

MMCS

Modified Maltreatment Classification System

11/97

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Barnett, D., Manly, J.T. and Cicchetti, D. (1993). Defining Child Maltreatment: The interface between policy and research. In: D. Cicchetti and S.L. Toth (Eds.), *Advances in Applied Developmental Psychology: Child Abuse, Child Development and Social Policy*. Norwood, NJ: Ablex Publishing Corp., Chapter 2, pp. 7-73.

Physical Abuse 100

Physical Abuse is coded when a caregiver or responsible adult inflicts physical injury upon a child by other than accidental means. Injury does not include culturally sanctioned physical alterations such as circumcision and ear piercing.

There are some situations in which the distinction between Physical Abuse and other subtypes becomes ambiguous. The following criteria are provided as guidelines to assist coders in making these distinctions. Physical restraint is typically scored under Emotional Maltreatment. However, in cases in which a child incurs physical injuries when the parent is attempting to restrain the child (e.g. rope burns), then the injury would be scored as Physical Abuse, and the restraint would also be scored under emotional maltreatment. If the caregiver threatens the child but there is no physical contact with the child, Emotional Maltreatment would be scored rather than Physical Abuse. Please see the Emotional Maltreatment scale for further elaboration of these points.

Physical injuries that occur as a direct result of sexual interaction (e.g. vaginal or rectal tears) are coded solely under Sexual Abuse. Other injuries that may accompany sexual acts in an effort to force a child to engage in sexual relations (e.g. beatings, burning) are scored under both Physical Abuse and Sexual Abuse.

Physical Abuse—Assault – (Hit/Kick) to face/head/neck = 101

Severity

- 1 Dangerous acts, but no marks indicated
Examples:
 - A caregiver *slaps the child on the face*, with *no resulting marks* to the face.
 - A caregiver pulls a child's hair, with *no skin damage*.
- 2 Minor marks (small scratches, cuts or bruises)
Examples:
 - A caregiver hits the child on the head, and *a bruise results*.
 - A caregiver grabs the child by the neck (note: not in a choking fashion--this would be scored under Choking/smothering)and *scratches the neck with fingernails*.
- 3 Numerous or nonminor mark(s) – a single non-minor mark is also coded here.
Examples:
 - A caregiver punches the child in the face, and *the eye and cheek are bruised and swollen*.
 - A caregiver hits the child repeatedly *in the facial area*, resulting in *multiple bruises*
 - A *large open wound* results from the caregiver's attack on the child's face or head.
- 4 Medical/Emergency Treatment; hospitalized less than 24 hours
Examples:
 - A child *goes to the emergency room* to have a broken nose set after a caregiver breaks it.
- 5 Hospitalized more than 24 hours
Examples:
 - A child is given a serious concussion due to a parent's repeated blows to the head, and is *monitored in the hospital* for several days.
- 6 Permanent disability/scarring/disfigurement/fatality
Examples:
 - A child *dies of brain damage or is in a coma* after having been hit with a baseball bat by his caregiver.

Physical Abuse--Hit/kick to torso (neck to legs except for buttocks) = 102

Severity

- | | |
|---|---|
| 1 | <p>Dangerous acts, but no marks indicated</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A caregiver hits a child on the back, with <i>no resulting marks to the body</i>. |
| 2 | <p>Minor marks (small scratches, cuts or bruises)</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A caregiver hits the child on the chest, and <i>a bruise results</i>. • A caregiver grabs the child's waist and <i>scratches the child</i>. |
| 3 | <p>Numerous or nonminor marks</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A caregiver throws an object at a child, which results in <i>a large bruise</i> on the child's back. • A caregiver hits the child with a belt, resulting in an <i>large open welt</i>. |
| 4 | <p>Medical/Emergency Treatment; hospitalized less than 24 hours</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A child goes to the emergency room with broken ribs after a fistfight with a caregiver and is <i>released that day</i>. |
| 5 | <p>Hospitalized more than 24 hours</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>A child is monitored for a bruised kidney for several days</i>, and abuse by a parent caused the condition. |
| 6 | <p>Permanent disability/disfigurement/fatality</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A child dies after being stabbed in the heart with a knife by a caregiver. |

Physical Abuse--Hit/kick to buttocks = 103

Severity

- | | |
|---|--|
| 1 | <p>Dangerous acts, but no marks indicated</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A caregiver spanks the child, with <i>no resulting marks to the body</i>. |
| 2 | <p>Minor marks (small scratches, cuts or bruises)</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A caregiver spanks the child with a spoon, and a bruise results. |
| 3 | <p>Numerous or nonminor marks</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A caregiver spanks the child with a belt, resulting in large welts. |
| 4 | <p>Medical/Emergency Treatment; hospitalized less than 24 hours</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A child walks into a doctor's office wanting a salve for the open wound caused by a parent's spanking with a belt. |
| 5 | <p>Hospitalized more than 24 hours</p> |
| 6 | <p>Permanent disability/disfigurement/fatality</p> |

