

# CHILD PROTECTIVE SERVICES

## Keeping Maltreated Children At Home: When Is It Safe?

—by Maria Scannapieco and Diane DePanfilis

*Deciding when a maltreated child is safe is clearly one of the most difficult decisions facing CPS staff today.*

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"While there are indeed many child maltreaters who can be helped to be competent parents with timely and effective social services," Richard Gelles wrote in the Summer, 1993 issue of *The APSAC Advisor*, "other parents cannot be assisted to be caring and nurturing parents" (Gelles, 1993). Most professionals working in public child protection for more than a year or two have gained painful experience that seems to support Dr. Gelles's assertion. How are these professionals supposed to determine when to keep families together? Gelles suggests that this decision be based on the severity of the maltreatment. Thus, children of "parents who fracture the skulls or bones of 6-month-old children [or] who have sexual intercourse with twelve-month old daughters" (Gelles, 1993) are clearly not safe in their current environment. However, as most child protective services (CPS) workers will affirm, these are the easy decisions.

Assessment of safety is more difficult with the majority of families reported to CPS agencies. Family preservation philosophy does not suggest that all children be kept at home reunited with families regardless of safety concerns. Rather, it suggests that "growing up in their family is optimal for children, as long as children's safety can be assured" (DePanfilis and Salus, 1992, p. 4). However, deciding when a maltreated child is safe is clearly one of the most difficult decisions facing CPS staff today.

#### How does research help with this question?

In our search for reliable means for determining children's safety, we looked at three bodies of research for guidance: studies that examined (1) predictors of child maltreatment recurrence, (2) casework decision-making, and (3) predictors of child placement.

The literature on the recurrence of child maltreatment encompasses retrospective studies of child abuse and neglect, risk-assessment-related research, and treatment outcome studies. Taken as a whole, this literature offers little help in determining what factors predict recurrence, since the studies exhibit major differences in operational definitions of risk, types of child maltreatment, and recurrence. A review of the risk assessment literature confirmed both consistencies and discrepancies in predictors between studies (McDonald and Marks, 1991).

Even if the recurrence literature were more conclusive, the ability to predict recurrence of child maltreatment would not fully answer the pressing questions for CPS workers. There is an important distinction to be made between risk and safety. A child may be at risk of maltreatment at some time in the future, yet be safe from an immediate threat of serious harm. For example, consider a situation of marginal neglect that has yet to result in any observable consequences to the child. This situation is

likely to persist (recur), and over the long term, we certainly want to help the family to improve their parenting adequacy. However, for the immediate future the child may be safe from any severe consequences. As emphasized by Wald and Woolverton (1990) in their critique of risk assessment systems, it is "unlikely that the same set of factors is equally predictive of future behavior under quite different conditions" (p. 496). Research in this field has yet to isolate broad, general predictors of recurrence from predictors of a risk of immediate severe consequences (a safety concern).

The second group of studies we reviewed examines how caseworkers make decisions about when it is necessary to place a child in out-of-home care. A previous review of this research (DePanfilis and Scannapieco, 1994) found that caseworkers consider the following family characteristics: severity and frequency of past harm, risk to the child and necessity of immediate action to prevent harm to the child, age of the child, maternal behavior, functioning of primary caregiver, father's interest in and affection for the child, absence of a caregiver, household management, existence of a hazardous environment, family insight, and cooperation of the caregivers. Several studies found overlap in criteria used by workers; however, the studies offer no basis for concluding that these criteria are the most effective for evaluating the safety of maltreated children. The value of this literature for our current discussion is limited also because most of it is more than 10 years old, and was not framed to answer questions about the wisdom of the family preservation philosophy.

The third body of research we reviewed attempted to establish predictors of when children will be placed. This body of research is primarily descriptive in nature—documenting the reasons children were placed—and dates to the 1960s, 1970s, and early 1980s (DePanfilis and Scannapieco, 1994). Even one of the most extensive and methodologically sound studies (Runyan, Gould, Trost, and Loda, 1981) found that we are far from being able to predict which maltreated children will be placed in out-of-home care.

