Impending danger refers to a child being in a continuous state of danger due to parent/caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of actual or substantial risk of harm to a child.

Impending danger is often not immediately apparent and may not be active and threatening child safety upon initial contact with a family. Impending danger is often subtle and can be more challenging to detect without sufficient contact with families. Identifying impending danger requires thorough information collection regarding family/caregiver functioning to sufficiently assess and understand how family conditions occur.

Safety threats are negative family conditions and/or circumstances and/or caregiver behaviors; emotions; attitudes; perceptions; etc. that are out of control in the presence of a vulnerable child and therefore likely to have severe effects on a child at any time in the near future.

The definition for impending danger indicates that negative family conditions that are out of control and likely to result in severe harm to a child, are specific and observable, and the threat to child safety can be clearly understood and described.

There are 11 standardized safety threats that are used to assess child safety. The identification of any one of the 11 safety threats means that a child is in a state of danger. If a safety threat has been identified, a child may be determined to be unsafe if there is no appropriate non-maltreating caregiver in the home with sufficient caregiver protective capacities to manage the safety threats and assure child safety.

Impending Danger and the Safety Threshold Criteria
The safety threshold criteria must be applied when considering and identifying any of the safety threats. In other words, the specific justification for identifying any of the safety threats is based on a specific description of how negative family conditions meet the safety threshold criteria.

The safety threshold is the point at which a negative condition goes beyond being concerning and becomes dangerous to a child’s safety. Negative family conditions that rise to the level of the safety threshold and become safety threats, are in essence negative circumstances and/or caregiver behaviors, emotions, etc. that negatively impact caregiver performance at a heightened degree and occur at a greater level of intensity.
Out-of-Control refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family’s control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system.

Severity refers to the effects of maltreatment that have already occurred and/or the potential for harsh effects based on the vulnerability of a child and the family behavior, condition or situation that is out of control. As far as danger is concerned, the safety threshold is consistent with substantial risk of harm or actual child abuse or neglect. Substantial risk of harm or actual harm includes such effects as defined in Montana law. The safety threshold is in line with family conditions that reasonably could result in substantial risk of harm or actual harm to a vulnerable child. If the risk is not substantial, it does not cross the threshold.

Imminent refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks. This is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes, without intervention.

Observable refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen and understood and are subject to being reported and justified. The criterion “observable” does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.

Vulnerable Child refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition includes all children who, for whatever reason, are not able to protect themselves or seek help from protective others.
Safety Threats

Safety Threats 1 -3 relate to Maltreatment and Nature

1. **Living arrangements seriously endanger a child's physical health.**

   This threat refers to conditions in the home which are immediately life-threatening or seriously endangering a child’s physical health (e.g., people discharging firearms without regard to who might be harmed; living conditions are so severe to cause or potentially cause serious illness).

   **Application of the Safety Threshold Criteria**

   To be out of control, this safety threat does not include situations that are not in some state of deterioration. The threat to a child’s safety and immediate health is obvious. There is nothing within the family network that can alter the conditions that prevail in the environment.

   The living arrangements are at the end of the continuum for deplorable and immediate danger. Vulnerable children who live in such conditions could become deathly sick, experience extreme injury, or acquire life threatening or severe medical conditions.

   Remaining in the environment could result in severe injuries and health repercussions today, this evening, or in the next few days.

   This threat is illustrated in the following examples.

   - Housing is unsanitary, filthy, infested, a health hazard.
   - The house’s physical structure is decaying, falling down.
   - Wiring and plumbing in the house are substandard, exposed.
   - Furnishings or appliances are hazardous.
   - Heating, fireplaces, stoves, are hazardous and accessible.
   - There are natural or man-made hazards located close to the home.
   - The home has easily accessible open windows or balconies in upper stories.
   - Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to a child’s safety.

2. **Family does not have resources to meet basic needs.**

   “Basic needs” refers to the family’s lack of (1) minimal resources to provide shelter, food, and clothing or (2) the capacity to use resources if they were available.

   **Application of the Safety Threshold Criteria**

   There could be two things out of control here. There are not sufficient resources to meet the safety needs of the child. There is nothing within the family’s reach to address and control the absence of needed protective resources. The second question of control is concerned with the caregiver’s lack of control related to either impulses about use of resources or problem solving concerning use of resources.

   The lack of resources must be so acute that their absence could have a severe effect right away. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition.
Imminence is judged by context. What context exists today concerning the lack of resources? If extreme weather conditions or sustained absence of food define the context, then the certainty of severe effects occurring soon is evident. This certainty is influenced by the specific characteristics of a vulnerable child (e.g. infant, ill, fragile, etc.).

