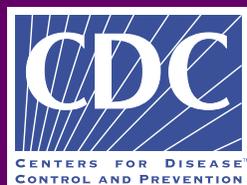




CHILD MALTREATMENT SURVEILLANCE

UNIFORM DEFINITIONS FOR PUBLIC HEALTH
AND RECOMMENDED DATA ELEMENTS



CHILD MALTREATMENT SURVEILLANCE

Uniform Definitions for Public Health
and Recommended Data Elements

Version 1.0

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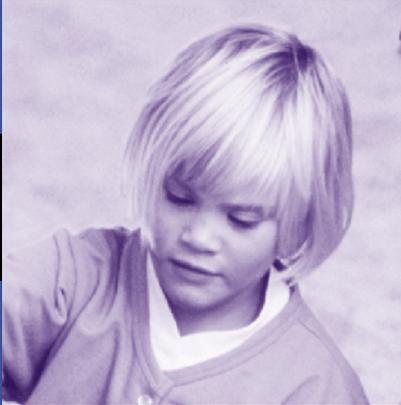
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INTRODUCTION

The Problem of Child Maltreatment

Child maltreatment is a considerable social and public health problem in the United States. In 2004, data collected from Child Protective Services (CPS) determined approximately 900,000 children in the United States were victims of child maltreatment and about 1,500 children died because of abuse or neglect (US DHHS, 2006). Unfortunately, these numbers likely underestimate the number of children affected by maltreatment due to underreporting and focus on a single data source.

Research into the consequences of child maltreatment has identified various acute and severe negative outcomes such as death, injury, and traumatic brain injury. Research has also uncovered many deleterious long-term developmental outcomes: academic problems, anxiety, conduct disorder, childhood aggression, delinquency, depression, increased risk for suicide, high-risk sexual behavior, interpersonal problems, poor physical health, posttraumatic stress disorder, risky health behaviors, substance abuse, and youth violence (e.g., Bolger, Patterson, and Kupersmidt 1998; Cerezo and Frias 1994; Felitti et al. 1998; Kang et al. 1999; Mannarino and Cohen 1996; Widom 1999). Along with the legal and medical consequences, these substantial short- and long-term sequelae make prevention, early identification, and intervention a necessity.

The Need for Consistent Definitions and Data Elements

Calculation of child victimization rates for maltreatment depends on how the definition of maltreatment is operationalized. To date, the multiple sectors addressing this issue (CPS, legal and medical communities, public health officials, researchers, practitioners, and advocates) often use their own definitions, thus limiting communication across disciplines and hampering efforts to identify, assess, track, treat, and prevent child abuse and neglect effectively. In addition, victimization rates are often based on reports from a single source, for example, vital statistics or CPS (e.g., National Child Abuse and Neglect Data System [NCANDS]). The most recent NCANDS estimate is 11.9 per 1,000 children, or 872,000 victims per year in 2004 (US DHHS, 2006). However, the Third National Incidence Study, with its more inclusive ascertainment methods (e.g., multiple sources), suggests CPS may investigate fewer than half the actual number of maltreatment cases (Sedlak and Broadhurst 1996).

Estimates for child fatalities due to maltreatment vary to an even greater extent depending on the methodologies, definitions, and sources used (Crume et al. 2002; Herman-Giddens et al. 1999; McClain, Sacks, Frohlike, and Ewigman 1993). On the one hand, death certificate data from 2002 suggest rates as low as 0.28 per 100,000 children 0 to 17 years of age (N = 204) (CDC Wonder website: <http://wonder.cdc.gov/>). On the other hand, the NCANDS *Child Maltreatment 2004* report estimates 2.0 per 100,000 children 0 to 17 years of age (N = 1,500). Fatality rates vary inversely by age as well, with the rate for infants varying by source from 2.4 per 100,000 for vital statistics to 17.5 per 100,000 for CPS sources.

This lack of consistent information about the number of children affected by maltreatment limits the ability of the public health community to respond to the problem in several ways. First, it limits ability to gauge the magnitude of child maltreatment in relation to other public health problems. Second, it limits ability to identify those groups at highest risk who might benefit from focused intervention or increased services. Finally, it limits ability to monitor changes in the incidence and prevalence of child maltreatment over time. In turn, this limits the ability to monitor the effectiveness of child maltreatment prevention and intervention activities (Saltzman et al. 1999).

The Public Health Approach to Child Maltreatment

The mission of the Centers for Disease Control and Prevention (CDC) is to promote health and quality of life by preventing and controlling disease, injury, and disability. Child maltreatment can result in direct physical, behavioral, social, and emotional harm and disability and is a risk factor for a range of other health risk factors that contribute to acute and chronic health problems. For example, research has shown that individuals who experienced multiple forms of child maltreatment early in life are more likely to engage in health risk behaviors such as smoking and heavy alcohol use. These health risk behaviors have been linked to poor health outcomes such as respiratory illness, liver damage, and cancer later in life (Edwards 2004). The ultimate goal of CDC's child maltreatment prevention activities is to prevent child maltreatment before it occurs. To do this, CDC uses the public health model in which surveillance is the first step.

Surveillance is defined as the ongoing, systematic collection, analysis, and interpretation of outcome-specific data for use in the planning, implementation, and evaluation of public health practice (Thacker and Berkelman 1988). Public health based child maltreatment surveillance systems rely on a variety of unique data sources, for example, hospital in-patient records, emergency department records, police and homicide reports, child death review findings, and medical examiner and coroner reports. These surveillance systems also use traditional CPS data that have been used by databases such as NCANDS and the Adoption and Foster Care Analysis Reporting System (AFCARS).

Although the research and legal communities have attempted to develop consistent and uniform definitions of child abuse and neglect, none of these definitions is adequate for use in public health surveillance. Research definitions such as the *Maltreatment Coding Scheme for Abuse Allegations (MCS)* (Barnett, Manly, and Cicchetti 1991, 1993) and the “harm” and “endangerment” standards from the *National Incidence Study (NIS)* rely on interview data from a variety of sources that are not available to state and local health departments. Also, legal definitions vary from state to state, making comparisons across states and the collection of national data difficult. Users of this document are strongly encouraged to familiarize themselves with the child abuse and neglect laws in their state when designing surveillance systems because the differences may affect the language used to find cases and interpret data.

Because no public health based definitions for child maltreatment exist, public health officials continue to use terms related to child maltreatment in different ways and use different terms to describe the same acts. Not surprising, these inconsistencies have contributed to varied conclusions about the incidence and prevalence of child abuse and neglect.

CDC Development of Uniform Definitions and Recommended Data Elements

In 1999, CDC published Version 1.0 of *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements* (Saltzman et al. 1999; revised 2002). That document was intended to guide data collection for public health surveillance of intimate partner violence. In 2002, CDC published Version 1.0 of *Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements* (Basile and Saltzman 2002). It covered sexual violence committed by all perpetrators and was intended for surveillance of sexual violence against both adult and child victims.

This document is the third in the series of Uniform Definitions and Recommended Data Elements. We used a process and format similar to that of the other two documents and focused on all types of child maltreatment, including sexual abuse. To maintain consistency and ease of use, we have drawn heavily from the sexual violence definitions in our definitions of sexual abuse. However, the definition of sexual abuse in this document covers only sexual violence against children that occurs in the context of a caregiver relationship.

Development Process

Professionals in child maltreatment research, prevention, and surveillance from settings including universities, state health departments, hospitals, contract research firms, and federal agencies served as panelists for this project. The panelists first met in March 2003. At this meeting, panelists were charged with generating initial drafts of operational definitions of child maltreatment overall and the individual types of child maltreatment. The results of this meeting were compiled and refined and sent to the panelists for feedback in December 2003. Expanded and revised documents were presented to the panel in June 2004 and November 2004. The final draft of the document was sent to the panelists and other child maltreatment experts for review in May 2005.

Purpose

This document defines child maltreatment, presents associated terms, and recommends data elements for voluntary use by individuals and organizations in the public health community. It is designed to aid state and local health department staff in the collection of public health surveillance data on child maltreatment. This document is not intended to be a set of mandates; rather, it is intended to promote and improve consistency of child maltreatment surveillance for public health practices.

The recommended data elements are designed to help people collect information of value for public health surveillance of child maltreatment and to serve as a technical reference for the collection of surveillance data. Developers of surveillance systems may choose to include as many or as few of the recommended data elements as they deem feasible. If the recommended data elements can be uniformly recorded and the data made available to numerous users, information about the characteristics and risk factors for child maltreatment will become more comparable and problems such as data incompatibility and the high cost of collecting, linking, and using data can be substantially reduced.

The data elements in this document may be most useful for systematic, on-going collection, analysis, and interpretation of data already available from sources such as emergency departments, police departments, or CPS records. These data are typically collected for other agency-related purposes, but can later be extracted and used for surveillance.

Other approaches to surveillance exist that can be potentially viable options for measuring the incidence and prevalence of child maltreatment. Surveys, for example, involve systematic data collection from a representative sample of the population of interest for analysis and interpretation. Survey data are collected directly from individuals such as parents, caregivers, and children. Although the definitions and data elements contained in this document apply to some surveys, they were not designed specifically for use in surveys and discussion of these definitions and elements in this context is beyond the scope of the current document.

Content and Scope

This document contains definitions and data elements that can be used to create instruments for surveillance. Users should be aware that its contents neither represent instruments for surveillance nor provide clinical information for identifying child maltreatment. The document is divided into two major sections:

- Uniform Definitions (for child maltreatment)
- Recommended Data Elements for Child Maltreatment Surveillance

In the first section, we provide a conceptual definition of child maltreatment and associated terms. In the second section, we provide recommended data elements for surveillance. The recommended data elements are divided into basic data elements and expanded data elements. The *basic data elements* represent fundamental information that should be collected in a child maltreatment surveillance system. Although not mandatory, these data elements should be relatively easy to collect. Some basic data elements may not be available or may be inappropriate to collect from certain data sources. If users of a surveillance system are unable to collect some basic data elements, the system is by no means inadequate. If resources allow, collection of the *expanded data elements*—which includes the basic data elements—will yield additional beneficial information. This information will provide richer dataset that includes contextual variables which may be more difficult to collect than the basic data elements.

An example of information that may be difficult to obtain is *Injury Characteristics*. Depending on the data sources used, the linkage across different data systems, and the completeness of available records, data for this element can be difficult or time-consuming to collect. Although not included in the list of basic data elements, we do not imply that injury characteristics are unimportant; rather, we acknowledge that these data are difficult to capture in a surveillance system.

Although we recommend definitions and data elements for use in child maltreatment surveillance systems, this document does not specify a database structure for the elements, preferring to leave the decision and choice of software to the database designer. However, the elements in this document can be used either in a flat file format, where one child record links to each incident, or in a relational database format, where multiple incident records may be linked to each child record. Examples of these database types can be found in existing data systems: death certificate data is stored in a flat file format, whereas both the FBI's National Incident Based Reporting System and the CDC's National Violent Death Reporting System use relational databases.

The flat file format is easier to implement and analyze. However, if a file in this format is set up with one record for each incident, it will be necessary to link multiple incidents for the same child in some fashion. A flat format also requires that the designer include enough fields to handle the most complicated incidents (e.g., those with multiple caregivers) or else force the user to choose among several caregivers for the one or two to be recorded. Either way, a flat file format will require relabeling the repeated variables (e.g., caregiver1 and caregiver2).

On the other hand, the relational database format can accommodate multiple records linked to a single record, whether those are multiple caregivers in one incident or multiple incidents for one child. A relational database tends to require more programming assistance to implement. Each surveillance system should use the format that best matches the available technical resources. For the most part, data from two

systems that share the same data elements but use different database structures should be comparable. This document's order of presentation for various types of child maltreatment does not imply a hierarchy of risk or harm to the child; *all* abuse and neglect can have serious negative consequences for the victims.

Caveats to the Use of this Document

- As with all research on children, ethical and safety issues are paramount. No data should be collected or stored in a way that would jeopardize a child's safety. Those interested in developing a surveillance system for child maltreatment must be particularly conscious of the need to preserve confidentiality. The issue of confidentiality must also be balanced with the need for data linkage across multiple data sources, perhaps through mechanisms such as encryption designed to preserve confidentiality and individual anonymity.
- Recognize that the parent and child behaviors and child outcomes which can be markers for child maltreatment are diverse and can result from other stressors or trauma. For example, infants and toddlers who present subdural hemotoma in emergency rooms could have suffered the injury from a fall or as a result of being unintentionally struck on the head—not as a consequence of shaken baby syndrome. Users should rely on multiple sources for data and consider available contextual information to determine whether a behavior or injury is, in fact, an indicator of child maltreatment.
- Because identification and documentation of child maltreatment is not standard across the many sources that collect data on abuse and neglect, data from multiple sources may be needed to better estimate the number of children who experience maltreatment. However, use of multiple data sources can present logistical and economic challenges. Data collection from multiple data sources can be costly, and these data will need to be linked once collected. As such, developers of surveillance systems may want to explore the viability of various approaches to determine the most efficacious and cost-effective method of child maltreatment surveillance. The recommendations in this document provide suggested means for organizing information whether it comes from a single source or a variety of sources.
- The definitions in this document include discrete types of violence: physical abuse, sexual abuse, psychological abuse, and neglect (*Failure to Provide* and *Failure to Supervise*). We recommend that users of the document take several approaches to assess the incidence and prevalence of child maltreatment when designing their surveillance system.
 - o First, research has demonstrated that experiencing maltreatment of any type can have deleterious consequences on development (Bolger, Patterson, and Kupersmidt 1998; Cerezo and Frias 1994; Felitti et al. 1998; Kang et al. 1999; Mannarino and Cohen 1996; Widom 1999). For this reason, we recommend that surveillance systems be designed to capture whether a child has experienced any maltreatment—regardless of the type experienced.
 - o Second, research on child maltreatment has demonstrated that the various types of maltreatment often co-occur (Cicchetti and Barnett 1991; Clausen and Crittenden 1991; Higgins and McCabe 2000; Lewis, Mallouh, and Webb 1989; McGee and Wolfe 1991; Straus and Gelles 1986). As such, we recommend that the incidence of each type of maltreatment be documented separately to gauge its magnitude relative to other types of maltreatment.

- Many issues covered in this document fall into a grey area where it is difficult to delineate or encompass every possibility. Surveillance allows for error and interpretation by the individuals involved and does not strive for the same precision as research.

Next Steps

As users of this document apply these definitions and data elements, we hope that most acts of child maltreatment will be captured. This document serves as a starting point, and revisions may become necessary as the definitions and data elements are used.

We welcome comments and feedback from users. Please e-mail or send suggestions for improving this document to:

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UNIFORM DEFINITIONS

CHILD MALTREATMENT AND ASSOCIATED TERMS

Child Maltreatment

Any **act or series of acts of commission**¹ or **omission** by a parent² or other **caregiver** that results in **harm**, potential for harm, or threat of harm to a **child**³.

Acts of Commission (Child Abuse⁴)

Words or overt actions that cause harm, potential harm, or threat of harm to a child. Acts of commission are deliberate and intentional; however, harm to a child may or may not be the intended consequence. Intentionality only applies to the caregivers' acts—not the consequences of those acts. For example, a caregiver may intend to hit a child as punishment (i.e., hitting the child is not accidental or unintentional) but not intend to cause the child to have a concussion. The following types of maltreatment involve acts of commission:

- Physical abuse
- Sexual abuse
- Psychological abuse

Acts of Omission (Child Neglect)

The failure to provide for a child's basic physical, emotional, or educational needs or to protect a child from harm or potential harm⁵. Like acts of commission, harm to a child may or may not be the intended consequence. The following types of maltreatment involve acts of omission:

- Failure to provide
 - o Physical neglect
 - o Emotional neglect
 - o Medical/dental neglect
 - o Educational neglect
- Failure to supervise
 - o Inadequate supervision
 - o Exposure to violent environments

¹ Words in boldface type will be defined.

² The term "parent" includes custodial and noncustodial parents.

³ The terms "maltreatment" and "abuse" are often used interchangeably in the literature. However, in this document, "maltreatment" is a general term that includes both abuse and neglect; "abuse" refers explicitly to acts of commission.

⁴ In this document, the term "abuse" includes single acts and repeated, ongoing acts.

⁵ Adapted from Administration for Children and Families (ACF), *What is Child Maltreatment?*

Caregiver

A caregiver⁶ is a person, or people, who at the time of the maltreatment is in a permanent (**primary caregiver**) or temporary (**substitute caregiver**) custodial role. In a custodial role, the person is responsible for care and control of the child and for the child's overall health and welfare.

- *Primary caregivers* must live with the child at least part of the time and can include, but are not limited to, a relative or biological, adoptive, step-, or foster parent(s); a legal guardian(s); or their intimate partner⁷.
- *Substitute caregivers* may or may not reside with the child and can include clergy, coaches, teachers, relatives, babysitters, residential facility staff, or others who are not the child's primary caregiver(s).

Harm

Any acute disruption caused by the **threatened** or actual acts of commission or omission to a child's **physical** or **emotional health** (ISPCAN 2003). Disruptions can affect the child's physical, cognitive, or emotional development.

Threat of harm occurs when a parent or caregiver expresses an intention or gives signs or warnings through the use of words, gestures, or weapons to communicate the likelihood of inflicting harm to the child. Threat of harm can be explicit or implicit. Explicit threats would include such acts as pointing a gun at the child or raising a hand as if to strike the child. Implicit threats would include such acts as kicking holes in walls or breaking down doors.

Disruption of physical health includes, but is not exclusive to, **physical injuries**, **avoidable illnesses**, and **inadequate nutrition**.

- *Physical injuries* are physical harm, including death, occurring to the body from exposure to thermal, mechanical, electrical, or chemical energy interacting with the body in amounts or rates that exceed the threshold of physiological tolerance, or from the absence of such essentials as oxygen or heat (Holder et al. 2001). Physical injuries can include physical marks, burns, lacerations, contusions, abrasions, broken bones, internal injuries, organ damage, poisoning, asphyxiation, or death because of physical injuries sustained.
- *Avoidable illnesses* are those illnesses that are preventable or induced as a result of denial of medical care, withholding of medication, or failure to immunize against typical childhood diseases. Examples include sexually transmitted disease, Munchausen's Syndrome by Proxy, Pediatric Condition Falsification, and deliberate failure to immunize against a vaccine-preventable disease.
- *Inadequate nutrition* is defined as a failure by the caregiver to provide nutrition that is adequate for growth and physical development. Examples include hunger, malnutrition, and failure to thrive due to poor nutrition.

⁶ Discrepancies in the definition of *caregiver* often occur in state laws. Users of this document should familiarize themselves with the child abuse and neglect laws in their state when designing surveillance systems.