Physical Abuse--Hit/kick to limbs/extremities = 104

Severity

- | | |
|---|---|
| 1 | <p>Dangerous acts, but no marks indicated</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A caregiver hits a child's leg, with <i>no resulting marks to the body</i>. |
| 2 | <p>Minor marks (small scratches, cuts or bruises)</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A caregiver grabs the child's wrist and <i>scratches the child</i>. |
| 3 | <p>Numerous or nonminor marks</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A caregiver grabs a child's arm and <i>many bruises are present</i>. |
| 4 | <p>Medical/Emergency Treatment; hospitalized less than 24 hours</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A child goes to the emergency room with a <i>spiral fracture</i> in his arm after a parent has twisted it. • A child <i>needs stitches in his leg</i> after a parent throws an ashtray at him. |
| 5 | <p>Hospitalized more than 24 hours</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A child is <i>hospitalized several days</i> after a parent cuts the child's leg severely, resulting in blood loss. |
| 6 | <p>Permanent disability/disfigurement/fatality</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A child <i>loses a limb</i> due to parental abuse. |

Physical Abuse--Violent handling of Child (Pushing, shoving, throwing, pulling, dragging) = 105

Severity

- | | |
|---|--|
| 1 | <p>Dangerous acts, but no marks indicated</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A caregiver <i>shoves</i> the child across the room and the <i>child is not physically harmed</i>. |
| 2 | <p>Minor marks (small scratches, cuts or bruises)</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A caregiver <i>bruises the child</i> as he <i>pulls him</i> along in the grocery store. |
| 3 | <p>Numerous or nonminor marks</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A caregiver <i>throws the child across the room</i>, where he hits a part of his body and it is <i>severely bruised and swollen</i>. |
| 4 | <p>Medical/Emergency Treatment; hospitalized less than 24 hours</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A child <i>goes to the emergency room with broken ribs</i> after being <i>shoved into a wall</i> by a caregiver and is <i>released that day</i>. |
| 5 | <p>Hospitalized more than 24 hours</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A child is <i>monitored for a concussion</i> after having been <i>thrown</i> across the room. |
| 6 | <p>Permanent disability/disfigurement/fatality</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A child <i>dies after being thrown out a window</i>. |

Physical Abuse--Choking/Smothering (with pillow, putting hand over mouth & nose, cutting off child's ability to breathe) = 106

Severity

- | | |
|---|---|
| 1 | <p>Dangerous acts, but no marks indicated</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A child alleges that his parent tried to choke him, but there is no evidence present. |
| 2 | <p>Minor marks (small scratches, cuts or bruises)</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A caregiver <i>scratches a child's neck</i> when <i>grabbing the child in a choking fashion</i>. |
| 3 | <p>Numerous or nonminor marks</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A child's <i>neck is bruised</i> after a caregiver <i>threatened the child by choking him</i>. |
| 4 | <p>Medical/Emergency Treatment; hospitalized less than 24 hours</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A child goes to the emergency room with <i>difficulty breathing after being choked by a caregiver</i>, and is <i>released that day</i>. |
| 5 | <p>Hospitalized more than 24 hours</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A child's crushed larynx is operated on, the child fully recovers with no brain damage, and abuse by a parent caused the condition. |
| 6 | <p>Permanent disability/disfigurement/fatality</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Brain damage or death results from choking or smothering the child. |

Physical Abuse—Burns/Scalding = 107

Severity

- | | |
|---|---|
| 1 | <p>Dangerous acts, but no marks indicated</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • The child complains that the caregiver washed him/her in too hot of water, but no burn marks are indicated. |
| 2 | <p>Minor marks (small scratches, cuts or bruises)</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A child has a first degree burn that is caused by a parent washing him/her in hot water. |
| 3 | <p>Numerous or nonminor marks</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A child has 2nd degree burns that are caused by a parent washing him/her in hot water. • A child has cigarette burns inflicted by the parent. |
| 4 | <p>Medical/Emergency Treatment; hospitalized less than 24 hours</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A child is seen in the hospital less than 24 hours for having been scalded by the parent washing him/her in hot water. • A child is seen in the hospital less than 24 hours after having been burned by a caregiver. |
| 5 | <p>Hospitalized more than 24 hours</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A child is severely burned and requires monitoring for more than 24 hours in a hospital (note: No permanent burn scars can result, or it's coded as 6) |
| 6 | <p>Permanent disability/disfigurement/fatality</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • A child has scarring on his torso after having been burned by a caregiver and treated in a Burn Unit for several weeks/months. • A child is burned to death by his/her parents. |

Physical Abuse—Shaking = 108Severity

- 1 A child over the age of two is shaken by his caregiver, and no marks result.
- 2 A child over the age of two is shaken by a caregiver and bruises are left.
- 3 A child under the age of two is shaken by a caregiver (with no indication of resulting harm).
A child has a sore neck and arms after being shaken by a caregiver.
- 4 A doctor noticed or suspected as a result of examination that a caregiver was shaking or had shaken a baby.
- 5 A child is hospitalized with Shaken Baby Syndrome.
- 6 A child dies, is brain damaged, or has a broken neck due to having been shaken.