This threat is illustrated in the following examples.

- Family has no money.
- Family has no food, clothing, or shelter.
- Family finances are insufficient to support needs (e.g. medical care) that, if unmet, could result in a threat to child safety.
- Parents/caregivers lack life management skills to properly use resources when they are available.
- Family is routinely using their resources for things (e.g., drugs) other than their basic care and support thereby leaving them without their basic needs being adequately met.
- Child’s basic needs exceed normal expectations because of unusual conditions (e.g., disabled child) and the family is unable to adequately address the needs.

### 3. One or both parents/caregivers intend(ed) to hurt the child and show no remorse.

This refers to caregivers who anticipate acting in a way that will result in pain and suffering. “Intended” suggests that before or during the time the child was mistreated, the parents'/primary caregivers’ conscious purpose was to hurt the child. This threat must be distinguished from an incident in which the parent/caregiver meant to discipline or punish the child, and the child was inadvertently hurt.

**Application of the Safety Threshold Criteria**

This safety threat seems to contradict the criterion “out of control.” People who “plan” to hurt someone apparently are very much under control. However, it is important to remember that “out of control” also includes the question of whether there is anything or anyone in the household or family that can control the safety threat. In order to meet this criterion, a judgment must be made that 1) the acts were intentional; 2) the objective was to cause pain and suffering; and 3) nothing or no one in the household could stop the behavior.

Caregivers who intend to hurt their children can be considered to behave and have attitudes that are extreme or severe. Furthermore, the whole point of this safety threat is pain and suffering which is consistent with the definition of severe effects.

While it is likely that often this safety threat is associated with punishment and that a judgment about imminence could be tied to that context, it seems reasonable to conclude that caregivers who hold such heinous feelings toward a child could act on those at any time—soon.

This threat includes both behaviors and emotions as illustrated in the following examples.

- The incident was planned or had an element of premeditation, and there is no remorse.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g., cigarette burns), and there is no remorse.
- Parent's/caregiver's motivation to teach or discipline seems secondary to inflicting
pain and/or injury, and there is no remorse.

- Parent/caregiver can reasonably be assumed to have had some awareness of what the result would be prior to the incident, and there is no remorse.
- Parent’s/caregiver’s actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child, and there is no remorse.
- Parent/caregiver does not acknowledge any guilt or wrong-doing, and there was intent to hurt the child.
- Parent/caregiver intended to hurt the child and shows no empathy for the pain or trauma the child has experienced.
- Parent/caregiver may feel justified, may express that the child deserved it, and they intended to hurt the child.

Safety Threats 4 - 6 relate to Child Functioning and Discipline

<table>
<thead>
<tr>
<th>4. Child has exceptional needs which the parents/caregivers cannot or will not meet.</th>
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</thead>
<tbody>
<tr>
<td>“Exceptional” refers to specific child conditions (e.g., retardation, blindness, physical disability) which are either organic or naturally induced as opposed to parentally induced. The key here is that the parents, by not addressing the child’s exceptional needs, will not or cannot meet the child’s basic needs.</td>
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</tbody>
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Application of the Safety Threshold Criteria

The caregiver’s ability and/or attitude is what is out of control. If you can’t do something, you have no control over the task. If you do not want to do something and therefore do not do it but you are the principal person who must do the task, then no control exists either.

This does not refer to caregivers who do not do very well at meeting a child’s needs. This refers to specific deficiencies in parenting that must occur for the “exceptional” child to be safe. The status of the child helps to clarify the potential for severe effects. Clearly, “exceptional” includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.

The needs of the child are acute, require immediate and constant attention. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects could be immediate to soon.

This threat is illustrated in the following examples.

- Child has a physical or mental condition that, if untreated, is a safety threat.
- Parent/caregiver does not recognize the condition.
- Parent/caregiver views the condition as less serious than it is.
- Parent/caregiver refuses to address the condition for religious or other reasons.
- Parent/caregiver lacks the capacity to fully understand the condition or the safety threat.
- Parent’s/caregiver’s expectations of the child are totally unrealistic in view of the child’s condition.
- Parent/caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child’s condition.
5. Child is extremely fearful of the home situation.

“The home situation” includes specific family members and/or other conditions in the living situation (e.g., frequent presence of known drug users in the household).

Application of the Safety Threshold Criteria

Do you know when fear is out of control? Have you ever felt that way? Can you imagine a child being so afraid that his fear is out of control? Can you imagine a family situation in which there is nothing or no one within the family that will allay the child’s fear and assure a sense of security? To meet this criterion, the child’s fear must be obvious, extreme, and related to some perceived danger that child feels or experiences.

