the same time, if the 12 year old was also intellectually disabled, she would be less able to protect herself completely from the cold, thus increasing her risk of harm. The result of such a child being left alone in an unheated home for 12 hours might well include substantial physical discomfort and/or illness (e.g., cold) as well as serious risk of injury due to lack of supervision. This situation may be assessed as "moderate risk."

The risk would become even higher if the same child was so seriously handicapped that (s)he is confined to a bed or wheelchair. In such a case the 12 hours of exposure could easily result in a more serious illness or condition (e.g., pneumonia, frostbite, etc.) and would be rated as a "high risk."

2. SEVERITY, FREQUENCY AND/OR RECENTNESS OF ABUSE/NEGLECT

NO RISK	LOW RISK	MODERATE RISK	HIGH RISK
No injury. No discernable evidence of abuse or neglect. No discernible pattern of inappropriate punishment or discipline. Has basic medical, food and shelter needs met. Receives adequate supervision at all times.	Has minor injury as a result of abuse or neglect, which requires no medical attention. May show rare incidence of inappropriate punishment or discipline. Usually has basic medical, food and shelter needs met. On occasion may experience minor distress or discomfort due to neglect or lack of supervision.	Has significant bodily injury possibly requiring medical diagnosis/ treatment as a result of abuse or neglect. May have an ongoing history or pattern of harsh discipline or punishment. Or abuse/neglect is repetitive or cumulative. Injury to torso and back. Implement used resulting in marks or bruises. Not a high risk implement. Reasonable likelihood of above. Child is 6-11 years of age, left alone periodically or left with unsuitable caregivers. Inconsistently has basic medical, food and shelter needs met.	Has serious bodily injury. Has been sexually abused. May need immediate medical treatment and/ or hospitalization. Suffers severe pain or ongoing history of harsh punishment or discipline. Injury to head, face, neck or genitals, internal injuries, or sexual assault. High risk implement used. Reasonable likelihood of above. Child is 0-5 years of age, left alone or with an unsuitable care-taker. Rarely has basic medical, food and shelter needs met.

Severity of abuse relates to the extent to which a child suffers sexual abuse or exploitation and/or serious bodily injury or reasonable likelihood of sexual abuse or serious bodily injury due to perpetrator's acts or failures to act.

Bodily injury is defined as the impairment of physical condition or substantial pain

Serious bodily injury is defined as an injury which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of an organ or other part of the body (CPSL, §6303).

Serious mental injury is defined as a psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment that:

1. Renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic or in reasonable fear that the child's life or safety is threatened
2. Seriously interferes with a child's ability to accomplish age-appropriate developmental and social tasks (CPSL, §6303).

Sexual abuse or exploitation includes the employment, use, persuasion, enticement or coercion of a child to engage in or assist another individual to engage in sexually explicit conduct, which includes, but is not limited to the following:

1. Looking at the sexual or other intimate parts of a child or another individual for the purpose of arousing or gratifying sexual desire in any individual
2. Participating in sexually explicit conversation either in person, by telephone, by computer or by a computer-aided device for the purpose of sexual stimulation or gratification of any individual
3. Actual or simulated sexual activity or nudity for the purpose of sexual stimulation or gratification of any individual
4. Actual or simulated sexual activity for the purpose of producing visual depiction, including photographing, videotaping, computer depicting, or filming.
5. *Does not* include consensual activities between a child who is 14 years of age or older and another person who is 14 years of age or older and whose age is within four years of the child's age.
6. Any of the following offenses committed against a child (CPSL, §6303):
    a. Rape: A person commits a felony of the first degree when the person engages in sexual intercourse with a complainant:
        i. By forcible compulsion
        ii. By threat of forcible compulsion that would prevent resistance by a person of reasonable resolution
        iii. Who is unconscious or where the person knows that the complainant is unaware that the sexual intercourse is occurring
        iv. Where the person has substantially impaired the

complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance

v. Who suffers from a mental disability which renders the complainant incapable of consent
vi. Rape of a child: a person commits the offense of rape of a child, a felony of the first degree, when the person engages in sexual intercourse with a complainant who is less than 13 years of age
vii. Rape of a child with serious bodily injury: a person commits the offense of rape of a child resulting in serious bodily injury, a felony of the first degree, when the person violates this section and the complainant is under 13 years of age and suffers serious bodily injury in the course of the offense (18 Pa. C.S. §3121).

b. Statutory sexual assault
    i. Felony of the second degree: except as provided in section 3121 (relating to rape), a person commits a felony of the second degree when that person engages in sexual intercourse with a complainant to whom the person is not married who is under the age of 16 years and that person is either:
        1. Four years older but less than eight years older that the complainant
        2. Eight years older but less than 11 years older than the complainant
    ii. Felony of the first degree: a person commits a felony of the first degree when that person engages in sexual intercourse with a complainant under the age of 16 years and that person is 11 or more years older than the complainant and the complainant and the person are not married to each other (18 Pa. C.S. §3122.1)
c. Involuntary deviate sexual intercourse: a person commits a felony of the first degree when the person engages in deviate sexual intercourse with a complainant:
    i. By forcible compulsion
    ii. By threat of forcible compulsion that would prevent resistance by a person of reasonable resolution
    iii. Who is unconscious or where the person knows that the complainant is aware that the sexual intercourse is occurring
    iv. Where the person has substantially impaired the complainant's power to appraise or control his or her conducts by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance

v. Who suffers from a mental disability which renders him or her incapable of consent
vi. Who is less than 16 years of age and the person is four or more years older than the complainant and the complainant and person are not married to each other.
vii. Involuntary deviate sexual intercourse with a child: a person commits involuntary deviate sexual intercourse with a child, a felony of the first degree, when the person engages in deviate sexual intercourse with a complainant who is less than 13 years of age
viii. Involuntary deviate sexual intercourse with a child with serious bodily injury: a person commits an offense under this section with a child resulting in serious bodily injury, a felony of the first degree, when the person violates this section and the complainant is less than 13 years of age and the complainant suffers serious bodily injury in the course of the offense.
ix. Definition: as used in this section, the term "forcible compulsion" includes, but is not limited to, compulsion resulting in another person's death, whether the death occurred before, during, or after the sexual intercourse (18 Pa. C.S. §3123)

d. Sexual assault: except in section 3121 (relating to rape) or 3123 (relating to involuntary deviate sexual intercourse), a person commits a felony of the second degree when that person engages in sexual intercourse or deviate sexual intercourse with a complainant without the complainant's consent (18 Pa. C.S. §3124.1)
e. Institutional sexual assault: except as provided under subsection (a.1) and in sections 3121 (relating to rape), 3122.1 (relating to statutory sexual assault). 3123 (relating to involuntary deviate sexual intercourse), 3124.1 (relating to sexual assault), and 3125 (relating to aggravated indecent assault), a person who is an employee or agent of the Department of Corrections or a county correctional authority, youth development center, youth forestry camp, State or county juvenile detention facility, other licensed residential facility serving children and youth, or mental health or mental retardation facility or institution commits a felony of the third degree when that person engages in sexual intercourse, deviate sexual intercourse or indecent contact with an inmate, detainee, patient, or resident.
    i. Institutional sexual assault of a minor: a person who is an employee or agent of the Department of Corrections or a county correctional authority, youth development center, youth forestry camp, State or county juvenile detention facility, other licensed residential facility serving children and

youth or mental health or mental retardation facility or institution commits a felony of the third degree when that person engages in sexual intercourse, deviate sexual intercourse or indecent contact with an inmate, detainee, patient or resident who is under 18 years of age.

ii. Schools: Except as provided in section 3121, 3122.1, 3123, 3124.1, and 3125, a person who is a volunteer or an employee of a school or any other person who has direct contact with a student at a school commits a felony of the third degree when he engages in sexual intercourse, deviate sexual intercourse or indecent contact with a student of the school.

