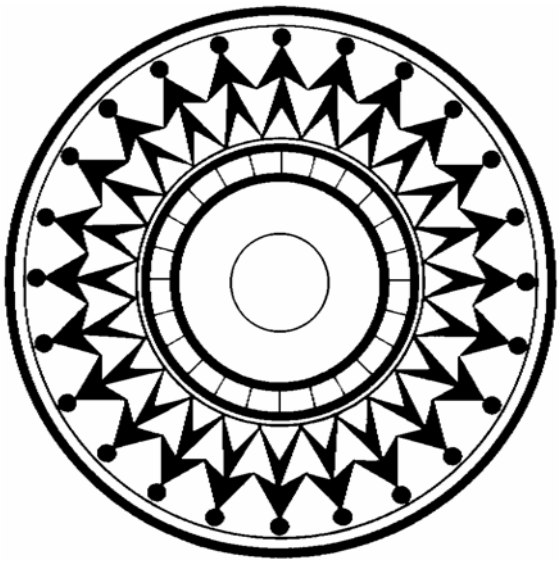
Factors that Influence the Decision Not to Substantiate a CPS Referral

NDACAN Dataset Number 107
USER'S GUIDE and CODEBOOK



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FACTORS THAT INFLUENCE THE DECISION NOT TO SUBSTANTIATE A CPS REFERRAL

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PREFACE

The data for *Factors that Influence the Decision Not to Substantiate a CPS Referral*, have been given to the National Data Archive on Child Abuse and Neglect for public distribution by Diana J. English, J. Christopher Graham, Sherry C. Brummel, Laura K. Coghlan. Funding for the project was provided by Office on Child Abuse and Neglect, Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services (Award Number: 90-CA-1590).

ACKNOWLEDGEMENT OF SOURCE

Authors should acknowledge the National Data Archive on Child Abuse and Neglect and the original collector of the data when they publish manuscripts that use data provided by the Archive. Users of these data are urged to follow some adaptation of the statement below.

> The data used in this publication were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY, and have been used with permission. Data from *Factors that Influence the Decision Not to Substantiate a CPS Referral* were originally collected by Diana J. English, J. Christopher Graham, Sherry C. Brummel, Laura K. Coghlan. Funding for the project was provided by the Office on Child Abuse and Neglect, Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services (Award Number: 90-CA-1590). The collector of the original data, the funder, NDACAN, Cornell University and their agents or employees bear no responsibility for the analyses or interpretations presented here.

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PUBLICATION SUBMISSION REQUIREMENT

In accordance with the terms of the *Data License* for this dataset, users of these data are required to deposit a copy of any published work or report based wholly or in part on these data with the Archive. A copy of any completed manuscript, thesis abstract, or reprint should be sent to the National Data Archive on Child Abuse and Neglect, Cornell University, Family Life Development Center, Beebe Hall, Ithaca, New York 14853. Such copies will be used to provide funding agencies with essential information about the use of NDACAN resources and to facilitate the exchange of information about research activities among data users and contributors.

ABSTRACT

This federally-funded study examined factors that influenced the decision not to substantiate a child protective services (CPS) referral after a child protective services investigation in Washington State. The study was conducted in three distinct phases. Phase I: Child Protective Record Review consisted of a review of administrative records. Records were extracted from the state child protective database (CAMIS) and a rich dataset of child, family and allegation variables was created. The variables include demographic information, variables coded from the Washington Assessment of Risk Matrix (WARM) and the Modified Maltreatment Classification System (MMCS) as well as variables derived from a public assistance records match. The Phase I data file includes 2000 cases. Phase II: Child Protective Caseworker Survey was a mail and telephone survey of child protective services caseworkers in Washington State. All current child protective caseworkers in Washington State who had more than six months of job experience were invited to participate in the telephone and mail surveys. The Phase II data file includes the 106 respondents who answered both the telephone and mail surveys. Phase III: Child Protective Client Survey was a telephone survey of investigated CPS clients approximately 90 days post investigation. This dataset also includes records extracted from the state child protective database similar to those in the Phase I dataset. In addition to variables related to the interviews, the variables include demographic information, variables coded from the WARM and the Maltreatment MMCS as well as variables derived from a public assistance records match. The Phase III data includes data from 303 clients with completed interviews. The data from Phases I, II and III cannot be combined, as there is no common unit of analysis.

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STUDY OVERVIEW

Study Identification

Factors that Influence the Decision Not to Substantiate a CPS Referral

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Funding Agency:
Office on Child Abuse and Neglect, Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services

Award Number: 90-CA-1590

Purpose of the Study

The current study was designed to examine the Child Protective Services (CPS) finding decision, building on the results of an earlier study of CPSdecision-making (English, Marshall, Brummel, & Coghlan 1998). The primary focus of the study was to identify factors associated with the decision not to " find" or "substantiate" abuse/neglect after a CPS investigation. There were specific objectives for each phase of the study.