By trusting the level of fear that is consistent with the safety threat, it is reasonable to believe that the child’s terror is well-founded in something that is occurring in the home that is extreme with respect to terrorizing the child. It is reasonable to believe that the source of the child’s fear could result in severe effects.

Whatever is causing the child’s fear is active, currently occurring, and an immediate concern of the child. Imminence applies.

This threat is illustrated in the following examples.

- Child demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home (e.g., crying, inability to focus, nervousness, withdrawal).
- Child expresses fear and describes people and circumstances which are reasonably threatening.
- Child recounts previous experiences which form the basis for fear.
- Child’s fearful response escalates at the mention of home, people, or circumstances associated with reported incidents.
- Child describes personal threats which seem reasonable and believable.

6. One or both parents/caregivers have extremely unrealistic expectations or negative perceptions of a child.

“Extremely” is meant to suggest a perception which is so negative that, when present, it creates a threat to child safety. In order for this threat to be identified, these types of perceptions must be present and the perceptions must be inaccurate. The caregivers’ negative perceptions toward the child and/or their unrealistic expectations are apparently and overtly negative to a heightened degree that there are implications that the child is likely to be severely harmed.

Application of the Safety Threshold Criteria

This refers to exaggerated perceptions. It is out of control because their point of view of or expectations for the child is so extreme and out of touch with reality that it compels the caregiver: to react to the child, avoid the child, mentally and emotionally terrorize the child, or allow the child to be in dangerous situations. The perception or expectation of the child is totally unreasonable. No one in or outside the family has much influence on altering the caregiver’s perception or expectations. It is out of control.
The extreme negative perception fuels the caregiver’s emotions and could escalate the level of response toward the child. The extreme perception may provide justification to the caregiver for acting out or ignoring the child. Severe effects could occur with a vulnerable child such as serious physical injury, extreme neglect related to medical and basic care, failure to thrive, etc. The extreme expectation places far too much responsibility on a child, is totally developmentally inappropriate, is psychological distressing, and may be physically dangerous.

The extreme perception or expectation is in place not in the process of development. It is pervasive concerning all aspects of the child’s existence. It is constant and immediate in the sense of the very presence of the child in the household or in the presence of the caregiver. Anything occurring in association with the standing perception could trigger the caregiver to react aggressively or totally withdraw at any time, and, certainly, it can be expected within the near future.

This threat is illustrated by the following examples.

- Child is perceived to be the devil, demon-possessed, evil, a bastard or deformed, ugly, deficient, or embarrassing.
- Child has taken on the same identity as someone the parent/caregiver hates and is fearful of or hostile towards, and the parent/caregiver transfers feelings and perceptions of the person to the child.
- Child is considered to be punishing or torturing the parent/caregiver.
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parents’/primary caregivers’ relationship and stands in the way of their best interests.
- Parent/caregiver sees child as an undesirable extension of self and views child with some sense of purging or punishing.
- A child is expected to take care of himself including feeding, clothing and physical hygiene, yet the child is far too young or undeveloped to do so.
- A child is expected to stay alone or supervise other younger children.
- A child is expected to take care of household responsibilities or even care for adults which requires the child to be exposed to or use household items or appliances that endanger the child.

Safety Threats 7 – 11 relate to Caregiver Functioning

7. **One or both parents/caregivers are violent.**

Violence refers to aggression, fighting, brutality, cruelty and hostility. It may be regularly active or generally potentially active.

Application of the Safety Threshold Criteria

To be out of control, the violence must be active. It moves beyond being angry or upset particularly related to a specific event. The violence is representative of the person’s state of mind and is likely pervasive in terms of the way they feel and act. To identify this safety threat there must be specific information to suggest that a caregiver’s volatile emotions and tendency toward violence is a defining characteristic of how he or she often behaves and/or reacts toward others. The caregiver exhibits violence that is unmanaged; unpredictable and/or highly consistent. There is nothing within the family or household that can counteract the violence.
The active aspect of this sort of behavior and emotion could easily lash out toward family members and children, specifically, who may be targets or bystanders; vulnerable children who cannot self-protect— who cannot get out of the way and who have no one to protect them— could experience severe physical or emotional effects from the violence. This includes situations involving domestic violence whereby the circumstance could result in severe effects including physical injury, terror, or death.

The judgment about imminence is based on sufficient understanding of the dynamics and patterns of violent emotions and behavior. To the extent the violence is a pervasive aspect of a person’s character or a family dynamic; occurs either predictably or unpredictably; and has a standing history, it is conclusive that the violence and likely severe effects could or will occur for sure and soon.