⁷ *Intimate partner* is defined as including current spouses (including common-law spouses); current non-marital partners including heterosexual or same-sex dating, and heterosexual or same-sex boyfriends/girlfriends; former marital partners including divorced spouses, former common-law spouses, and separated spouses; and former non-marital partners including former heterosexual or same-sex dates and former heterosexual or same-sex boyfriends/girlfriends. Intimate partners may be cohabiting, but need not be. The relationship need not involve sexual activities. Users of this document will need to know what qualifies as common-law marriage in their state (Saltzman, Fanslow et al. 1999).

Disruption of emotional health can include anxiety problems, disruption of social functioning, impaired relationships, depression and depressive symptoms, eating disorders, posttraumatic stress (including posttraumatic stress disorder [PTSD]), externalizing behaviors (e.g., aggression), lack of education, school failure, delinquency, or substance abuse.

Harm can be immediate (e.g., broken bones) or delayed (e.g., depression, PTSD).

Child

Any individual from birth through 17 years of age⁸ at the time of maltreatment.

For the purposes of this document, maltreatment of an adult (age 18 or older) is not considered child maltreatment regardless of the emotional or intellectual age of the person.

For the purposes of this document the following are irrelevant to determining whether child maltreatment has occurred:

- Caregiver's intent to harm the child.
- Caregiver's legal liability for the maltreatment.
- Caregiver's economic means.
- Caregiver's religious or cultural norms.

⁸ For the purposes of this document and based on the general child maltreatment literature, a *child* is defined as anyone younger than 18 years of age—regardless of state law stating otherwise. Users of this document may choose a lower or higher age threshold based on the legal definition of *minor* in their jurisdiction.

DEFINITIONS OF ACTS OF COMMISSION (CHILD ABUSE)

For the purposes of this document, an incident of child maltreatment is defined as an event documented by CPS, law enforcement, the medical system, or other reporting source (e.g., school) in which child maltreatment is alleged or confirmed⁹.

Physical Abuse

Physical abuse is defined as the intentional use of physical force against a child that results in, or has the potential to result in, physical injury.

Physical abuse includes physical acts ranging from those which do not leave a physical mark on the child to physical acts which cause permanent disability, disfigurement, or death (Barnett, Manly, and Cicchetti 1993). Physical abuse can result from discipline or physical punishment (ACF 2002).

Physical acts can include hitting, kicking, punching, beating, stabbing, biting, pushing, shoving, throwing, pulling, dragging, dropping, shaking, strangling/choking, smothering, burning, scalding, and poisoning.

Exceptions

Physical injuries to the anal or genital area or surrounding areas (e.g., anal or genital bruising or tearing; internal injuries resulting from penetration by a penis, hand, finger, or other object) that occur during attempted or completed sexual abuse, or other physical injuries that result from attempted or completed sexual abuse (e.g., bruises due to restraint, hitting, pushing) are considered sexual abuse and do not constitute physical abuse.

Sexual Abuse

Any completed or attempted (non-completed) **sexual act**, **sexual contact** with, or exploitation (i.e., **noncontact** sexual interaction) of a child by a caregiver.

Sexual Act

Sexual acts include contact involving penetration, however slight, between the mouth, penis, vulva, or anus of the child and another individual. Sexual acts also include penetration, however slight, of the anal or genital opening by a hand, finger, or other object (Basile and Saltzman 2002).

Genital on genital contact includes:

- Penis to vulva
- Penis to anus
- Penis to penis

Mouth on genital contact includes:

- Mouth to penis
- Mouth to anus
- Mouth to vulva

⁹ Research has demonstrated similar negative sequelae for children who have substantiated CPS reports of maltreatment and for children who have alleged or suspected report of maltreatment to CPS (Hussey et al. 2005).

Sexual acts can be performed by the caregiver on the child or by the child on the caregiver. A caregiver can also force or coerce a child to commit a sexual act on another individual (child or adult).

Abusive Sexual Contact

Abusive sexual contact includes intentional touching, either directly or through the clothing, of the following:

- Genitalia (penis or vulva)
- Anus
- Groin
- Breast
- Inner thigh
- Buttocks

Abusive sexual contact *does not involve penetration* of any of the above.

Abusive sexual contact can be performed by the caregiver on the child or by the child on the caregiver. Abusive sexual contact can also occur between the child and another individual (adult or child) through force or coercion by a caregiver. Abusive sexual contact does not include touching required for the normal care or attention to the child's daily needs.

Noncontact Sexual Abuse

Noncontact sexual abuse does not include physical contact of a sexual nature between the caregiver and the child.

Noncontact sexual abuse can include the following:

1. Acts which expose a child to sexual activity (e.g., pornography; voyeurism of the child by an adult; intentional exposure of a child to exhibitionism);
2. Filming¹⁰ of a child in a sexual manner (e.g., depiction, either photographic or cinematic, of a child in a sexual act);
3. Sexual harassment of a child (e.g., *quid pro quo*; creating a hostile environment because of comments or attention of a sexual nature by a caregiver to a child);
4. Prostitution of a child (e.g., employing, using, persuading, inducing, enticing, encouraging, allowing, or permitting a child to engage in or assist any other person to engage in, prostitution¹¹, or **sexual trafficking**. *Sexual trafficking* is defined as the act of transporting children across international borders through deception for forced sexual activity such as prostitution or sexual slavery (Miller and Jayasundara 2001).

¹⁰ "Filming" includes recording of images from life using any medium, including photographic film, digital recording (camera, video), and drawing.

¹¹ Adapted from ACF, *What is Child Maltreatment?*

Psychological Abuse

Intentional caregiver behavior (i.e., act of commission) that conveys to a child that he/she is worthless, flawed, unloved, unwanted, endangered, or valued only in meeting another's needs¹². Psychological abuse can be continual (e.g., chronic and pervasive) or episodic (e.g., triggered by a specific context or situation: caregiver substance use/abuse) (Kairys and Johnson 2002).

Psychologically abusive behaviors may include blaming, belittling, degrading, intimidating, **terrorizing, isolating**, restraining, confining, corrupting, exploiting, spurning, or otherwise behaving in a manner that is harmful, potentially harmful, or insensitive to the child's developmental needs, or can potentially damage the child psychologically or emotionally (Barnett, Manly, and Cicchetti 1991; McGee and Wolfe 1991a, b).

Terrorizing

Terrorizing includes caregiver behavior that is life-threatening; makes a child feel unsafe (e.g., situations that are likely to physically hurt, kill, or abandon the child) (Myers et al. 2002); sets unrealistic expectations of the child with threat of loss, harm, or danger if expectations are not met; and threatens or perpetrates violence against a child or a child's loved ones or objects (including toys, pets, or other possessions) (Kairys and Johnson 2002). For example, placing a child in unpredictable or chaotic circumstances would be considered terrorizing as would be placing a child in a situation reasonably considered dangerous by either the child or another adult.

Isolating

Psychological isolation occurs when a caregiver forbids, prevents, or minimizes a child's contact with others.

¹²Adapted from APSAC 1995.

DEFINITIONS OF ACTS OF OMISSION (CHILD NEGLECT)

Failure to Provide (Barnett, Manly, and Cicchetti 1993)

Failure by a caregiver to meet a child's basic **physical, emotional, medical/dental, or educational needs**—or combination thereof. Failure to provide includes the following:

Physical Neglect

Caregiver fails to provide adequate nutrition, hygiene, or shelter; or, caregiver fails to provide clothing that is adequately clean, appropriate size, or adequate for the weather. Several examples follow (Barnett, Manly, and Cicchetti 1993):

- **Nutrition:** A 9-year-old child makes dinner several times per week because the caregiver(s) are sleeping, away, or otherwise unavailable; a child misses or is denied meals on numerous occasions over time; a child is diagnosed as being severely malnourished.
- **Hygiene:** Child is dirty, smells bad, or has unwashed hair. Child's living situation is unsanitary; dirty dishes and spoiled food are left on the kitchen table and counter.
- **Shelter:** Living arrangements for the child and family are unstable for two weeks or more; the residence is infested with roaches or vermin; residence in unheated or inadequately heated because caregivers have failed to ensure heat available.
- **Clothing:** The child always wears clothing that is too small; the child is not given a warm coat and gloves when the weather is cold.

Emotional Neglect

Caregiver ignores the child, or denies emotional responsiveness or adequate access to mental health care (e.g., caregiver does not respond to infant cries or older child's attempt to interact) (Barnett, Manly, and Cicchetti 1993).

Medical/Dental Neglect

Caregiver fails to provide adequate access to medical, vision, or dental care for the child. Examples include the following:

- Caregiver does not administer prescribed medications;
- Caregiver refuses to take the child for needed medical attention or seek timely medical attention (Barnett, Manly, and Cicchetti 1993).

Educational Neglect

Caregiver fails to provide access to adequate education. Examples include:

- Caregiver allows child to miss 25 or more school days in one academic year without excuse;
- Caregiver does not enroll the child in school; caregiver encourages a child (under 16 years of age) to drop out of school (Barnett, Manly, and Cicchetti 1993).

Failure to Supervise

Failure by the caregiver to ensure a child's safety within and outside the home given the child's emotional and developmental needs (Barnett, Manly, and Cicchetti 1993).

Inadequate Supervision

Failure by the caregiver to ensure that the child engages in safe activities and uses appropriate safety devices; to ensure that the child is not exposed to unnecessary hazards; or to ensure appropriate supervision by an adequate substitute caregiver (Barnett, Manly, and Cicchetti 1993).

Inadequate supervision (sometimes called “supervisional neglect”) includes occasions when a caregiver knowingly fails to protect a child from maltreatment perpetrated by a substitute caregiver. Under such conditions, the primary caregiver's behavior would be considered neglectful only if the maltreatment was recognized and allowed to occur. Regardless of the primary caregiver's knowledge of the maltreatment, the substitute caregiver's behavior would be considered maltreatment.

Exposure to Violent Environments

Caregiver intentionally¹³ fails to take available measures to protect the child from pervasive violence within the home, neighborhood, or community (Kairys and Johnson 2002). For example, a caregiver who sells illicit drugs out of the child's home exposes the child to a violent environment; or, a school bus driver (temporary caregiver) who allows a student to be routinely victimized by another student while riding the bus without taking steps to intervene (e.g., notifying school administrators) also exposes a child to a violent environment.

Exposure of a child to violence between caregivers in the home may also qualify as exposure to a violent environment, particularly if the caregivers do not take available measures to protect the child from exposure. But, in instances where the caregiver is being victimized by a partner, and alternatives to protect the child are not available, or the caregiver is unaware of alternatives, the caregiver is *not* maltreating the child.

¹³ In this instance, *intentionality* refers to the actions by the caregiver rather than the consequences of those actions. In other words, the caregiver does not necessarily behave in a way to intentionally harm the child; instead, the caregiver intentionally fails to behave in a way that will protect the child.

CO-OCCURRENCE OF MULTIPLE TYPES OF ABUSE AND NEGLECT¹⁴

Multiple forms of maltreatment often coexist, as described in these examples:

- Police find a 20-month-old child with bruises on extremities, cigarette burns to the forehead and upper chest, and signs of dehydration. The child was at home with the male caregiver who was high on opium. In this instance, physical abuse, failure to provide (adequate nutrition), failure to protect (caregiver is under the influence of drugs and unable to care for the child), and psychological abuse have occurred.
- Paramedics find a two-and-a-half-year-old child. The undressed child was walking outside in the winter and had belt-patterned bruises on the legs and trunk. The child also had ethyl alcohol in his blood system. In this example, physical abuse, failure to provide (adequate clothing), and failure to protect (unaccompanied child) have occurred.
- Upon reading a school report card, the caregiver/parent slaps the child's face, withholds food, and berates the child's ability until "better marks" are produced. In this scenario, physical abuse, failure to provide, and psychological abuse have occurred.

¹⁴ More detailed discussion and recommendations about the classification of situations in which multiple types of abuse and neglect occur can be found in the Data Elements section of this document.





**RECOMMENDED DATA ELEMENTS FOR
CHILD MALTREATMENT SURVEILLANCE**

INTRODUCTION

Each section describes the recommended data elements that can be included in a surveillance system designed to collect information on child maltreatment. The order in which the data elements are presented is not intended to suggest a hierarchy; users may select data elements that best fit their surveillance needs.

Depending on the applicability of the information, some or all of the following categories of information are listed for each data element:

- **Description** or **definition** of the data element;
- **Uses/data element type** describes how the data element should be used and whether it is a basic or expanded data element;
- **Discussion** of relevant conceptual or operational issues;
- **Allow for multiple responses** indicates when it is appropriate to include all applicable answers or response options;
- **Field values/coding instructions** indicate how to enter data in the field and what each represents;
- **Data standards** or **guidelines** used to define the data elements and its field values;
- **Other references** consulted in developing the data elements.

BASIC AND EXPANDED DATA ELEMENTS FOR CHILD MALTREATMENT SURVEILLANCE

Basic Data Elements

1.01	Case ID
1.02	Child's name
1.03	Alternative name for child
1.04	Birth date of child
1.07	Sex of child
1.08	Race of child
1.09	Hispanic or Latino ethnicity of child
2.01	Date of incident
2.02	Date of report to Child Protective Services (CPS)
2.04.01	Child's first address at time of incident
2.04.02	Child's second address at time of incident
2.04.06	Notation of physical abuse
2.04.07	Abusive head trauma/Shaken Baby Syndrome
2.04.08	Data source(s) documenting physical abuse and abusive head trauma/ ShakenBaby Syndrome
2.04.09	Notation of sexual abuse
2.04.10	Data source(s) documenting sexual abuse
2.04.20	Notation of psychological abuse
2.04.21	Data source(s) documenting psychological abuse
2.04.23	Notation of failure to provide
2.04.24	Data source(s) documenting failure to provide
2.04.26	Notation of failure to supervise
2.04.27	Data source(s) documenting failure to supervise
2.04.30	Child fatality related to maltreatment incident
2.04.32	Health outcome related to maltreatment incident
3.01	Caregiver's name
3.02	Alternate name for caregiver
3.04	Age of caregiver
3.05	Sex of caregiver
3.06	Race of caregiver
3.07	Hispanic or Latino ethnicity of caregiver
3.09	Relationship of caregiver to the child
3.11	Primary caregiver status
3.12	Responsibility for maltreatment

Expanded Data Elements—Includes preceding basic data elements and the following:*

- 1.05 Age (in months) of child age 3 years or younger
- 1.06 Age (in years) of child older than 3 years
- 1.10 Preexisting disability or health condition
- 2.03 Location where maltreatment occurred
- 2.04.03 Type of residence
- 2.04.04 Time in first residence
- 2.04.05 Time in second residence
- 2.04.11 Penetration status
- 2.04.12 Object used for sexual act(s)
- 2.04.13 Part of the body affected by sexual act(s)
- 2.04.14 Sexually transmitted disease diagnosed
- 2.04.15 Occurrence of abusive sexual contact
- 2.04.16 Object used for abusive sexual contact
- 2.04.17 Part of the body affected by abusive sexual contact
- 2.04.18 Occurrence of noncontact sexual abuse
- 2.04.19 Method of noncontact sexual abuse
- 2.04.22 Method of psychological abuse
- 2.04.25 Mitigating circumstances for failure to provide
- 2.04.28 Harm resulting from failure to supervise
- 2.04.29 Method of harm/injury related to failure to supervise
- 2.04.31 Child alcohol/drug status at time of maltreatment incident
- 2.04.33 Injury characteristics
- 2.04.34 Mechanism of harm/injury
- 2.04.35 External physical injury
- 2.04.36 Internal physical injury
- 2.04.37 Physical illness resulting from maltreatment
- 2.04.38 Receipt of medical treatment
- 2.04.39 Date of arrival at hospital
- 2.04.40 ICD 9/10 codes for child maltreatment
- 3.03 Caregiver date of birth
- 3.08 Marital status of caregiver
- 3.10 Caregiver residential status
- 3.13 Factors affecting caregiver at time of incident
- 3.14 Prior termination of parental rights to the index child
- 4.01 Other adult(s) in residence
- 4.02 Other children/siblings in residence
- 4.03 Prior CPS involvement with family/household
- 4.04 Prior CPS complaint(s) on child's primary caregiver(s)
- 4.05 Prior CPS complaint(s) on other adult(s) associated with index child
- 4.06 Residency status of other adult(s) with prior CPS complaints
- 4.07 Prior CPS complaint(s) involving index child
- 4.08 Types of maltreatment in prior complaint(s) involving index child
- 4.09 Prior CPS complaint(s) involving other children in residence
- 4.10 Types of maltreatment in prior complaint(s) involving other children in residence.

Expanded data elements will be denoted in subsequent text by an asterisk().

CHILD VARIABLES

1.01	Case ID
1.02	Child's name
1.03	Alternative name for child
1.04	Birth date of child
1.05	Age (in months) of child age 3 years or younger*
1.06	Age (in years) of child older than 3 years*
1.07	Sex of child
1.08	Race of child
1.09	Hispanic or Latino ethnicity of child
1.10	Preexisting disability or health condition*

Discussion

The data elements in this section relate directly to information about the index child.

Creators of surveillance systems should be mindful of confidentiality and safety issues as they develop and use their system. No data should be collected or stored that could potentially jeopardize a child's safety. When developing a surveillance system for child maltreatment, the issue of confidentiality must be balanced with the need for data linkage across multiple data sets. Data elements containing identifying information may be stripped once data from all records related to the child have been identified and entered into the surveillance system.

*Expanded data element

Description/Definition

A required, unique identification code used by the agency compiling child maltreatment surveillance data.

Uses/Data Element Type

Ensures that entered or accessed records correspond with the proper child. It also facilitates data linkage for administrative and research purposes.

Data element type: Basic.

Discussion

Case ID may be assigned by the agency compiling child maltreatment (CM) surveillance data, or it may be an identifier previously assigned by the contributing data source. Case ID can be identical to the identifier created to allow linkage across multiple sources.

Because identification and documentation of CM is not standard across the many sources that may collect data on abuse and neglect, data from multiple sources may be needed to better estimate the number of children who experience maltreatment. As such, developers of surveillance systems may want to explore the viability of a variety of approaches to child maltreatment surveillance. One method is to include data from multiple sources (e.g., CPS records, police records, emergency room records, and Child Fatality/Death Review Board records) when designing surveillance systems. If surveillance system developers choose to use data from multiple sources, a unique identifier should be created for linkage across data sources included in *2.04.08 Data Sources Documenting Physical Abuse and Abusive Head Trauma/Shaken Baby Syndrome*, *2.04.10 Data Sources Documenting Sexual Abuse*, *2.04.21 Data Sources Documenting Psychological Abuse*, *2.04.24 Data Sources Documenting Failure to Provide*, and *2.04.27 Data Sources Documenting Failure to Supervise*. This identifier can be identical to the data element 1.01 Case ID.