Phase I objectives:
1. To identify the factors that influence the decision not to substantiate a CPS referral; and
2. To identify the characteristics of CPS referrals that are more likely to be unsubstantiated or inconclusive (not indicated) compared to those that are substantiated (founded).

Phase II objectives:
1. To explore the similarities and differences in CPS workers' understanding and application of specific CPS policy and practice guidelines on the finding decision process;
2. To explore similarities and differences in CPS workers' understanding and application of specific case and risk factors to the finding decision process;
3. To explore the presence of environmental/organizational factors and their possible influence on the finding decision; and
4. To identify factors and types of information that influence the decision to classify a case as inconclusive or substantiated across maltreatment types, and within maltreatment types for the decision not to substantiate.

Phase III objective:

To explore client perception of the experience of CPS investigation, the impact of the investigation on family life, family context at the time of the investigation and outcomes associated with the investigation.

Study Design

Phase I consisted of data extraction and narrative coding of 2000 records selected from one year of investigated reports from the Washington Case and Management Information System (CAMIS). English and colleagues created a multivariate analysis dataset of 7,701 records of cases that had been investigated where caseworkers completed the optional investigation module. 2000 of these records were then selected for narrative coding. Please refer to Appendix H of the final report for a description of data extraction methods.

Phase II consisted of a telephone and mail survey of all current state child protective workers, with more than six months of job experience, in Washington State.

Phase III consisted of telephone interviews of locatable clients who had been the subject of a child protective report made in the same one month period. Interviews were conducted 90 days post-investigation. Interviews were conducted until the goal of 300 interviews was reached.

Date(s) of Data Collection

Phase I: Administrative records for CPS referrals made from September 1996 - August 1997 were reviewed.

Phase II: Telephone and mail surveys of child protective caseworkers were conducted from November 1998 - February 1999.

Phase III: Clients were selected for interviews from families who were the subject of a child protective hotline call for a one month period in 1999.

Geographic Area

Washington State

Unit of Observation

Phase I: The unit of observation is the index child within a CPS record.

Phase II: The unit of observation is the caseworker.

Phase III: The unit of observation is the caregiver within the family.

Sample

Phase I

2,000 cases coded from a larger one-year dataset of child protective referrals. Refer to data collection procedures for more detail.

Phase II
CPS supervisors were asked to identify the social workers in their unit who were responsible for investigating CPS referrals and who had been a CPS worker for longer than six months (the six month requirement was designed to eliminate staff who might still be attending training academy). 309 caseworkers were identified statewide. Eight of the workers originally identified were no longer involved with CPS at the time of the survey and thus were ineligible for participation. Of the remaining 301 eligible social workers identified, 245 (81%) participated in one or both of the surveys. There were 223 social workers who completed the telephone survey, and 127 who completed the mail survey. 106 (35%) social workers completed both the mail and telephone surveys. The data file contains data on the 106 subjects who completed both the mail and telephone surveys.

Phase III
A total sample of 2,288 CPS referrals accepted for investigation was selected for recruitment from a one-month 1999 cohort. After applying the exclusionary criteria to the unduplicated sample pool, 978 families were eligible for participation. Despite ongoing attempts to locate accurate telephone numbers and addresses for this eligible pool of clients (three months post investigation), 375 caregivers (38%) of the sample were not located. Location efforts included updated checks of CAMIS, financial service database, the use of web based telephone directories and search engines and U.S. mail locator services. For locatable clients, interviews were scheduled and conducted until the target sample of 300 completed interviews was reached. The data file contains data on the 303 families with completed interviews.

Data Collection Procedures

Phase I
A random sample of 3,000 CPS referrals was selected from the larger one-year cohort of 7,701 referrals utilized in the Phase I initial multivariate analysis, with the goal of coding 2,000 cases. From this initial sample, research analysts read 2,228 referrals and collected data on the cases' corresponding outcome information. Narrative text information associated with the cases was coded into numeric data. Cases excluded from review included those with administrative files (limited access), information only referrals, risk tag pending, licensing, third party perpetrators, sibling as perpetrator, duplicate referrals, and referrals where there was no identifiable victim. In addition, a records match with the public assistance Automated Client Eligibility System (ACES) database was conducted.