1. As used in this subsection, the following terms shall have the meanings given to them in this paragraph:
    a. Direct contact: care, supervision, guidance, or control
    b. Employee:
        i. Includes a teacher, a supervisor, a supervising principal, a principal, an assistant principal, a vice principal, a director of vocational education, a dental hygienist, a visiting teacher, a home and school visitor, a school counselor, a child nutrition program specialist, a school librarian, a school secretary the selection of whom is on the basis of merit as determined by eligibility lists, a school nurse, a substitute teacher, a janitor, a cafeteria worker, a bus driver, a teacher aide and any other employee who has direct contact with school students.
        ii. An independent contractor who has a contract with a school for the purpose of performing a service for the school, a coach, an athletic trainer, a coach hired as an independent contractor by the Pennsylvania Interscholastic Athletic Association or an athletic trainer hired as an independent contractor by the Pennsylvania Interscholastic Athletic Association.
        iii. The term does not include: a student employed at the school, an independent contractor or any employee of an independent contractor who has no

direct contact with school students
c. School: a public or private school, intermediate unit, or area vocational-technical school
d. Volunteer: the term does not include a school student

iii. Child care: except as provided in sections 3121, 3122.1, 3123, 3124.1, and 3125, a person who is a volunteer or an employee of a center for children commits a felony of the third degree when he engages in sexual intercourse, deviate sexual intercourse, or indecent contact with a child who is receiving services at the center (18 Pa. C.S. §3124.2).

f. Aggravated indecent assault: except as provided in sections 3121 (relating to rape), 3122.1 (relating to statutory sexual assault), 3123 (relating to involuntary deviate sexual intercourse) and 3124.1 (relating to sexual assault), a person who engages in penetration, however slight, of the genitals or anus of a complainant with a part of the person's body for any purpose other than good faith medical, hygienic or law enforcement procedures commits aggravated indecent assault if:
   i. The person does so without the complainant's consent
   ii. The person does so by forcible compulsion
   iii. The person does so by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution
   iv. The complainant is unconscious or the person knows that the complainant is unaware that the penetration is occurring
   v. The person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance
   vi. The complainant suffers from a mental disability which renders him or her incapable of consent
   vii. The complainant is less than 13 years of age
   viii. The complainant is less than 16 years of age and the person is four or more years older than the complainant and the complainant and the person are not married to each other
   ix. Aggravated indecent assault of a child: a person commits aggravated indecent assault of a child when the person violates subsection (a)(1), (2), (3), (4), (5), or (6) and the complainant is less than 13 years of age (18 Pa. C.S. §3125)

g. Indecent assault: a person is guilty of indecent assault if the person has indecent contact with the complainant, causes the complainant to have indecent contact with the person or intentionally causes the complainant to come into contact with seminal fluid, urine, or feces

for the purpose of arousing sexual desire in the person or the complainant and:

i. The person does so without the complainant's consent
ii. The person does so by forcible compulsion
iii. The person does so by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution
iv. The complainant is unconscious or the person knows that the complainant is unaware that the indecent contact is occurring
v. The person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance
vi. The complainant suffers from a mental disability which renders the complainant incapable of consent
vii. The complainant is less than 13 years of age
viii. The complainant is less than 16 years of age and the person is four or more years older than the complainant and the complainant and the person are not married to each other (18 Pa. C.S. §3126)

h. Indecent exposure: a person commits indecent exposure if that person exposes his or her genitals in any public place or in any place where there are present other persons under circumstances in which he or she knows or should know that this conduct is likely to offend, affront, or alarm (18 Pa. C.S. §3127)
i. Incest: except as provided under subsection (b), a person is guilty of incest, a felony of the second degree, if that person knowingly marries or cohabits or has sexual intercourse with an ancestor or descendant, a brother or sister of the whole or half blood or an uncle, aunt, nephew, or niece of the whole blood.
    i. Incest of a minor: a person is guilty of incest of a minor, a felony of the second degree, if that person knowingly marries, cohabits with, or has sexual intercourse with a complainant who is an ancestor or descendant, a brother or sister of the whole or half blood or an uncle, aunt, nephew, or niece of the whole blood and is under the age of 13 years *or* is 13 to 18 years of age and the person is four or more years older than the complainant.
    ii. The relationships referred to in this section include blood relationships without regard to legitimacy, and relationship of parent and child by adoption.
j. Prostitution: a person is guilty of prostitution if he or she is an inmate of a house of prostitution or otherwise engages in sexual activity as a business *or* loiters in or within view of any public place

for the purpose of being hired to engage in sexual activity

i. Promoting prostitution: a person who knowingly promotes prostitution of another commits a misdemeanor or felony as provided in subsection (c) of this section. The following acts shall, without limitation of the foregoing, constitute promoting prostitution:
    1. Owning, controlling, managing, supervising or otherwise keeping, along or in association with others, a house of prostitution or a prostitution business
    2. Procuring an inmate for a house of prostitution or a place in a house of prostitution for one who would be an inmate
    3. Encouraging, inducing, or otherwise intentionally causing another to become or remain a prostitute
    4. Soliciting a person to patronize a prostitute
    5. Procuring a prostitute for a patron
    6. Transporting a person into or within this Commonwealth with intent to promote the engaging in prostitution by that person, or procuring or paying for transportation with that intent
    7. Leasing or otherwise permitting a place controlled by the actor, alone or in association with others, to be regularly used for prostitution or the promotion of prostitution, or failure to make reasonable effort to abate such use by ejecting the tenant, notifying law enforcement authorities, or other legally available means
    8. Soliciting, receiving, or agreeing to receive any benefit for doing or agreeing to do anything forbidden by this subsection

ii. Living off prostitutes: a person, other than the prostitute or the prostitute's minor child or other legal dependent incapable of self-support, who is knowingly supported in whole or substantial part by the proceeds of prostitution is promoting prostitution in violation of subsection (b) of this section

iii. Patronizing prostitutes: a person commits the offense of patronizing prostitutes if that person hires a prostitute or any other person to engage in sexual activity with him or her or if that person enters or remains in a house of prostitution for the purpose of engaging in sexual activity (18 Pa. C.S. §5902)

k. Sexual abuse of children: as used in this section, "prohibited sexual act" means sexual intercourse as defined in 3101 (relating to definitions), masturbation, sadism, masochism, bestiality, fellatio,

cunnilingus, lewd exhibition of the genitals or nudity if such nudity is depicted for the purpose of sexual stimulation or gratification of any person who might view such depiction.

i. Photographing, videotaping, depicting on computer or filming sexual acts: any person who causes or knowingly permits a child under the age of 18 years to engage in a prohibited sexual act or in the simulation of such act is guilty of a felony of the second degree if such person knows, has reason to know or intends that such act may be photographed, videotaped, depicted on computer or filmed. Any person who knowingly photographs, videotapes, depicts on computer or films a child under the age of 18 years engaging in a prohibited sexual act or in the simulation of such an act is guilty of a felony of the second degree.
ii. Dissemination of photographs, videotapes, computer depictions and films
    1. Any person who knowingly sells, distributes, delivers, disseminates, transfers, displays or exhibits to others, or who possesses for the purpose of sale, distribution, delivery, dissemination, transfer, display or exhibition to others, any book, magazine, pamphlet, slide, photograph, film, videotape, computer depiction or other material depicting a child under the age of 18 years engaging in a prohibited sexual act or in the simulation of such act commits an offense.
    2. A first offense under this subsection is a felony of the third degree, and a second or subsequent offense under this subsection is a felony of the second degree
iii. Possession of child pornography
    1. Any person who knowingly possesses or controls any book, magazine, pamphlet, slide, photograph, film, videotape, computer depiction or other material depicting a child under the age of 18 years engaging in a prohibited sexual act or in the simulation of such act commits an offense
    2. A first offense under this subsection is a felony of the third degree, and a second or subsequent offense under this subsection is a felony of the second degree.
iv. Evidence of age: in the event a person involved in a prohibited sexual act is alleged to be a child under the age of 18 years, competent expert testimony shall be sufficient to establish the age of said person
v. Mistake as to age: under subsection (b) only, it is no

defense that the defendant did not know the age of the child. Neither a misrepresentation of age by the child nor a bona fide belief that the person is over the specified age shall be a defense

vi. Exceptions: this section does not apply to any material that is possessed, controlled, brought or caused to be brought into this Commonwealth, or presented for a bona fide educational, scientific, governmental, or judicial purpose (18 Pa. C.S. §6312)

l. Unlawful contact with a minor: a person commits an offense if he is intentionally in contact with a minor, or a law enforcement acting in the performance of his duties who has assumed the identity of a minor, for the purpose of engaging in an activity prohibited under any of the following, and either the person initiating the contact or the person being contacted is within this Commonwealth
    i. Any of the offenses enumerated in Chapter 31 (relating to sexual offenses)
    ii. Open lewdness as defined in section 5901 (relating to open lewdness)
    iii. Prostitution as defined in section 5902 (relating to prostitution and related offenses)
    iv. Obscene and other sexual materials and performances as defined in section 5903 (relating to obscene and other sexual materials and performances)
    v. Sexual abuse of children as defined in section 6312 (relating to sexual abuse of children)
    vi. Sexual exploitation of children as defined in section 6320 (relating to sexual exploitation of children) (18 Pa. C.S. §6318)
m. Sexual exploitation of children: a person commits the offense of sexual exploitation of children if he procures for another person a child under 18 years of age for the purpose of sexual exploitation (18 Pa. C.S. §6320)

Serious physical neglect is defined as any of the following when committed by a perpetrator that endangers a child's life or health, threatens a child's well-being, causes bodily injury or impairs a child's health, development or functioning:

1. A repeated, prolonged or egregious failure to supervise a child in a manner that is appropriate considering the child's developmental age and abilities
2. The failure to provide a child with adequate essentials of life, including food, shelter or medical care

It is the severity of the consequences of the abuse which governs the level of severity rated. Serious physical injuries and all sexual abuse or sexual exploitation are always considered "high risk."