The mechanics of how to set up a database that accommodates data from multiple sources are not discussed in this document. Users should refer to other sources for information on how to set up a database.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

For recommended field values and coding instructions, please refer to Data Standards or Guidelines listed below.

Data Standards or Guidelines

Health Level 7, Version 3.0 (HL7 2003); www.HL7.org

Description/Definition

Child's first, middle, and last name.

Uses/Data Element Type

Allows for linking data on a particular child across records, thus reducing the chance of duplicate records on the same child.

Can be used with *1.03 Alternate Name for Child* to ensure that records related to the child are correctly linked to the child.

Data element type: Basic.

Discussion

The practice of including names in public health surveillance systems is not uncommon. Most state-level surveillance systems for infectious diseases include names, as do surveillance systems such as the National Violent Death Reporting System. Additionally, inclusion of the index child's name(s) in a surveillance system to track child maltreatment allows for a unique identifier that can facilitate data linkage across sources.

These data are not intended for tracking victims or offenders. Protection of individuals' privacy is paramount; to protect child victim privacy and confidentiality, access to this data element must be limited to authorized personnel.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Record child's name as follows:

<Family Name>^

<Given Name>^

<Middle Name or Initial>^

If the child's name does not conform to the coding instructions above, please refer to the Data Standards or Guidelines listed below.

Data Standards or Guidelines

Health Level 7, Version 3.0 (HL7 2003); www.HL7.org

Common Data Elements Implementation Guide, Version 2.4 (CDC 2000); www.cdc.gov/data/index.htm

Description/Definition

Other first, middle, and last name by which child is known.

Uses/Data Element Type

Allows for linking data on a particular child across records, thus reducing the chance of duplicate records on the same child.

Can be used with *1.02 Child's Name* to ensure that records related to the child are correctly linked to the child.

Data element type: Basic.

Discussion

The practice of including names in public health surveillance systems is not uncommon. Most state-level surveillance systems for infectious diseases include names, as do surveillance systems such as the National Violent Death Reporting System. Additionally, inclusion of the index child's name(s) in a surveillance system to track child maltreatment allows for a unique identifier that can facilitate data linkage across sources.

These data are not intended for tracking victims or offenders. Protection of individuals' privacy is paramount; to protect child victim privacy and confidentiality, access to this data element must be limited to authorized personnel.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Record child's name as follows:

<Family Name>^

<Given Name>^

<Middle Name or Initial>^

If the child's name does not conform to the coding instructions above, please refer to the Data Standards or Guidelines listed below.

Data Standards or Guidelines

Health Level 7, Version 3.0 (HL7 2003); www.HL7.org

Common Data Elements Implementation Guide, Version 2.4 (CDC 2000); www.cdc.gov/data/index.htm

Description/Definition

Child's date of birth

Uses/Data Element Type

Can be used to calculate the child's age, to ensure that the person is a child (i.e., is not age 18 or older), and to distinguish between children with the same name.

Data element type: Basic.

Discussion

If date of birth is not known, the year can be estimated from the child's age (see data element *1.05 Age in Months of Child age 3 Years or Younger* and *1.06 Age in Years of Child Older than 3 Years*). The child's date of birth can be used with data element *2.01 Date of Incident* to calculate the child's age at the time of the current incident.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

For recommended field values and coding instructions, please refer to Data Standards or Guidelines listed below.

Data Standards or Guidelines

E1384-96 (ASTM 1996)

Health Level 7, Version 3.0 (HL7 2003); www.HL7.org

Description/Definition

Age of child, if 3 years or younger (36 months), at the time of the incident for which data are being collected.

Uses/Data Element Type

Can be used if child's date of birth (see 1.04) is not available or is in question.

Data element type: Expanded.

Discussion

Because developmental changes occur rapidly in the first three years of life, record the child's age in months for ages 3 years (36 months) and younger . Age in months allows for greater precision and a better understanding of the child's physical, cognitive, and emotional abilities at the time of the incident of maltreatment.

If the child's exact age is not available, an estimated age can be used.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Record age in months and round to the nearest month. For example, a child who is 2 years and 3 months would be coded as 27 months of age. If the child is 2 years, 3 months, and 15 or fewer days, the age would be coded as 27 months. On the other hand, if the child is 2 years, 3 months, and 16 or more days, the age would be coded as 28 months.

Data Standards or Guidelines

Common Data Elements Implementation Guide, Version 2.4 (CDC 2000);
www.cdc.gov/data/index.htm

Description/Definition

Age of child, if the child is older than 3 years, at the time of the incident on which data are being collected.

Uses/Data Element Type

Can be used if child's date of birth (see 1.04) is not available or is in question.

Data element type: Expanded.

Discussion

If the child's exact age is not available, an estimated age can be used.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Record age in years. If fractional ages (e.g., 7.5 years or 7 ½ years) are provided, round to the nearest year. For example, a child who is 7.5 years of age would be coded as 8 years.

Data Standards or Guidelines

Common Data Elements Implementation Guide, Version 2.4 (CDC 2000);
www.cdc.gov/data/index.htm

Description/Definition

Sex of child.

Uses/Data Element Type

Standard demographic and identifying information.

Data element type: Basic.

Allow for Multiple Responses

No.

Field Values/Coding Instructions**Code Description**

M	Male
F	Female
O	Other (e.g., hermaphrodite)
U	Unknown/not documented

Data Standards or Guidelines

Common Data Elements Implementation Guide, Version 2.4 (CDC 2000);
www.cdc.gov/data/index.htm

Description/Definition

Race of child.

Uses/Data Element Type

Data on race are used in public health surveillance and in epidemiologic, clinical, and health services research.

Data element type: Basic.

Discussion

The categories below represent a social-political construct designed for collecting data on the race and ethnicity of broad population groups in the United States. For more than 20 years, the Federal government has promoted the use of a common language to ensure uniformity and comparability of data on race and ethnicity. Development of the data standards stemmed in large measure from new responsibilities to enforce civil rights laws. Data were needed to monitor equal access in housing, education, employment, and other areas for populations that historically had experienced discrimination and differential treatment because of their race or ethnicity. The standards are used not only in the decennial census (which provides data for the “denominator” for many measures), but also in household surveys, on administrative forms (e.g., school registration and mortgage-lending applications), and in medical and other research.

Race is a concept used to differentiate population groups largely by physical characteristics transmitted by descent. This concept lacks clear scientific definition, as racial categories are neither precise nor mutually exclusive. The common use of race in the United States draws upon differences not only in physical attributes, but also in ancestry and geographic origins.

Since 1977, the Federal government has sought to standardize data on race and ethnicity among its agencies. The Office of Management and Budget’s (OMB) *Statistical Policy Directive Number 15: Race and Ethnic Standards for Federal Statistics and Administrative Reporting* (OMB 1997) was developed to meet Federal legislative and program requirements, and these standards are used widely in the public and private sectors. The directive provides five basic racial categories but states that collection of race data need not be limited to these categories. However, additional reporting that uses more detail must be organized in such a way that the additional categories can be aggregated into the five basic groups. Although the directive does not specify a method for determining an individual’s race, OMB prefers self-identification to identification by an observer whenever possible. The directive states that persons of multiple racial origins should be coded using multiple categories, not a multiracial category.

Allow for Multiple Responses

Yes. If the agency providing the data to the child maltreatment surveillance system uses multiple racial categories, the child maltreatment surveillance system also allows for multiple racial categories to be coded.

Field Values/Coding Instructions

Code	Description
01	<i>American Indian/Alaska Native</i> —a person having origins in any of the original peoples of North and South America (including Central America) and maintains tribal affiliation or community attachment.
02	<i>Asian</i> —a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
03	<i>Native Hawaiian/Other Pacific Islander</i> —a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
04	<i>Black/African American</i> —a person having origins in any of the black racial groups of Africa; terms such as “Bahamian”, “Haitian” or “Negro” can be used in addition to “Black or African American.”
05	<i>White</i> —a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
99	<i>Unknown</i> —a person’s race is unknown

Data Standards or Guidelines

Statistical Policy Directive Number 15: Race and Ethnic Standards for Federal Statistics and Administrative Reporting (OMB 1997)

Other References

Core Health Data Elements (NCVHS 1996)

Description/Definition

Ethnicity of the child. A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”

Uses/Data Element Type

Data on ethnicity are used in public health surveillance and in epidemiologic, clinical, and health services research.

Data element type: Basic.

Discussion

Ethnicity is a concept used to differentiate population groups by shared cultural characteristics or geographic origins. Many cultural attributes contribute to ethnic differentiation (i.e., religion, language, styles of dress, and patterns of social interaction). Ethnic differentiation is fluid, imprecise, and contingent on a sense of group identity that can change over time and that involves subjective and attitudinal influences. Since 1977, the Federal government has sought to standardize data on race and ethnicity among its agencies. The Office of Management and Budget’s (OMB) *Statistical Policy directive Number 15: Race and Ethnic Standards for Federal Statistics and Administrative Reporting* (OMB 1997) was developed to meet Federal legislative and program requirements, and these standards are used widely in the public and private sectors. The directive provides two basic ethnic categories: *Hispanic or Latino* and *Not of Hispanic or Latino Origin*. But it also states that ethnicity data need not be limited to these categories. Reports that use more detail must be organized so that the additional categories can be aggregated into the two basic groups. OMB prefers that data about race and ethnicity be collected separately. Use of the Hispanic category in a combined race/ethnicity data element makes it impossible to distribute persons of Hispanic ethnicity by race, reducing the utility of the basic racial categories by excluding persons.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code	Description
01	Of Hispanic or Latino origin
02	Not of Hispanic or Latino origin
99	Unknown if child is of Hispanic or Latino origin

Data Standards or Guidelines

Statistical Policy Directive Number 15: Race and Ethnic Standards for Federal Statistics and Administrative Reporting (OMB 1997)

Other References

Core Health Data Elements (NCVHS 1996)

Description/Definition

Does the data source indicate whether the child has a preexisting physical, sensory, visual, developmental, cognitive, or emotional disability or other health condition?

Uses/Data Element Type

Provides information on preexisting disabilities or health conditions that the child may have which are not likely to have resulted from abuse or neglect. Differentiates between conditions existing before the onset of maltreatment, comorbid conditions, and conditions resulting from maltreatment.

Data element type: Expanded.

Discussion

Access to data on preexisting disabilities or health conditions will allow for more accurate prevalence rates of risk factors for maltreatment and for specific points of intervention. Children with physical, behavioral, health, and cognitive disabilities are at higher risk for maltreatment than children without such conditions (Sullivan and Knutson 1998, 2000). These children comprise more than one third of the maltreated children between birth and 18 years of age.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	No documented preexisting disabilities or health conditions
02	Autism
03	Behavior disorders (e.g., Conduct Disorder, Attention Deficit/Hyperactivity Disorder) (specify all)
04	Health related disorder (e.g., asthma) (specify all)
05	Hearing impairment
06	Learning disability (specify all)
07	Mental retardation
08	Physical or orthopedic disability (specify all)
09	Speech or language disorder (specify all)
10	Visual impairment (specify)
88	Other (specify)
99	Unknown/not documented

INCIDENT VARIABLES

- 2.01 Date of incident
- 2.02 Date of report to Child Protective Services (CPS)
- 2.03 Location where maltreatment occurred*
- 2.04 Incident variables related to child

- 2.04.01 Child's first address at time of incident
- 2.04.02 Child's second address at time of incident
- 2.04.03 Type of residence*
- 2.04.04 Time in first residence*
- 2.04.05 Time in second residence*

Physical Abuse

- 2.04.06 Notation of physical abuse
- 2.04.07 Abusive head trauma/Shaken Baby Syndrome (SBS)
- 2.04.08 Data source(s) documenting physical abuse and abusive head trauma/
Shaken Baby Syndrome

Sexual Abuse

- 2.04.09 Notation of sexual abuse
- 2.04.10 Data source(s) documenting sexual abuse
- Sexual Act(s)*
- 2.04.11 Penetration status*
- 2.04.12 Object used for sexual act(s)*
- 2.04.13 Part of the body affected by sexual act(s)*
- 2.04.14 Sexually transmitted disease diagnosed*
- Abusive Sexual Contact*
- 2.04.15 Occurrence of abusive sexual contact*
- 2.04.16 Object used for abusive sexual contact*
- 2.04.17 Part of the body affected by abusive sexual contact*
- Noncontact Sexual Abuse*
- 2.04.18 Occurrence of noncontact sexual abuse*
- 2.04.19 Method of noncontact sexual abuse*

Psychological Abuse

- 2.04.20 Notation of psychological abuse
- 2.04.21 Data source(s) documenting psychological abuse
- 2.04.22 Method of psychological abuse*

*Expanded data element

Acts of Omission (Child Neglect)

Failure to Provide

- 2.04.23 Notation of failure to provide
- 2.04.24 Data source(s) documenting failure to provide
- 2.04.25 Mitigating circumstances for failure to provide*

Failure to Supervise

- 2.04.26 Notation of failure to supervise
- 2.04.27 Data source(s) documenting failure to supervise
- 2.04.28 Harm resulting from failure to supervise*
- 2.04.29 Method of harm/injury related to failure to supervise*

Other Incident Variables

- 2.04.30 Child fatality related to maltreatment incident
- 2.04.31 Child alcohol/drug status at time of maltreatment incident*
- 2.04.32 Health outcome related to maltreatment incident
- 2.04.33 Injury characteristics*
- 2.04.34 Mechanism of harm/injury*
- 2.04.35 External physical injury*
- 2.04.36 Internal physical injury*
- 2.04.37 Physical illness resulting from maltreatment*
- 2.04.38 Receipt of medical treatment*
- 2.04.39 Date of arrival at hospital*
- 2.04.40 ICD 9/10 codes for child maltreatment*

Discussion

As defined previously, an *incident* of child maltreatment is an event documented by CPS, law enforcement, the medical system, or other reporting sources (e.g., school) where child maltreatment is alleged or confirmed.

*Expanded data element

Description/Definition

Date of the current incident of child maltreatment.

Uses/Data Element Type

Provides information on when the incident occurred.

Date of Incident can be used with data element *1.04 Birth Date of Child* to calculate the child's age at the time of the current incident.

If date of incident is not available, *2.02 Date of Report to Child Protective Services* can be used instead.

Data element type: Basic.

Discussion

If the incident of maltreatment exceeded one day, code the date that the incident ended. If the date of the incident is unknown, use the date of record (report).

Allow for Multiple Responses

No.

Field Values/Coding Instructions

For recommended field values and coding instructions, please refer to Data Standards and Guidelines listed below.

Data Standards or Guidelines

E1384-96 (ASTM 1996)

Health Level 7, Version 3.0 (HL7 2003); www.HL7.org

Description/Definition

Date on which the current incident of child maltreatment was reported to CPS.

Uses/Data Element Type

Provides information on when the incident came to the attention of CPS.

If the actual date of incident is not available, *Date of Report to Child Protective Services* can be used as a proxy for data element *2.01 Date of Incident*.

Data element type: Basic.

Discussion

If the date of incident is unknown, use the date of record (report).

Allow for Multiple Responses

No.

Field Values/Coding Instructions

For recommended field values and coding instructions, please refer to Data Standards and Guidelines listed below.

Data Standards or Guidelines

E1384-96 (ASTM 1996).

Health Level 7, Version 3.0 (HL7 2003); www.HL7.org

Description/Definition

Where did the maltreatment occur?

Uses/Data Element Type

Describes the context in which the maltreatment took place.

Can be used with *2.04.03 Type of Residence* to determine the specific type of location or residence if the response below is "Child's residence".

Data element type: Expanded.

Discussion

Child maltreatment does not always occur in the child's home. The location(s) where child maltreatment occurs is beneficial for designing effective prevention programs.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	Child's residence (specify: can be biological, adoptive, foster, step-family home)
02	Other relative's home (specify)
03	Foster family home
04	Nonrelative's home (specify)
05	Residential group home
06	School/day care
07	Religious institution
08	Sports facility (e.g., gym, playing field, pool, ice rink)
09	Public park
10	Shelter
11	Juvenile detention facility, jail, prison
88	Other location (specify)
99	Unknown/not documented

- 2.04.01 Child's first address at time of incident
- 2.04.02 Child's second address at time of incident
- 2.04.03 Type of residence*
- 2.04.04 Time in first residence*
- 2.04.05 Time in second residence*

Physical Abuse

- 2.04.06 Notation of physical abuse
- 2.04.07 Abusive head trauma/Shaken Baby Syndrome (SBS)
- 2.04.08 Data source(s) documenting physical abuse and abusive head trauma/
Shaken Baby Syndrome

Sexual Abuse

- 2.04.09 Notation of sexual abuse
- 2.04.10 Data source(s) documenting sexual abuse

Sexual Act(s)

- 2.04.11 Penetration status*
- 2.04.12 Object used for sexual act(s)*
- 2.04.13 Part of the body affected by sexual act(s)*
- 2.04.14 Sexually transmitted disease diagnosed*

Abusive Sexual Contact

- 2.04.15 Occurrence of abusive sexual contact*
- 2.04.16 Object used for abusive sexual contact*
- 2.04.17 Part of the body affected by abusive sexual contact*

Noncontact Sexual Abuse

- 2.04.18 Occurrence of noncontact sexual abuse*
- 2.04.19 Method of noncontact sexual abuse*

Psychological Abuse

- 2.04.20 Notation of psychological abuse
- 2.04.21 Data source(s) documenting psychological abuse
- 2.04.22 Method of psychological abuse*

*Expanded data element

Acts of Omission (Child Neglect)

Failure to Provide

- 2.04.23 Notation of failure to provide
- 2.04.24 Data source(s) documenting failure to provide
- 2.04.25 Mitigating circumstances for failure to provide*

Failure to Supervise

- 2.04.26 Notation of failure to supervise
- 2.04.27 Data source(s) documenting failure to supervise
- 2.04.28 Harm resulting from failure to supervise*
- 2.04.29 Method of harm/injury related to failure to supervise*

Other Incident Variables

- 2.04.30 Child fatality related to maltreatment incident
- 2.04.31 Child alcohol/drug status at time of maltreatment incident*
- 2.04.32 Health outcome related to maltreatment incident
- 2.04.33 Injury characteristics*
- 2.04.34 Mechanism of harm/injury*
- 2.04.35 External physical injury*
- 2.04.36 Internal physical injury*
- 2.04.37 Physical illness resulting from maltreatment*
- 2.04.38 Receipt of medical treatment*
- 2.04.39 Date of arrival at hospital*
- 2.04.40 ICD 9/10 codes for child maltreatment*

*Expanded data element

Description/Definition

Address of the index child's official residence at the time of the incident.