Phase II
All of the identified workers were sent copies of the mail survey in early November 1998, with a reminder letter sent three weeks later. All surveys were marked with a confidential sample number so that worker response could be tracked and the data collected could be later linked to the information collected during the telephone interviews. Telephone interviews began at the end of November 1998 and continued through the middle of February 1999. Workers were again encouraged to complete the mail survey at the end of the telephone interview. Participation in both the mail and telephone surveys was on a voluntary basis and workers were advised that all of their responses and opinions would be kept strictly confidential.

Phase III
Letters were sent to the 978 families meeting inclusion criteria. The letter explained the study and invited client participation in a telephone interview. Telephone calls were initiated about a week after the invitation letter was sent. For locatable clients, interviews were scheduled and conducted until the target sample of 300 completed interviews was reached. The actual interview took about one-half hour to complete, and participants were paid $40.00 once the interview was completed.

Response Rates

Not applicable.

Sources of Information

Phase I: Administrative data from CAMIS download and public assistance (ACES) records match.

Phase II: Caseworker survey.

Phase III: Client survey, and administrative data from CAMIS download and public assistance (ACES) records match for cases included in the study.

Type of Data Collected

Phase I: Administrative data.

Phase II: Survey instruments.

Phase III: Survey instruments and administrative data.

Measures

Modified Maltreatment Classification System 11/97 (MMCS) (English & the LONGSCAN Investigators, 1997). The MMCS is adapted from the Maltreatment Classification System (Barnett, Manly & Ciccheti, 1993). It is designed to classify data obtained from child protective reports in a systematic fashion. The MMCS assesses information regarding the type of maltreatment, severity of maltreatment, frequency of CPS reports, and the perpetrator of the incident (English, Bangdiwala & Runyan, 2005). A copy of the MMCS is included in Appendix A.

Washington Assessment of Risk Matrix (WARM). Designed in 1987 as a comprehensive decision-making tool for child protective workers, it is a 37 item Risk Assessment Matrix based on an ecological model of child maltreatment. (English, Marshall, Coghlan, Brummel & Orme, 2002). The Risk Matrix consists of eight risk domains associated with the child, the severity of child abuse/neglect (CA/N), chronicity of CA/N, caretaker characteristics, parent-child relationship, socio-economic factors, and alleged perpetrator access. A copy of the WARM is included in Appendix B.

Related Publications & Reports
Users are strongly encouraged to obtain these references before doing analyses.

English, D. J., Graham, J. C., Brummel, S. C., & Coghlan, L. K. (2002). Factors that influence the decision not to substantiate a CPS referral. Phase I: Narrative and empirical analysis (No. 90-CA-1590). Olympia, WA: Department of Social and Health Services.

English, D. J., Brummel, S. C., Graham, J. C., & Coghlan, L. K. (2002). Factors that influence the decision not to substantiate a CPS referral. Phase II: Mail and telephone surveys of child protective services social workers (No. 90-CA-1590). Olympia, WA: Department of Social and Health Services.

English, D. J., Brummel, S. C., Graham, J. C., Clark, T., & Coghlan, L. K. (2002). Factors that influence the decision not to substantiate a CPS referral. Phase III: Client perceptions of investigation (No. 90-CA-1590). Olympia, WA: Department of Social and Health Services.

Useful Publications:

English, D.J., Bangdiwala, S.I., & Runyan, D. K. (2005) The dimensions of maltreatment: Introduction. Child Abuse & Neglect, 29, 441–460.

English, D.J. & the LONGSCAN Investigators. (1997). Modified maltreatment classification system. As modified from the maltreatment classification system outlined in Barnett, D., Manly, J.T., & Cicchetti, D. (1993). Defining Child Maltreatment: The interface between policy and research. In D. Cichetti & S.L. Toth (Eds.), Advances in applied developmental psychology: Child abuse, child development and social policy (pp. 7-74). Norwood, NJ: Ablex Publishing Corp. For more information visit the LONGSCAN website at http://www.iprc.unc.edu/longscan/

English, D. J., Marshall, D. B., Brummel, S., Coghlan, L., Novicky, R. S., & Orme, M. (1997). Decision-making in child protective services: A study of effectiveness. Final Report, Phase I: Quantitative analysis (No. 90 CA 1563). Olympia, WA: Department of Social and Health Services.

English, D. J., Marshall, D. B., Coghlan, L., Brummel, S., & Orme, M. (2002). Causes and consequences of the substantiation decision in Washington State child protective services. Children and Youth Services Review, 24(11), 817-851.

English, D. J., Marshall, D. B., & Orme, M. (1999). Characteristics of repeated referrals to child protective services in Washington State. Child Maltreatment, 4(4), 297-307.

Marshall, D.B., & English, D. J. (1999). Survival analysis of risk factors for recidivism in child abuse and neglect. Child Maltreatment, 4(4), 287-296.