This threat includes both behaviors and emotions as illustrated in the following examples:

- Family violence involves physical and verbal assault on a parent in the presence of a child, the child witnesses the activity and is fearful for self and/or others.
- Family violence is occurring and a child is assaulted.
- Family violence is occurring and a child may be attempting to intervene.
- Family violence is occurring and a child could be inadvertently harmed even though the child may not be the actual target of the violence.
- Parent/caregiver who is impulsive, exhibiting physical aggression, having temper outbursts or unanticipated and harmful physical reactions (e.g., throwing things).
- Parent/caregiver whose behavior outside of the home (e.g., drugs, violence, aggressiveness, hostility) creates an environment within the home which threatens child safety (e.g., drug parties, gangs, drive-by shootings).

8. One or both parents/caregivers cannot control their behavior.

This threat is concerned with self-control. It is concerned with a person’s ability to postpone, to set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to exert energy and action; to inhibit; to manage emotions; and so on. This is concerned with self-control as it relates to child safety and protecting children. So, it is the lack of caregiver self-control that places vulnerable children in jeopardy. To identify this safety threat there must be specific information to suggest that a caregiver’s impulsive behaviors; addictive behaviors; bizarre behaviors; compulsive behaviors; depressive behaviors; etc. cannot be controlled by the individual. The out-of-control behaviors results in the inability or unwillingness of the caregiver to provide for the basic needs and safety of the child.

Application of the Safety Threshold Criteria

This threat is self-evident as related to meeting the out-of-control criterion. Beyond what is mentioned in the definition, this includes caregivers who cannot control their emotions resulting in sudden explosive temper outbursts, spontaneous uncontrolled reactions, loss of control during high stress or at specific times like while punishing a child. Typically, application of the out-of-control criterion may lead to observations of behavior but, clearly, much of self-control issues rest in emotional areas. Emotionally disturbed caregivers may be out of touch with reality or so depressed that they represent a danger to their child or are unable to perform protective duties.
Finally, those who use substances may have become sufficiently dependent that they have lost their ability for self-control in areas concerned with protection.

Severity should be considered from two perspectives. The lack of self-control is significant. That means that it has moved well beyond the person’s capacity to manage it regardless of self-awareness, and the lack of control is concerned with serious matters as compared, say, to lacking the self-control to exercise. The effects of the threat could result in severe effects as caregivers lash out at children, fail to supervise children, leave children alone, or leave children in the care of irresponsible others.

A presently evident and standing problem of poor impulse control or lack of self-control establishes the basis for imminence. Since the lack of self-control is severe, the examples of it should be rather clear and add to the certainty one can have about severe effects probably occurring in the near future.

This includes behaviors other than aggression or emotion that affect child safety as illustrated in the following examples.

- Parent/caregiver is seriously depressed and unable to control emotions or behaviors.
- Parent/caregiver is chemically dependent and unable to control the dependency’s effects.
- Parent/caregiver makes impulsive decisions and plans which leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable caregiver).
- Parent/caregiver spends money impulsively resulting in a lack of basic necessities.
- Parent/caregiver is emotionally immobilized (chronically or situationally) and cannot control behavior.
- Parent/caregiver has addictive patterns or behaviors (e.g., addiction to substances, gambling or computers) that are uncontrolled and leave the children in unsafe situations (e.g., failure to supervise or provide other basic care).
- Parent/caregiver is delusional and/or experiencing hallucinations.
- Parent/caregiver cannot control sexual impulses.
- Parent/caregiver is seriously depressed and functionally unable to meet the children’s basic needs.

9. The caregiver is unwilling or unable to perform parental duties and responsibilities, which could result in serious harm to the child.

This refers only to adults (not children) in a caregiving role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are to be considered at a basic level.

Application of the Safety Threshold Criteria

The caregiver who normally is responsible for protecting the child is absent, likely to be absent, or is incapacitated in some way or becomes incapacitated. Nothing within the family can compensate for the condition of the caregiver, which meets the out-of-control criterion.

Duties and responsibilities are at a critical level that if not addressed represent a specific danger or threat is posed to a vulnerable child. The lack of meeting these basic duties and responsibilities could result in a child being seriously injured, kidnapped, seriously ill, even dying.
That the severe effects could occur in the now or in the near future is based on understanding what circumstances are associated with the caregiver’s absence or incapacity, the home condition, and the lack of other adult supervisory supports.

This threat includes both behaviors and emotions as illustrated in the following examples.