Uses/Data Element Type

Provides the location at which the index child resides at least most of the time.

Can be used with *2.04.02 Child's Second Address at Time of Incident* to determine where the child was living at the time of the incident of maltreatment.

Data element type: Basic.

Discussion

When child custody is shared due to parental divorce or legal separation, a child can have more than one official address. The first address should be the one where the index child was staying at the time of the incident. The other address, where the child spends some or most of the time, may be entered in *2.04.02 Child's Second Address at Time of Incident*.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

For recommended field values and coding instructions, please refer to Data Standards and Guidelines listed below.

Data Standards or Guidelines

Health Level 7, Version 3.0 (HL7 2003); www.HL7.org

Description/Definition

Address of the index child's second official residence at time of incident.

Uses/Data Element Type

Provides the second location at which the index child resides when not at the first address (see *2.04.01 Child's First Address at Time of Incident*).

Can be used with *2.04.01 Child's First Address at Time of Incident* to determine where the child was living at the time of the incident of maltreatment.

Data element type: Basic.

Discussion

In cases where custody of a child is shared due to parental divorce or legal separation, a child can have more than one official address. The other address at which the child spends some or most of the time may be entered in *2.04.01 Child's First Address at Time of Incident*.

Data Type (and Field Length)

XAD – extended address (106)

Allow for Multiple Responses

No.

Field Values/Coding Instructions

For recommended field values and coding instructions, please refer to Data Standards and Guidelines listed below.

Data Standards or Guidelines

Health Level 7, Version 3.0 (HL7 2003); www.HL7.org

Description/Definition

Type of residence or living arrangement in which the index child resides at the time of the incident.

Uses/Data Element Type

Provides information on the context and environment in which the child lives at the time of the incident.

Data element type: Expanded.

Discussion

If the index child has more than one address, as indicated by data in *2.04.01 Child's First Address at Time of Incident* and *2.04.02 Child's Second Address at Time of Incident*, multiple responses (below) may apply.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	Child's biological father's home
02	Child's biological mother's home
03	Child's foster father's home
04	Child's foster mother's home
05	Child's adoptive father's home
06	Child's adoptive mother's home
07	Other relative's home (specify)
08	Nonrelative's home (specify)
09	Child is living on own
10	Child is homeless
11	Residential group home
12	Shelter
13	School
14	Juvenile detention facility, jail, prison
88	Other (specify)
99	Unknown/not documented

Description/Definition

Length of consecutive time child has lived at the address identified in *2.04.01 Child's First Address at Time of Incident*.

Uses/Data Element Type

The length of time the child has lived at the current address can provide information about the stability of the child's living situation.

Data element type: Expanded.

Discussion

Research has demonstrated a link between family residential mobility and child maltreatment (e.g., McCloskey and Bailey 2000; Reppucci, Fried, and Schmidt 2002). For example, McCloskey and colleagues found that families in which sexual abuse occurred had a higher mean number of residential moves than families in which no sexual abuse was reported.

If time in residences is split (e.g., joint custody of a child), consecutive time is defined as the total time spent at each address individually in the same 12-month period.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Record time in residence in number of months, rounded to the nearest month.

Description/Definition

Length of consecutive time child has lived at the address identified in *2.04.02 Child's Second Address at Time of Incident*.

Uses/Data Element Type

The length of time the child has lived at the current address can provide information on the stability of the child's living situation.

Data element type: Expanded.

Discussion

See discussion under *2.04.04 Time in First Residence*.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Record time in residence in number of months, rounded to the nearest month.

Physical Abuse

- 2.04.06 Notation of physical abuse
- 2.04.07 Abusive head trauma/Shaken Baby Syndrome (SBS)
- 2.04.08 Data source(s) documenting physical abuse and abusive head trauma/Shaken Baby Syndrome

Discussion

Physical abuse is the intentional use of physical force against a child that results in or has the potential to result in physical injury. Physical abuse includes physical acts ranging from those which do not leave a physical mark on the child to those which cause permanent disability, disfigurement, or death.

Physical abuse can result from discipline or physical punishment and is coded regardless of the caregiver's intent to harm or injure the child.

The following are considered sexual abuse and should be coded accordingly:

- Physical injuries to the anal, genital, or surrounding areas that occur during attempted or completed sexual abuse (e.g., anal or genital bruising or tear; internal injuries resulting from penetration by a penis, hand, finger, or other object)
- Other physical injuries that result from attempted or completed sexual abuse (e.g., bruises due to restraint, hitting, or pushing)

Description/Definition

Is physical abuse noted in any record of this incident of maltreatment?

Uses/Data Element Type

Used to describe whether the child experienced physical abuse.

Data element type: Basic.

Discussion

Noted physical abuse includes any mention of the term “physical abuse” or “child physical abuse” or intentionally inflicted injury of the child by a caregiver in the child’s record. Noted physical abuse also includes suspected abuse or an indication that an abuse-related referral was made (e.g., to CPS). If the record has a notation that physical abuse is suspected, code physical abuse as noted in that record. Other terms that can be used include but are not limited to “substantiated,” “indicated,” “reason to suspect,” “suspected,” “reported,” “documented,” “founded,” “supported,” “credible evidence exists,” “suspected–confirmation unknown,” or “suspected–confirmed.”

Do not note physical abuse if the record indicated that the abuse was “unsubstantiated,” “unsubstantiated due to intentionally false report,” “ruled out,” or “suspected–ruled out” (NCANDS 2004; DePanfilis and Salus 2003).

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code	Description
01	No, physical abuse is not noted in any record of this incident of maltreatment.
02	Yes, physical abuse is noted in one or more records of this incident of maltreatment.
99	It is unknown if physical abuse occurred in this incident of maltreatment.

Description/Definition

Describes a constellation of injuries related to violently shaking an infant or toddler and can include impact to the head if the infant is subsequently thrown down onto a crib or other surface.

Uses/Data Element Type

Can be used to determine whether the child is a victim of Shaken Baby Syndrome (SBS)/Abusive Head Trauma (AHT).

Data element type: Basic.

Discussion

SBS/AHT is defined as the violent shaking of an infant or child with sufficient vigor to produce whiplash forces which can result in subdural and retinal bleeding, seizures, paralysis, and death. SBS commonly occurs in the context of an inconsistent or inappropriate history given by the caregiver and can be accompanied by other injuries such as posterior rib fractures and retinal hemorrhages.

SBS/AHT is commonly observed in children under 1 year of age, but it has been documented in children as old as 3 to 4 years of age.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code	Description
01	No evidence of SBS/AHT documented
02	Evidence of SBS/AHT documented (e.g., retinal hemorrhaging); no specific reference made to SBS
03	SBS/AHT noted in child's record; but ICD code, 995.55 <i>Shaken Baby Syndrome</i> , not included
04	SBS indicated in child's record with ICD code 995.55 <i>Shaken Baby Syndrome</i>
99	Unknown/not documented

Other References

AAP 1993.

Description/Definition

Archival data sources from which child maltreatment surveillance information is abstracted.

Uses/Data Element Type

Identifies the data source(s) documenting physical abuse in the current incident of maltreatment.

Data element type: Basic.

Allow for Multiple Responses

Yes. Repetition is allowed to identify all sources containing data on physical abuse in the current incident.

Field Values/Coding Instructions

Code	Description
01	No documented physical abuse or abusive head trauma/Shaken Baby Syndrome
02	Child Death Review Team ¹⁵ (CDRT)
03	Child Protective Service (CPS) agency
04	FBI/(State)BI
05	Emergency department (ED)
06	Health clinic
07	Hospital discharge data (e.g., form UB-92)
08	Hospital in-patient chart/record
09	Medicaid
10	Medical examiner (ME)/coroner
11	Police/sheriff (local)
12	Supplemental homicide report
13	Vital statistics office within state health department
14	Other agency (specify all)

¹⁵ Child Death Review Teams are also known as Child Death Review Boards, Child Fatality Review Teams, and Child Fatality Review Boards. For the purpose of this document, the term Child Death Review Team (CDRT) will be used.

Sexual Abuse

- 2.04.09 Notation of sexual abuse
- 2.04.10 Data source(s) documenting sexual abuse

Sexual Act(s)

- 2.04.11 Penetration status*
- 2.04.12 Object Used for sexual act(s)*
- 2.04.13 Part of the body affected by sexual act(s)*
- 2.04.14 Sexually transmitted disease diagnosed*

Abusive Sexual Contact

- 2.04.15 Occurrence of abusive sexual contact*
- 2.04.16 Object used for abusive sexual contact*
- 2.04.17 Part of the body affected by abusive sexual contact*

Noncontact Sexual Abuse

- 2.04.18 Occurrence of noncontact sexual abuse*
- 2.04.19 Method of noncontact sexual abuse*

Discussion

Sexual abuse involves any completed or attempted (i.e., non-completed) sexual act or sexual contact with a child by a caregiver. Sexual abuse also includes noncontact forms of inappropriate sexual activity, sexual harassment, or exploitation of a child.

Sexual acts comprise acts in which contact involves penetration, however slight, between the caregiver and the child. A caregiver can also force or coerce a child to commit a sexual act on another individual (either adult or child).

Abusive sexual contact includes acts in which penetration is not attempted, but intentional touching occurs either directly or through the clothing of the genitalia, anus, groin, breast, inner thigh, or buttocks. Sexual contact can be performed by the caregiver on the child, by the child on the caregiver, or by the child on another adult or child through force or coercion by the caregiver. Sexual contact does not include touching required for normal care or attention to day-to-day needs of the child.

Noncontact sexual abuse does not require physical contact of a sexual nature between the caregiver and the child. However, it does include acts which expose a child to sexual activity such as filming of a child in a sexual manner, sexual harassment of a child, or prostitution of a child.

*Expanded data element

Description/Definition

Is sexual abuse noted in any record of this incident of maltreatment?

Uses/Data Element Type

Describes whether the child experienced sexual abuse.

Data element type: Basic.

Discussion

Noted sexual abuse includes any mention of the term “sexual abuse,” “child sexual abuse,” or similar variation in the child’s record. Noted sexual abuse also includes suspected abuse or an indication that an abuse-related referral was made (e.g., to CPS). If a notation in the record states that sexual abuse is suspected, code sexual abuse as documented in that record. Other terms that can be used include, but are not limited to, “substantiated,” “indicated,” “reason to suspect,” “suspected,” “reported,” “documented,” “founded,” “supported,” “credible evidence exists,” “suspected–confirmation unknown,” or “suspected–confirmed.”

Sexual abuse would not be noted if the record indicated that the sexual abuse was “unsubstantiated,” “unsubstantiated due to intentionally false report,” “ruled out,” or “suspected–ruled out” (NCANDS 2004; DePanfilis and Salus 2003).

Allow for Multiple Responses

No.

Field Values/Coding Instructions**Code Description**

- | | |
|----|-------------------------------------------------------------------------------------|
| 01 | No, sexual abuse is not noted in any record of this incident of maltreatment. |
| 02 | Yes, sexual abuse is noted in one or more records of this incident of maltreatment. |
| 99 | It is unknown if sexual abuse occurred in this incident of maltreatment. |

Description/Definition

Archival data sources from which child maltreatment surveillance information is abstracted.

Uses/Data Element Type

Identifies the data source(s) documenting sexual abuse in the current incident of maltreatment.

Data element type: Basic.

Allow for Multiple Responses

Yes. Repetition is allowed to identify all sources containing data on sexual abuse in the current incident.

Field Values/Coding Instructions

Code	Description
01	No documented sexual abuse
02	Child Death Review Team (CDRT)
03	Child Protective Service agency (CPS)
04	FBI/(State)BI
05	Emergency department (ED)
06	Health clinic
07	Hospital discharge data (e.g., form UB-92)
08	Hospital in-patient chart/record
09	Medicaid
10	Medical examiner (ME)/coroner
11	Police/sheriff (local)
12	Supplemental homicide report
13	Vital statistics office within state health department
88	Other agency (specify all)

Sexual act(s)

- 2.04.11 Penetration status*
- 2.04.12 Object used for sexual act(s)*
- 2.04.13 Part of the body affected by sexual act(s)*
- 2.04.14 Sexually transmitted disease diagnosed*

Discussion

Sexual acts include penetration, however slight, between the mouth, penis, vulva, or anus of the child and the adult. Sexual acts can also include penetration, however slight, of the anal or genital opening by a hand, finger, or other object.

Sexual acts can be performed by the caregiver on the child or by the child on the caregiver. A caregiver can also force or coerce a child to commit a sexual act on another individual (either child or adult).

*Expanded data element

Description/Definition

Describes whether the sexual abuse involved penetration or attempted penetration of either the child or the adult.

Uses/Data Element Type

If used with *2.04.12 Object Used for Sexual Act(s)* and *2.04.13 Part of the Body Affected by Sexual Act(s)* information can be gathered regarding the process by which the abusive sexual contact occurred.

Data element type: Expanded.

Discussion

Penetration is defined as sexual contact involving penetration, however slight, of the mouth, penis, vulva, or anus. Penetration status is either all or nothing. That is, even slight penetration should be included as “penetration.”

No penetration includes intentional touching, either directly or through the clothing.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code	Description
01	No penetration attempted
02	Penetration attempted but not completed
03	Penetration completed
99	Penetration status unknown/not documented

Other References

Basile and Saltzman 2002

Description/Definition

Describes the object used for penetration or attempted penetration.

Uses/Data Element Type

If used with *2.04.11 Penetration Status* and *2.04.13 Part of the Body Affected by Sexual Act(s)* information can be gathered regarding the process by which the abusive sexual contact occurred.

Data element type: Expanded.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	Mouth
02	Hand
03	Finger
04	Penis
88	Other object (specify)
99	Unknown/not documented

Other References

Basile and Saltzman 2002

Description/Definition

Describes the body part penetrated or attempted to be penetrated during the sexual act and whether the penetration was done by the adult or child.

Uses/Data Element Type

If used with *2.04.11 Penetration Status* and *2.04.12 Object Used for Sexual Act(s)* information can be gathered regarding the process by which the abusive sexual contact occurred.

Data element type: Expanded.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	Child's mouth
02	Child's anus
03	Child's vulva
04	Adult's mouth
05	Adult's anus
06	Adult's vulva
88	Other (specify)
99	Unknown/not documented

Other References

Basile and Saltzman 2002

Description/Definition

Whether a sexually transmitted disease (STD) was found in the context of the current incident of sexual abuse.

Uses/Data Element Type

Documents sexually transmitted disease infection related to the current incident of sexual abuse. Identification of the STD can precede or follow the discovery of sexual abuse.

Data element type: Expanded.

Discussion

STDs in children, particularly ages 0 to 9 years, are a signal that sexual abuse may be occurring. With older children and teenagers who could be sexually active, it is important to differentiate between STDs resulting from sexual abuse and STDs resulting from other sexual behavior.

In addition, if the incident of sexual abuse was within 3 to 6 months of the date of record, possible STD infection can be unknown or undetectable.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code	Description
01	Testing child for STD was not applicable
02	Child not tested for STD
03	Child tested negative for STD
04	Child tested positive for STD (specify)
99	Unknown/not documented

Other References

Basile and Saltzman 2002

Abusive sexual contact

- 2.04.15 Occurrence of abusive sexual contact*
- 2.04.16 Object used for abusive sexual contact*
- 2.04.17 Part of the body affected by abusive sexual contact*

Discussion

Abusive sexual contact includes intentional touching, either directly or through the clothing, that does not involve penetration.

Abusive sexual contact can be performed by the caregiver on the child or by the child on the caregiver. A caregiver can also force or coerce a child to engage in sexual contact with another individual (child or adult).

*Expanded data element

Description/Definition

Describes whether abusive sexual contact occurred.

Uses/Data Element Type

Indicates whether the index child experienced abusive sexual contact in this incident of maltreatment.

Data element type: Expanded.

Discussion

Abusive sexual contact includes intentional touching, either directly or through the clothing, that does not involve penetration.

Abusive sexual contact can be performed by the caregiver on the child or by the child on the caregiver. A caregiver can also force or coerce a child to engage in sexual contact with another individual (child or adult).

Allow for Multiple Responses

No.

Field Values/Coding Instructions**Code Description**

- | | |
|----|----------------------------------------------------------------------------|
| 01 | No, abusive sexual contact did not occur in this incident of maltreatment. |
| 02 | Yes, abusive sexual contact occurred in this incident of maltreatment. |
| 99 | It is unknown/not documented whether abusive sexual contact occurred. |

Other References

Basile and Saltzman 2002

Description/Definition

Describes the object used for sexual contact.

Uses/Data Element Type

If used with *2.04.11 Penetration Status* and *2.04.17 Part of the Body Affected by Abusive Sexual Contact* information can be gathered regarding the process by which the abusive sexual contact occurred.

Data element type: Expanded.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	Mouth
02	Hand
03	Finger
04	Penis
05	Other object (specify)
99	Unknown/not documented

Other References

Basile and Saltzman 2002

Description/Definition

Describes the body part sexually contacted during sexual abuse and who was responsible for the contact.

Uses/Data Element Type

If used with *2.04.15 Occurrence of Abusive Sexual Contact* information can be gathered regarding the process by which the abusive sexual contact occurred. Can be used with data elements on sexual acts (*2.04.11–2.04.13*) to determine if penetration also occurred in this incident of sexual abuse.

Data element type: Expanded.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	Child's mouth
02	Child's chest/breasts
03	Child's groin
04	Child's inner thigh
05	Child's buttocks
06	Child's anus
07	Child's vulva
08	Adult's mouth
09	Adult's chest/breasts
10	Adult's groin
11	Adult's inner thigh
12	Adults buttocks
13	Adult's anus
14	Adult's vulva
88	Other (specify)
99	Unknown/not documented

Noncontact sexual abuse

2.04.18 Occurrence of noncontact sexual abuse*

2.04.19 Method of noncontact sexual abuse*

Discussion

Noncontact sexual abuse does not include physical contact of a sexual nature between the caregiver and the child. Noncontact sexual abuse includes acts such as the following:

1. Acts which expose a child to sexual activity;
2. Filming of a child in a sexual manner;
3. Sexual harassment of a child;
4. Prostitution of a child.

*Expanded data element

Description/Definition

Describes whether noncontact sexual abuse occurred.

Uses/Data Element Type

Indicates whether the index child experienced noncontact sexual abuse in this incident of maltreatment.

Data element type: Expanded.