Marshall, D. B., & English, D. (2000). Neural network modeling of risk assessment in child protective services. Psychological Methods, 5(1), 102-124.

Analytic Considerations

The data from Phase I, II and III cannot be combined, as there is no common unit of analysis.

Washington State uses a risk assessment model to guide decision-making. The Washington Risk Assessment model includes a sufficiency screen, risk assessment guidelines, and a set of procedures and guidelines outlining how and when the model is to be used in decision-making. Additional information regarding the risk assessment model is contained in the related publications.

In addition, the following statutory definitions from Washington State law are useful to review prior to considering analysis of data from this dataset:

Operational Definitions
Washington Administrative Code (WAC) 388-15-130
Child protective services--Authority.

(3) Definition of child abuse, neglect, or exploitation (ca/n). Abusive, neglectful, or exploitive acts defined in RCW 26.44.020 include:
(a) Inflicting physical injury on a child by other than accidental means, causing death, disfigurement, skin bruising, impairment of physical or emotional health, or loss or impairment of any bodily function.
(b) Creating a substantial risk of physical harm to such child's bodily functioning.
(c) Committing or allowing to be committed any sexual offense against such child as defined in the criminal code or intentionally touching, either directly or through the clothing, the genitals, anus, or breasts of a child for other than hygiene or child care purposes.
(d) Committing acts which are cruel or inhumane regardless of observable injury. Such acts may include, but are not limited to, instances of extreme discipline demonstrating a disregard of a child's pain and/or mental suffering.
(e) Assaulting or criminally mistreating a child as defined by the criminal code.
(f) Failing to provide food, shelter, clothing, supervision, or health care necessary to a child's health or safety.
(g) Engaging in actions or omissions resulting in injury to, or creating a substantial risk to the physical or mental health or development of a child.
(h) Failing to take reasonable steps to prevent the occurrence of (a) through (g).

Revised Code of Washington 26.44.020
Definitions.
(12) "Abuse or neglect" shall mean the injury, sexual abuse, sexual exploitation, negligent treatment, or maltreatment of a child, adult dependent, or developmentally disabled person by any person under circumstances which indicate that the child's or adult's health, welfare, and safety is harmed, excluding conduct permitted under RCW 9A.16.100. An abused child is a child who has been subjected to child abuse or neglect as defined herein.
(15) "Sexual exploitation" includes: (a) Allowing, permitting, or encouraging a child to engage in prostitution by any person; or (b) allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child by any person.
(16) "Negligent treatment or maltreatment" means an act or omission which evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to the child's health, welfare, and safety. The fact that siblings share a bedroom is not, in and of itself, "negligent treatment or maltreatment."

Confidentiality Protection

Primary identifiers were not provided by the contributor and are not included in the dataset. To further protect confidentiality, the following targeted modifications were made to the data:
1. The child's date of birth is dropped from the distributable datasets. A number of project-derived age variables are provided.
2. The original ethnicity variables are dropped from the distributable datasets. A number of project-derived collapsed ethnicity variables are provided.
3. All date variables, such as the date of the report, the date of the incident, the date of re-referral, and dates pertaining to investigation completion are dropped from the distributable datasets. A number of project-derived and archive-derived time variables are supplied in place of actual dates.
4. Variables for the date of the interview are dropped from the distributable datasets.
5. The county of the worker and the worker office are dropped from the distributable datasets.
6. All variables created from "write in" fields were dropped from the distributable datasets.

Extent of Collection

This collection consists of the User's Guide and Codebook, copies of measures, final reports for Phases I, II and III, and three text data files with import statements for SAS, SPSS, and Stata.

Extent of Processing

NDACAN produced the User's Guide and Codebook, and deleted variables that were duplicates, contained raw uncorrected data, had inadequate documentation, or contained no data. The original Phase III dataset contained all 2,228 cases considered for inclusion in the client telephone interviews, and NDACAN deleted those cases where no interview was conducted. NDACAN created the following three variables in the Phase I and Phase III datasets:

inctime Days from Incident date to Received Date
dectime Days from Received Date to Decision Date
comptime Days from Decision Date to Completion Date

NDACAN created three distributable data files, PhaseI_CPSrecord, PhaseII_Swintvw, and PhaseIII_clientintvw and created variable groups for the codebook.

DATA FILE INFORMATION

File Specifications

No.	File Name	Case Count	Variable Count	Records Per Respondent
1	PhaseI_CPSrecord	2000	664	1
2	PhaseII_Swintvw	106	1012	1

No.	File Name	Case Count	Variable Count	Records Per Respondent
3	PhaseIII_clientintvw	303	780	1

Data File Notes

The Phase I and Phase III data contain demographic variables from the CAMIS download as well as demographic variables from the hand-coded MMCS classification. As a result, demographic variables vary slightly depending on source.