#### What factors are proposed by safety evaluation models?

In a recent article (DePanfilis & Scannapieco, 1994), we contrasted ten safety evaluation models developed between 1972 and 1993. Models varied considerably; while there was some overlap in the criteria used for evaluating safety, the models in total considered thirty-three separate elements, some of which were only represented by one model. One of the deficits in the current safety assessment models is their lack of distinction among the different types of abuse.

There was some consensus regarding areas of assessment, however, across the research and

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models. In this section, we will present proposed safety criteria that are supported by multiple sources. Children's safety is a function of many variables. While these criteria may not prove to be the most reliable or only criteria, they are based on our current best knowledge. For the sake of clarity we divide areas of assessment into five general categories: child, parent, family and environment, maltreatment, and intervention. The proposed criteria in total are depicted in Table 1.

Rather than take the deficit approach usually used in the field (focusing on risk factors and ignoring strengths), we choose to view these criteria on a continuum. Thus for each criteria, we consider how a strength or risk concern may affect the safety of children.

## Child-Related Assessment Areas

Three domains of consensus were found related to children in the home: (1) age of child, (2) vulnerability due to physical/mental abilities, and (3) basic needs. Each of these elements can increase or decrease children's risk of maltreatment.

**Age.** The child's developmental stage is a critical factor in risk assessment. The younger children are, the less able they are to protect themselves or tell others that they are being abused or neglected. Furthermore, because younger children are more dependent upon their caregivers to meet all of their needs, the consequences of maltreatment at younger ages are more likely to be severe and life threatening.

**Mental and physical abilities of the child.** Children's mental and physical abilities must be considered along with their chronological age. Children who are developmentally delayed are often less able to protect themselves or to communicate effectively with others. This criterion also entails the assessment of the physical and emotional consequences of maltreatment. A sexually abused child who is experiencing night terrors may be more vulnerable than one who is not experiencing such extreme consequences. Safety decisions should involve assessment of mental and physical abilities, and of the emotional effects of prior maltreatment.

**Basic needs.** The safety evaluation models and research agreed that a child who suffers serious harmful consequences due to not being fed, appropriately dressed for the weather, or provided adequate shelter, needs an immediate safety plan. However, basic needs must be viewed in terms of minimum standards. Worn but seasonally appropriate clothes are not considered a risk to safety. A child not being fed at all, but given small amounts of alcohol or drugs to suppress his/her hunger and crying, is in a dangerous situation. A family's ability to provide for the basic needs of a child is

considered a strength, despite other problems that may be evident.

## Parent-Related Assessment Areas

According to one review of the literature, parent-related problems were precipitating factors in 75% to 80% of all foster family placement cases (Kadushin and Martin, 1988, p. 358). In our review, two parent-related areas of assessment had almost complete unanimity among the research and the models: (1) parents' ability to control their behavior, and (2) their basic parenting knowledge and skill.

**Control of parental behavior.** A number of factors are grouped under this criterion. For example, parents or caregivers who have a history of violent behavior, serious mental health problems, and/or substance abuse problems pose a significant jeopardy to children if the effect of this behavior is not controlled. Substance-abusing parents often pose a great risk to children because the parents may be so self-consumed that they rarely consider their children's needs. Similarly, a parent out of control due to schizophrenia will not be able to provide a protective environment. Again, however, these areas must be evaluated on a continuum. If a parent is mentally ill but able and willing to control his or her behavior through medication, then this criterion should be assessed more positively.

**Parenting knowledge, skills, and motivation.** Caregivers' capacity to meet the basic physical and psychosocial needs of their children largely determines their children's safety. An intellectually impaired parent who cannot be taught to make sure a newborn takes an established amount of formula everyday poses a serious and immediate threat of harm to this infant. At the other end of the continuum, it is a strength when parents understand what to expect developmentally from their children and are motivated to learn appropriate parenting knowledge and skills.