Discussion

Noncontact sexual abuse includes acts such as:

- Voyeurism of the child by an adult;
- Intentional exposure of a child to exhibitionism;
- Exposure to pornography;
- Photograph(s) of a child in a sexual manner or act;
- Filming of a child engaged in a sexual manner or act;
- Sexual harassment of a child;
- Sexual trafficking of a child;
- Employing, using, persuading, inducing, enticing, encouraging, allowing, or permitting a child to engage in or assist any other person to engage in prostitution.

Noncontact sexual abuse does not include physical contact of a sexual nature between the caregiver and the child.

Allow for Multiple Responses

No.

Field Values/Coding Instructions**Code Description**

- | | |
|----|-----------------------------------------------------------------------------------|
| 01 | No, noncontact sexual abuse did not occur in this incident of maltreatment. |
| 02 | Yes, noncontact sexual abuse occurred in this incident of maltreatment (specify). |
| 99 | It is unknown/not documented whether noncontact sexual abuse occurred. |

Description/Definition

Describes the method by which noncontact sexual abuse occurred.

Uses/Data Element Type

Describes the process(es) by which the child experienced noncontact sexual abuse.

Data element type: Expanded.

Discussion

Noncontact sexual abuse includes acts such as:

- Voyeurism of the child by an adult;
- Intentional exposure of a child to exhibitionism;
- Exposure to pornography;
- Photograph(s) of a child in a sexual manner or act;
- Filming of a child engaged in a sexual manner or act;
- Sexual harassment of a child;
- Sexual trafficking of a child;
- Employing, using, persuading, inducing, enticing, encouraging, allowing, or permitting a child to engage in or assist any other person to engage in prostitution.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions**Code Description**

01	Allowing or permitting child to engage in prostitution
02	Allowing or permitting child to assist another person to engage in prostitution
03	Exposure to pornography (specify)
04	Filming of child engaged in a sexual manner or act (specify)
05	Intentional exposure of child to exhibitionism
06	Photographing child in a sexual manner or act
07	Sexual harassment of child (specify)
08	Sexual trafficking of child
09	Voyeurism of child by adult
88	Other mechanism of noncontact sexual abuse (specify)
99	Unknown/not documented

Psychological Abuse

- 2.04.20 Notation of psychological abuse
- 2.04.21 Data source(s) documenting psychological abuse
- 2.04.22 Method of psychological abuse*

Discussion

It can be argued that all forms of child maltreatment include psychological abuse because all forms of child maltreatment have emotional consequences for the child. However, specific caregiver behaviors that involve trauma to the child caused by acts, threats of acts, or coercive tactics such as those listed below constitute a form of child maltreatment that is unique.

This list is not exhaustive.

Psychological/emotional maltreatment can include but is not limited to the following:

- Blaming the child;
- Belittling the child;
- Degrading the child;
- Intimidating the child;
- Terrorizing the child;
- Isolating the child;
- Restraining the child;
- Confining the child;
- Corrupting the child;
- Exploiting the child;
- Spurning the child;
- Behaving in a manner that is harmful, potentially harmful, or insensitive to the child's developmental needs;
- Behaving in a manner that can potentially damage the child psychologically or emotionally.

Because psychological abuse is often difficult to detect and is unlikely to be picked up by data systems used in traditional public health surveillance, the number of children who experience psychological abuse will likely exceed those counted in traditional surveillance.

*Expanded data element

Description/Definition

Is psychological abuse noted in any record of this incident of maltreatment?

Uses/Data Element Type

Describes whether the child experienced psychological abuse.

Data element type: Basic.

Discussion

Noted psychological abuse includes any mention of the terms “psychological abuse,” “emotional abuse,” “psychological maltreatment,” or similar variation in the child’s record. Noted psychological abuse also includes suspected abuse. If there is a notation in the record that psychological abuse is suspected, then code psychological abuse as documented in that record. Other terms that can be used include but are not limited to “substantiated,” “indicated,” “reason to suspect,” “suspected,” “reported,” “documented,” “founded,” “supported,” “credible evidence exists,” “suspected–confirmation unknown,” or “suspected–confirmed.”

Psychological abuse would not be noted if the record indicated that the psychological abuse was “unsubstantiated,” “unsubstantiated due to intentionally false report,” “ruled out,” or “suspected–ruled out” (NCANDS 2004; DePanfilis and Salus 2003).

Allow for Multiple Responses

No.

Field Values/Coding Instructions**Code Description**

- | | |
|----|--------------------------------------------------------------------------------------------|
| 01 | No, psychological abuse is not noted in any record of this incident of maltreatment. |
| 02 | Yes, psychological abuse is noted in one or more records of this incident of maltreatment. |
| 99 | It is unknown whether psychological abuse occurred in this incident of maltreatment. |

Description/Definition

Archival data sources from which child maltreatment surveillance information is abstracted.

Uses/Data Element Type

Identifies the data source(s) documenting psychological abuse in the current incident of maltreatment.

Data element type: Basic.

Allow for Multiple Responses

Yes. Repetition is allowed to identify all sources containing data on psychological abuse in the current incident.

Field Values/Coding Instructions

Code	Description
01	No documented psychological abuse
02	Child Death Review Team (CDRT)
03	Child Protective Service agency (CPS)
04	FBI/(State)BI
05	Emergency department (ED)
06	Health clinic
07	Hospital discharge data (e.g., form UB-92)
08	Hospital in-patient chart/record
09	Medicaid
10	Medical examiner (ME)/coroner
11	Police/sheriff (local)
12	Supplemental homicide report
13	Vital statistics office within state health department
88	Other agency (specify all)

Description/Definition

Describes the process by which psychological abuse occurred.

Uses/Data Element Type

Describes the process(es) by which the child was psychologically abused.

Data element type: Expanded.

Discussion

Psychologically abusive behaviors can include blaming, belittling, degrading, intimidating, **terrorizing, isolating**, restraining, confining, corrupting, exploiting, spurning or behaving in a manner that is harmful, potentially harmful, or insensitive to the child's developmental needs or may potentially damage the child psychologically or emotionally. (Barnett, Manly, and Cicchetti 1993; McGee and Wolfe 1991a, b)

Terrorizing includes caregiver behavior that is life-threatening or makes a child feel unsafe (e.g., situations in which a child is likely to be hurt, killed, or abandoned) (Myers et al. 2002); sets unrealistic expectations of the child with threat of loss, harm, or danger if not met; and threatens or perpetrates violence against a child or a child's loved ones or objects (toys, pets, other possessions) (Kairys and Johnson 2002). For example, placing a child in unpredictable or chaotic circumstances would be considered terrorizing as would be placing a child in a situation that would reasonably be considered dangerous by the child or another adult.

Isolating (psychological) occurs when a caregiver forbids, prevents, or minimizes a child's contact with others.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	Caregiver blames child (specify)
02	Caregiver belittles child (specify)
03	Caregiver degrades child (specify)
04	Caregiver terrorizes child (specify)
05	Caregiver intimidates child (specify)
06	Caregiver isolates child (specify)
07	Caregiver confines child (specify)
08	Caregiver restrains child (specify)
09	Caregiver commits violent act in presence of child (specify)
88	Other (specify)
99	Unknown/not documented

Acts of Omission (Child Neglect)

Failure to provide

Failure to supervise

Discussion

Neglect encompasses a multitude of caregiver behaviors that can be divided into two types:

1. *Failure to provide* or meet the basic physical, emotional, or educational needs of the child. Failure to provide includes physical, emotional, medical/dental, and educational neglect;
2. *Failure to supervise* or ensure a child's safety within and outside the residence, given the emotional and developmental needs of the child. Failure to supervise includes inadequate supervision and exposure of the child to violent environments.

Although neglect comprises most maltreatment cases (DHHS 2003), neglect is less likely than physical or sexual abuse to be captured by data systems used in traditional public health surveillance. For example, emergency departments and hospitals are likely to see only the most egregious cases of medical, dental, or supervisory neglect. Few, if any, cases of physical, emotional, or educational neglect are seen. Consequently, physicians may fail to recognize and document cases of neglect. For this reason, traditional surveillance systems may undercount cases of neglect.

Failure to provide

- 2.04.23 Notation of failure to provide
- 2.04.24 Data source(s) documenting failure to provide
- 2.04.25 Mitigating circumstances for failure to provide*

Discussion

Neglect—failure to provide includes the following types of neglect:

- *Physical neglect:* Caregiver fails to provide adequate nutrition, hygiene, shelter, or clothing that is adequately clean, appropriate size, or adequate for the weather.

Examples (Barnett, Manly, and Cicchetti 1993):

Nutrition: A 9-year-old makes dinner several times per week because the caregiver(s) are away, sleeping, or otherwise unavailable; a child misses or is denied meals on a number of occasions over time; a child is diagnosed as being severely malnourished.

Hygiene: Child is dirty, smells bad, or has unwashed hair. Child's living situation is unsanitary; dirty dishes and spoiled food are left on the kitchen table and counter.

Shelter: Child and family are without stable living arrangements for two weeks or more; child's residence is infested with roaches or vermin; residence is unheated because caregiver(s) failed to ensure availability of adequate heating.

Clothing: Child always wears clothing that is too small; child is not given a warm coat and gloves when the weather is cold.

- *Emotional neglect:* Caregiver ignores or denies emotional responsiveness to the child or provides inadequate access to mental health care for the child.
Example: Caregiver does not respond to infant cries or older child's attempts to initiate interaction (Barnett, Manly, and Cicchetti 1993).
- *Medical/dental neglect:* Caregiver fails to provide adequate access to medical, vision, or dental care.
Example: The caregiver does not administer prescribed medications. The caregiver refuses to take the child for needed medical attention (Barnett, Manly, and Cicchetti 1993).
- *Educational neglect:* Caregiver fails to provide access to adequate education.
Examples: Caregiver allows child to miss 25 or more school days in one academic year without excuse; caregiver does not enroll the child in school; caregiver encourages a child (under 16 years of age) to drop out of school (Barnett, Manly, and Cicchetti 1993).

*Expanded data element

Description/Definition

Is failure to provide on the part of the caregiver noted in any record of this incident of maltreatment?

Uses/Data Element Type

Describes whether the caregiver failed to provide for the child’s basic needs.

Data element type: Basic.

Discussion

Noted neglect–failure to provide includes any mention of the term “neglect,” “denial,” or “withholding” of basic necessities or “failure to provide.” Examples of failure to provide are found in 2.04.34 *Mechanism of Harm/Injury*. Noted neglect–failure to provide also includes suspected neglect. If there is a notation in the record that “neglect–failure to provide” is suspected, then code neglect as documented in that record. Other terms that can be used include but are not limited to “substantiated,” “indicated,” “reason to suspect,” “suspected,” “reported,” “documented,” “founded,” “supported,” “credible evidence exists,” “suspected–confirmation unknown,” or “suspected–confirmed.”

Failure to provide would not be noted if the record indicated that the failure to provide was “unsubstantiated,” “unsubstantiated due to intentionally false report,” “ruled out,” or “suspected–ruled out” (NCANDS 2004; DePanfilis and Salus 2003).

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code Description

- 01 No, failure to provide is not noted in any record of this incident of maltreatment.
- 02 Yes, failure to provide is noted in one or more records of this incident of maltreatment.
- 99 It is unknown if failure to provide occurred in this incident of maltreatment.

Description/Definition

Archival data sources from which child maltreatment surveillance information is abstracted.

Uses/Data Element Type

Identifies the data source(s) documenting failure to provide in the current incident of maltreatment.

Data element type: Basic.

Allow for Multiple Responses

Yes. Repetition is allowed to identify all of the sources containing data on failure to provide in the current incident.

Field Values/Coding Instructions

Code	Description
01	No documented failure to provide
02	Child Death Review Team (CDRT)
03	Child Protective Service agency (CPS)
04	FBI/(State)BI
05	Emergency department (ED)
06	Health clinic
07	Hospital discharge data (e.g., form UB-92)
08	Hospital in-patient chart/record
09	Medicaid
10	Medical examiner (ME)/coroner
11	Police/sheriff (local)
12	Supplemental homicide report
13	Vital statistics office within state health department
88	Other agency (specify all)

Description/Definition

Presents possible rationale for caregiver's failure to provide for the child's basic needs.

Uses/Data Element Type

Examines mitigating circumstances that make the caregiver unable or unwilling to provide for the child's basic needs.

Data element type: Expanded.

Discussion

Note circumstances where caregiver(s) provide explanations or mitigating circumstances for failing to provide for the child's basic needs. However, the case still fits the definition of neglect–failure to provide.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	No mitigating circumstances for neglect–failure to provide.
02	Caregiver failed to seek or provide care for child due to religious reasons.
03	Caregiver failed to seek or provide care for child due to cultural reasons.
04	Caregiver lacked access to adequate financial resources to provide for child.
05	Caregiver lacked access to transportation to provide for child.
06	Caregiver lacked access to adequate or appropriate health insurance to provide for child.
07	Caregiver lacked access to adequate or appropriate other resources to provide for child (specify).
88	Other (specify)
99	Unknown/not documented

Failure to supervise

2.04.26	Notation of failure to supervise
2.04.27	Data source(s) documenting failure to supervise
2.04.28	Harm resulting from failure to supervise*
2.04.29	Method of harm/injury related to failure to supervise*

Discussion

Neglect–failure to supervise includes the following:

- *Inadequate supervision.* Failure by the caregiver to ensure that the child engages in safe activities, uses appropriate safety devices, is not exposed to unnecessary hazards, or is supervised by an adequate substitute caregiver.

Inadequate supervision includes occasions when a caregiver knowingly fails to protect the child from maltreatment perpetrated by a substitute caregiver. When this occurs, the primary caregiver's behavior would be considered neglectful only if the maltreatment was recognized and allowed to occur or recur.

- *Exposure to violent environments.* Failure by the caregiver to take available measures to protect the child from violence within the residence, neighborhood, or community.

*Expanded data element

Description/Definition

Does any record note failure by the caregiver to properly supervise the child in this incident of maltreatment?

Uses/Data Element Type

Describes whether the child experienced a lack of supervision by the caregiver.

Data element type: Basic.

Discussion

Noted neglect–failure to supervise includes any mention of the term “neglect” or “failure to supervise” in addition to terms listed in *2.04.29 Method of Harm/Injury Related to Failure to Supervise*. Noted neglect–failure to supervise also includes suspected neglect. If the record notes that neglect–failure to supervise is suspected, code as neglect. Other terms that can be used include but are not limited to “substantiated,” “indicated,” “reason to suspect,” “suspected,” “reported,” “documented,” “founded,” “supported,” “credible evidence exists,” “suspected–confirmation unknown,” or “suspected–confirmed.”

Failure to supervise would not be noted if the record indicated that the failure to supervise was “unsubstantiated,” “unsubstantiated due to intentionally false report,” “ruled out,” or “suspected–ruled out” (NCANDS 2004; DePanfilis and Salus 2003).

Allow for Multiple Responses

No.

Field Values/Coding Instructions**Code Description**

- | | |
|----|---------------------------------------------------------------------------------------------|
| 01 | No, failure to supervise is not noted in any record of this incident of maltreatment. |
| 02 | Yes, failure to supervise is noted in one or more records of this incident of maltreatment. |
| 99 | It is unknown if failure to supervise occurred in this incident of maltreatment. |

Description/Definition

Archival data sources from which child maltreatment surveillance information is abstracted.

Uses/Data Element Type

Identifies the data source(s) documenting failure to supervise in the current incident of maltreatment.

Data element type: Basic.

Allow for Multiple Responses

Yes. Repetition is allowed to identify all sources containing data on failure to supervise in the current incident.

Field Values/Coding Instructions

Code	Description
01	No documented failure to supervise
02	Child Death Review Team (CDRT)
03	Child Protective Service agency (CPS)
04	FBI/(State)BI
05	Emergency department (ED)
06	Health clinic
07	Hospital discharge data (e.g., form UB-92)
08	Hospital in-patient chart/record
09	Medicaid
10	Medical examiner (ME)/coroner
11	Police/sheriff (local)
12	Supplemental homicide report
13	Vital statistics office within state health department
88	Other agency (specify all)

Description/Definition

Describes whether the child was harmed because of the caregiver's failure to supervise.

Uses/Data Element Type

When used with data element *3.13 Factors Affecting Caregiver at Time of Incident*, it is possible to examine the reason(s) the child was unsupervised and whether this lack of supervision resulted in harm or injury.

Data element type: Expanded.

Discussion

An example of a child inadequately supervised with no harm or injury resulting would be a toddler who is left alone to play in an unfenced yard for several hours.

An example of a child inadequately supervised with harm but no injury resulting would be a toddler who wanders away at a park and is located later by the park rangers who transport the child to safety. The child is traumatized, but uninjured, by the experience.

Allow for Multiple Responses

No.

Field Values/Coding Instructions**Code Description**

- | | |
|----|------------------------------------------------------------------------------------------------------------|
| 01 | Child adequately supervised. |
| 02 | Child inadequately supervised; no resulting harm or injury to child from caregiver's failure to supervise. |
| 03 | Child inadequately supervised; harmed, but not physically injured from caregiver's failure to supervise. |
| 04 | Child inadequately supervised; physically injured from caregiver's failure to supervise. |
| 99 | Unknown/not documented |

Description/Definition

Describes the process by which the caregiver failed to supervise the child.

Uses/Data Element Type

Determines the processes by which the caregiver failed to supervise the child.

Can be used with section *3.13 Factors Affecting Caregiver at Time of Incident* to determine specific caregiver factors that may have contributed to failure to ensure the safety of the child.

Data element type: Expanded.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	Caregiver failed to ensure that child engaged in safe activities (e.g., abiding by age limits for operating an ATV).
02	Caregiver failed to ensure that child played in a safe area.
03	Caregiver failed to ensure that child used appropriate safety equipment (e.g., bicycle helmet, seat belt).
04	Caregiver failed to secure hazards (e.g., poison) in child's immediate environment.
05	Caregiver was absent or failed to ensure adequate substitute care in caregiver's absence.
06	Caregiver failed to ensure adequate substitute care in caregiver's mental incapacity.
07	Caregiver failed to ensure adequate substitute care in caregiver's physical incapacity.
08	Caregiver failed to take available measures to protect child from family or domestic violence.
09	Caregiver failed to take available measures to protect child from violence in neighborhood.
10	Caregiver failed to take available measures to protect child from violence in community.
88	Other (specify)
99	Unknown/not documented

Other References

Barnett, Manly, and Cicchetti 1991, 1993.