The data archive created the following time variables in the Phase I and III data files.

Inctime Days from Incident date to Received Date
dectime Days from Received Date to Decision Date
comptime Days from Decision Date to Completion Date

These variable were derived from the date variables in the CAMIS download.

The other time variables contained in the Phase I and Phase III data files are project-derived, and were derived from dates in the hand-coded MMCS classification. As a result, time variables vary slightly depending on source.

NDACAN created the following variable groups in the codebook.

Phase I: Sample ID, Time, Child Demographics, CAMIS (CAMIS download), WARM (Washington Assessment of Risk Matrix), MMCS (MMCS hand-coding), Narrative Coding, Substance Abuse, ACES (ACES public assistance case match), and Unassigned.

Phase II: Sample ID, Worker Demographics, and Interview.

Phase III: Sample ID, Time, Child Demographics, Primary Cgvr Demograp, CAMIS (CAMIS download), WARM (Washington Assessment of Risk Matrix), MMCS (MMCS hand-coding), Substance Abuse, ACES (ACES public assistance case match), Sample Screening (Screening Questions for client interview), Interview, and Unassigned.

Technical support for this dataset is provided by NDACAN.
Please send your inquiries to NDACANSUPPORT@cornell.edu.

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Appendix B	WARM- Washington Assessment of Risk Matrix	34-35

Appendix A

MMCS
Modified Maltreatment Classification System
11/97

Please cite as:
English, D. J. & the LONGSCAN Investigators (1997). Modified Maltreatment Classification System (MMCS). For more information visit the LONGSCAN website at http://www.iprc.unc.edu/longscan/

As modified from the Maltreatment Classification System outlined in:
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 Dangerous acts, but no marks indicated

Examples:

- A caregiver hits a child on the back, with *no resulting marks to the body*.

2 Minor marks (small scratches, cuts or bruises)

Examples:

- A caregiver hits the child on the chest, and *a bruise results*.
- A caregiver grabs the child's waist and *scratches the child*.

3 Numerous or nonminor marks

Examples:

- A caregiver throws an object at a child, which results in *a large bruise* on the child's back.
- A caregiver hits the child with a belt, resulting in an *large open welt*.

4 Medical/Emergency Treatment; hospitalized less than 24 hours

Examples:

- A child goes to the emergency room with broken ribs after a fistfight with a caregiver and is *released that day*.

5 Hospitalized more than 24 hours

Examples:

- *A child is monitored for a bruised kidney for several days*, and abuse by a parent caused the condition.

6 Permanent disability/disfigurement/fatality

Examples:

- A child dies after being stabbed in the heart with a knife by a caregiver.

Physical Abuse--Hit/kick to buttocks = 103

Severity

1 Dangerous acts, but no marks indicated
Examples:
- A caregiver spanks the child, with *no resulting marks to the body*.

2 Minor marks (small scratches, cuts or bruises)
Examples:
- A caregiver spanks the child with a spoon, and a bruise results.

3 Numerous or nonminor marks
Examples:
- A caregiver spanks the child with a belt, resulting in large welts.

4 Medical/Emergency Treatment; hospitalized less than 24 hours
Examples:
- 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 Hospitalized more than 24 hours

6 Permanent disability/disfigurement/fatality

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

Severity

1 Dangerous acts, but no marks indicated

Examples:

- A caregiver hits a child's leg, with *no resulting marks to the body.*

2 Minor marks (small scratches, cuts or bruises)

Examples:

- A caregiver grabs the child's wrist and *scratches the child.*

3 Numerous or nonminor marks

Examples:

- A caregiver grabs a child's arm and *many bruises are present.*

4 Medical/Emergency Treatment; hospitalized less than 24 hours

Examples:

- A child goes to the emergency room with a *spiral fracture* in his arm after a parent has twisted it.
- A child *needs stitches in his leg* after a parent throws an ashtray at him.

5 Hospitalized more than 24 hours

Examples:

- A child is *hospitalized several days* after a parent cuts the child's leg severely, resulting in blood loss.

6 Permanent disability/disfigurement/fatality

Examples:

- A child *loses a limb* due to parental abuse.

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

Severity

1 Dangerous acts, but no marks indicated
Examples:
- A caregiver *shoves* the child across the room and the *child is not physically harmed.*

2 Minor marks (small scratches, cuts or bruises)
Examples:
- A caregiver *bruises the child* as he *pulls him* along in the grocery store.