Physical Abuse--Nondescript abuse--(can not be used if the allegation states where or how the child was hurt or if injury occurs on more than three body parts which must be indicated separately). = **109**

Severity

- | | |
|---|---|
| 1 | Dangerous acts, but no marks indicated <i>Examples:</i> <ul style="list-style-type: none"> • “The mother hits her kids all the time” |
| 2 | Minor marks (small scratches, cuts or bruises) <i>Examples:</i> <ul style="list-style-type: none"> • “The caregiver hit his kids & left a bruise” • “She hit at him and scratched him” |
| 3 | Numerous or nonminor marks <i>Examples:</i> <ul style="list-style-type: none"> • “There were bruises all over his body after he was hit” |
| 4 | Medical/Emergency Treatment; hospitalized less than 24 hours (trained medical professional) <ul style="list-style-type: none"> • “His mom hit him and we had to go to the emergency room to get him looked at” |
| 5 | Hospitalized more than 24 hours |
| 6 | Permanent disability/scarring/disfigurement/fatality |

Sexual Abuse = 200

Sexual Abuse is coded when any sexual contact or attempt at sexual contact occurs between a caregiver or other responsible adult and a child, for purposes of the caregiver's sexual gratification or financial benefit. In cases of sexual abuse, caregiver or responsible adult refers to any family member or friend who has a relationship with the child, or is in a position of authority over the child (e.g. baby-sitter). Because this system assesses Child Protective records only, there are instances of sexual abuse that are not available in the Child Protective records. For example, sexual abuse that occurs outside of the home perpetrated by nonfamily members typically is investigated solely by criminal courts, and consequently, may not be accessible. Any relevant information in the records related to sexual abuse should be scored. Researchers should be aware of this issue, and we encourage investigators to use additional methods for exploring extrafamilial maltreatment that may not be available through Child Protective records.

Please note that caregivers may use physical or psychological coercion in their attempts to engage a child in sexual relations. In cases where the caregiver verbally threatens a child in an effort to have sexual relations, then Emotional Maltreatment and Sexual Abuse would both be scored. If a nonoffending caregiver tells a child not to tell about the abuse, this would be scored under Emotional Maltreatment as well. As noted under Physical Abuse, physical injuries that occur as a direct result of sexual interaction (e.g. vaginal or rectal tears) are coded solely under Sexual Abuse. Other injuries that may accompany sexual acts in an effort to force a child to engage in sexual relations (e.g. beatings, burning) are scored under both Physical Abuse and Sexual Abuse.

Severity

- 1 The caregiver *exposes the child to explicit sexual stimuli* or activities, although the child is not directly involved.
Examples:
 - The caregiver exposes the child to pornographic materials.
 - The caregiver makes no attempt to prevent the child from being exposed to sexual activity.
 - The caregiver discusses sex explicitly in front of the child in a non-educational fashion. Non-educational discussion of sex includes graphic depiction of parents' sexual activity or fantasies to the child. These discussions are held without any attempt to prevent the child from exposure to such descriptions.
- 2 The caregiver makes direct *requests for sexual contact* with the child.

The caregiver *exposes his or her genitals* to the child for the purposes of adult sexual gratification or in an attempt to sexually stimulate the child.

Examples:

- The caregiver asks the child to engage in sexual relations, but no physical contact is involved.
- The caregiver invites the child to watch him masturbate.

3 The caregiver engages the child in mutual *sexual touching*, or has the child touch the caregiver for sexual gratification.

The caregiver touches the child for sexual gratification.

Examples:

- The caregiver fondles the child for sexual gratification.
- The caregiver engages in mutual masturbation with the child.

4 The caregiver *physically attempts to penetrate the child* or actually penetrates the child sexually. This includes coitus, oral sex, anal sex, or any other form of sodomy.

Examples:

- The caregiver molests the child.
- The caregiver engages or attempts intercourse with the child.
- The child has venereal disease. No information regarding the sexual contact is known.
- A mother has oral sex with her son.

5 The caregiver has *forced intercourse* or other forms of sexual penetration. Force includes the use of manual or mechanical restraint, for the purpose of engaging the child in sexual relations. Force also includes use of weapons, physical brutality, and physically overpowering the child, specifically for engaging in sexual relations. Note that Physical Abuse may be scored in addition to Sexual Abuse in cases in which the child is injured as a result of physical force, and the injury is not a direct result of the sexual penetration.

The caregiver *prostitutes the child*. This includes using the child for pornography, allowing, encouraging or forcing the child to have sex with other adults.

Any mention of the word 'rape' is coded here.

Examples:

- The caregiver ties the child to the bed and rapes the child (Note that Emotional

Maltreatment would also be scored).

- The caregiver sodomizes the child at gunpoint.
- The caregiver forces the child to participate in the filming of pornographic movies.
- The caregiver invites one or more other partners to have sexual relations with the child.

Physical Neglect, Failure to Provide (FTP)300

Physical Neglect, Failure to Provide, is coded when a caregiver or responsible adult fails to exercise a minimum degree of care in meeting the child's physical needs. When families are below the poverty level, physical neglect is scored if children's physical needs are not met because the parents fail to access available community resources for the well-being of their children. For example, parents are unable to provide food for their children; however, they have not taken the necessary steps to apply for food stamps or to seek alternate sources of emergency sustenance.