Other Incident Variables

2.04.30	Child fatality related to maltreatment incident
2.04.31	Child alcohol/drug status at time of maltreatment incident*
2.04.32	Health outcome related to maltreatment incident
2.04.33	Injury characteristics*
2.04.34	Mechanism of harm/injury*
2.04.35	External physical injury*
2.04.36	Internal physical injury*
2.04.37	Physical illness resulting from maltreatment*
2.04.38	Receipt of medical treatment*
2.04.39	Date of arrival at hospital*
2.04.40	ICD 9/10 codes for child maltreatment*

*Expanded data element

Description/Definition

Did the child die as a result of the incident of maltreatment?

Uses/Data Element Type

Provides information about child mortality due to child maltreatment.

Data element type: Basic.

Discussion

No time frame for death is specified for this data element. Include a death if the original incident/injury qualifies as maltreatment based on the case definition outlined in this document and the medical examiner/coroner or death certificate classify the subsequent death as due to the incident.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code	Description
01	No, child did not die.
02	Yes, child died from the incident of maltreatment.
99	Unknown/not documented

Description/Definition

Was the child under the influence of alcohol or drugs at the time of the current incident of maltreatment?

Uses/Data Element Type

Provides information about the child's behavior and susceptibility to influence at the time of the incident.

Data element type: Expanded.

Discussion

Alcohol and drug use by a child is a risk factor for child maltreatment, particularly sexual abuse (Martino, Collins, and Ellickson 2004). Additionally, adults who abuse children have been known to give children drugs or alcohol.

Drugs prescribed for the child and over-the-counter medications used as directed should not be included unless given to the child in excess.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code Description

- 01 Child not known to be under influence of alcohol or drugs at time of incident.
- 02 Child not suspected to be under influence of alcohol or drugs at time of incident.
- 03 Child suspected to be under influence of alcohol at time of incident.
- 04 Child known to be under influence of alcohol at time of incident.
- 05 Child suspected to be under influence of prescription drugs at time of incident (excluding those prescribed for child and taken as directed).
- 06 Child known to be under influence of prescription drugs at time of incident (excluding those prescribed for child and taken as directed).
- 07 Child suspected to be under influence of illicit drugs at time of incident.
- 08 Child known to be under influence of illicit drugs at time of incident.
- 99 Unknown/not documented

Description/Definition

Describes the health outcome associated with the incident of maltreatment.

Uses/Data Element Type

Can be used to track the health outcomes most likely to be associated with maltreatment and to provide intervention points for prevention efforts.

Can be used with *2.04.33 Injury Characteristics*, *2.04.35 External Physical Injury*, *2.04.36 Internal Physical Injury*, and *2.04.37 Physical Illness Resulting From Maltreatment*, when these data are available, to determine the specific outcomes associated with this incident of maltreatment.

Data element type: Basic.

Discussion

Multiple health outcomes can result from an incident of child maltreatment including injury and illness. Illness includes physical illness and emotional or psychological illnesses, such as depression.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions**Code Description**

01	Child injured as a result of maltreatment incident.
02	Child ill as a result of maltreatment incident.
03	Child neither injured nor ill as a result of maltreatment incident.
99	Unknown/not documented

Description/Definition

Characteristics that may prompt suspicion of child maltreatment by health care providers or others responsible for the care of children.

Uses/Data Element Type

Provides indicators that maltreatment may have, or did, occur.

Data element type: Expanded.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	Injury incompatible with child's developmental age
02	Nature of injury inconsistent with history given
03	Age of injury inconsistent with history given
04	Described mechanism of injury inconsistent with clinical appearance of the injury.
05	Clinical (medical) exam positive for abuse
06	Unexplained injury/condition
07	Differing historical accounts of injury are documented
08	Treatment delay of more than 24 hours
09	Unrelated adult seeks medical attention for child (specify relationship to child)
10	Inappropriate affect, behavior, or comments by caregiver
11	Inappropriate affect, behavior, or comments by child
12	Disclosure/allegation of maltreatment made by caregiver
13	Disclosure/allegation of maltreatment made by child
14	Caregiver uses emergency department for primary care treatment of child
15	Condition not possible without sexual contact (such as pregnancy or sexually transmitted disease)
88	Other (specify)

Description/Definition

Describes the mechanism by which the maltreatment occurred.

Uses/Data Element Type

Describes the mechanism(s) by which the child was harmed or injured.

Data element type: Expanded.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	Cut/stabbed by sharp object
02	Struck by blunt object
03	Firearm discharge (specify)
04	Hanging, strangulation, or suffocation
05	Poisoning
06	Pushed or fell from high place (specify)
07	Pushed or placed in front of moving object (specify)
08	Harmed by bodily force (specify)
09	Contact with explosive material (specify)
10	Contact with steam, hot vapors, or hot objects
11	Failure to provide adequate or appropriate dental care
12	Failure to provide medical treatment
13	Failure to provide mental health care
14	Failure to provide prescribed medication(s)
15	Failure to vaccinate
16	Munchausen's Syndrome by Proxy
17	Deprivation of hydration
18	Deprivation of nutrition
19	Drowning and submersion
20	Exposure to smoke, fire, or flames
21	Failure to provide adequate or appropriate clothing
22	Failure to provide adequate or appropriate education
23	Failure to provide basic hygiene
24	Failure to provide adequate or appropriate shelter
25	Failure to provide appropriate safety measures (e.g., bike helmet, floatation device, safeguards for poisons, sunscreen)
88	Other mechanism of harm or injury (specify)
99	Unknown/not documented

Other References

WHO 2003; www.who.int/classifications/icd/en/

Description/Definition

Existence and location of external physical injury to child resulting from maltreatment.

Uses/Data Element Type

Describes external physical injuries resulting from maltreatment sustained by the child.

May be used with data elements *2.04.06–2.04.08 Physical Abuse, 2.04.09–2.04.19 Sexual Abuse, 2.04.20–2.04.22 Psychological Abuse, 2.04.23–2.04.25 Failure to Provide, and 2.04.26–2.04.29 Failure to Supervise* to provide information on injuries related to different types of abuse.

Can provide information on the severity of the injury sustained by the child.

Data element type: Expanded.

Discussion

To develop prevention strategies and advance the recognition of physical child maltreatment, it recommended that is the description of the injury include, when possible, whether the injury was inflicted by the caregiver or resulted from the caregiver's failure to protect or supervise the child.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions**Code Description**

01	No external physical injuries sustained by child
02	Injury to head: face (describe)
03	Injury to head: other (excluding facial injury) (describe)
04	Injury to neck (describe)
05	Injury to shoulder(s) (describe)
06	Injury to arm(s) (describe)
07	Injury to hand(s) (describe)
08	Injury to upper back (describe)
09	Injury to middle back (describe)
10	Injury to lower back (describe)
11	Injury to chest/breasts (describe)
12	Injury to abdomen (describe)
13	Injury to buttocks (excluding anus) (describe)
14	Injury to anus (describe)
15	Injury to perianal area (describe)
16	Injury to genitals: vagina (describe)
17	Injury to genitals: penis/testicles (describe)
18	Injury to back of upper leg (describe)
19	Injury to front of upper leg (describe)

- 20 Injury to inner thigh (describe)
- 21 Injury to outer thigh (describe)
- 22 Injury to knee (describe)
- 23 Injury to calf (describe)
- 24 Injury to shin (describe)
- 25 Injury to ankle (describe)
- 26 Injury to foot/feet (describe)
- 88 Other (specify)
- 99 Unknown/not documented

Description/Definition

Existence and location of internal physical injury to child resulting from maltreatment.

Uses/Data Element Type

Describes internal physical injuries resulting from maltreatment sustained by the child.

Can provide information on the severity of the injury sustained by the child.

Data element type: Expanded.

Discussion

Numerous diverse internal physical injuries can result from maltreatment. The injuries listed below include some of the more common internal injuries, but it is impossible to list all potential injuries. Users of this document should be aware that injuries can occur that are not listed.

Similarly, it is possible that internal injuries may not be documented in the child's record. In cases where no injuries are documented, abuse may still have occurred.

Detailed descriptions of injuries can inform and aid prevention strategies while advancing the recognition of physical child maltreatment. When possible, describe whether the injury was inflicted by the caregiver or resulted from a caregiver's failure to protect or supervise the child.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	No known internal physical injuries sustained by child.
02	Laceration/contusion of internal organ (describe)
03	Thoracic/abdominal bleeding (describe)
04	Intracranial bleed (describe)
05	Retinal hemorrhage (describe)
06	Fracture (describe)
88	Other (specify and describe)
99	Unknown/not documented

Description/Definition

Illnesses or other related health conditions that may prompt suspicion of previously undetected child maltreatment by health care providers or others responsible for the care of children.

Uses/Data Element Type

Provides indicators that maltreatment occurred.

Data element type: Expanded.

Discussion

Documented illnesses, when used with other contextual information, may prompt suspicion of maltreatment that might otherwise go unrecognized. The illnesses listed below often result from a caregiver's neglectful behavior. Typically, children who receive proper care and recommended vaccinations do not have these illnesses. These outcomes alone do not constitute cases, and all available information should be used to determine whether the illness is the result of maltreatment.

Illness should be coded if a causal link to maltreatment is suspected.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	Dehydration
02	Diphtheria
03	Hemophilus influenza type B
04	Hepatitis B
05	Malnutrition/starvation
06	Measles
07	Mumps
08	Pertussis
09	Invasive pneumococcal disease
10	Polio
11	Rubella
12	Sexually transmitted disease (specify)
13	Staphylococcus infection/impetigo
14	Tetanus
15	Varicella
88	Other unexplained physical illness/condition

Description/Definition

Type of medical care received by the child for injuries sustained or physical illnesses resulting from the current incident of maltreatment.

Uses/Data Element Type

When used with *2.04.35 External Physical Injury*, *2.04.36 Internal Physical Injury*, and *2.04.37 Physical Illness Resulting from Maltreatment*, this information can provide insight into the nature and severity of the injuries sustained by the child.

Data element type: Expanded.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code	Description
01	Child neither injured nor ill (physical or psychological); no medical care indicated
02	Child injured; no medical care indicated
03	Child ill (physical or psychological); no medical care indicated
04	Outpatient medical care received at emergency room (specify tests ordered)
05	Outpatient medical care received at physician's office (specify tests ordered)
06	Inpatient medical care received (specify tests ordered)
99	Unknown/not documented

Description/Definition

Date on which the child was brought to the hospital or medical clinic (including freestanding medical clinics) for injuries or harm sustained in the current incident of maltreatment.

Uses/Data Element Type

In combination with *2.01 Date of Incident*, information can be gathered regarding the delay between the incident and care provided for the child.

Data element type: Expanded.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code	Description
01	Child not brought to hospital for treatment of injuries or harm (including psychological reactions to maltreatment) related to current incident of child maltreatment
02	Child brought to hospital for treatment of injuries or harm (including psychological reactions to maltreatment) related to current incident of child maltreatment (specify date)
99	Unknown/not documented

For recommended specifications for coding date, please refer to Data Standards and Guidelines listed below.

Data Standards or Guidelines

E1384-96 (ASTM 1996)

Health Level 7, Version 3.0 (HL7 2003); www.HL7.org

Description/Definition

Were ICD 9/10 codes for child abuse or neglect assigned to the case?

Uses/Data Element Type

Provides information on the ICD 9/10 codes assigned to the case. Codes can be used for descriptive purposes and as a potential measure of the application of these codes. Application of these codes can be compared to reports of child maltreatment and to other sources and thus may be used to determine the extent of under-ascertainment of child maltreatment if these codes are used as the sole source of maltreatment data.

Data element type: Expanded.

Discussion

Use of ICD 9/10 codes varies by hospital and region. As such, physicians may or may not use the ICD 9/10 codes for child maltreatment.

The ICD 9 code for general child maltreatment is *995.5X Child maltreatment syndrome*.

The ICD 9 code for child abuse is *E967 Child battering and other maltreatment*, which includes:

- *E967.0 Child battering and other maltreatment by parent*
- *E967.1 Child battering and other maltreatment by other specified person*
- *E967.2 Child battering and other maltreatment by unspecified person*

The ICD 9 code for child neglect is *E968.4 Assault by other and unspecified means—criminal neglect (“Abandonment of child, infant, or other helpless person with intent to injure or kill” WHO 1991, p.1045)*.

Additional ICD 9 codes for *Homicide and injury purposely inflicted by other persons* are commonly used for cases of maltreatment in which the victim fits the age criteria for a child and the perpetrator is designated as a caregiver. Use caution, however, because these codes do not always indicate child maltreatment. The codes include:

- *E960.1—Rape*
- *E961 (all subcodes)—Assault by corrosive or caustic substance, except poisoning*
- *E962 (all subcodes)—Assault by poisoning*
- *E963—Assault by hanging and strangulation*
- *E964—Assault by submersion (drowning)*
- *E965 (all sub-codes)—Assault by firearms and explosives*
- *E966—Assault by cutting and piercing instrument*
- *E968 (all sub-codes)—Assault by other and unspecified means*
- *E969—Late effects of injury purposely inflicted by another person*
- *E995.55—Shaken Baby Syndrome*

The ICD 10 codes for child maltreatment may include:

- *Y05—Sexual assault by bodily force*
- *Y06.1—Neglect and abandonment by parent*
- *Y06.2—Neglect and abandonment by acquaintance or friend*
- *Y06.8—Neglect and abandonment by other specified person*
- *Y06.9—Neglect and abandonment by unspecified person*
- *Y07.1—Other maltreatment syndromes by parent*
- *Y07.2—Other maltreatment syndromes by acquaintance or friend*
- *Y07.3—Other maltreatment syndromes by official authorities*
- *Y07.8—Other maltreatment syndromes by other specified person*
- *Y07.9—Other maltreatment syndromes by unspecified person*

As is the case with ICD 9 codes, additional ICD 10 codes for *Assault* are commonly used for cases of maltreatment when the victim fits the age criteria for a child. Again, exercise caution because these codes do not always indicate maltreatment. The codes include:

- *X85—Assault by drugs, medicaments, and biological substances*
- *X86—Assault by corrosive substances*
- *X91—Assault by hanging, strangulation, and suffocation*
- *X92—Assault by drowning and submersion*
- *X93—Assault by handgun discharge*
- *X94—Assault by rifle, shotgun, and larger firearm discharge*
- *X95—Assault by other unspecified firearm discharge*
- *X98—Assault by steam, hot vapors, and hot objects*
- *X99—Assault by sharp object*
- *Y00—Assault by blunt object*
- *Y01—Assault by pushing from high place*

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	Not applicable; child did not see physician for injuries related to incident of maltreatment
02	ICD 9/10 codes assigned; none specified maltreatment (specify codes)
03	ICD 9/10 codes assigned and raised suspicion of maltreatment (specify codes)
04	ICD 9/10 codes for maltreatment assigned (specify codes)
99	Unknown/not documented

Other References

International Statistical Classification of Diseases, 9th Revision (WHO 1991)

International Statistical Classification of Diseases and Related Problems, 10th Revision. Version for 2003 (WHO 2003); www3.who.int/icd/vol1htm2003/fr-icd.htm

CAREGIVER VARIABLES

3.01	Caregiver's name
3.02	Alternate name for caregiver
3.03	Caregiver date of birth*
3.04	Age of caregiver
3.05	Sex of caregiver
3.06	Race of caregiver
3.07	Hispanic or Latino ethnicity of caregiver
3.08	Marital status of caregiver*
3.09	Relationship of caregiver to the child
3.10	Caregiver residential status*
3.11	Primary caregiver status
3.12	Responsibility for maltreatment
3.13	Factors affecting caregiver at time of incident*
3.14	Prior termination of parental rights to the index child*

Discussion

We recommend collecting data on all the index child's primary caregivers and any adults who were responsible for the child at the time of the maltreatment incident. Individuals responsible for the child at the time of the incident can include a single caregiver or multiple caregivers depending on the context, and can include the primary caregiver(s) or a substitute caregiver selected by the child's primary caregiver.

Primary caregivers must live with the child at least part of the time and may include, but are not limited to a relative or biological, adoptive, step-, or foster parent(s); legal guardian(s); or the caregiver's intimate partner.

Caregivers responsible for the index child at the time of the maltreatment may or may not live with the child.

A *substitute caregiver* is defined as having a temporary caregiving role, care and control of the child, and responsibility for the child's health and welfare. Substitute caregivers can include but are not limited to the following:

- Babysitter
- Residential facility staff
- Teacher
- Clergy
- Coach
- Relatives of the child who are not primary caregivers
- Romantic partner of the primary caregiver (also known as boyfriend/girlfriend, paramour, significant other, intimate partner)

*Expanded data element

For the purpose of the document, *incident* is defined as any contact with CPS, law enforcement, the medical system, or other reporting sources where child maltreatment is alleged or confirmed

Information for some data elements in this section may not be available for non-primary caregivers; therefore, developers of the surveillance system will need to decide how missing data should be handled.

Description/Definition

First, middle, and last name of index child's primary or substitute caregiver at the time of maltreatment.

Uses/Data Element Type

Allows data about a particular caregiver to be linked across records to a specific child, thus reducing the chance of duplication.

Can be used with *1.02 Child's Name*, *1.03 Alternate Name for Child*, and *3.02 Alternate Name for Caregiver* to ensure that records related to the child are correctly linked.

Can also be used with *3.11 Primary Caregiver Status* and *3.12 Responsibility for Maltreatment* to determine whether this person is the primary caregiver for the index child and is responsible for the current incident of maltreatment.

Data element type: Basic.

Discussion

Names are commonly included in public health surveillance systems. Most state-level surveillance systems for infectious diseases include names, as do surveillance systems such as the National Violent Death Reporting System. Inclusion of the caregiver's names in a surveillance system to track child maltreatment allows a unique identifier that can facilitate data linkage across sources.

These data are not intended to be used to track victims or offenders; further, protection of individuals' privacy is paramount. To protect victim and caregiver privacy and confidentiality, access to this data element must be limited to authorized personnel.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Record caregiver's name as follows:

<family name>^
<given name>^
<middle name or initial>^
<suffix (e.g., Jr. or III)>^
<prefix (e.g., Dr.)>^
<degree (e.g., MD)>^

If the adult's name does not conform to the coding instructions above, please refer to the Data Standards and Guidelines listed below.

Data Standards or Guidelines

Health Level 7, Version 3.0 (HL7 2003); www.HL7.org

Common Data Elements Implementation Guide, Version 2.4 (CDC 2000)

Description/Definition

Other first, middle, and last name of index child's primary or substitute caregiver at the time of maltreatment.

Uses/Data Element Type

Allows data on a particular caregiver to be linked across records to a particular child, thus reducing the chance of duplication.

Can be used with *1.02 Child's Name*, *1.03 Alternate Name for Child*, and *3.01 Caregiver's Name* to ensure that all records related to the child are correctly linked to the child.