3 Numerous or nonminor marks
Examples:
- A caregiver *throws the child across the room*, where he hits a part of his body and it is *severely bruised and swollen.*

4 Medical/Emergency Treatment; hospitalized less than 24 hours
Examples:
- A child *goes to the emergency room with broken ribs* after being *shoved into a wall* by a caregiver and is *released that day.*

5 Hospitalized more than 24 hours
Examples:
- A child is *monitored for a concussion* after having been *thrown* across the room.

6 Permanent disability/disfigurement/fatality
Examples:
- A child *dies after being thrown out a window.*

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

Severity

1 Dangerous acts, but no marks indicated
Examples:
- A child alleges that his parent tried to choke him, but there is no evidence present.

2 Minor marks (small scratches, cuts or bruises)
Examples:
- A caregiver *scratches a child's neck* when *grabbing the child in a choking fashion*.

3 Numerous or nonminor marks
Examples:
- A child's *neck is bruised* after a caregiver *threatened the child by choking him*.

4 Medical/Emergency Treatment; hospitalized less than 24 hours
Examples:
- A child goes to the emergency room with *difficulty breathing after being choked by a caregiver*, and is *released that day*.

5 Hospitalized more than 24 hours
Examples:
- 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 Permanent disability/disfigurement/fatality
Examples:
- Brain damage or death results from choking or smothering the child.

Physical Abuse—Burns/Scalding = 107

Severity

1 Dangerous acts, but no marks indicated

Examples:

- The child complains that the caregiver washed him/her in too hot of water, but no burn marks are indicated.

2 Minor marks (small scratches, cuts or bruises)

Examples:

- A child has a first degree burn that is caused by a parent washing him/her in hot water.

3 Numerous or nonminor marks

Examples:

- 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 Medical/Emergency Treatment; hospitalized less than 24 hours

Examples:

- 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 Hospitalized more than 24 hours

Examples:

- 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 Permanent disability/disfigurement/fatality

Examples:

- 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 = 108

Severity

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
Examples:
- "The mother hits her kids all the time"

2 Minor marks (small scratches, cuts or bruises)
Examples:
- "The caregiver hit his kids & left a bruise"
- "She hit at him and scratched him"

3 Numerous or nonminor marks
Examples:
- "There were bruises all over his body after he was hit"

4 Medical/Emergency Treatment; hospitalized less than 24 hours (trained medical professional)
- "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.

<u>Severity</u>

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 <u>*molests*</u> 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 = 301

Severity

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 or 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 garage 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 dimensions 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

11 The caregiver regularly expects or requires the child to assume an *inappropriate level of responsibility* (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 *undermines the child's relationships* with other people significant to the child (e.g., makes frequent derogatory comments about other parents.

13 The caregiver often *belittles or ridicules the child* (e.g. calls the child "stupid", "loser", wimp").

14 The caregiver *ignores or refuses to acknowledge* 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 *uses fear or intimidation* as a method of disciplining. INCLUDE HERE PRESSURING A CHILD TO KEEP SECRET(S) ABOUT A FAMILY SITUATION.

21 The caregiver does not permit *age-appropriate socialization* (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

1 ML: The caregiver permits the child to be present for adult activities for which the child is under age.
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.

Examples:

- 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 ML: The caregiver participates in illegal behavior with the child's knowledge (e.g., shoplifting, selling stolen merchandise)..
ED: The caregiver allows the child to miss school as much as 15%-25% of the reported period, not due to illness.

Examples:

- 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 ML: The caregiver knows that the child is involved in illegal activities but does not attempt to intervene (e.g., permits vandalism, shoplifting, drinking).

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.

4 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.

5 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.