Failure to provide includes not meeting children's physical needs in any of the following domains:

- a. Supplying the child with adequate *food*.
- b. Ensuring that the child has *clothing* that is sanitary, appropriate for the weather and permits the child freedom of movement.
- c. Providing adequate *shelter*
- d. Ensuring adequate *medical, dental, and mental health care*
- e. Ensuring the child's adequate *hygiene*.

As with each of the severity scales, the 5-point range for Failure to Provide is meant to be a helpful guideline in making judgments about the seriousness of the impact of the incident on the child's development. However, as with each subtype of maltreatment, there will be occurrences in which the specific nature of the incident dictates to the coder that an event requires a higher rating than indicated by the guidelines of the system. For example, parental failure to follow through with treatment for a low to moderate elevation in the child's blood lead level would typically be given a code of 3 under FTP-Medical. However, if the child has extremely high lead levels that remain untreated through parental negligence, a 4 or 5 could be scored, depending on the severity of the impairment to the child.

FTP-Food = 301Severity

- 1 The caregiver does not ensure that food is available for *regular meals*. The child (less than age 10) often has had to fix his or her own supper and/or occasionally misses meals because of parental negligence.
Examples:
 - A 9-year old child fixes dinner several times per week because the caregivers are sleeping.
- 2 The caregiver does not ensure that any *food is available*. The house is without food often, and two or more consecutive meals are missed 2-3 times per week. The caregiver does not feed the child for 24 hours.
Examples:
 - A social worker has visited the home several times when no food has been available. The children report that they do not have lunch or dinner two or three times per week.
- 3 The caregiver does not provide meals on a regular basis, thereby perpetuating a pattern of *frequently missed meals*; as many as four or more periods of at least two consecutive meals per week are unavailable to the child.
Examples
 - The children are not fed frequently. They have missed two consecutive meals an average of four times a week for several months.
- 4 The caregiver has provided such poor nourishment that the *child fails to gain weight or grow at the rate expected* for their development. The failure to grow as expected is not due to any identifiable organic factors.
- 5 The caregiver has provided such *poor nourishment or care* to the child that physical consequences have ensued such as weight loss in an infant, severe malnutrition, or severe nonorganic failure-to-thrive (diagnosed by a physician or other medical professional).
Examples:
 - The child is diagnosed as being severely malnourished.

Failure to Provide—Clothing = 302

Severity

- 1 The caregiver fails to provide *clothing* for the child that is adequately clean and *allows freedom of movement* (e.g. the clothing is so small that it restricts movement or so large the child often trips or has difficulty keeping the clothing on).

Examples:

- The child always wears clothing so small it restricts movement.

- 2 The caregiver does not dress the child in *clothing* that is *appropriate for the weather* (e.g. lightweight clothing during the winter).

Examples:

- A child has walked to school several days wearing only a thin jacket without hat or gloves. The temperature has averaged 25 degrees Fahrenheit.

No Examples given for severity levels 3-5.

Failure to Provide--Shelter (Note that the initial levels of shelter have to do with cleanliness & mess. Levels 3-5 are about actual physical problems with having shelter. Severe cleanliness levels are scored under Failure to Provide--Hygiene.) = **303**

Severity

- 1 The caregiver does not attempt to *clean the house*. Garbage has not been removed, dirty dishes are encrusted with food, and floors & other surfaces are very dirty. An unpleasant odor from garbage and other debris permeates living quarters. INCLUDE, NON SPECIFIC POTENTIALLY HAZARDOUS LIVING SITUATIONS, EXAMPLE: AN INFANT SLEEPING IN A ROOM SO CLUTTERED THEY WOULD BE UNABLE TO GET IT OUT IN A CASE OF FIRE
- 2 The caregiver is aware that the *house is infested* with roaches or other vermin and has not attempted to improve the conditions.
The caregiver does not ensure adequate *sleeping arrangements* for the child (e.g. there are no beds or mattresses, or the mattresses are filthy & sodden with urine or other substances likely to promote the growth of mold or mildew).
- 3 The caregiver fails to make *adequate provisions for shelter* for the family. For example, the caregiver does not acquire or maintain public assistance, resulting in a loss of residence or loss of financial assistance for seven days or more.
Examples:
 - The family has been evicted because the parent did not take appropriate actions to maintain public assistance and made no other arrangements for making rent payments. The family had no stable living arrangements for two weeks.
- 4 The caregiver has made *no arrangements for adequate shelter* (e.g. the caregiver has not sought heat during the winter; the family is living in a car because alternative housing was not sought). The condition continues for prolonged periods.
Examples:
 - The children live in an unheated home because the parents have failed to ensure that heating was available. During the winter, the children come to school with frostbite.

No examples given for level 5

Failure to Provide—Medical = 304 (Mental health issues are coded either a 1 or a 5 in severity.)