Can also be used with *3.11 Primary Caregiver Status* and *3.12 Responsibility for Maltreatment* to determine whether this person is the primary caregiver for the index child and is responsible for the current incident of maltreatment.

Data element type: Basic

Discussion

Names are commonly included in public health surveillance systems. Most state-level surveillance systems for infectious diseases include names, as do surveillance systems such as the National Violent Death Reporting System. Inclusion of the caregiver's names in a surveillance system to track child maltreatment allows a unique identifier that can facilitate data linkage across sources.

These data are not intended to be used to track victims or offenders; further, protection of individuals' privacy is paramount. To protect victim and caregiver privacy and confidentiality, access to this data element must be limited to authorized personnel.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Record caregiver's name as follows:

<family name>^

<given name>^

<middle name or initial>^

<suffix (e.g., Jr. or III)>^

<prefix (e.g., Dr.)>^

<degree (e.g., MD)>^

If the adult's name does not conform to the coding instructions above, please refer to the Data Standards and Guidelines listed below.

Data Standards or Guidelines

Health Level 7, Version 3.0 (HL7 2003); www.HL7.org

Common Data Elements Implementation Guide, Version 2.4 (CDC 2000);
www.cdc.gov/data/index.htm

Description/Definition

Date of birth of the caregiver.

Uses/Data Element Type

Can be used to calculate the caregiver's age and to distinguish between caregivers with the same name.

Data element type: Expanded.

Discussion

If date of birth is not known, the year can be estimated from the caregiver's age.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

For recommended field values and coding instructions, please refer to Data Standards and Guidelines listed below.

Data Standards or Guidelines

E1384-96 (ASTM 1996)

Health Level 7, Version 3.0 (HL7 2003); www.HL7.org

Description/Definition

Age of caregiver at the time of the maltreatment incident for which data are being collected.

Uses/Data Element Type

Can be used if caregiver date of birth (see data element 3.03) is not available or is unreliable.

Data element type: Basic.

Discussion

Standard demographic information.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Ages should be given in years.

Data Standards or Guidelines

Common Data Elements Implementation Guide, Version 2.4 (CDC 2000);
www.cdc.gov/data/index.htm

Description/Definition

Sex of the caregiver.

Uses/Data Element Type

Standard demographic and identifying information.

Data element type: Basic.

Allow for Multiple Responses

No.

Field Values/Coding Instructions**Code Description**

M	Male
F	Female
O	Other (e.g., hermaphrodite, transsexual)
U	Unknown/not documented

Data Standards or Guidelines

Common Data Elements Implementation Guide, Version 2.4 (CDC 2000);
www.cdc.gov/data/index.htm

Description/Definition

Race of caregiver.

Uses/Data Element Type

Data on race are used in public health surveillance and in clinical, epidemiologic, and health services research.

Data element type: Basic.

Discussion

See discussion under data element *1.08 Race of Child*.

Allow for Multiple Responses

Yes. If the agency providing the data to the child maltreatment surveillance system uses multiple racial categories, the child maltreatment surveillance system also allows for multiple racial categories to be coded.

Field Values/Coding Instructions**Code Description**

- | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 01 | <i>American Indian/Alaska Native</i> —a person having origins in any of the original peoples of North and South America (including Central America) and maintains tribal affiliation or community attachment. |
| 02 | <i>Asian</i> —a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| 03 | <i>Native Hawaiian/Other Pacific Islander</i> —a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| 04 | <i>Black/African American</i> —a person having origins in any of the black racial groups of Africa; terms such as “Bahamian”, “Haitian” or “Negro” can be used in addition to “Black or African American.” |
| 05 | <i>White</i> —a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
| 99 | <i>Unknown</i> —a person’s race is unknown |

Data Standards or Guidelines

Statistical Policy Directive Number 15: Race and Ethnic Standards for Federal Statistics and Administrative Reporting (OMB 1997)

Other References

Core Health Data Elements (National Committee on Vital and Health Statistics 1996)

Description/Definition

Ethnicity of the caregiver. A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”

Uses/Data Element Type

Data on ethnicity are used in public health surveillance and in clinical, epidemiologic, and health services research.

Data element type: Basic.

Discussion

See discussion under data element *1.09 Hispanic or Latino Ethnicity of Child*.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code	Description
01	Of Hispanic or Latino origin
02	Not of Hispanic or Latino origin
99	Unknown if caregiver is of Hispanic or Latino origin

Data Standards or Guidelines

Statistical Policy Directive Number 15: Race and Ethnic Standards for Federal Statistics and Administrative Reporting (OMB 1997)

Other References

Core Health Data Elements (National Committee on Vital and Health Statistics 1996)

Description/Definition

Caregiver's legal marital status at the time of the child maltreatment incident.

Uses/Data Element Type

Allows for examination of the association between risk of child maltreatment and the caregiver's marital status.

Data element type: Expanded.

Discussion

Some unmarried partners may be cohabiting. Depending on the state laws, cohabitation may qualify as common-law marriage. But in cases where cohabitating unmarried partners do not qualify as common-law marriage, the adult should be coded as *Single*. Similarly, same-sex cohabiting couples should only be coded as *Married* if same-sex marriage is allowed by the state in which they live.

This data element does not provide information on whether the caregiver or adult identified in 3.01 *Caregiver's Name* is cohabiting with a partner or significant other. That information can be extrapolated from 3.09 *Relationship of Caregiver to the Child*, 3.10 *Caregiver Residential Status*, and 3.11 *Primary Caregiver Status*.

Allow for Multiple Responses

No. However, if the child has more than one primary caregiver, code the marital status of each caregiver.

Field Values/Coding Instructions

Code	Description
01	<i>Separated</i> —a person legally separated
02	<i>Divorced</i> —a person divorced and not remarried
03	<i>Married</i> —a person currently married (includes only married couples who are living together); classify common-law marriage as married
04	<i>Married but not living together</i> —a person currently married but not living with their partner
05	<i>Single/never married</i> —a person who has never been married or whose only marriages have been annulled
06	<i>Widowed</i> —a person widowed and not remarried
99	Unknown/not documented

Data Standards or Guidelines

Common Data Elements Implementation Guide, Version 2.4 (CDC 2000);
www.cdc.gov/data/index.htm

Description/Definition

Describes the caregiver's relationship to the index child.

Uses/Data Element Type

Provides information about the child–caregiver relationship.

Can be use with *3.10 Caregiver Residential Status*, *3.11 Primary Caregiver Status*, and *3.12 Responsibility for Maltreatment* to determine where the individual lives, whether he or she is a primary caregiver for the index child, and whether this person is responsible for the current incident of maltreatment.

Data element type: Basic.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	Biological parent
02	Stepparent
03	Foster parent
04	Adoptive parent
05	Legal guardian (specify)
06	Caregiver's significant other/romantic partner/boyfriend/girlfriend
07	Biological sibling
08	Step sibling
09	Adoptive sibling
10	Foster sibling
11	Other child (specify relationship and age)
12	Uncle
13	Aunt
14	Biological/step/adoptive grandparent
15	Other relative (specify)
16	Babysitter
17	Day care provider
18	Teacher
19	Residential facility staff
20	Clergy
88	Other nonrelative (specify)
99	Unknown/not documented

Description/Definition

Describes whether the person identified in *3.01 Caregiver's Name* lives in the same residence with the index child at least part of the time when the incident of maltreatment occurred.

Uses/Data Element Type

Provides information about the place of residence of important adults in the index child's environment.

When used with *4.01 Other Adult(s) in Residence* and *4.02 Other Children/Siblings in Residence*, the number of individuals who reside with the index child can be examined.

Data element type: Expanded.

Allow for Multiple Responses

No.

Field Values/Coding Instructions**Code Description**

01	No, person does not live in same residence as index child
02	Yes, person lives in same residence as index child
99	Unknown/not documented

Data Standards or Guidelines

Common Data Elements Implementation Guide, Version 2.4 (CDC 2000);
www.cdc.gov/data/index.htm

Description/Definition

Describes whether the person identified in *3.01 Caregiver's Name* is the index child's primary caregiver.

Uses/Data Element Type

Provides information about who has primary responsibility for the care, custody, and control of the child.

When used with *4.01 Other Adult(s) in Residence* and *4.02 Other Children/Siblings in Residence*, the number of individuals who reside with the index child can be examined.

Data element type: Basic.

Discussion

A primary caregiver can be one or more persons in a permanent custodial role who reside with the child. This person is responsible for the child's health and welfare and has the ultimate authority for the care and control of the child.

In cases where custody of a child is shared, more than one primary caregiver can be identified. When more than one primary caregiver is identified, all data elements in this section should be repeated for each primary caregiver.

Primary caregivers can include but are not limited to the following:

- Biological parent
- Stepparent
- Foster parent
- Adoptive parent
- Legal guardian
- Legal guardians or intimate partners of biological, step, foster, or adoptive parents
- Other relatives

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code	Description
01	No, person is not a primary caregiver.
02	Yes, person is a primary caregiver.
99	Unknown/not documented

Description/Definition

Identifies whether the person described in *3.01 Caregiver's Name* is the individual responsible for the current incident of maltreatment.

Uses/Data Element Type

Provides information on who is responsible for the current incident of maltreatment.

Data element type: Basic.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code	Description
01	No, person is not responsible for current incident of maltreatment
02	Yes, person is responsible for current incident of maltreatment
99	Unknown/not documented

Description/Definition

Describes conditions that may have affected the behavior or ability of the caregiver to provide care for the child at the time of the incident of child maltreatment.

Uses/Data Element Type

Provides information on the caregiver's behavior and ability to provide care at the time of the incident.

Data element type: Expanded.

Allow for Multiple Responses

Yes. Repeat coding is allowed for identification of multiple factors affecting the caregiver's ability to care for the index child.

Field Values/Coding Instructions

Code	Description
01	No factors known to have affected caregiver's ability to provide care for child at time of incident.
02	Caregiver is mentally retarded/intellectually impaired.
03	Caregiver physically unable to provide care at time of incident. (e.g., because of illness or permanent disability).
04	Caregiver psychologically impaired or mentally unable to provide care at time of incident (excluding intellectual impairment).
05	Caregiver absent at the time of incident.
06	Caregiver sleeping at time of incident.
07	Caregiver distracted/preoccupied at time of incident (specify).
08	Caregiver known to be under influence of alcohol at time of incident.
09	Caregiver known to be under influence of over-the-counter drugs at time of incident.
10	Caregiver known to be under influence of prescription drugs at time of incident.
11	Caregiver known to be under influence of illegal drugs at time of incident.
12	Caregiver known to be a victim of interpersonal/domestic violence.
88	Other (specify)
99	Unknown/not documented

Description/Definition

Describes whether the caregiver(s) of the index child ever had parental rights to the index child terminated.

Uses/Data Element Type

Provides information on possible history of maltreatment.

Data element type: Expanded.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code	Description
Y	Yes
N	No
U	Unknown/not documented

HOUSEHOLD AND FAMILY VARIABLES

- 4.01 Other adults in residence*
- 4.02 Other children/siblings in residence*
- 4.03 Prior CPS involvement with family/household*
- 4.04 Prior CPS complaint(s) on child's primary caregiver(s)*
- 4.05 Prior CPS complaint(s) on other adult(s) associated with index child*
- 4.06 Residency status of other adult(s) with prior CPS complaints*

CPS Complaint(s) Involving Index Child

- 4.07 Prior CPS complaint(s) involving index child*
- 4.08 Types of maltreatment in prior complaint(s) involving index child*

CPS Complaint(s) Involving Other Children in Residence

- 4.09 Prior CPS complaint(s) involving other children in residence*
- 4.10 Types of maltreatment in prior complaint(s) involving other children in residence*

Discussion

The language used to describe the notification of CPS about maltreatment and possible maltreatment is complex and varies among agencies and states. However, research has demonstrated that a family environment which necessitates CPS involvement, regardless of the outcome, can have long-term harmful consequences on a child's health and development (Hussey et al. 2005).

For surveillance of child maltreatment, a complaint to CPS can include, but is not exclusive to, the following language: a "referral" to CPS, a "report" to CPS, an "investigation" of the child/family by a CPS caseworker, an "allegation" of maltreatment, "substantiated" maltreatment, "founded" maltreatment, "suspected" maltreatment, and "indicated" maltreatment.

*Expanded data element

Description/Definition

Presence and relationship of other adults (not primary caregivers) living in the same residence as the index child at least part of the time when the incident of child maltreatment occurred.

Adults are individuals age 18 years or older.

Uses/Data Element Type

Allows for examination of the extent to which risk of child maltreatment increases with the number of people living in the child's residence and the presence of adults not responsible for the child's health and well-being.

Data element type: Expanded.

Discussion

To be included in this category, the person must live at least part of the time in the same residence as the child and not be a primary caregiver.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	No other adult(s) live in residence besides primary caregiver(s)
02	Biological parent
03	Stepparent
04	Foster parent
05	Adoptive parent
06	Caregiver's significant other/romantic partner/boyfriend/girlfriend
07	Biological sibling (≥ 18 years) (specify sex)
08	Step sibling (≥ 18 years) (specify sex)
09	Adoptive sibling (≥ 18 years) (specify sex)
10	Foster sibling (≥ 18 years) (specify sex)
11	Uncle
12	Aunt
13	Grandmother
14	Grandfather
15	Other relative (specify relationship)
16	Other nonrelative (specify relationship)
99	Unknown/not documented

Description/Definition

Presence of other children, including siblings of the maltreated child, living in the residence of the index child at the time of the maltreatment.

A child is defined as anyone from birth through 17 years of age.

Uses/Data Element Type

Describes the demographic characteristics of families in which child maltreatment has occurred.

Data element type: Expanded.

Discussion

Risk of child maltreatment increases with the number of people, specifically the number of children, living in the same residence as the child (Zuravin 1986).

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code	Description
Y	Yes (specify number of other children in residence)
N	No
NA	Not applicable
U	Unknown/not documented

Description/Definition

Describes prior contact between CPS and the index child's family or household.

Uses/Data Element Type

Provides information on whether the index child's family or household is known to CPS.

Data element type: Expanded.

Discussion

Prior CPS involvement with the family is a known risk factor for subsequent CPS involvement.

Exercise caution when using this data element as a risk factor for maltreatment in the light of potential biases found in reports to CPS. Some researchers have found racial, cultural, and socioeconomic disparities among children and families who are reported to CPS relative to those who are not (Cohen, DeVos, and Newberger 1997; Minnesota DHS 2002; Roberts 2002; Tsang 2001), whereas other researchers have not found these disparities (Sedlak and Broadhurst 1996). Nevertheless, knowing whether prior contact has occurred between the family and CPS is useful.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code	Description
Y	Yes
N	No
NA	Not applicable
U	Unknown/not documented

Description/Definition

Describes whether CPS was notified of one or more complaints of maltreatment against the index child by the primary caregiver(s) prior to the current incident.

Uses/Data Element Type

Provides information about the relationship between the index child and the primary caregiver on whom a prior complaint was made.

Data element type: Expanded.

Discussion

Prior complaints to CPS about the child's primary caregiver are a known risk factor for future maltreatment of the index child and other children in the home. This data element can be used with *3.09 Relationship of Caregiver to the Child*, *3.10 Caregiver Residential Status*, *3.11 Primary Caregiver Status*, and *3.12 Responsibility for Maltreatment* to determine whether the adults responsible for the current incident of maltreatment also have a history with CPS related to the index child.

See discussion on racial disparities in *4.03 Prior CPS Involvement with Family/Household*.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	No previous complaint on child's primary caregiver(s).
02	Previous complaint on child's biological father.
03	Previous complaint on child's biological mother.
04	Previous complaint on child's stepfather.
05	Previous complaint on child's stepmother.
06	Previous complaint on child's foster father.
07	Previous complaint on child's foster mother.
08	Previous complaint on child's adoptive father.
09	Previous complaint on child's adoptive mother.
10	Previous complaint on child's legal guardian (specify).
11	Previous complaint on child's male caregiver's significant other.
12	Previous complaint on child's female caregiver's significant other.
13	Previous complaint on child's uncle.
14	Previous complaint on child's aunt.
15	Previous complaint on child's grandmother.
16	Previous complaint on child's grandfather.
17	Previous complaint on another relative of child (specify).
18	Previous complaint on another nonrelative of child (specify).
99	Unknown/not documented

Description/Definition

Describes whether CPS was notified of one or more complaints of maltreatment prior to the current incident against a non-primary caregiving adult associated with the index child.

Uses/Data Element Type

Provides information about the relationship between the index child and the non-primary caregiving adult on whom the prior complaint was made.

Data element type: Expanded.

Discussion

Prior complaints to CPS about other adults living in or outside the child's home are a known risk factor for future maltreatment of the index child and other children in the home. This data element can be used with *3.09 Relationship of Caregiver to the Child*, *3.11 Primary Caregiver Status*, *3.12 Responsibility for Maltreatment*, and *4.01 Other Adult(s) in Residence* to determine whether the adult(s) responsible for the current incident of maltreatment also has a history with CPS related to the index child.

Can also be used with *4.06 Residency Status of Other Adult(s) with Prior CPS Complaints* to determine whether the adult currently lives with the index child.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	No previous complaint on other adult(s) associated with index child.
02	Previous complaint on child's biological father.
03	Previous complaint on child's biological mother.
04	Previous complaint on child's stepfather.
05	Previous complaint on child's stepmother.
06	Previous complaint on child's foster father.
07	Previous complaint on child's foster mother.
08	Previous complaint on child's adoptive father.
09	Previous complaint on child's adoptive mother.
10	Previous complaint on child's legal guardian (specify).
11	Previous complaint on child's male caregiver's significant other.
12	Previous complaint on child's female caregiver's significant other.
13	Previous complaint on child's uncle.
14	Previous complaint on child's aunt.
15	Previous complaint on child's grandmother.
16	Previous complaint on child's grandfather.

- 17 Previous complaint on another relative of child (specify).
- 18 Previous complaint on child's babysitter/nanny.
- 19 Previous complaint on residential facility staff assigned to child.
- 20 Previous complaint on child's day care provider.
- 21 Previous complaint on child's teacher.
- 22 Previous complaint on child's coach.
- 23 Previous complaint on child's clergy.
- 24 Previous complaint on another nonrelative of child (specify).
- 99 Unknown/not documented

Residency Status of Other Adult(s) with Prior CPS Complaints

4.06

Description/Definition

Indicates whether the adult(s) described in *4.05 Prior CPS Complaint(s) on Other Adult(s) Associated with Index Child* currently live in the same residence as the index child.

Uses/Data Element Type

Provides information on the living arrangements between the child and the other adult(s).

Data element type: Expanded.

