

Caregivers Who Are Threatening or Fearful They Will Severely Harm a Child or Request Placement

Introduction

We have to pay attention to parents and caregivers who are threatening to hurt their children or are concerned they might hurt their children. Of course, this includes serious, intentional feelings and attitudes, not spurious or spontaneous remarks such as, “if you don’t turn down that TV I’m going to strangle you” or “sometimes I feel I could just whack him in the head.”

The threat of concern this month involves three different kinds of caregivers: (1) caregivers that actually make serious threats to harm their child, (2) caregivers who are anxious and upset with thoughts that they might harm their child, and (3) caregivers who are asking for someone to relieve them of their parenting responsibilities because the challenge is feeling like too much for them. This last group of parents can include people who are really asking for someone to take the parenting responsibilities away for a time or permanently.

Meaning

We must make meaning of the behavior and the communication occurring within a family and specifically associated with the caregivers to effectively assess this threat.

If a caregiver is threatening to severely harm a child, it is important to know in precise terms ***what the nature of the spoken threat is.***

1. What words were used?
2. When did the threat occur?

3. What was transpiring when the spoken threat occurred?
4. Were there other behaviors associated with the spoken threat such as menacing physical behavior or posturing?
5. Did the spoken threat occur as an isolated event, or does it exist within a pattern of threatening to hurt a child?
6. Who witnessed the threat?
7. Has this person made threats in the past of any kind toward others that were acted upon?

It is important to consider ***whether the spoken threat is overt or outright***. This means that the caregiver may have no inhibition about stating the threat or having a concern about the acceptability of such behavior. Would the person deny they made the threat or state in your face, “Yes, I said that I would beat the hell out of him, and I will.” These distinctions are self-revealing regarding the seriousness of this kind of person’s thinking and behavior patterns.

It’s important for you to consider ***intent*** which covers such things as:

1. Why the caregiver is being verbally threatening;
2. What the person expects the results to the child will be;
3. Whether this person cares about the child’s pain and suffering or whether he or she even has considered or realizes what the outcome might be;
4. Whether this spoken threat appears to be impulsive or calculated; and

5. Whether the caregiver feels justified in making the spoken threat and even carrying it out.

It is important to consider the ***relationship the threatening caregiver has with the child***. The threat becomes more believable to the extent that the relationship between the caregiver and child is conflicted or in some way troubled. Consider whether there is an absence of love, nurturing and attachment between the caregiver and the child; whether the child is viewed by the caregiver as deserving of pain and suffering; and whether the caregiver objectifies the child rather than individualizes and values the child. We must also consider whether how the caregiver feels about the child somehow serves as a basis of justification for the caregiver's feelings and intent.

It is important to consider ***capacity*** and this takes into account the wherewithal that the threatening person possesses to carry out the threat. This naturally will carry you off into thinking about whether the person is impulsive and out of control or calculating and determined. While we won't get off here into the question of evilness, you can probably see that a caregiver who is very purposeful and deliberate with their spoken threats and intentions is scarier than the reactive person. Related to capacity, also consider physical abilities to carry out the threat, access to the child, opportunity to carry out the threat, and determination to carry out the threat despite the presence or absence of others. From your own experience with the person, is she or he threatening, menacing, intimidating, scary, and physically imposing? If you are experiencing the person in those ways, then that is an indicator of the capacity to which we refer to here.

It is important to consider the ***caregiver's conscious objective***. Think about this. In the presence of a child, the caregiver makes repeated, exaggerated threats to severely harm the child but never intends to carry it out. Another caregiver makes the same threat but intends to carry it out if the circumstances present themselves to do so. The conscious objective of the first caregiver may be to terrorize the child which is an impending danger. The second caregiver's

objective is to actually hurt the child but to also terrorize the child in anticipation of the severe harm. Either scenario represents a situation in which a child is in a state of danger. Other objectives can include to make the caregiver feel better; to make the caregiver feel more powerful; to punish someone else in the family such as the child's mother; to displace personal anger and frustration related to things that have nothing to do with the child; to show one's self or others who the boss is; for the personal, distorted pleasure of causing suffering; or because of some bizarre belief that connects threatening behavior and suffering and pain with punishment and child management (e.g. a sort of spare the rod and spoil the child idea taken to extremes).