Severity

- 1 The caregiver has missed several of the child's *medical or dental appointments*, and often fails to take the child to the doctor or dentist for "checkups" or "well-baby appointments". The caregiver does not ensure that the child is taken to the doctor or health clinic for adequate immunizations, and medical personnel have expressed concern.
- The caregiver does not attend to a *mild behavior problem* about which professionals or paraprofessionals have commented (e.g., the child exhibits some symptomatology, but displays relatively mild impairment in school or social functioning).
- Examples:*
- The caregiver has failed to sign papers for evaluation of a behavior problem that has been reported at school.
- 2 The caregiver seeks medical attention but does not follow through consistently with *medical recommendations* for a minor illness or infection (e.g., prescribed medicine is not administered for mild infection, chronic head lice is not treated).
- Examples:*
- The child has been diagnosed with an ear infection, but the parent does not follow through with administration of the prescribed antibiotic.
- 3 The caregiver does not seek or follow through *with medical treatment for moderately severe medical problems* (e.g. the caregiver does not follow preventive measures for a chronic heart condition, or moderately elevated blood lead levels are left untreated), or the caregiver administers medical treatment that is inappropriate without consulting a doctor (e.g., caregiver gives child mild sedatives to control child, without doctor's consultation). Need evidence of symptoms or denial of medically recommended treatment.
- The expectant mother jeopardizes the health of her unborn child by using *alcohol or drugs during pregnancy, but no fetal alcohol or drug symptoms are evident*.
- Examples:*
- The parent has been drunk several times during pregnancy.
 - The child has come to school with an infected cut. Despite notes from the school nurse

recommending medical attention, the cut continues to be untreated.

- 4 The caregiver does not seek or comply *with medical treatment for potentially life-threatening illness or injury* (e.g. the child is not taken to the Emergency Room for severe bleeding, third degree burn, fractured skull).

Examples:

- The child was hit by a car, receiving a fracture and severe cuts and bruises, The child came to school complaining of pain and stated that the parents would not take him to the hospital.

- 5 The caregiver has abused alcohol or drugs during pregnancy to the extent that the infant is born with Fetal Alcohol Syndrome or a *congenital drug addiction*.
The caregiver provided such *gross inattention to the child's medical needs* that the child died or was permanently disabled as a result of lack of medical treatment.
The caregiver does not seek professional help for the child's *life-threatening emotional problems* (e.g. suicidal or homicidal attempts).

Examples:

- At birth, the child is addicted to heroin.
- The caregiver was informed that the child had expressed suicidal ideation, but the caregiver did nothing to ensure the child's safety.

Failure to Provide—Hygiene = 305

Severity

- 1 The caregiver does not attempt to keep the child clean. The caretaker *bathes* the child and/or washes the child's hair very infrequently. The child brushes teeth only infrequently or not at all, and signs of tooth decay or discoloration are evident
Examples:
 - The child is dirty and frequently scratches matted hair.
 - Clothing is dirty and smells of urine.
- 2 The caregiver does not change the infant's diaper frequently, often leaving *soiled diapers unchanged* for several hours, resulting in diaper rash.
- 3 The caregiver maintains a *somewhat unsanitary living situation*, where spoiled food or garbage are frequently present and/or where rat or vermin infestation is extreme and untreated.
Examples:
 - A social worker has visited the home several times, and each time the house has been a mess. Dirty dishes and spoiled food were all over the kitchen table, counters, and sink. Rats were seen in the open garbage bins by the front door.
- 4 The caregiver maintains the home environment such that *living conditions are extremely unhealthy* (e.g. feces and urine are present in living areas).

None given for 5

Physical Neglect, Lack of Supervision 400

Presently, Lack of Supervision is one of the most frequently reported subtypes of maltreatment; however, it is a particularly ambiguous subtype, in part because no clear criteria or standards exist regarding what constitutes age-appropriate supervision. Within this system, Lack of Supervision is coded when a caregiver or responsible adult does not take adequate precautions to ensure a child's safety in and out of the home, given the child's particular emotional and developmental needs. The parent's failure to insure the child's safety may include both permitting the child to be exposed to dangerous situations (e.g. allowing the child to play in an unsafe area, permitting the child to accompany someone with a known history of violent acts) as well as failing to take adequate precautions to evaluate the conditions pertaining to the child's safety (e.g. neglecting to screen the background or competency of alternate caregivers, failing to ascertain the child's whereabouts). There are four broad elements that caregivers may violate to jeopardize children's physical safety:

1 401 *Supervision*--failing to take steps to ensure that the child is engaging in safe activities. According to this dimension, as the number of hours that the child is unsupervised increases, so does the potential for harm. Therefore, severity scores for Lack of Supervision are augmented with more prolonged periods of inadequate supervision. To assist coders in making distinctions about the relative seriousness of particular instances of Lack of Supervision, we have provided approximate duration's of inadequate supervision that are intended to serve as guidelines rather than as firm criteria. We recognize that these cutoff points are somewhat arbitrary and that exact times are frequently unavailable in the records; however, we felt that establishing ranges of time was necessary to clarify coding decisions and, thus, to increase reliability among coders.

2 402 *Environment*--Failing to ensure that the child is playing in a safe area. This dimension is distinguished from lack of hygiene or medically unhealthy conditions of the living environment covered under Failure to Provide. In the case of Lack of Supervision, environment refers to immediate physical dangers inside or outside the home such as broken glass, unguarded electrical fixtures, toxic chemicals, and firearms.

3 403 *Substitute Care*--Failing to provide for adequate substitute care in the caregiver's absence, or mental or physical incapacity. In this respect, lack of substitute care includes situations when auxiliary supervision is not obtained, when parents do not ensure that substitute caregivers are able to adequately supervise the child, when caregivers are unable to adequately monitor the child's safety because the caregivers are intoxicated with alcohol or drugs, or when caregivers have a severe psychiatric condition that makes appropriate supervision of children highly unlikely (e.g., caregiver has delusions or hallucinations).