The frequency of abuse and the degree to which that frequency is increased in harshness is also assessed in determining risk. Where a discernible pattern of abuse is able to be determined, the rating would be "high" or "moderate," dependent on the degree of harshness. To gauge this, the worker needs to explore methods of discipline/punishment actually being utilized with parents and children.

(NOTE: The failure to get medical attention or have an injury diagnosed and treated should not necessarily rate low severity because we are assessing whether the appropriate response to an injury would have been the evaluation of a nurse/doctor. That failure to get medical care may impact on our assessment of other categories).

When a child under the age of 6 is injured, this harm is always rated in the next highest rating. Other ratings can be upgraded at the discretion of the supervisor and worker.

We rate "no risk" when we find no injury and where we are unable to determine either a resultant effect of possible abuse or a pattern of same.

A twelve year old child who has minor discomfort from being spanked by a parent's open hand, but does not suffer any ill effects as a result of this situation is at "low risk." If the same child where disciplined by his parent so that bruises appear on his arms and legs causing the child to remain home from school to avoid questions, the assessment would most likely be "moderate risk," even though no discernible pattern is noted.

The child who is blinded by acid thrown at her by the parent/adult has suffered great permanent damage and would be rated as "high risk."

Serious physical neglect constitutes prolonged or repeated lack of supervision or the failure to provide the essentials of life, including medical care, which endangers a child’s life or impairs the child developmentally. Neglect is defined as recent acts or omissions by a perpetrator that demonstrably jeopardizes a child’s development or impairs the child’s functioning and are the result of a failure to provide the essentials of life. This includes food, shelter, clothing, medical and dental care, personal care, protection from physical injury and supervision.

The location of the observable or non-observable injury or condition (e.g., disease, infection) is another important clue as to the injury severity or the child's future risk of harm. In this regard, "location" refers to the part of the child's body which has been directly affected by the abuse/neglect.

Some areas of the child's body are more vulnerable to permanent damage than others: e.g., the head (particularly the face), neck, genitals, lower back and abdomen. Other areas, such as the buttocks and legs, are able to absorb more shock and trauma.

Organ dysfunction or disease resulting from neglect may affect various areas of

the child's body depending upon the type of neglect (e.g., malnutrition, filthy home, exposure to cold, etc.). Injuries in the more vulnerable areas also indicate a higher severity and are a greater potential risk to the child.

Cuts, bruises and burns to the child's torso are more severe since they could affect internal organs and bodily functions - and these are generally considered as indications of "moderate risk." An assessment of "high risk" is made when a child has suffered facial or head injuries such as blindness, subdural hematoma, etc.

The use of an implement which causes an injury greatly increases the likelihood of further pain or impairment. This can support a rating of moderate risk or high risk dependent on the type of implement used. Examples of high risk implements are guns, knives and other sharp implements. It is important to note that an implement can cause a rating of high or moderate risk when no injury occurs if all the criteria of imminent risk are met.

Severity of Neglect refers to the extent to which a child suffers injury due to neglect and the risk of future injury resulting from the parent/adult's failure to act in providing the child's basic needs and supervision. In this factor we must use the concept of perpetrator by omission and look at the caregiver responsibilities of both male and female adults in the household. It is important for the worker to assess the father's responsibility in caring for the children regardless of his residency.

It is difficult to assess a situation in which a child may be harmed due to lack of supervision/neglect. The frequency with which a child is left unsupervised or inappropriately supervised will have impact on the potential safety of a child. The less capable or younger a child is, the greater the severity/risk of the neglect.

When neglect or lack of supervision is repetitive it has a cumulative effect on the development and safety of children. When a child is left alone on a regular basis or goes without food for several days a week, the child's ability to reach age appropriate milestones may be greatly impeded and the risk to them is increased.

This factor must be carefully weighed in light of the other factors, particularly factors 1. Vulnerability; 3. Prior Abuse/Neglect (Child); 4. Extent of Emotional Harm; 6. Cooperation; 13. Condition of the Home, and; 14. Family Supports.

An example of a child who rates "high risk" in this factor is the baby who is hospitalized for non-organic failure to thrive. The doctor states that this condition is caused by the parent's failure to provide adequate nurturing. A child whose mother continues to leave him alone with a sexually abusive stepfather also would be considered at "high risk." It should be noted in the narrative that the mother is also a perpetrator by omission.

A six year old child falls off a sofa and severely sprains his ankle while being supervised by his parents, who are passed out from drinking. We would rate this at

"moderate risk." Another example of "moderate risk" is the nine year old whose mother knowingly leaves her with a drunken caregiver while she goes to work.

3. PRIOR ABUSE/NEGLECT

NO RISK	LOW RISK	MODERATE RISK	HIGH RISK
No signs, symptoms, credible statements or reports that suggest prior child abuse/neglect occurred.	Isolated report or incident of inappropriate physical discipline. No conclusive or credible statements suggesting prior child abuse or neglect.	Previous substantiated report of abuse and/or neglect. Observable physical signs of previous abuse or neglect. Credible statements of previous abuse or neglect not investigated.	Previous substantiated report(s) of serious bodily injury or severe abuse/neglect resulting in a serious condition. Credible statements or documentation of serious bodily injury/neglect not previously investigated. Multiple reports of moderate risk issues.

This factor measures the number of prior indicated/substantiated reports of child abuse/neglect or circumstances/incidents discovered upon investigating and assessing each child in the family. A situation of chronic physical abuse or neglect may point to other problems such as emotional/mental injury. A child who has been abused by multiple perpetrators over a period of time should be assessed for physical/mental disabilities, which could be aggravating an abusive situation. This factor focuses on the child's history with his current family and any prior families.

Simply put, as the frequency of known prior abuse/neglect increases, so does the risk of harm to the child. In this regard, both the family and the alleged perpetrator must be investigated to determine exactly what did/did not happen in the past; i.e., if a child has been abused and/or neglected on one or more previous occasions, either by the current parent/adult or in other households, the likelihood of future abuse/neglect is higher.

The mere existence of a previous report, however, does not necessarily indicate a high degree of risk. In this regard, the investigator must also consider the following factors:

- The number of previous incidents;
- The type of previous incidents;
- The physical/mental abilities of the child (i.e., behavior problems,

handicaps, emotional disturbance, etc.);
- Whether the abuse/neglect has escalated in severity over time; and
- Whether only one perpetrator is continually abusing or neglecting the child or if multiple perpetrators have harmed the child.

On the other hand, the lack of previous reports does not necessarily indicate a low degree of risk. Credible statements made to the investigator by all subjects (child, siblings, parents, caregivers) and collaterals (household members, relatives, school, physician, etc.) are considered a determining factor to the degree of risk.

This factor is one of the few which does not rely solely on the investigator's analyses of the current incident or circumstances. It therefore provides a more objective tool which workers should use in combination with the more subjective assessments that must be performed.

An assessment of "no risk" would result from no physical signs of previous abuse/neglect, no previous reports and credible statements made during the investigation.

An assessment of "low risk" would result under similar circumstances with the exception of inconclusive statements with regard to previous abuse/neglect made by subjects or collaterals.

An assessment of "moderate risk" would result when the child was the subject of the report of a previous substantiated report of abuse/neglect. In addition, credible statements made during the investigation with regard to previous abuse/neglect would result in an intermediate level regardless of the existence of previous reports.

An assessment of "high risk" would result under similar circumstances except that the previous substantiated report of abuse/neglect was of a serious nature (e.g. sexual abuse, subdural hematoma or internal injuries) or multiple previous substantiated reports of abuse/neglect exist for the subject child. Again, credible statements are a determining factor for assessing levels of risk.

4. EXTENT OF EMOTIONAL HARM

NO RISK	LOW RISK	MODERATE RISK	HIGH RISK
Has no emotional harm or behavioral disturbance related to abuse and or neglect. Is comfortable in caregiver(s) home.	Has minor distress or impairment in role functioning or development related to abuse and or neglect. Has doubts or concerns about caregiver(s) home.	Has behavioral problems that impair social relationships, development or role functioning related to abuse and or neglect. Has fear of care-giver(s) or home environment.	Has extensive emotional or behavioral impairment or serious developmental delay related to abuse and or neglect. Is extremely fearful about care-giver(s) or home environment.

When parents/caregivers do not provide their children with minimal nurturing, stimulation, encouragement and protection, they place their children at risk of emotional and psychological harm. If children's minimal needs for food, clothing and shelter are not met, they probably receive inadequate intellectual stimulation. As a consequence of this, these children are frequently developmentally delayed. Some conservative estimates indicate that over 50% of abused children will have significant developmental delays.