APPENDIX B
RISK MATRIX

Table C.1
Operational Definitions of Key Variables of Interest

RISK FACTOR MATRIX REFERENCE SHEET

RISK FACTOR:	FAMILY STRENGTHS	LOW (1)	MODERATE (3)	HIGH (5)
I. CHILD CHARACTERISTICS				
a. Age		12-17	6-11	0-5
b. Physical, Mental or Social Development	No physical, mental, social or developmental delay	Mild physical, mental, social or developmental delay	Significant physical, mental, social or developmental delay	Profound physical, mental, social or developmental delay
c. Behavioral Issues	Child displays normal, age appropriate behavior	Child displays minor behavioral problems	Child is behaviorally disturbed	Child is severely behaviorally disturbed
d. Self Protection	Child is willing and able to protect self	Child displays consistent ability to protect self	Child displays occasional ability to protect self	Child is unable to protect self
e. Fear of Caretaker or Home Environment	Child is comfortable with caretaker and/or home environment	Child evidences mild doubt or concern about caretaker and/or home environment	Child evidences anxiety and/or discomfort about caretaker and/or home environment	Child is extremely fearful about caretaker and/or home environment
II. SEVERITY OF CA/N				
f. Dangerous Acts	Parents exercise care and control to ensure child's safety and not cause injury to child	Acts which place the child at risk of minor pain or injury	Acts which place the child at risk of significant pain or moderate injury	Acts which place the child at risk of impairment or loss of bodily function
g. Extent of Physical Injury or Harm	No injury and no medical treatment required	Superficial injury, no medical attention required	Significant injury, unlikely to require medical attention	Major injury requiring medical treatment
h. Extent of Emotional Harm or Damage Exhibited by Child	Child exhibits normal behavior and social functioning	Minor distress or impairment in functioning related to CA/N	Behavior problems related to CA/N that impair social relationships or role functioning	Extensive emotional or behavioral impairment related to CA/N
i. Adequacy of Medical and Dental Care	Routine and crisis care provided consistently	Failure to provide routine medical, dental or prenatal care	Failure to provide appropriate medical care for injury or illness that usually requires treatment	Failure to provide treatment for a critical or life-threatening condition
j. Provision for Basic Needs	Food, clothing, shelter and hygiene needs adequately met	Failure to provide for basic needs places child at risk of minor distress/comfort	Failure to provide for basic needs places child at risk of cumulative harm	Failure to provide for basic needs places child at risk of significant pain, injury or harm
k. Adequacy of Supervision	Supervision meets normal standards appropriate to child's age	Lack of supervision places child at risk of minor discomfort or distress	Lack of supervision places child at risk of cumulative harm	Lack of supervision places child at risk of imminent harm
l. Physical Hazards or Dangerous Objects in the Home or Living Environment	Living condition are safe	Conditions in the home place the child at risk of minor illness of superficial injury	Conditions in the home place the child at risk of harm that is significant but unlikely to require treatment	Hazards in the home environment place the child at risk of serious harm that would likely require treatment
m. Sexual Abuse and/or Exploitation	Adult has a non-sexualized relationship with child and consistently protects from sexual abuse or exploitation	Caretaker makes sexually suggestive remarks or flirtations with child without clear overtures or physical contact	Adult makes sexual overtures, or engages child in grooming behavior	Adult engages child in sexual contact or sexually exploits child
n. Exploitation (Non-Sexual)	Adult has a non-exploitative relationship with the child and does not use the child in any manner for personal gain	Adult occasionally uses the child to obtain shelter or services that will benefit them both	Adult depends upon the child to sustain home environment and assist in illegal activities to obtain money	Adult engages child in dangerous activities to support or benefit the adult
III. CHRONICITY				
o. Frequency of Abuse/Neglect	Child is treated appropriately and there have been no incidents of child abuse or neglect in the past	Isolated incident of abuse or neglect	Intermittent incidents of abuse or neglect	Repeated or ongoing pattern of abuse or neglect
IV. CARETAKER CHARACTERISTICS				
p. Victimization of Other Children by Caretaker	Caretaker is positive and appropriate with children	Evidence of minor abuse or neglect toward other children	Evidence of moderate abuse or neglect toward other children	Evidence of serious abuse or neglect toward other children
q. Mental, Physical or Emotional Impairment of Caretaker	Caretaker is physically, mentally and emotionally capable of parenting a child	A physical, mental or emotional impairment mildly interferes with capacity to parent	A physical, mental or emotional impairment interferes significantly with the capacity to parent	Due to a physical, mental or emotional impairment, capacity to parent severely inadequate
r. Deviant Arousal	Adult is not sexually aroused by children	Adult is sexually aroused by children and is motivated to have sexual contact with children (all risk levels)		
s. Substance Abuse	Parent does not abuse alcohol or drugs; parent does not sell drugs	History of substance abuse but no current problem	Reduced effectiveness due to substance abuse or addiction	Substantial incapacity due to substance abuse or addiction
t. History of Domestic Violence and Assaultive Behavior	Caretakers resolve conflicts in non-aggressive manner	Isolated incident of assaultive behavior not resulting in injury	Sporadic incidents of assaultive behavior which results in, or could result in, minor injury	Single incident or repeated incidents of assaultive behavior, which results in, or could result in, major injury
u. History of Abuse or Neglect as a Child	Caretaker was raised in a healthy, non-abusive environment	Occasional incidents of abuse or neglect as a child	Repeated incidents of abuse or neglect as a child	History of chronic and/or severe incidents of abuse or neglect as a child
v. Parenting Skills and Knowledge	Caretaker provides environment which is child-friendly	Caretaker has some unrealistic expectations of child and/or gaps in parenting skills	Significant gaps in knowledge or skills that interfere with effective parenting	Gross deficits in parenting knowledge and skills or inappropriate demands and expectations of child