Additionally, children who have a history of dangerous, impulsive, or immature behavior require more intensive supervision, and may be given a higher severity rating if they are unsupervised. For example, an adolescent who is known to exhibit poor judgment and to engage in impulsive and destructive behavior would require more supervision than most children of the same age. Failing to recognize the developmental needs of the child in providing adequate supervision to ensure the child's safety must also be accounted for. Because, in general, the consequences of failing to supervise younger children are potentially more serious, the influence of the child's developmental level should be considered when making decisions about the severity of parental failure to provide adequate supervision. It is difficult to quantify the amount of supervision that is required at each developmental level. The examples provided give some guidelines of relative severity, but the information available for each case must be considered with regard to the age and particular developmental needs of each child.

Neglect, Lack of Supervision = 401 (no time frame stated = a severity code of 1 regardless of child's age)
Severity

- 1 The caregiver fails to provide adequate supervision or arrange for alternate adequate supervision for *short periods of time* (i.e. less than 3 hours) with *no immediate source of danger* in the environment.
Examples:
 - An eight year-old is *left alone* during the day for a few hours.

- 2 The caregiver fails to provide supervision or arrange for alternate adequate supervision for *several hours* (approximately 3-8 hours) with *no immediate source of danger in the environment*. Children receive *inadequate supervision despite a history of problematic behavior* (e.g., impulsive behavior, hyperactivity).
Examples:
 - The child is left alone frequently during the day *without a responsible caregiver* available.
 - Children get into trouble with neighbors because of lack of supervision.

- 3 The caregiver fails to provide adequate supervision for *extended periods of time* (e.g., approximately 8 to 10 hours.)
Examples:
 - The child is left *alone at night* (e.g. for 8-10 hours).
 - A 6-year old is locked out of the home alone, and the caregiver does not return until evening.

- 4 The caregiver does not provide supervision for *extensive periods* of time (e.g., overnight, “hours at a time,” or approximately 10-12 hours).
A child with a known *history of destructive or dangerous acts* (e.g., fire-setting, suicidal ideation) is left unsupervised.
Examples:
 - A grade-school-aged child is *left alone overnight*.

- 5 The caregiver fails to provide adequate supervision for *more than 12 hours*.
Examples:
 - A preschool child is *left alone for 24 hours*.
 - A child is *kicked out* of the home with no alternative living arrangements.

Neglect, Lack of Supervision—Environment = 402

Severity

- 1 Preschoolers play outside unsupervised.
- 2 The caregiver fails to provide supervision for *short periods of time* (less than 3 hours) when the children are in an *unsafe* play area.
Examples:
 - The child is allowed to play in an unsafe play area (e.g. broken glass present, old basement or garage cluttered with toxic chemicals, power tools, or old refrigerator) unsupervised.
- 3 The caregiver allows the child to play in an *unsafe play area for several hours* (approximately 3-8 hours).
- 4 The caregiver allows the child to play in an area that is *very dangerous* (i.e. high probability that the child will be hit by a car or fall out of a window, get burned, or drown).
Examples:
 - The child is allowed to play by highway, or on the roof of a condemned building.
- 5 The caregiver places the child in a *life-threatening situation*, or does not take steps to prevent the child from being in a life-threatening situation. INCLUDE HERE DRIVING DRUNK WITH CHILDREN IN CAR.
Examples:
 - The caregivers keep *loaded firearms* in a location that is accessible to the child.
 - A toddler plays near a swimming pool unsupervised (Note that for a toddler, being unsupervised near water is considered life threatening because of the high frequency of deaths by drowning to this age of child).
 - Not in a car seat if younger than 6 years old or weighing less than 60 pounds.

Lack of Supervision--Substitute Care = 403

Severity

- 1 Children are left in the care of *questionably suitable baby-sitters* (e.g., preadolescent, mildly impaired elderly person) for short periods of time (i.e. less than 3 hours).
- 2 The caregiver provides poor supervisors for *several hours* (3-8 hours).
Example:
 - An infant is left in the care of an 8 year old for several hours (In this case the infant is given a code of 2. The 8-yr. old would be given a code of 1 under Lack of Supervision, similar to the example under level 1 in this category).
- 3 The child is left in the care of an unreliable caregiver (e.g. one who is known to drink, or is extremely inattentive, or the parent makes no attempt to ensure that the caregiver was reliable) for several hours.
- 4 The child is *allowed to go with a caregiver* who has a known history of violence (known to the caregiver) and/or sexual acts against children or who has a restraining order prohibiting contact with the child. **INCLUDE HERE IF THE PRESENCE OF A SEXUAL OFFENDER IS IN THE HOME OR IS ALLOWED TO HAVE ANY CONTACT WITH THE CHILD.**

No examples given for 5.