An Anxiety-Ridden Caregiver

"I'm at my wits end. I want to be a good parent, but sometimes it is just too much. I worry constantly that I might over react and really hurt my child." Here we are not just concerned with a parent who is preoccupied about their abilities or worries about whether they are being a good parent or sometimes feels guilty about not being a good parent. In consideration of this threat to child safety, you should be considering caregivers who are obsessing about hurting their child or really having an inclination to hurt their child. This requires you to understand the caregiver in so far as you can with respect to their general emotional state and their specific day-to-day emotional state; their ability to control their impulses; their satisfaction, feelings and readiness to parent; their perceptions about the demands and needs of their children and their ability to meet those. You'll want to consider general and specific stress or the presence of crisis that may be apparent in the caregiver's life. Your purpose is to gain more clarity on what is associated with the caregiver's anxiety and dread to more fully understand the threat so that you are empowered to make better decisions about how to control the threat.

A Plea for Help

Many years ago one of our staff led a CPS program which emphasized self-referrals and did so quite successfully. The idea was to promote the public agency as a helpful service rather than a legalistic one. As a result of this effort, self-referrals increased significantly. The self-referrals came from parents who were concerned about how they were parenting, including the dread that they might harm their child.

Among those who self reported was a middle class married mother. She had a professional career but at the time of the self-referral was a stay-at-home mom. She had a daughter who was about a year old. She presented herself to staff as a caring, concerned mom; she was smart and seemed quite capable of caring for her child. However, she described herself as often being anxious, as being frustrated with parenting, and as fearful that she might react in some way that could result in her injuring her daughter. She thought perhaps placing the child for a while would help restore her confidence and emotional well-being.

The agency began its work with her. An in-home safety plan was created which included some separation of the child from the mother. In the beginning, she was attentive to the intervention but then began to resist. However, CPS persisted. Eventually, she determined she no longer wanted CPS involvement and since she was self-referred decided to end the relationship. Believing that there was more to this case than met the eye and that there was reason to believe that the child might not be safe, CPS began wide sweeping information collection about the case. It was discovered that a child death had occurred in this family in another state several years before. CPS was re-energized and re-engaged with the mother, only this time by necessity employing legal jurisdiction. As you can imagine, a connection was made with the previous death and the circumstances of the mother self-referring on this one-year-old child.

Certainly this is not a usual kind of case, and the discovery CPS made was fortunate if not lucky. But the point is that we must always guard ourselves from being too casual or unconcerned about parents who have not maltreated a child and appear to simply be asking for help. It could very well be that from time to time these caregivers are making a plea for help—for CPS to assist them in order to prevent them from severely harming a child. Self-referrals such as this one described or people who are asking for a child to be placed or a parent who genuinely expresses their concern that they might harm a child are the kinds of cases that can seduce us into complacency regarding our critical thinking which reconciles what might truly be a serious threat to a child's safety. Think about that.

Definition and Elaboration

This threat is pretty much self-explanatory, but let's go over it anyway. This threat refers to caregivers who are directing threats to hurt a child. Their emotions and intentions are hostile, menacing and sufficiently believable to conclude grave concern for a child's safety. This also 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 aggravation, intolerance or dread as experienced by the caregiver is serious and high. This is no passing thing the caregiver is feeling. The caregiver is or feels out of control. The caregiver is either afraid of what he or she might do or beyond self-limits and forbearance. 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. (We think this can also include very mean people with little or no conscience or concern for

the suffering of others. This can include people we've termed as dangerous. Take a look at the June 2003 article.)

Presumably, the caregiver who is threatening to hurt a child or is admitting to an extreme concern for mistreating a child 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 threat to severely harm or 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.

Examples of the Threat

This threat is illustrated in the following examples.

- Parents/caregivers use specific threatening terms including even identifying how they will harm the child or what sort of harm they intend to inflict.
- Parent/caregiver threats are plausible, believable; may be related to specific provocative child behavior.
- Parents/caregivers state they will maltreat.
- Parents/caregivers describe conditions and situations which stimulate them to think about maltreating.

- Parents/caregivers talk about being worried about, fearful of, or preoccupied with maltreating the child.
- Parents/caregivers identify things that the child does that aggravate or annoy the parents/caregivers in ways that make the parents want to attack the child.
- Parents/caregivers describe 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.
- Parents/caregivers make verbal threats to severely harm their children but feel justified doing so on what they perceive as unacceptable behavior; they may believe that such a caregiving response is a useful way to punish or manage the child.
- A parent verbally threatens a child in such a way that the threat itself produces severe harm in the form of extreme fear or terror.