Discussion

Use with *4.05 Prior CPS Complaint(s) on Other Adult(s) Associated with Index Child* to determine whether the adult(s) identified currently lives with the index child.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code	Description
01	Yes, adult(s) currently resides with index child
02	No, adult(s) does not currently reside with index child
03	No, adult(s) does not currently reside with index child but did so in the past
99	Unknown/not documented

Child Protective Services complaint(s) involving index child

- 4.07 Prior CPS complaint(s) involving index child*
- 4.08 Types of maltreatment in prior complaint(s) involving index child*

*Expanded data element

Description/Definition

Describes whether CPS reports were filed on the index child prior to the current incident of maltreatment.

Uses/Data Element Type

Provides information on whether the index child was known to CPS prior to the current incident of maltreatment

Can be used with *4.08 Types of Maltreatment in Prior Complaint(s) Involving Index Child* to determine past type(s) of maltreatment the child has experienced.

Data element type: Expanded.

Discussion

Children with a history of maltreatment are at high risk for future maltreatment, especially if they still live with the adult(s) who previously maltreated them.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code	Description
01	No prior reports filed on this child.
02	Prior reports of maltreatment filed on this child.
99	Unknown/not documented

Types of Maltreatment in Prior Complaint(s) Involving Index Child

4.08

Description/Definition

Describes the prior CPS reports filed on the index child.

Uses/Data Element Type

Provides information about the maltreatment described in prior CPS reports on the index child.

Can be used with *4.07 Prior CPS Complaint(s) Involving Index Child* to determine the type(s) of prior maltreatment experienced by the child.

Data element type: Expanded.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	No prior reports filed on this child.
02	Prior physical abuse
03	Prior sexual abuse
04	Prior psychological abuse
05	Prior neglect: failure to provide
06	Prior neglect: failure to supervise
07	Prior neglect: type not specified
99	Unknown/not documented

Child Protective Services complaint(s) involving other children in residence

- 4.09 Prior CPS complaint(s) involving other children in residence*
- 4.10 Types of maltreatment in prior complaint(s) involving other children in residence*

*Expanded data element

Description/Definition

Describes whether CPS reports were filed on other children living in the same residence as the index child prior to the current incident of maltreatment.

Uses/Data Element Type

Provides information about whether other children living in the same residence with the index child were known to CPS prior to the current incident of maltreatment.

Can be used with *4.10 Types of Maltreatment in Prior Complaint(s) Involving Other Children in Residence* to determine the type(s) of maltreatment other children in the index child's environment have experienced.

Data element type: Expanded.

Discussion

Information about prior maltreatment of other children living in the residence helps estimate the scope of violence in the index child's residence. It is useful to know whether other children in the residence have also experienced maltreatment.

Allow for Multiple Responses

No.

Field Values/Coding Instructions

Code Description

- | | |
|----|-----------------------------------------------------------------------------------------------------|
| 01 | No prior reports filed on other children living in same residence as index child. |
| 02 | Prior reports of maltreatment were filed on other children living in same residence as index child. |
| 99 | Unknown/not documented |

Types of Maltreatment in Prior Complaint(s) Involving Other Children in Residence

4.10

Description/Definition

Describes the prior CPS reports filed on other children living in the same residence with the index child.

Uses/Data Element Type

Provides information about the type maltreatment described in prior CPS reports on other children living in the same residence with the index child.

Can be used with *4.09 Prior CPS Complaint(s) Involving Other Children in Residence* to determine the maltreatment experienced by the children prior to the current incident.

Data element type: Expanded.

Discussion

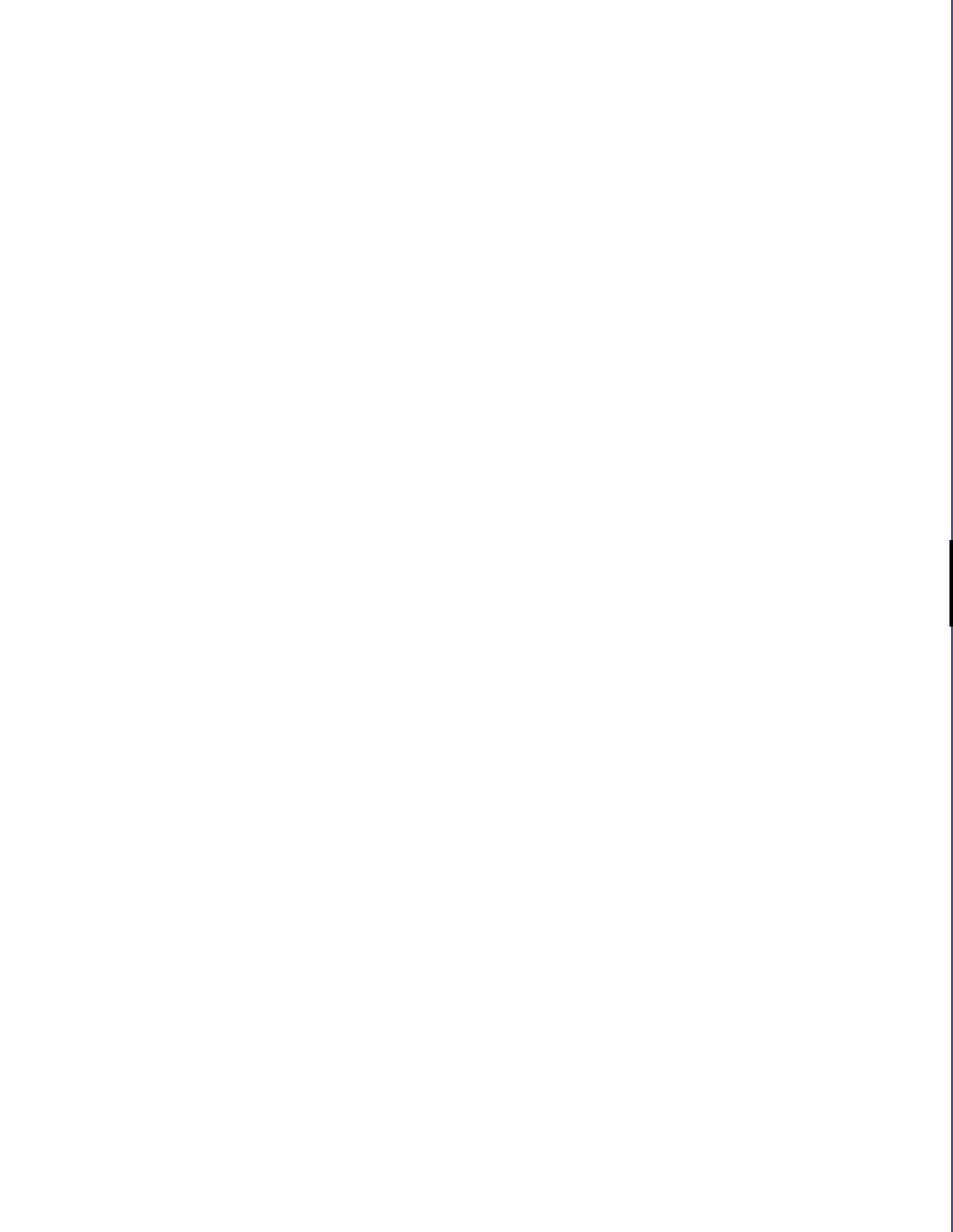
Information on prior maltreatment of other children living in the residence provides an estimate of the scope of violence in the index child's residence. It is useful to know whether other children in the residence have also experienced maltreatment.

Allow for Multiple Responses

Yes.

Field Values/Coding Instructions

Code	Description
01	No prior reports filed on any child living in same residence with index child.
02	Prior physical abuse
03	Prior sexual abuse
04	Prior psychological abuse
05	Prior neglect: failure to provide
06	Prior neglect: failure to supervise
07	Prior neglect: type not specified
99	Unknown/not documented





REFERENCES

- Administration for Children and Families (ACF). *Defining Child Maltreatment* [online] n.d. [cited 2001 March 22]. Retrieved from: URL: (not currently active).
- Administration for Children and Families (ACF). *What is Child Maltreatment?* [online] revised Feb 2002 [cited 2003 Jan. 15]. Available from: URL: <http://www.childwelfare.gov/pubs/factsheets/whatiscan.cfm>.
- American Academy of Pediatrics (AAP) Committee on Child Abuse and Neglect. Shaken baby syndrome: inflicted cerebral trauma. *Pediatrics* 1993;92:872–5.
- American Professional Society on the Abuse of Children (APSAC). *Psychosocial Evaluation of Suspected Psychological Maltreatment in Children and Adolescents. Practice Guidelines*. Chicago, IL: APSAC; 1995.
- ASTM International (ASTM). *E1384–96: Standard Guide for Content and Structure of the Computer-Based Patient Record*. West Conshohocken (PA): ASTM; 1996.
- Barnett D, Manly JT, Cicchetti D. Continuing toward an operational definition of child maltreatment. *Dev Psychopathol* 1991;3:19–29.
- Barnett D, Manly JT, Cicchetti D. Defining child maltreatment: the interface between policy and research. In: Cicchetti D, Toth SL, editors. *Advances in Applied Developmental Psychology: Child Abuse, Child Development and Social Policy*. Norwood (NJ): Ablex; 1993. p. 7–73.
- Basile KC, Saltzman LE. *Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements*. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2002.
- Bolger KE, Patterson CJ, Kupersmidt JB. Peer relationships and self-esteem among children who have been maltreated. *Child Dev* 1998;69:1171–97.
- Health Information and Surveillance System Board (HISSB), Centers for Disease Control and Prevention (CDC). *Common Data Elements Implementation Guide, Version 2.4* [online]. Atlanta (GA): Department of Health and Human Services (US), CDC; 2000. Available from: URL: www.cdc.gov/data/index.htm.
- Cerezo MA, Frias D. Emotional and cognitive adjustment in abused children. *Child Abuse Negl* 1994;18:923–32.
- Christoffel KK, Scheidt PC, Agran PF, Kraus JF, McLoughlin E, Paulson JA. *Standard Definitions for Childhood Injury Research*. Washington (DC): Department of Health and Human Services (US), National Institutes of Health (NIH), National Institutes of Child Health and Human Development; 1992. NIH Publication No.: 92–1586, p. 23–6.
- Cicchetti D, Barnett D. Toward the development of a scientific nosology of child maltreatment. In: Cicchetti D, Grove WM, editors. *Thinking Clearly about Psychology: Essays in Honor of Paul E. Meehl; vol. 1: Matters of Public Interest; vol. 2: Personality and Psychopathology*. Minneapolis (MN): University of Minnesota; 1991. p. 346–77.

- Clausen AH, Crittenden PM. Physical and psychological maltreatment: relations among types of maltreatment. *Child Abuse Negl* 1991;15:5–18.
- Cohen S, DeVos E, Newberger E. Barriers to physician identification and treatment of family violence: lessons from five communities. *Acad Med* 1997;72:S19.
- Crume TL, DiGuseppi C, Byers T, Sirotiak AP, Garrett CJ. Underascertainment of child maltreatment fatalities by death certificates, 1990-1998. *Pediatrics*. 2002;110:e18
- DePanfilis D, Salus MK, Office of Child Abuse and Neglect. *Child Protective Services: A Guide for Caseworkers*. Washington, DC: US DHHS; 2003.
- Department of Health and Human Services (US), Administration on Children Youth and Families. *Child Maltreatment 2004*. Washington (DC): Government Printing Office (US); 2006.
- Edwards VJ. *The Wide-Ranging Health Outcomes of Adverse Childhood Experiences*. Paper presented at Victimization of Children and Youth: an International Research Conference, Portsmouth, NH, July 12–15, 2004.
- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the Adverse Childhood Experiences (ACE) study. *Am J Prev Med* 1998;14:245–58.
- Glaser D. Emotional abuse and neglect (psychological maltreatment): a conceptual framework. *Child Abuse Negl* 2002;26:697–714.
- Health Canada. *A Conceptual and Epidemiological Framework for Child Maltreatment Surveillance*. Ottawa, Ontario. Canada: Minister of Public Works and Government Services Canada; 2001.
- Health Level 7 (HL7). *Health Level 7, version 3.0*. Ann Arbor (MI): HL7; 2003.
- Hermans-Giddens ME, Brown G, Verbiest S, Carlson PJ, Hooten EG, Howell E, Butts JD. Underascertainment of child abuse mortality in the United States. *JAMA* 1999; 281:463-467.
- Higgins DJ, McCabe MP, Marita P. Multi-type maltreatment and the long-term adjustment of adults. *Child Abuse Review* 2000;9:6–18.
- Holder Y, Pendem M, Krug E et al. (Eds.). *Injury surveillance guidelines*. Geneva, World Health Organization, 2001.
- Hussey JM, Marshall JM, English DJ, Knight ED, Lau AS, Dubowitz H, et al. Defining maltreatment according to substantiation: distinction without a difference? *Child Abuse Negl* 2005;29:479–492.
- International Society for the Prevention of Child Abuse and Neglect (ISPCAN), World Health Organization (WHO). *Intersectoral Approach to Child Maltreatment* 2003 (draft).

- Kairys SW, Johnson CF, Committee on Child Abuse and Neglect. The psychological maltreatment of children—technical report. *Pediatrics* 2002;109:1–3.
- Kang SY, Magura S, Laudet A, Whitney S. Adverse effect of child abuse victimization among substance-using women in treatment. *J Interpers Violence* 1999;14:657–70.
- Lewis DO, Mallouh C, Webb V. Child abuse, delinquency, and violent criminality. In: Cicchetti D, Carlson V, editors. *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect*. New York (NY): Cambridge; 1989. p. 707–21.
- Mannarino AP, Cohen JA. Abuse-related attributions and perceptions, general attributions, and locus of control in sexually abused girls. *J Interpers Violence* 1996;11:162–80.
- Martino SC, Collins RL, Ellickson PL. Substance use and vulnerability to sexual and physical aggression: a longitudinal study of young adults. *Violence Vict* 2004;19:521–40.
- McClain P, Sacks J, Frohlike R., Ewigman BG. Estimates of fatal child abuse and neglect, United States, 1979 through 1988. *Pediatrics* 1993;91:338–43.
- McCloskey LA, Bailey JA. Intergenerational transmission of risk for child sexual abuse. *J Interpers Violence* 2000;15:1019–35.
- McGee RA, Wolfe DA. Psychological maltreatment: toward an operational definition. *Dev Psychopathol* 1991a;3:3–18.
- McGee RA, Wolfe DA. Between a rock and a hard place: where do we go from here in defining psychological maltreatment? *Dev Psychopathol* 1991b; 3:119-124
- Miller J, Jayasundara D. Prostitution, the sex industry, and sex tourism. In: Renzetti C, Edleson J, Bergen RK, editors. *Sourcebook on Violence Against Women*. Thousand Oaks (CA): Sage; 2001. p. 459–580.
- Minnesota Department of Human Services. *Report to the Legislature on the Study Outcomes for African American Children in Minnesota's Child Protection System*. St. Paul (MN): Department of Human Services, Children's Services Administration; 2002.
- Myers JEB, Berliner L, Briere J, Hendrix CT, Jenny C, Reid TA. *The APSAC Handbook on Child Maltreatment. 2nd ed.* Thousand Oaks (CA): Sage; 2002.
- National Center for Injury Prevention and Control. *Data Elements for Emergency Department Systems (DEEDS), release 1.0*. Atlanta (GA): Centers for Disease Control and Prevention; 1997.
- National Committee on Vital and Health Statistics (NCVHS). *Core Health Data Elements*. Hyattsville (MD): Department of Health and Human Services (US), Centers for Disease Control and Prevention, National Center for Health Statistics; 1996.
- Office of Management and Budget (OMB). Revision to the standards for the classification of federal

- data on race and ethnicity. *Federal Register* 1997;62:58781–90.
- Reppucci ND, Fried CS, Schmidt MG. Youth violence: risk and protective factors. In: Corrado RR, Roesch R, Hart SD, Gierowski, editors. *Multi-Problem Violent Youth: A Foundation for Comparative Research on Needs, Interventions, and Outcomes*. Washington (DC): IOS Press; 2002. p. 3–22
- Roberts D. *Shattered Bonds: The Color of Child Welfare*. New York (NY): Civitas; 2002.
- Saltzman LE, Fanslow JL, McMahon PM, Shelley GA. *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, version 1.0*. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 1999.
- Sedlak AJ, Broadhurst DD. *Third National Incidence Study of Child Abuse and Neglect (NIS-3)*. Washington (DC): Department of Health and Human Services (US), Administration for Children and Families, Administration on Children, Youth, and Families, National Center on Child Abuse and Neglect; 1996.
- Straus MA, Gelles RJ. Societal change in family violence from 1975 to 1985 as revealed by two national surveys. *J Marriage Fam* 1986;48:465–79.
- Sullivan PM, Knutson JF. The association between child maltreatment and disabilities in a hospital-based epidemiological study. *Child Abuse Negl* 1998;22:271–88.
- Sullivan PM, Kuntson JF. Maltreatment and disabilities: a population based epidemiological study. *Child Abuse Negl* 2000;24:1257–73.
- Thacker SB, Berkelman RL. Public health surveillance in the United States. *Epidemiological Reviews* 1988;10:164–190.
- Tsang A. Representation of ethnic identity in North American social work. *Social Work* 2001;46:229.
- Widom CS. Childhood victimization and the development of personality disorders: commentary. *Arch Gen Psychiatry* 1999;56:607–8.
- World Health Organization (WHO). *World Report on Violence and Health* [online]. In: Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. Geneva, Switzerland: World Health Organization; 2002 [cited 2003 Aug. 26]. Available from: URL: www.who.int/violence_injury_prevention/violence/world_report/en
- World Health Organization (WHO). *International Classification of Diseases, 9th revision (ICD-9)* (DHHS Publication No. PHS 91-1260). Washington, DC: US Government Printing Office. 1991.
- World Health Organization (WHO). *International Statistical Classification of Diseases and Related Health Problems, 10th revision, version for 2003* [online] 2003 [cited 2004 Oct.1]. Available from:

URL: www3.who.int/icd/currentversion/fr-icd.htm

World Health Organization (WHO), International Society for the Prevention of Child Abuse and Neglect (ISPCAN). *Intersectoral Approach to Child Maltreatment*. Forthcoming; Aug 2003 draft.

Zuravin SJ. Residential density and urban child maltreatment: an aggregate analysis. *J Fam Violence* 1986;1:307–22.

Zuravin SJ. Research definitions of child physical abuse and neglect: current problems. In: Starr RH, Wolfe DA, editors. *The Effects of Child Abuse and Neglect: Issues and Research*. New York (NY): Guilford; 1991. p. 100–28.



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