Abused children can become very fearful of their parents/caregivers. This fear may be rooted in their apprehension about being cared for (e.g. not fed). As a result, some children are unable to trust caregiver adults. In many cases, this lack of trust inhibits the child's ability to form other relationships.

Although one might assume that all children who are victims of child abuse and neglect would suffer emotional harm because of the maltreatment, this is not always true. Sometimes individual children are able to adapt and can become very resistant to the ill effects of maltreatment. On the other hand, we can not assume that all children who have developmental delays, emotional or interpersonal problems have been neglected or abused. The worker must be aware of the possibility that the child may have an organic or emotional problem caused by other conditions.

When the worker is evaluating this factor, she needs to be familiar with the behavioral and psychological indicators of abuse and neglect. Children who are maltreated frequently have behavioral problems, psychoneurotic reactions, habit disorders, self destructive behavior, mood extremes, interrelationship problems or overly adaptive behaviors. In order to understand the nature of the child's maladjustment, the worker may want to obtain full scale psychiatric and psychological

evaluations of the child. These evaluations would aid the worker in the developing the family service plan.

The worker needs to observe the behavior of the child as well as the child's interaction with others. The worker should try to gauge how the child feels about herself. Does the child feel competent? Is he aware of reality? Is she clear in her thought process? Is the child aggressive, anxiety ridden or antisocial? The worker needs to observe the child's interactions with his parents, siblings and other household members. The worker should contact the school for information about the child's school adjustment, personal hygiene, behavior, attendance, and achievement.

For example, a child who is afraid of being hurt is "high risk" in this factor. A child who suffers a psychotic break after being sexually abused is also at "high risk." A “moderate risk" child would be the neglected child who is disruptive in school and is not fed regularly. A "low risk" child is the teenager who goes to his grandmother's home for meals because he realizes that he can not depend on his mother to provide food. This child has been able to have his needs met in spite of the neglect in his home. The "no risk" child is the child who has not been abused or neglected.

II. CAREGIVER, HOUSEHOLD MEMBER, PERPETRATOR FACTORS:

Seven factors have been identified which focus on the caregiver, household member role in ensuring the safety and well-being of the child. As with the child specific factors, these areas are interactive. Each factor should be assessed in relation to the others.

5. AGE, PHYSICAL, INTELLECTUAL OR EMOTIONAL STATUS

NO RISK	LOW RISK	MODERATE RISK	HIGH RISK
Has no intellectual/ physical limitation. Is cognitively able to understand and to provide for child's basic needs. Seems mature and able to cope.	Has some physical or mental limitations but there is no evidence of any negative impact on family functioning. Parent is aware of limitations and has made adaptations, including use of appropriate resources.	Is physically/ emotionally/ intellectually limited. Has a past criminal or mental health record/history. Has poor impulse control. Is under 20 years old.	Is severely handicapped. Has poor conception of reality. Has severe intellectual limitations. Is unable to control anger and impulses. Is under 16 years old.

This factor is a measure of the caregiver/adult's ability to protect and nurture the child. Young single parents under the age of twenty are assumed to be at risk of being unable to protect/nurture a child adequately when living alone with few support systems. In theory, as the caregiver/adult ages or when mental, physical and emotional functioning approaches averages or above average levels, the risk of harm to the child may be reduced. This occurs because individuals who are aware of the implications of their actions and who can consciously control their behavior are less likely to abuse or neglect a child impulsively or with premeditation.

Three distinct components of the parent/adult's functioning other than age which merit evaluation by the investigator are physical, mental, and emotional abilities. Each of these is outlined below.

1. The caregiver/adult's physical functioning may be assessed through direct observation. In this regard, the parent/adult's gross mobility and dexterity should be assessed with regard to his/her ability to care for and protect the child through feeding, bathing, dressing, etc.

2. "Mental functioning" may be assessed through observation of the caregiver/adult's decision-making. Examples of behaviors and actions indicative of adequate "mental functioning" which serve to protect the child include the following:

- The ability to make judgments (reasoning) to protect the child from abuse/neglect or accidental injury
- Comprehension of the risk of harm to the child and initiation of appropriate corrective action
- Awareness of time and location (i.e., is the parent/adult oriented to what is happening around him/her)

3. To analyze the parent/adult's "emotional functioning" from the limited data available though interviews and observations of the interaction of family members, the investigator should consider the following:

- The caregiver/adult's ability to control impulses of anger, hostility, physical violence, etc.
- The level of maturity demonstrated by the parent/adult
- Frequent and severe alterations of mood

Another way to assess "emotional functioning" is to observe her rationality of behavior. The rationality of the caregiver/adult's behavior is generally defined by the reasonableness of his action in light of the circumstances which led to the incident. The question which must be addressed is "does the caregiver/adult actions reflect an appropriate response designed to protect the child and/or administer corrective action to improve the child's behavior?"

The foundation for the assessment is the belief that if the act is reasonable, less harm will be incurred by the child (i.e., yelling at a child for spilling his glass of milk is not necessarily unreasonable). The more irrational the act, the greater the risk to the child (i.e., breaking a child's arm for spilling his milk is irrational and unreasonable).

The investigator should consider whether the caregiver/adult has any physical and mental handicaps which would impede and/or limit her ability to care for the child. These may include intellectual disability, mental illness, blindness, chronic illness, etc.

An example of "no risk" is a 23 year old mother who is aware of the daily needs of the child, is able to plan accordingly and is able to seek appropriate medical care. A deaf parent who has made child care provisions to compensate for their inability to respond to sounds would be considered at "low risk."

A 19 year old father who has been active with the Mental Health clinic, is very angry and can become very argumentative with adults would be a "moderate risk." An actively psychotic parent who refuses medication and feels her child is trying to hurt her would be "high risk."

6. COOPERATION

NO RISK	LOW RISK	MODERATE RISK	HIGH RISK
Caregiver is appropriately responsive to requirements of investigation. Actively involved in case planning and services Participates in services provided to him/her and child. Acknowledges problems. Initiates contact with caseworker to improve services and may seek additional services.	Caregiver offers minor resistance to investigation. Does not take initiative in obtaining needed services. Occasionally fails to follow through with services (i.e. misses 1/4 of appointments or less). Requires reminders and encouragement to follow through. Appears to make use of services by altering behavior in ways that reduce risk to the child. Willing to take some responsibility for the problem.	Caregiver is hostile or cooperates reluctantly with investigation only with direct instructions. Fails to follow through with case plan despite repeated reminders. Passively undermines interventions by canceling appointments, failing to attend meetings or follow up with referrals. Although expressing compliance, makes no effort to alter behavior lowering risk to the child. Fails to accept responsibility for the problem or their own behavior.	Caregiver actively resists any agency contact or involvement. Will not permit investigation to occur. Is very hostile. Will only cooperate with police involvement. May threaten worker or service provider with physical harm. Refuses to take child to treatment/ assessment and is disruptive to the point that makes services impossible to deliver. Completely denies problems. Has no motivation to change behavior affecting the risk to the child.

In this factor the social worker is evaluating the caregiver/household members' level of cooperation during the investigation phase as well as later during interventions, including utilization of resources as stated in the Family Service Plan.

Cooperation is defined as demonstrated willingness to be available and to discuss relevant issues with the social worker and make necessary documents available for the worker's review. Cooperation also includes giving the worker access to

the child(ren) for interviews, and finally it means demonstrating a willingness to take action to protect the child(ren). Generally, the greater the degree of cooperation exhibited by the parent/caregiver, the less likely it is that the child is at high risk of harm.

Reaction to the investigation and cooperation with the investigator has a significant effect on investigative decision-making. The cooperation exhibited by the caregiver is dependent in part on his/her degree of understanding of the problem. Caregivers may use cooperation with the investigation as a means of mitigating the impact of the investigation (e.g., overly compliant caregivers may be manipulating the investigator) and not be as committed to the protection of the child as they would like to appear. The investigator should expect some hostility. The degree of hostility will affect the caregiver's willingness to cooperate in protecting the child.

Other factors influencing the caregiver's reaction are:

1) The level of maturity demonstrated by the caregiver.
2) Frequent and severe alterations of mood.

Cooperation may include establishing and achieving protection-related goals by:

a) Availing him/herself of social services, including day care, counseling, mental health treatment, Parents Anonymous, drug and alcohol treatment, etc.
b) Initiating corrective action, such as cleaning the house, paying the utility bill to have the heat turned on, etc.

Parental motivation to solve or work towards solving the identified problems or concerns is a critical part of the worker's assessment. This factor will often dominate case review and case closure analysis as it relates to a viable and realistic Family Service Plan. With the availability of appropriate services, reduction of risk over time in this category will serve as one useful marker of progress in the family.