Emotional Maltreatment 500

There is a growing consensus that virtually all acts of abuse and neglect carry negative emotional/psychological messages to their victims. Consequently, it may be argued that every act of maltreatment constitutes Emotional Maltreatment. We have differentiated acts of Emotional Maltreatment from other forms of maltreatment for the purposes of maintaining the individual conceptual integrity of each of the subtypes defined within our system. the majority of incidents falling into Emotional Maltreatment involve persistent or extreme thwarting of children's basic emotional needs. This category also includes parental acts that are harmful because they are insensitive to the child's developmental level. These needs include, but are not limited to, the following:

- 1 *Psychological safety & security*: the need for a family environment free of excessive hostility and violence, and the need for an available and stable attachment figure. Note that this category refers to the interpersonal climate of the home, whereas Lack of Supervision (LOS) refers to cases in which the physical environment is unsafe (See below for additional distinctions between subtypes).
- 2 *Acceptance & self-esteem*: the need for positive regard and the absence of excessively negative or unrealistic evaluation, given the child's particular developmental level.
- 3 *Age-appropriate autonomy*: the need to explore the environment and extrafamilial relationships, to individuate within the bounds of parental acceptance, structure, and limit setting, without developmentally inappropriate responsibility or constraints placed on the child.

These are acts of maltreatment that may be scored solely as Emotional maltreatment or that may be scored in conjunction with other subtypes of maltreatment. To clarify potentially confusing areas, we specify the following inclusion/exclusion criteria:

- 1 One area of interface between Emotional Maltreatment and incidents of Physical Abuse concerns physical restraint or confinement of a child. Because restraint or confinement jeopardizes the child's need for autonomy, we consider these acts to be Emotional Maltreatment. However, if the acts result in physical injuries, (e.g. rope burns), these acts would be scored as both Emotional Maltreatment and Physical Abuse.

A second area of overlap surrounds incidents of homicidal threats. In situations in which parents attempt to terrorize children by threatening them or making gestures of harm, Emotional Maltreatment is scored. However, if during the act, the parents actually inflict injury to the children, the act is considered Physical Abuse.

2 In instances in which there is evidence that threats or psychological coercion are employed in an effort to engage the child in sexual relations, then both Sexual Abuse and Emotional Maltreatment would be scored (Please see Sexual Abuse for elaboration of this point).

3 An important distinction between Emotional Maltreatment and Physical Neglect is necessary in instances of abandonment. In cases in which a parent abandons a child but ensures that the child is adequately supervised and that the child's physical needs are met (e.g., leaves the child with relatives with no information about the parent's whereabouts), we consider this to be Emotional Maltreatment. If the child is left completely alone with no [provisions for supervision or physical needs, then Lack of Supervision, Failure to Provide, and Emotional Maltreatment may each be scored.

4 In situations in which a young child is forced to accept primary responsibility for the care of another individual and in which criteria for Lack of Supervision are met (as a result of either child's need for more intensive supervision), then both Emotional Maltreatment (for the supervising child) and Lack of Supervision (for one or both children) would be scored.

Emotional Maltreatment = 500

Severity

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| 11 | The caregiver regularly expects or requires the child to assume an <i>inappropriate level of responsibility</i> (e.g., school-aged children assuming primary responsibility for caretaking younger children; the report must include an explicit statement that the child is responsible for the caretaking role). |
| 12 | The caregiver <i>undermines the child's relationships</i> with other people significant to the child (e.g., makes frequent derogatory comments about other parents). |
| 13 | The caregiver often <i>belittles or ridicules the child</i> (e.g. calls the child "stupid", "loser", wimp"). |
| 14 | The caregiver <i>ignores or refuses to acknowledge</i> the child's bids for attention (e.g., the caregiver generally does not respond to infant cries or older child's attempts to initiate interaction) |
| 15 | The caregiver <i>uses fear or intimidation</i> as a method of disciplining. INCLUDE HERE PRESSURING A CHILD TO KEEP SECRET(S) ABOUT A FAMILY SITUATION. |
| | |
| 21 | The caregiver does not permit <i>age-appropriate socialization</i> (e.g. school age child not permitted to play |

- with friends).
- 22 The caregiver places the child in a *role-reversal* (e.g. child is expected to take care of the caregiver).
- 23 The caregiver consistently thwarts the child's developing sense of maturity and responsibility (e.g. *infantalizes* the child).
- 24 The caregiver *rejects or is inattentive to* or unaware of the child's needs for affection and positive regard (e.g., the caregiver does not engage in positive or affectionate interactions with the child; this lack of attention is a chronic pattern).
- 25 The caregiver allows the child to be exposed to the caregiver's extreme but *nonviolent marital conflict*.
- 31 The caregiver *blames the children for marital or family problems* (e.g., tells the children that they are the reason for the spouses divorce).
- 32 The caregiver sets up the child to fail or to feel inadequate by *having inappropriate or excessive expectations* for the child.
- 33 The caregiver makes a serious and convincing *threat to injure* the child.
- 34 The caregiver calls the child *derogatory names* (e.g. "slut", "whore", "worthless").
- 35 The caregiver *binds* the child's hands and feet for moderate periods of time (e.g. approximately 2 to 5 hours), the child is not attended
- 36 The caregiver exposes the child to *extreme, unpredictable, and/or inappropriate behavior* (e.g. violence toward other family members, psychotic or paranoid ideation that results in violent outbursts that terrorize the child; not used for DV between adult partners).
- 37 The caregiver demonstrates a pattern of *negativity or hostility* toward the child (e.g. the caregiver screams at the children that they can never do anything right).
- 41 The caregiver threatens *suicide or abandonment* in front of the child.
- 42 The caregiver allows the child to be exposed to *extreme marital violence* in which serious injuries occur to the caregiver; or life-threatening behaviors like choking.
- 43 The caregiver *blames* the child for the *suicide or death* of another family member .
- 44 The caregiver *confines and isolates the child* (e.g., locks the child in his or her room), and the confinement is between five and eight hours.