## Family/Environment-Related Assessment Areas

Consensus exists across the research and models about three areas of assessment in the family/environment: (1) level of family conflict/stress, (2) social support network, and (3) availability of a protector for the child.

**Level of family conflict or stress.** Children's safety may be endangered when there is either serious crisis or chronic stress within the family. Assessment of the level of stress should take into account such factors as socio-economic status, housing, number of children, violence between family members, birth of a child, and loss of a job.

**Social support network of families.** Families who are connected to community organizations, churches, extended families, and friendship

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networks are safer than families who are isolated. Families who do not make connections with outside systems may be doing so in order to hide what is occurring in the home. These families also lack any potentially beneficial feedback on their parenting.

**Protector in the family or environment.** Despite concern about some of the other assessment areas, if the child has someone in his or her life who serves as a protector to offset the negative impact of the other factors, the child may be safe from immediate harm. In contrast, if a mother is unable or unwilling to protect the child from an abusing father, and if there is no one in the extended family or community to take over this role, the child is at a greater safety risk. It is a strength if a protector can be identified for the child.

## Maltreatment-Related Assessment Areas

Consensus in the research, safety assessment models, or both was found for six areas of assessment related to the maltreatment itself. These criteria are applicable to all forms of maltreatment—physical abuse, sexual abuse, neglect, or emotional maltreatment—and regard the risk of immediate harm for repeated abuse.

**Abandonment.** Clearly, when a parent is providing adequate supervision, the child is likely to be in a more protected environment; when parents abandon their children, the children's safety is endangered. Abandonment can occur prior to referral to the CPS agency or as a response to CPS and law enforcement intervention.

**Frequency and severity of past harm and maltreatment.** Again, viewing this factor on a continuum is important. At one end of the continuum is maltreatment that has not yet led to major consequences for the child; at the other end is a history of chronic maltreatment and/or severe injury to the child.

**Intention to harm the child.** Parents whose conscious purpose was to hurt the child should be distinguished from parents whose intention was to discipline the child but inadvertently hurt the child. For example, a parent who deliberately puts the hand of a four-year-old on a lit match or cigarette lighter knows that the child will experience pain. Preventing this action from occurring in the future may be more difficult than helping a parent realize that use of a paddle to spank a child can result in both physical and emotional harm to a child.

**Admission, remorse, and guilt of perpetrator.** Mothers and fathers who deny and/or show no remorse or guilt about maltreatment they inflicted upon their children pose a serious threat of harm. When a worker asks the parent if s/he feels bad about leaving multiple welts on the back, buttocks,

arms, and legs as a result of a "whipping" and the parent indicates that the child "deserved it," an immediate safety plan is needed. On the other hand, the parent who states that s/he feels terrible about the incident and seems sincere is much more likely to cooperate with a safety plan to ensure the child's safety at home.

**Explanation of injury/incident/conditions.** It is a strength when parents are able and willing to explain how their child got injured. Parents who refuse to tell you how an injury occurred or who are evasive may be hiding something which places their child at a greater risk of immediate harm.

**Perpetrator access to the child.** If the perpetrator is incarcerated as a result of the maltreatment, the child may be at no safety risk due to perpetrator access. Since this is usually the exception and not the rule, it is important to know if the perpetrator will have continued contact with the child and under what conditions. Perpetrator access, however, should not be the only criterion used to evaluate safety. Other family members may pose a risk to the child as well.

## Intervention-Related Assessment Areas

We found two intervention-related assessment areas with support in both research and models: (1) level of cooperation of the family and (2) use of past help.

**Level of cooperation of family.** When parents acknowledge that they need assistance and indicate that they will participate in a safety plan to control the negative influence of behaviors or conditions that increase the threat of harm, they are more likely to be able to keep their family together. In all cases, the worker needs to evaluate specifically the parents' level of cooperation. Often, parents may be initially willing to participate in developing a plan, but are not as cooperative once on-going work begins. This is difficult to ascertain at first, but it is an integral part of the safety assessment.

