

## RISK/SEVERITY CONTINUUM

### NO RISK

### LOW RISK

### MODERATE RISK

### HIGH RISK

#### 1. VULNERABILITY

Over age 18

Cares for and can protect self with minimal assistance and has no physical or mental handicap. Typically age 12-17.

Requires adult assistance to care for and protect self or has minor limitation or has 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.

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

No injury. No discernable evidence of abuse or neglect. No discernable 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 physical injury possibly requiring medical diagnosis or treatment as a result of CAN. May have an ongoing history or pattern of harsh discipline or punishment. CAN is repetitive or cumulative. Injury to torso or back. Implement used resulting in marks or bruises. Not a high risk implement. Imminent risk of above. Child is 6-11 years of age, left alone periodically or left with unsuitable caretakers. Inconsistently has basic medical, food and shelter needs met.

Has serious physical 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. Imminent risk of above. Child is 0-5 years of age, left alone or with an unsuitable caretaker. Rarely has basic medical, food and shelter needs met.

#### 3. PRIOR ABUSE/NEGLECT

No signs symptoms, credible statements or reports that suggest that prior CAN has occurred.

Isolated report or incident of inappropriate physical discipline. No conclusive or credible statement suggesting prior CAN.

Previous substantiated report of abuse and/or neglect. Observable physical signs of previous CAN. Credible statements of previous abuse or neglect not investigated.

Previous substantiated reports of serious bodily injury. Severe abuse or neglect resulting in a serious condition. Credible statements or documentation of serious bodily injury or neglect not previously investigated. Multiple reports of moderate risk issues.

#### 4. EXTENT OF EMOTIONAL HARM

Has no emotional harm or behavioral disturbance related to abuse and/or neglect. Is comfortable in caretakers home.

Has minor distress or impairment in role functioning; or development related to CAN. Has doubts or concerns about the caretaker's home.

Has behavioral problems that impair social relationships, development or role functioning related to CAN. Has fear of caretakers or home environment.

Has extensive emotional or behavioral impairment or serious developmental delay related to CAN. Is extremely fearful about caretakers or home environment.

#### 5. AGE, PHYSICAL, INTELLECTUAL OR EMOTIONAL STATUS

Has no intellectual or physical limitation. Is cognitively able to understand and to provide for child's best 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 past criminal/mental health record/history. Has poor impulse control. Is under 20.

Is severely handicapped; Has poor conception of reality; Has severe intellectual limitations. Is unable to control anger and impulses. Under 16.

#### 6. COOPERATION

Caretaker 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.

Caretaker offers minor resistance to investigation. Does not take initiative in obtaining needed services. Occasionally fails to follow through with services. 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.

Caretaker 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.

Caretaker actively resists any agency contact or involvement. Will not permit investigation to occur. Is very hostile or will only cooperate with police involvement, may threaten worker or service provider with physical harm. Refuses to take child for treatment or assessment and is disruptive to the point that makes services impossible to deliver. Completely denies problems and has no motivation to change behavior affecting the risk to the child.

#### 7. PARENTING SKILL/KNOWLEDGE

Exhibits appropriate parenting skills and knowledge pertaining to child rearing techniques or responsibilities. Understands child's developmental needs. Does not use implements or physical means to discipline.

Exhibits minimal deficits in parenting skill and 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 provide a minimum level of care. Frequently uses physical means to discipline. Implement used, not a high risk implement.

Is unwilling/unable to provide the minimal level of care needed for normal development. Usually resorts to physical means of discipline. High risk implement(s) used.

**RISK/SEVERITY CONTINUUM (continued)**

NO RISK	LOW RISK	MODERATE RISK	HIGH RISK
<p><b>8. ALCOHOL/SUBSTANCE ABUSE</b> No past or present abuse.</p>	<p>History of abuse with no current problem; Use without inappropriate consequences.</p>	<p>Reduced effectiveness due to abuse or addiction; Regular use results in problem behavior and/or incapacity.</p>	<p>Substantial incapacity due to abuse.</p>
<p><b>9. ACCESS TO CHILDREN</b> Responsible caretaker is available or perpetrator has no access.</p>	<p>Supervised access or shared responsibility for care of child.</p>	<p>Perpetrator has limited unsupervised access or child being cared for in non-supportive or neglectful environment.</p>	<p>Immediate, unlimited access or full responsibility for care of child.</p>
<p><b>10. PRIOR ABUSE/NEGLECT</b> Not neglected or abused as a child. No information or indication of caretaker as perpetrator of abuse or neglect.</p>	<p>No history of abuse or neglect as a victim or perpetrator. Isolated instances of inappropriate discipline as a victim and/or a perpetrator. Inconclusive statements of CAN history by subjects or collaterals.</p>	<p>Prior indicated or substantiated incident of abuse/neglect as a victim or a perpetrator. Admission to prior instances of abuse or neglect (perp. or victim) not yet investigated. Credible statements of above.</p>	<p>History of chronic and/or severe abuse/neglect; or abuse causing serious bodily injury as a perpetrator. Two indicated reports of CAN. Credible statements suggesting history of severe abusive or neglectful incidents towards children.</p>
<p><b>11. RELATIONSHIP WITH CHILDREN</b> Caretaker/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 caretaker.</p>	<p>Caretaker anger regarding child's behavior is rarely directed toward the child inappropriately. Anger is generally controlled. Child occasionally does not respond to verbal cues. Attachments of caretaker and child are obvious and extensive. No indication of role blurring (scapegoating or parentification).</p>	<p>Caretaker anger is occasionally extreme. Child's behavior regularly serves to provoke negative response; Displays of affection are intermittent or irregular; Child is occasionally scapegoated or parentified.</p>	<p>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 caretaker and child; Or conversely child is inappropriately dependent upon or clinging to caretaker. Child's behavior quite provocative.</p>
<p><b>12. FAMILY VIOLENCE</b> No use of or threats of violence to resolve conflicts. No history of violence in adult relationships or between adults in family of origin.</p>	<p>Indirect or implied verbal threats only in adult relationships or in family or origin: Some success with problem solving techniques.</p>	<p>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.</p>	<p>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 charge.</p>
<p><b>13. CONDITION OF THE HOME</b> No health or safety concerns on property.</p>	<p>Minor health or safety concerns on property. Some minor problems posing no immediate threat and easily correctable.</p>	<p>Serious substantiated health or safety hazards, i.e. overcrowding, inoperative or unsafe water and utility hazards; other health and sanitation concerns.</p>	<p>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.</p>
<p><b>14. FAMILY SUPPORTS</b> Frequent supportive contacts with family/friends. Involved with community resources as needed; Child monitored by two or more outside adults.</p>	<p>Occasional contact with supportive family/friends; Effective use of community resources, but could benefit from a larger variety of resources; Child monitored by one outside adult.</p>	<p>Sporadic supportive contact; under-use of community resources; Child is inconsistently monitored by outside adults.</p>	<p>Caretaker geographically or emotionally isolated; Community resources not available or not used. Child has minimal or no contact with outside adults.</p>
<p><b>15. STRESSORS</b> No recent losses or disruption to family routine. Stable housing history. Coping skills are varied and adequate. One child living in the household.</p>	<p>Family circumstances have led to anxiety and/or 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 the household.</p>	<p>depression. Caretaker has difficulty caring for the children in the household. Family has difficulty maintaining stable housing. Coping skills are limited. Four to five children living in the household.</p>	<p>Family has a pattern of frequent moves and homelessness. Coping skills are severely limited. Six or more children living in the household.</p>
	<p>Family crises, losses or circumstances have led to intense anxiety or major</p>	<p>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.</p>	