During the investigation phase "no risk" occurs when the individual is appropriately responsive to the investigator's requirements. If minor resistance is initially offered but the investigation is allowed to continue, then the rating would be "low risk." However, later during the intervention phase "no risk" exists when there is acknowledgment of problems and active participation in planning and services/treatment. The individual who takes some responsibility but does not take initiative in either obtaining or following through on services would be rated "low risk."

An overly compliant individual represents a "moderate risk" to the child. His/her commitment to protect the child is questionable, as he/she may be more concerned with minimizing the investigation's impact on him/herself. His/her voiced commitment to the child may be short-lived. If there is a failure to accept responsibility for their behavior or a failure to follow through on participation in delivery of service, the rating would be "moderate risk."

Extreme hostility to the point of threatening the worker or the child represents a "high risk" of harm to the child. In fact, if CPS intervention is initially unsuccessful, the caregiver may release his/her hostility and resentment of CPS involvement on the child. A rating of "high risk" is made when there is no understanding or complete denial of any problem or active resistance to services/treatment.

7. PARENTING SKILLS/KNOWLEDGE

NO RISK	LOW RISK	MODERATE RISK	HIGH RISK
Exhibits appropriate parenting skills/knowledge pertaining to child rearing techniques or responsibilities. Understands the child's develop-mental needs. Does not use implements or physical means to discipline.	Exhibits minimal deficits in parenting skills/knowledge pertaining to child rearing techniques or responsibilities and/or in understanding child's developmental needs. Does not use high risk implements to discipline.	Is inconsistent or has moderate deficits in necessary parenting skills/knowledge required to pro-vide a minimal level of care. Frequently uses physical means of discipline. Implement used, not a high risk implement.	Is unwilling or unable to provide the minimal level of care needed for normal development. Usually resorts to physical means to discipline High risk implement(s) used.

According to behavioral studies, abusive/neglectful parents may be lacking in the skills and knowledge required for adequate parenting. The skills necessary for raising healthy children are usually learned from one's own family, in school, in social programs or some other appropriate source; a parent/adult who has not learned these skills will have difficulty trying to provide a healthy, nurturing environment for his/her child.

Indicators of problems resulting from a parent/adult's lack of parenting skills are:

- Non-organic failure to thrive syndrome
- Nutritional deprivation
- Inadequate hygiene: severe diaper rash, lice, dirty skin, etc.
- Excessive discipline, trouble with limit setting, mostly negative interaction with child; parent’s statements that typical childhood behavior requires the use of severe discipline. The use of physical means of discipline as either the parents only method or the usual method of discipline is an indication of problems in skills/knowledge in parenting
- Does not spend time talking to child, teaching child
- Does not provide cognitive stimulation
- Lack of needed medical/dental care

A lack of knowledge regarding child development can lead to increased risk to the child due to unrealistic expectations of what a child is capable of doing. If a mother believes that her one year old baby should be toilet trained, she may be unaware that children cannot achieve this goal until their muscles are physically developed and this usually does not occur until children are older. By insisting on training a child at too early an age, both the mother and child will become very frustrated. This will cause a strained parent/child relationship and could lead to abuse. The use of successful parenting skills is dependent on a good working knowledge of child development.

The parent whose only means of discipline is corporal punishment is assessed at "high risk" in this category. An example of a "moderate risk" parent would be the mother who expects her 8 year old to baby sit between 3:00 p.m. and midnight for his 4 year old sibling. A parent who leaves his/her 7 year old alone for an hour would be rated at "low risk." A "no risk" parent is the father who is aware of developmental milestones and does not put undue stress on the child to achieve them until they are ready.

The use of an implement of any kind increases the risk as it increases the chances of the child sustaining an injury of a more serious nature. The use of an implement such as a belt or a paddle to punish a 12 year old may not result in a serious injury; however, use of the same implements on an infant or toddler would indicate a high risk of injury. The seriousness of this category is highly dependent on the child related factors such as age and location of injury. Any implement used on a child under the age of five should generally be rated "high risk." Similarly, although the use of a paddle on the buttocks of the 12 year old could be considered normal punishment by some parents, the use of any implement on a child must be considered an inappropriate method of discipline. Any implement used on a child's head or abdomen must be considered "high risk." Any action which causes serious physical injury or causes severe pain constitutes CPS level abuse regardless of culturally accepted practices.

- Listed below are examples of implements that are to be taken into consideration when making a judgment about the seriousness/severity of the above that has already occurred.

    - Belt, Strap, Paddle
    - Club, Board, Broomstick, etc.
    - Rope, Cord, Wire
    - *Knife, Other Sharp Implement
    - *Gun
    - Cigarette
    - Scalding Water
    - Clothes Iron, Other Hot Implement

* These implements will always be rated as "high risk." Body parts are not categorized as implements. Use of an implement does not have to cause an injury to be rated.

8. ALCOHOL/SUBSTANCE ABUSE

NO RISK	LOW RISK	MODERATE RISK	HIGH RISK
No past or present abuse.	History of abuse with no current problem. Use without inappropriate consequences.	Reduced effectiveness due to abuse or addiction. Regular use results in problem behavior and/or incapacity.	Substantial incapacity due to abuse.

It has been determined that substance abuse by a parent/adult is correlated with child abuse. Due to the obvious overlap between the two problems, the severity of the problem of substance abuse merits special attention. In this regard, the investigator should attempt to discover: if the parent/adult is suffering from a substance abuse problem; if they have been referred to but been unable to engage in treatment; or if they have been institutionalized or treated on an outpatient basis. Recent changes in federal legislation allow substance abuse counselors to report suspected child abuse and authorized release of treatment files with the client's written permission. In addition, the investigator would pay special attention to the degree and frequency of parent/adult incapacitation, the parent/adult's appearance, the condition of the parent/caregiver's home, parent/adult's ability to focus attention and eye contact and the parent/adult's ability to manage their money - all of which can be indicators of a potential substance abuse problem.

While many other elements in the model are impacted by substance abuse, e.g., parenting skills, we are rating only substance abuse and the behavior specifically linked to the treatment issues around substance abuse. Alcohol/substance abuse is tied into issues of denial and it may be difficult to determine its presence from interviews only without collateral support.

Specific documentation of the substance(s) being abused is needed to complete the risk assessment and ensure meaningful planning. When the parent/adult has been rated high or intermediate in this factor, the worker must develop a family service plan objective addressing the alcohol/substance abuse concern. As our experience has shown us, alcohol/substance abusing parents/adults frequently become obsessed with maintaining their habits and are unable to make improvements in other areas of family living until they are able to gain control of the alcohol/substance abuse problem.

An example of a "low risk" parent would be a father who completed an alcohol rehabilitation program two years ago. He attends AA meetings weekly, openly discusses his difficulty in remaining sober but has made a firm commitment to do so.

"No risk" would be used when the parent/adult shows no indication of a past or present substance abuse problem.

In many cases, the worker may suspect substance abuse but not have conclusive evidence of its existence. An example of "moderate risk" would be when an emergency room doctor reports that the father appeared to be intoxicated and did not know how his one year old was injured. When the worker visits the home the father appears to be sober but says that he usually has a beer at dinner time. The worker would rate this father as "moderate risk" and try to obtain further information about his use of alcohol.

A young mother denies the allegation of drug abuse, saying she used crack once about two months ago. She receives a regular DPA check but has no money, no furniture, her utilities are about to be cut off, and she has an eviction notice. While she continues to deny substance abuse, we would rate this parent at "high risk" because of the circumstantial evidence indicating a problem for which there is no other credible explanation.

9. ACCESS TO CHILDREN

NO RISK	LOW RISK	MODERATE RISK	HIGH RISK
Responsible caregiver is available or perpetrator has no access.	Supervised access or shared responsibility for care of child.	Perpetrator has limited unsupervised access or child cared for in a non-supportive environment or neglectful environment.	Immediate, unlimited access or full responsibility for care of child.

This factor is defined by the caregiver/household member/perpetrators access and ability to cause the child harm through commission or omission. The greater the access to the child, the more likely it is that harm will recur. In assessing this factor it is important to remember that the term perpetrator is used generically and **NOT** as it is specifically defined in the CPSL. Relationships and behaviors which affect access to the child include the following:

- Relationship of perpetrator to child (father, mother, grandparent, paramour of parent, etc.)
- Relationship of the perpetrator to the child's parent/adult (friend, lover, spouse, etc.)
- Ability of the perpetrator to gain access to the child outside of the child's home
- Parent/adult's and family's willingness to accept the child's abuse and to protect

child from further abuse

The range of the behaviors associated with the perpetrator’s access to the child is included in the above continuum. In some cases, if the perpetrator is unknown, the worker will rate "unable to assess" in this factor. However, there are also some situations with an unknown perpetrator where the worker will rate all household adults, as well as any caretaking adults at "high risk" because of their potential danger to the child(ren). This is especially true when a young child is injured by an unknown perpetrator.