- Parent's/caregiver’s physical or mental disability/incapacitation renders the person unable to provide basic care for the children.
- Parent/caregiver is or has been absent from the home for lengthy periods of time, and no other adults are available to provide basic care.
- Parents/caregivers have abandoned the children.
- Parents arranged care by an adult, but the parents'/primary caregivers’ whereabouts are unknown or they have not returned according to plan, and the current caregiver is asking for relief.
- A substance abuse problem renders the parents/primary caregivers incapable of routinely/consistently attending to the children’s basic needs.
- Parent/caregiver is or will be incarcerated, thereby leaving the children without a responsible adult to provide care.
- Parent/caregiver does not respond to or ignores a child’s basic needs.
- Parent/caregiver allows child to wander in and out of the home or through the neighborhood without the necessary supervision.
- Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child and the parent/caregiver is present or approves.
- Lack of parent/caregiver explanation for a severe injury and/or sexual abuse presents a continued threat to child safety.

### 10. One or both parents/caregivers fear they will maltreat the child and/or request placement.

This refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a “call for help.”

**Application of the Safety Threshold Criteria**

Out of control is consistent with conditions within the home having progressed to a critical point. The level of dread as experienced by the caregiver is serious and high. This is no passing thing the caregiver is feeling. The caregiver feels out of control. The caregiver is afraid of what he or she might do. A request for placement is extreme evidence with respect to a caregiver’s conclusion that the child can only be safe if he or she is away from the caregiver.

Presumably, the caregiver who is admitting to this extreme concern recognizes that his or her reaction could be very serious and could result in severe effects on a vulnerable child. The caregiver has concluded that the child is vulnerable to experiencing severe effects.

The caregiver establishes that imminence applies. The admission or expressed anxiety is sufficient to conclude that the caregiver might react toward the child at any time, and it could be in the near future.
This threat is illustrated in the following examples.

- Parents/caregivers state they will maltreat.
- Parent/caregiver describes conditions and situations which stimulate them to think about maltreating.
- Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.
- Parent/caregiver identifies things that the child does that aggravate or annoy the parent/caregiver in ways that make the parent want to attack the child.
- Parent/caregiver describes disciplinary incidents that have become out of control.
- Parents/caregivers are distressed or “at the end of their rope,” and are asking for some relief in either specific (e.g., “take the child”) or general (e.g., “please help me before something awful happens”) terms.
- One parent/caregiver is expressing concerns about what the other parent/caregiver is capable of or may be doing.

| 11. | One or both parents/caregivers lack parenting knowledge, skills, and/or motivation which affects child safety. |

This refers to basic parenting that directly affects a child’s safety. It includes parents/primary caregivers lacking the basic knowledge or skills which prevent them from meeting the child’s basic needs or their lack of motivation resulting in the parents/primary caregivers abdicating their role to meet basic needs or failing to adequately perform the parental role to meet the child’s basic needs. This inability and/or unwillingness to meet basic needs creates a threat to child safety.

Application of the Safety Threshold Criteria

When is this family condition out of control? Caregivers who do not know and understand how to provide the most basic care such as feeding infants, hygiene care, or immediate supervision. The lack of knowledge is out of control since it must be consistent with capacity problems such as serious ignorance, retardation, social deprivation, and so forth. Skill, on the other hand, must be considered differently than knowledge. People can know things but not be performing or just don’t perform. The lack of aptitude must be clear. The basis for ineptness may vary. Caregivers may be hampered by cognitive, social, or emotional influences. Motivation is yet another matter. People may be very capable, have plenty of pertinent knowledge, but simply don’t care or can’t generate sufficient energy to act. Remember, any of these are out of control by virtue of the behavior of the caregiver and the absence of any controls internal to the family.

This threat is illustrated in the following examples.

- Parent’s/caregiver’s intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care.
- Young or intellectually limited parents/primary caregivers have little or no knowledge of a child’s needs and capacity.
- Parent’s/caregiver’s expectations of the child far exceed the child’s capacity.
thereby placing the child in unsafe situations.

- Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper or how to protect or supervise according to the child’s age).
- Parents’/caregivers’ parenting skills are exceeded by a child’s special needs and demands in ways that affect safety.
- Parent’s/caregiver’s knowledge and skills are adequate for some children’s ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler).
- Parent/caregiver does not want to be a parent and does not perform the role, particularly in terms of basic needs.
- Parent/caregiver is averse to parenting and does not provide basic needs.
- Parent/caregiver avoids parenting and basic care responsibilities.
- Parent/caregiver allows others to parent or provide care to the child without concern for the other person’s ability or capacity (whether known or unknown).
- Parent/caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).
- Parents/caregivers place their own needs above the children’s needs thereby affecting the children’s safety.
- Parents/caregivers do not believe the children’s disclosure of abuse/neglect even when there is a preponderance of evidence, and this affects the children’s safety.