- 45 The caregiver uses *restrictive methods to bind* a child or places the child in close confinement for less than two hours. (Close confinement is scored in situations in which the child's movement is extremely restricted, or the temperature, ventilation, or lighting is severely limited or is maintained in a detrimental range).
- 51 The caregiver makes a *suicidal attempt* in the presence of the child.
- 52 The caregiver makes a *homicidal attempt* or *realistic homicidal threat* against the child without actual physical harm to the child.
- 53 The primary caregiver *abandons the child* for 24 hours or longer without any indication of when or if he or she will return and where he or she can be located (Note: Lack of Supervision and Failure to Provide may also be scored unless provisions are made for the child's physical well-being and need for supervision to be addressed. See earlier description for an elaboration of the interface among Emotional Maltreatment, Lack of Supervision, and Failure to Provide in instances of abandonment).
- 54 The caregiver uses *extremely restrictive methods to bind* a child or places the child in close confinement for two or more hours (e.g. the child is tightly tied to a chair, or locked in a trunk).
- 55 The caregiver *confines the child to an enclosed space* (e.g. locks the child in a closet or small space) for extended periods (e.g., more than 8 hours).

Moral-Legal/Educational Maltreatment 600/700

Moral-Legal/Educational Maltreatment is coded when any behaviors on the part of the caregiver or responsible adult occur that fail to demonstrate a minimum degree of care in assisting the child to integrate with the expectations of society, which includes insuring the child's adequate education. The caregiver either exposes or involves the child in illegal activity or other activities that may foster delinquency or antisocial behavior in the child. Alternately, the caregiver does not ensure that the child is properly socialized by regularly attending school.

MORAL/LEGAL = 600

EDUCATIONAL = 700

Severity

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|---|---|
| 1 | <p>ML: The caregiver permits the child to be present for adult activities for which the child is under age.</p> <p>ED: The caregiver often lets the child stay home from school, and the absences are not the result of illness or family emergency (e.g. a death in the family). The absences occur for less than 15% of the reported period.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • ML: The caregiver takes the child to drunken parties and adult bars that are clearly not family situations. • ED: The caregiver allows the child to miss 25 days of school in a school year without exceptions. |
| 2 | <p>ML: The caregiver participates in illegal behavior with the child's knowledge (e.g., shoplifting, selling stolen merchandise)..</p> <p>ED: The caregiver allows the child to miss school as much as 15%-25% of the reported period, not due to illness.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • ML: The child was present when the caregiver was selling drugs. • ED: The caregiver allows the child to miss school as much as 15%-25% of the reported period, not due to illness. |
| 3 | <p>ML: The caregiver knows that the child is involved in illegal activities but does not attempt to intervene (e.g., permits vandalism, shoplifting, drinking).</p> |

ED: The caregiver keeps the child out of school or knows that the child is truant for extended periods (26%-50% of year, or as many as 16 school days in a row) without caregiver's intervention.

Examples:

- ML: The caregiver has been informed that the child has been shoplifting, but the caregiver has done nothing.
- ED: The child missed 3 consecutive weeks of school, not due to illness.

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ML: The caregiver involves the child in misdemeanors (e.g. child is encouraged to shoplift, child is given drugs). Adults encourage or force participation in illegal activities. **INCLUDE HERE GIVING DRUGS OR ALCOHOL TO A CHILD.**

ED: The caregiver frequently keeps the child out of school for significant amounts of time (more than 50%) of the reported period, or 16+ days in a row), but the child maintains school enrollment.

Examples:

- ML: The caregiver encourages the child to steal food from the grocery store.
- ED: The family has moved several times, and each time, the child has missed significant periods of school. The child is enrolled, but has missed more than half of the school year.

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ML: The caregiver involves the child in felonies (e.g., the child participates in armed robbery, kidnapping).

ED: The caregiver encourages a child (less than 16 years old) to drop out of school or does not send the child to school at all.

Examples:

- ML: The child has been living in a drug house run by the caregivers. The child has been involved in selling drugs and has participated in armed conflicts with other drug dealers.
- ED: The caregiver has not enrolled the child in school, and the child is receiving no educational instruction.

Drugs/Alcohol - 800

The use of drugs and/or alcohol has a negative effect on the well-being, caretaking or safety of the child.

The severity for all 800 cases is 6. This is not to indicate an actual severity but rather an arbitrary number assigned as a blanket severity.

Examples:

- Drug use in the home
- Caregiver overdoses
- Mom stays out drinking
- Dad picked child up at daycare and was clear he had been drinking.
- Mom is a crack addict, she and her friends stay up all night doing drugs. Child comes to school late and is often tired.