A child is at "no risk" only when the perpetrator is deceased or their incarceration has been verified. If the perpetrator has been removed from the home and the caregiver is able to deny access to the child, we assess "low risk."

When perpetrator access to the child is difficult or the other parent/adult has credibly agreed not to let the perpetrator remain alone with the child, there would be a "moderate risk" of harm whether the perpetrator is in/out of the home. The child is at "high risk" of harm if the perpetrator has complete or easy access or there is uncertainty if the other parent/caregiver can/will deny access whether the perpetrator is in or out of the home.

When neglect or injuries result from omission, we must consider all parents/caregivers as perpetrators and rate them at "high risk."

10. PRIOR ABUSE/NEGLECT

NO RISK	LOW RISK	MODERATE RISK	HIGH RISK
Not neglected or abused as a child. No information or indication of caregiver as perpetrator of abuse or neglect.	No history of abuse or neglect as a victim or perpetrator. Isolated instances of inappropriate discipline as a victim and/or perpetrator. Inconclusive statements of abuse and/or neglect history by subjects or collaterals.	Prior indicated or substantiated incident of abuse and or neglect as a victim or a perpetrator. Admission to prior incidences of abuse or neglect (perp. or victim), not yet investigated. Credible statements of above.	History of chronic and/or severe abuse/neglect or abuse causing serious bodily injury as a perpetrator. Two indicated reports of abuse/neglect. Credible statements suggesting history of severe abusive/neglect-ful incidents towards children.

This factor measures the number of prior incidents of child abuse/neglect for each individual rated; these may be as either a past perpetrator or victim. A situation of chronic physical abuse or neglect indicates ongoing problems in the family which must be addressed. A perpetrator who has committed multiple acts of abuse/neglect over a period of time may be more likely to engage in future abusive/neglectful behavior and should be assessed at a higher risk level. A perpetrator who was previously a victim of abuse/neglect is at moderate risk of performing similar acts of omissions on their own children.

Simply put, as the frequency of known prior incidents of abuse/neglect increases, so does the risk of harm to the child. In this regard, both the family and the alleged perpetrator must be investigated to determine exactly what did/did not happen in the past: i.e., if a parent/adult has been abusive or neglectful on one or more previous occasions, the likelihood of future abuse/neglect is higher.

The mere existence of a previous report, however does not necessarily indicate a high degree of risk. In this regard, the investigator must also consider the following factors:

- The number of previous incidents
- The type of previous incidents, determinations
- The physical/mental abilities of the parent/adult (i.e., behavior problems,

handicaps, emotional disturbance, etc.)

- Whether the abuse/neglect has escalated in severity or frequency over time
- Whether only one child is being abused/neglected or if the perpetrator is abusing/neglecting more than one child

Credible caregiver/perpetrator/collateral statements regarding prior abuse/neglect may be used to establish risk of this factor.

An example of a "no risk" situation is one in which the caregiver or adult has not been abused or neglected as a child and there is no information (after careful exploration) to indicate that this person has been abusive or neglectful in the past.

A "low risk" rating would be appropriate for a mother who was raised by parents who spanked her infrequently.

A "moderate risk" would fit a father who physically abused his teenage son in 1989. In this solitary occurrence the father's action caused bruising on his son's arm.

An example of a "high risk" would be a mother who had an earlier baby die from non-organic failure to thrive.

NOTE: Any prior sex abuse history as a perpetrator should be considered "high risk."

11. RELATIONSHIP WITH CHILDREN

NO RISK	LOW RISK	MODERATE RISK	HIGH RISK
Caregiver/child interaction is frequent and pleasurable to both. Mutual affection is prominent and appropriate. Child is aware of and consistently responds to verbal cues of caregiver.	Caretaker anger regarding child's behavior is rarely directed upon the child inappropriately. Anger is generally controlled. Child occasionally does not respond to verbal cues. Attachments of caregiver/child are obvious and extensive. No indication of role blurring (scapegoating or parentification).	Caretaker anger is occasionally extreme. Child's behavior regularly serves to provoke negative responses. Displays of affection are intermittent or irregular. Child is occasionally scapegoated or parentified.	Caretaker anger is usually extreme and results in physical abuse, verbal abuse or extreme criticism. No appropriate affection shown to child. Child is consistently scapegoated or parentified. Role blurring occurs frequently. There is a complete lack of attachment or positive interaction between parent and child. Child is totally dependent upon or clinging to parent. Child's behavior is quite provocative.

This factor measures the quality of parent child interactions. Both parents and children in abusive families have been observed to engage in more negative and fewer positive behaviors than in non-abusive families, to act and react in reciprocally coercive patterns and to have impaired attachment behaviors.

Bonding between caregiver/child can be measured by observing the quality of attachment and affection displayed by both. Failure to establish strong bonds of attachment may be implicated in these consequences, perhaps as a result of early separation between mother and child or early rejection of the baby by the mother.

In more positive relationships the parent speaks positively of the child, expresses affection towards the child verbally and physically and demonstrates acceptance and

approval openly and spontaneously. This may be in the form of age appropriate praise, reinforcement or physical cuddling.

The parent engages in activities with the child aimed at positive experiences of learning and entertainment. The parent answers the child's questions, responds positively to the child's affection seeking and request for attention and participation in child centered activities.

The parent can enjoy the child and take pleasure in the child's age appropriate behaviors. The parent/caregiver can also tolerate and understand the child's negative behavior including misbehaving, provocative behaviors and limit testing with the parent. In the positive relationship the parent/caregiver recognizes what is typical behavior and does not overreact or label the child as "bad" because of these negative behaviors.

The parent/caregiver responds to the misbehavior and provides consistently appropriate structure and consequences directed at changing the child's behavior.

Abusive parents have been found to expect obedient responses from their children and to have unrealistic expectations for the child's performance. Often the parents will expect the child to take care of him/herself and in the extreme to engage in role reversal where the child is expected to provide caregiving to the parent. The abusive parent may scapegoat the child, blaming the child for the family's problems and may often speak of and to the child in a critical, resentful or angry manner. The child may be viewed as "evil," with the parent then demanding perfect behavior and obedience to unrealistic expectations.

Inappropriate use of anger can be a sign of a dysfunctional parent/child relationship. The parent often responds to typical misbehavior of the child as if the child is purposefully being "bad." The parent may react with rage to minor misbehavior. The result may be an overly compliant and passive child who is afraid to do typical age appropriate activities and is static in order to avoid the parent's wrath.

In some instances in the abusive family interactions, the child learns to respond to the parents’ inappropriate reactions in ways that continue to provoke the parent, moving the interaction from threats of harm to physical abuse.

The older child who has experienced a poor parent-child relationship over a period of time may model the violent behavior of the parent and fight the parent back, escalating the violence and demonstrating the extreme deterioration of the parent/child relationship.

Four year old James interrupted his mother during a conversation with the social worker. She promises to play with him for a little while after dinner when the social worker has gone. James responds by playing quietly with his toy near the adults while he watches TV.

This would be a "no risk" situation.

Mother has been noted to be inconsistent in setting limits with the severity of her response depending on her mood. Johnny, age 6, and his brother, age 8, play noisily, disturbing mother. Mother yells threats which include the denial of TV for a week if they don't shut up. Mother comments "that they" are just boys being boys and she does nothing more about their behavior. This would be a "low risk" situation.

Mother states that she generally deals with Bonnie, age 8 and Jennie, age 6. Parents state mother has no problem controlling them and they usually mind her and can play outside. Mother states that she is however, unable to control Stevie, age 5, and he is not allowed to play outside. Father describes Stevie as a "sissy" because he wants to play girl games with his sister all the time. Steve is ridiculed for wetting his pants and father calls him a "little pervert." This situation would be rated at "moderate risk."

An example of a "high risk" situation would be a 4 month old infant, James, who is not thriving and is left crying for hours on end with an empty bottle and dirty diaper. Mother describes James as evil and demanding and states that he is crying to get on her nerves. She then avoids holding James and refuses to comfort him saying that he is trying to get back at her for not wanting him and she can't stand him and his crying.

III. FAMILY ENVIRONMENT FACTORS:

As already noted, there are four factors which can affect the risk to the child as a result of external conditions.

These are as follows:

- ✓ Family Violence
- ✓ Condition of the Home
- ✓ Family Supports
- ✓ Stressors

12. FAMILY VIOLENCE

NO RISK	LOW RISK	MODERATE RISK	HIGH RISK
No use of threats of violence to resolve conflicts. No history of violence in adult relationships or between adults in family of origin.	Indirect or implied verbal threats only in adult relation-ships or in family of origin. Some success with problem solving techniques.	Direct physical and/or verbal threats. Use of violence between adults. History of physical threats and injury in family of origin. Other methods of dealing with issues rarely used.	Physical violence between adults resulting in injury. Physical violence primary method of conflict resolution. History of physical violence in family of origin. History of protection orders or criminal charges.