12 Table C.1 (continued)
Operational Definitions of Key Variables of Interest

IV. CARETAKER CHARACTERISTICS (continued)				
w. Nurturance	Caretaker is openly accepting of child, interacts with child, and provides appropriate and adequate stimulation	Caretaker provides inconsistent expression of acceptance, and inconsistent stimulation and interaction	Caretaker withholds affection and acceptance, but is not openly rejecting or hostile to child	Caretaker severely rejects child, providing no affection, attention or stimulation
x. Recognition of Problem	Caretaker openly acknowledges the problem and it's severity and is willing to accept responsibility	Caretaker recognizes a problem exists, and is willing to take some responsibility	Caretaker has a superficial understanding of the problem, but fails to accept responsibility for own behavior	Caretaker has no understanding or complete denial of the problem, and refuses to accept any responsibility
y. Protection of Child by Non-Abusive Caretaker	Caretaker is willing and able to protect child from persons and dangerous situations	Caretaker is willing, but occasionally unable, to protect child	Caretaker's protection of the child is inconsistent or unreliable	Caretaker refuses or is unable to protect child
z. Cooperation with Agency	Caretaker is receptive to social worker intervention	Caretaker accepts intervention and is intermittently cooperative	Caretaker accepts intervention but is non-cooperative	Caretaker is extremely hostile to agency contact or involvement with family
V. CARETAKER RELATIONSHIP				
aa. Response to Child's Behavior or Misconduct	Caretaker responds appropriately to child's behavior	Caretaker responds inappropriately to child's behavior	Caretaker responds to child's behavior with anger, frustration or helplessness	Caretaker consistently responds abusively to child's behavior
bb. Attachment and Bonding	Secure parent-child attachment	Mild discrepancies or inconsistencies are evident in the parent-child relationship	Parent-child relationship evidences an anxious or disturbed attachment (or lack of attachment)	Obvious lack of bonding between child and parent
cc. Child's Role in Family	Roles and responsibilities in family are assigned appropriately	Child is given inappropriate role with no immediately apparent detrimental effects	Child's role in family has detrimental effect on normal development	Child's role in family severely limits or prevents normal development
dd. Child is Pressured to Recant or Deny	Caretaker supports and insulates child from any pressure to recant or deny the abuse	Caretaker supports and insulates child from outside pressure to recant or deny	Caretaker indirectly puts pressure on the child to recant or deny, and allows others to directly pressure the child	Caretaker directly pressures child to recant or deny, and solicits or encourages others to do so
ee. Personal Boundary Issues	Personal boundaries are clear and respected	Personal boundaries are usually clear and respected; violations occur occasionally	Personal boundaries are usually clear but non-abusive violations occur occasionally	Even though personal boundaries are usually clear, violations occur regularly, including physical violations
ff. Parental Response to Abuse	Caretaker believes disclosure, shows concern and support for the child, and wants to protect	Caretaker will consider the possibility that abuse occurred, shows support and concern for child and expresses desire to protect	Caretaker does not believe disclosure, but shows concern for child and is willing to protect	Caretaker does not believe disclosure, shows anger toward child and supports offender
VI. SOCIAL AND ECONOMIC FACTORS				
gg. Stress of Caretaker	Caretaker has no significant life stresses	Caretaker is experiencing mild stress	Caretaker is experiencing significant stresses or life changes	Caretaker is experiencing multiple and/or severe stress or life changes
hh. Employment Status of Caretakers	Caretaker is employed at a level that is consistent with training and personal expectations or unemployed by choice	Caretaker is under-employed or unemployed with immediate prospects for employment	Caretaker is unemployed but with marketable skills and potential for employment	Caretaker is unemployed with no prospects for employment
ii. Social Support for Caretaker	Frequent supportive contact with friends or relatives and appropriate use of community resources	Occasional contact with supportive persons; some use of available community resources	Sporadic supportive contact; under-use of resources	Caretaker geographically or emotionally isolated and community resources not available or not used
jj. Economic Resources of Caretakers	Family has resources to meet basic needs	Family's resources usually adequate to meet basic needs	Family's resources inadequate to meet basic needs	Family's resources grossly inadequate to meet basic needs
VII. PERPETRATOR ACCESS				
kk. Perpetrator Access (Abuse)	Perpetrator's access to the child is limited, planned and structured to ensure child's safety and well-being	Perpetrator access is supervised and usually controlled or limited	Limited supervised access or primary responsibility for care of child	Unlimited access to the child or full responsibility for care of the child