**Use of past help.** The more parents have been involved in services in the past without benefit, the higher the safety risk. Parents who have improved in areas of functioning in the past due to some intervention are more likely to benefit from future services. These families usually provide a safer environment for their children.

## Conclusions

What makes the CPS worker's job so difficult, and success so unpredictable, is that all of the factors within these five broad areas of assessment—child, parent, family and environment, maltreatment, and intervention—must be taken into consideration simultaneously. Strengths in one area (for example, parent's level of cooperation and involvement in

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support systems) may outweigh weaknesses in other areas (such as the age of the child)

If a child is considered at risk for maltreatment, it is the CPS worker's responsibility to develop a safety plan in conjunction with the community and the family that will protect the child within the family if at all possible. Safety concerns should be matched with immediate interventions that offset them. The first risk assessment model to consider the concept of safety, separate from risk (Holder and Corey, 1987) proposes the following process for evaluating and addressing the safety of maltreated children: (1) determine if maltreatment has occurred; (2) assess the risk of future maltreatment; (3) evaluate the immediate safety of maltreated children who are at risk of future maltreatment; (4) determine what in-home services will secure the safety of children; (5) identify who will provide this service in a timely fashion at the level that is needed to protect the child; (6) assess the family's willingness to accept intervention at the level that is needed to ensure safety of the child. Finally, (7) if safety cannot be secured within the family, decide when children need to be placed in out-of-home care or when an abusive parent should leave the home

This article presents the best information we have in guiding us in the difficult task of assessing a child's safety. Future research is certainly needed, but this is a beginning in understanding which behaviors and conditions increase the threat of immediate harm and which family strengths are needed to keep children safe

## References

- DePanfilis, D. & Scannapieco, M. (1994) Assessing the safety of children at risk of maltreatment: Decision-making models. *Child Welfare* 73 229-245.
- DePanfilis, D., & Salus, M. (1992) *A coordinated response to child abuse and neglect: A basic manual* (DHHS Publication No. [ACF] 92-30362). Washington, D.C.: National Center on Child Abuse and Neglect
- Gelles, R. J. (1993) The doctrine of family reunification: Child protection or risk? *The APSAC Advisor* 6 (2) 9-11
- Holder, W., & Corey, M. (1987) Safety evaluation and response. *The child at risk: Field forms and instructions* (56-77). Charlotte NC: Action for Child Protection
- Kadushin, A., and Martin, A. (1988). *Child welfare services*. New York: Macmillan Publishing Company
- McDonald, T. M. and Marks, J. (1991) A review of risk factors assessed in Child Protective Services. *Social Service Review* 65, 112-132
- Runyan, D. R., Gould, C. L., Irost, D. C., & Loda, F. A. (1981) Determinants of foster care placement for the maltreated child. *American Journal of Public Health* 71, 706-711.
- Wald, M. S., & Woolverton, M. (1990) Risk assessment: The emperor's new clothes? *Child Welfare* 69 483-511.
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Table 1.  
Criteria for Evaluating Safety of Maltreated Children

Assessment Area	Specific Condition/Characteristic
CHILD	<ul style="list-style-type: none"> <li>• age</li> <li>• physical/mental abilities</li> <li>• basic needs</li> </ul>
PARENT	<ul style="list-style-type: none"> <li>• parental control over behavior, e.g., substance abuse, mental illness, violence</li> <li>• basic parenting knowledge, skill, &amp; motivation</li> </ul>
FAMILY/ ENVIRONMENT	<ul style="list-style-type: none"> <li>• family conflict/stress</li> <li>• social support network</li> <li>• protector in family/environment</li> </ul>
MAL TREATMENT	<ul style="list-style-type: none"> <li>• abandonment</li> <li>• frequency &amp; severity of past harm</li> <li>• perpetrator intended to harm child</li> <li>• explanation of injury/incident</li> <li>• admission/remorse of perpetrator</li> <li>• perpetrator access to child</li> </ul>
INTERVENTION	<ul style="list-style-type: none"> <li>• level of cooperation of family</li> <li>• use of past help</li> </ul>