Family violence is a factor that looks at how adults manage conflict between themselves. It attempts to predict both the impact on children and the likelihood of future abuse dependent on the level of and type of violence. We are interested in how adults resolve conflicts. An adult who regularly is involved in physical confrontations, even outside of the family, may be at higher risk for family violence.

We are looking at each adult household member both as a child and as an adult. We want to know how their parent(s) or caregiver(s) resolved conflicts in their adult to adult relationships. We want to look at how they resolve conflict in their adult to adult relationships now and in the past.

Examples of the connection between spousal abuse and child abuse is abundant. In fact, Women against Abuse contend in their literature, that "battering is a form of child abuse, whether or not the child is physically abused." Studies have determined that there is at least a 30-40% higher incidence of child abuse in families where adults hit other adults in the home. One survey showed 54% of the abusive husbands and 37% of the abusive wives have also abused their children. This says that children are at risk of abuse both from the perpetrator of family violence and from the victim. A violent pecking order may be operating.

During the information gathering phase of completing the risk assessment you should consider other factors on the risk assessment form which would be helpful in assessing this factor, i.e.:

Prior Abuse/Neglect (Child Factor) - A previous substantiated report of child abuse/neglect may increase the risk of family violence in the home (Adult to adult violence).

Prior Abuse/Neglect (Adult Factor) - If an adult reveals that he or she was physically abused as a child they will probably tell you if the parents or caregivers hit each other.

Parental Relationship with Child - All of this information could be relevant to a family secret of hidden violence.

13. CONDITION OF THE HOME

NO RISK	LOW RISK	MODERATE RISK	HIGH RISK
No health or safety concerns on property.	Minor health or safety concerns on property. Some minor problems posing no immediate threat and easily correctable.	Serious substantiated health or safety hazards, ie., overcrowding, inoperative or unsafe water and utility hazards. Other health and sanitation concerns.	Substantiated life threatening health or safety hazards i.e., living in condemned and/or structurally unsound residence. Exposed wiring and/or other potential fire/safety hazards.

Certain physical conditions in the home may harm or create potential for harm

(risk) to the child. The presence of such conditions alone may warrant concern, especially if the child is not old enough to perceive danger and avoid it. Nevertheless, the presence of these environmental/physical conditions, coupled with the parent/adult's lack of awareness of how they are harming the child or lack of concern for how they may harm the child, should be included in the worker's assessment.

In order to assess harm or risk of future harm, the worker must be able to identify those conditions in the home which create a risk for the child's safety and well-being. To make such an assessment, the worker should look for the following:

1. Bare electrical wires, dangerous electrical outlets or frayed electric cords and illegally connected utilities
2. Exposed heating elements or fan blades, illegal and/or other dangerous heat sources, (i.e., kerosene heaters)
3. Lack of railings or gates on stairs, broken stairs or open accessible windows or ineffective or inoperable locks on doors
4. Broken, jagged or sharp objects, (i.e., glass, metal) lying around the home
5. Chemical substances or dangerous objects (i.e. knives, guns) improperly stored and within the reach of children
6. Human or animal feces, garbage, trash, which has inappropriately been disposed of
7. Indoor/outdoor bathroom facilities that are unhealthful or unsanitary
8. Inadequate, (i.e., quantity, safety, sanitation) sleeping provisions, (i.e., beds, cots, mattresses and/or blankets), for all, including a place for the infant to sleep which has sides that prevent falling out or other personal injury
9. Infestation by rodents or vermin
10. Vicious or uncontrolled animals in the home
11. Lack of operable, safe electricity and heating (i.e., above 50 degrees in cold weather) in the home
12. Lack of adequate space contributing to safety concerns
13. Small objects that can be swallowed within the reach of the child
14. Insufficient quantity of nutritious food (i.e., edible and not rotten, moldy, insect-infested or in any other way contaminated) to meet the child's needs
15. Inadequate equipment and provisions for cooking and refrigeration of food
16. Inappropriate or inadequate clothing (e.g., lack of coat in cold weather)

The condition of the house, apartment, trailer, etc., may be the reason for the initial report to the agency. Basically, the safer the home, based on its construction and general cleanliness, the less the risk to the child of accidental injury or disease caused by unsafe or unhealthy conditions. Although many of these conditions will be apparent through the worker's observations, the worker will need to discuss them with the parent/adult. In particular, the worker will need to know what precautions the parent/adult has taken to protect the child from any of these conditions which appear to be potentially harmful.

The factors that should be reviewed by an investigator in order to assess the

adequacy of a home in protecting a child are listed later in this section. At this point, however, a word of caution is in order: i.e., the condition of the home must be viewed in the context of at least four other factors:

- The age of the child and his siblings
- The financial resources of the parent/adult
- The attempt by the parent/adult to rectify problems (insects, rodents, leaks, etc.)
- The season of the year

A "no risk" rating would be made when there are no health or safety concerns on the property. An example of a home which poses a "low risk" of harm to the child is one in which while not very clean, is structurally sound with no apparent safety hazards such as exposed wiring or rodent infestation. Accumulation of several weeks worth of trash and garbage in uncovered containers and/or animal droppings may pose a health/disease hazard for the child and thus may raise the assessment to the "moderate risk" level. Similarly, a home with gaping holes in the walls, broken windows, a leaky roof, exposed wiring and no heat will be assessed as one in which there is a "high risk" of harm to the child.

"High or moderate risk" ratings in this factor are often, but not necessarily, correlated to neglect and parenting factor ratings.

It should also be mentioned that "no or low risk" ratings in this factor may not be particularly pertinent in physical or sexual abuse cases, but "moderate" or "high" risk ratings are troublesome in any case.

14. FAMILY SUPPORTS

NO RISK	LOW RISK	MODERATE RISK	HIGH RISK
Frequent supportive contact with family/friends. Involved with community resources as needed. Child monitored by two or more outside adults.	Occasional contact with supportive family and/or friends. Effective use of community resources, but could benefit from a larger variety of resources. Child monitored by one outside adult.	Sporadic supportive contact. Underuse of community resources. Child is inconsistently monitored by outside adults.	Caregiver geographically or emotionally isolated. Community resources not available or not used. Child has minimal or no contact with outside adults.

Support systems are defined by the presence/absence of individuals, agencies, professionals or other resources that can help the parent/adult protect and care for the child, particularly during a personal/family crisis. Support systems include individuals outside of the child's home and immediate family. Specific examples of support systems include the following:

- ✓ Relatives
- ✓ Friends/neighbors
- ✓ school teachers, counselors, other staff
- ✓ Local mental health agencies
- ✓ Religious organizations
- ✓ Self-help groups such as "Parent Action Network"
- ✓ Social service agencies
- ✓ Medical clinic/hospital social service staff
- ✓ Law enforcement officers

If a parent/adult is able to call upon a wide variety of resources to provide assistance to the parent in nurturing and disciplining a child, then the child should be at "no risk" of harm. (NOTE: This judgment, however, is predicated upon the parent/adult's ability and willingness to avail him/herself of these resources.) Parent/adults who have some support but no relatives in the vicinity and limited community resources would be an example of "low risk."

A "moderate risk" situation would be one in which a family has few caring and supportive friends and relatives available in times of need. The parents are reluctant to use community resources and the child is seen by outside adults on rare occasions when mother comes into town for shopping. Families which have recently moved into the area and/or families which are religiously, ethnically or socially different from their neighbors may have fewer resources to call upon. These socially isolated families are cut off from community members who could monitor a child for signs of abuse/neglect, especially when the children are not in school.

The level of monitoring received by each child should be taken into consideration when assessing the family in this factor, by determining the number of objective adults that come into contact with the child each day. A child who is not in school, does not attend any religious or social activities and is not seen by other responsible persons (who are not suspected of abuse/neglect) would be at "high risk" for this factor.

15. STRESSORS

NO RISK	LOW RISK	MODERATE RISK	HIGH RISK
No recent losses or disruption to family routine. Stable housing history. Coping skills are varied and adequate. One child living in the household.	Family circum-stances have led to anxiety/irritation or minor depression. Caretaker appears to have the ability to care for the children in the household. Housing is stable. Coping skills are functional. Two to three children living in household.	Family crises, losses or circumstances have led to intense anxiety or major depression. Caregiver has difficulty caring for children in the household. Family has had difficulty maintaining stable housing. Coping skills are limited. Four to five children living in the household.	Family crises, losses or circumstances have led to serious psychiatric or emotional problems. Caretaker unable to adequately provide for the number of children in the household. Family has a pattern of frequent moves and homelessness. Coping skills are severely limited. Six or more children living in the household.

Many families are involved in stressful situations. Events or situations which precipitate change, either pleasant or unpleasant, may create stress and, thus, force families into adaptive behavioral patterns. Stress has been identified as a major contributing factor to the abuse/neglect of children. Some of the stresses have already been rated by other factors such as alcohol/substance abuse, family/domestic violence and physical condition of the home. Other less prevalent stresses also are important.

Incidents of abuse/neglect are often precipitated by stress. Consequently, information regarding previous crises or persistent stress that the family is experiencing is important in assessing the harm or risk of harm to the child. A variety of situations or conditions which may, in the workers judgment, be related to the abuse/neglect include the following:

1. Number of children in the home - research has determined that the greater the number of children in the home (with other factors considered)

the greater the possibility of abuse/neglect
2. Homelessness and/or frequent moves by family
3. Poverty
4. Financial issues
5. Presence of a serious medical problem in the family; and provision of care in the home for developmental disability

CHANGE STRESSORS

Frequent or major life changing events may also be a source of stress. The premise is that the greater the number of major life changes occurring simultaneously, the less able a person will be to cope with his/her environment and the more likely it is that a child will be harmed. Examples of changes which substantially affect a person's ability to cope with average daily problems include the following:

- Death of a significant other family member
- Divorce
- Incarceration
- Loss of a job
- Birth of a child

The degree of the stress ("death of spouse" versus "vacation"), as well as the number of changes occurring at one time must be taken into consideration by the investigator. It is important that the investigator base his/her assessment on behavioral indicators and statements made by persons involved with the case, rather than on assumptions as to what may be causing stress. The more recent the crisis and the level of severity perceived by the parent/caregiver, the higher the risk.

It will usually be useful for the worker to attempt to assess the coping mechanisms or coping abilities the parent/caregivers use. Individuals may deal with similar situations or events in different ways. An inexperienced father may feel quite stressed in being alone with a loudly crying infant. Whereas an experienced parent may realize that the baby is communicating a significant concern and deal with the variety of possibilities appropriately.

Likewise, dysfunctional families, by their very nature, may experience considerable stress with the occurrence of seemingly minor events. Coping abilities may not be well developed or may be misapplied. The mere presence of the social worker may trigger a family crisis.

If the Green family has an adequate income, stable housing and there are no obvious disruptive events, we would assess them at "no risk." If Mr. Green was recently laid off from his job, was collecting unemployment compensation and appeared to be more irritated with the children, we would assess this at "low risk." If two years later, the unemployment compensation and the savings have run out, the family is now on public assistance, Mr. Green is sleeping most of the day, there is a threat of eviction from their

home and the children are supervising themselves, this would be rated at "moderate risk." If Mr. Green's depression becomes so great as to debilitate him, if the family is now in a shelter after several moves and the Greens are incapable of managing the children, this would be rated at "high risk."

EVIDENTIARY FACTORS

In general, the relative level of risk of harm to a child can be determined by assessing the evidence that is available with regard to a variety of factors that are relevant to the protective services investigation. The degree to which these factors are present in an investigation will determine the assessment of risk. For ease of consideration, these evidentiary factors have been organized into the following categories:

1. Child factors
2. Caregiver/Household Member/Perpetrator factors
3. Family Environment factors

When making a risk assessment prior to investigation determination, assume that substantial evidence has been determined to exist for the allegations being investigated, i.e., the worker must act **as if** such evidence may be found unless contradicted by evidence gathered in the field.

The evidentiary factors presented in the following subsections should not be considered as the only factors that may be relevant to an investigation. The investigator may uncover other factors which affect his/her assessment of risk. Thus, the investigator must be prepared to consider a variety of factors other than those that are described below.

Each evidentiary factor is assessed by the worker as being "No Risk," "Low Risk," "Moderate Risk," or "High Risk," using the criteria provided.

When thinking about an evidentiary factor and the degree of risk relevant to it, the worker should identify behaviors which affect the factor; assess the extent of risk for the factor; complete a review of all of the relevant factors; and consider the totality of factors and their overall impact on the determination of risk of harm to the child. For example, in a case involving alleged sexual abuse, the factor of "Access to Children" would warrant major consideration, and "Unlimited Access to Child" might be sufficient reason for the worker to seek a protective custody arrangement for the child or a court ordering removing the perpetrator from the home, even though most of the other factors may be at the low end of the risk continuum.

Although it is assumed that each factor relevant to an investigation can be accurately assessed, decision-making is an ongoing process and there will be times when the investigator may well have to make a decision without any information regarding a particular factor. In such cases, the worker should code the importance to

the investigation.

ADDITIONAL RISK ASSESSMENT FORMS COMPLETION RULES

WHO IS LISTED ON FORM

All children, parent/adults or perpetrators involved in the investigation must be included in the risk assessment ratings. This may include non-custodial parents who have or are likely to visit the child(ren) involved.

OVERALL JUDGMENTS AND PROTECTIVE PLAN

A High Overall Risk judgment, when justified in the narrative, may be entered even when Factors 1 through 15 are not rated as High. Overall Severity may not be Moderate or High if the report is Unfounded or Not Substantiated.

Only allegations which have been indicated or substantiated currently or in the past or are currently pending, may be rated for overall severity and used in service planning.

PROTECTIVE PLAN

An Overall Severity judgment of High and/or an Overall Risk judgment of High must result in an initial protective plan designed to reduce the consequences of the harm suffered and to reduce the high risk factors noted. The initial plan must specify those emergency services and other interventions which are intended to protect the child(ren)'s safety during the time it will take to complete the investigation expeditiously, transfer the case and engage the Family Service Plan. The methods to be used to reduce the risk posed by Access to Children must always be addressed in the plan. Emergency services include securing emergency medical services, securing perpetrator and other caregiver(s) actions needed to protect the child, provision of intense monitoring/supervision, securing perpetrator removal, removing the child and Court intervention. The plan must be added in the narrative to the Risk Assessment Form (page 2).

"AS IF" PRINCIPAL

When rating the severity factors at the time of Screening, if there is continuing reasonable cause to suspect the allegations based on the initial investigation, then the investigator must rate the factors "as if" the allegations are true.

PERPETRATOR ACCESS

A major factor against which the other risk factors must be weighed for an overall risk judgment is the degree of perpetrator access to the children in the family. It is frequently true that a known perpetrator has unrestricted access to the child, yet the

risk to the child is low or moderate based upon other factors such as perpetrator cooperation, availability of other competent adult(s) to protect the child and the absence of High Risk ratings for alcohol/substance abuse, family supports (social isolation) and stressors.

DILIGENT GOOD FAITH EFFORT

A diligent good faith effort must be made to rate all factors based upon contracts with the subjects and appropriate collateral contract interviews. If at the completion of the investigation it was not possible to secure the information needed to rate a factor, then the specific efforts made which reflect diligence and good faith effort to secure such information must be narrated. In addition, the specific impact on the overall rating must be noted.

CHILD SAFETY PRIMARY CONCERN

During the investigation the child(ren) in the home are the investigator's primary client. Reports involving High Overall Severity and/or High Overall Risk must result in a narrative description via the protection plan of how the child(ren)'s safety will be assured.

PRIOR ABUSE

For child(ren) who are suspected of being physically injured as the result of abuse, the investigator must act "as if" prior abuse may have occurred, that is Factor 3 is at least Moderate, during the investigation until it is determined via medical evidence, subject statements and a prior records clearance that no evidence of prior abuse or neglect exists. Be skeptical of claims of one time physical abuse.

AN EXAMPLE OF A COMPLETED "RISK ASSESSMENT FORM"

To illustrate the use of the factors and the "Summary Form" in assessing the risk of harm to a child, a simplified example has been developed. These examples contain all of the investigative factors but do not reflect the richness of real case circumstances. As a consequence not all the gradations of risk/severity are reflected in the example. Therefore, the investigator should be cautious in the application of these examples to actual investigations. A further note of caution is that not all of the factors discussed will be present in every investigation and factors present in an actual investigation may not be covered by the form.

A. Example - Smith Family

The following facts pertain to the investigation of the alleged abuse of John Smith by his father. John is a 12 year old child admitted to the hospital with a spiral fracture of the right femur. His parents both abuse crack cocaine and have a history of domestic violence. John's siblings - Mary and Tom deny any past or present abuse.

SUMMARY

Assessment of the risk of harm to the child is one of the two key components of a protective services investigation. Failure to carry out this responsibility in a thorough and timely manner may jeopardize the child's safety and affect the quality of the decisions made which rely upon the assessment of risk as a major decision criterion (e.g., emergency services, report priority, police involvement, etc.). For example, if the overall assessment of risk/severity is a clear cut rating of High Risk and High Severity, it is more likely that emergency custody will be taken.

Accordingly, an analysis of the investigation in light of the factors discussed above will be beneficial in (1) ensuring that all facets of the decision-making process have been considered; (2) structuring the gathering of information to assess the factors; (3) providing a measure of uniformity in decision-making; and (4) ensuring that the focus of the investigation is the protection of the child.