

Appendix

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Appendix A

Maltreatment Classification System

The Maltreatment Classification System categorises maltreatment by subtype and severity. This document describes when each of the subtype categories should be coded and details how the severity should be rated. Examples are included for extra detail where appropriate.

This document is a replication of the original Maltreatment Classification System (MCS) by Barnett, Manly & Cicchetti (1993)¹ with material added from the Modified Maltreatment Classification System (MMCS) developed for the LONGSCAN project² and from discussion during the training process for this individual project.

[1] Barnett, D., Manly, J.T., Cicchetti, D. Defining child maltreatment: the interface between policy and research. In: Cicchetti, D., Toth, S.L., eds. *Child Abuse, Child Development, and Social Policy*. Norwood, NJ: Ablex; 1993; pp 7-74

[2] English, D. J. & the LONGSCAN Investigators (1997). Modified Maltreatment Classification System (MMCS). For more information visit the LONGSCAN website at <http://www.iprc.unc.edu/longscan/>

Physical Abuse

- *Physical Abuse* is coded when a caregiver or responsible adult inflicts injury upon a child by other than accidental means.
- It does not include culturally sanctioned alterations such as circumcision and ear piercing.
- Physical restraint is scored under *Emotional Maltreatment*.
- If injuries incur during an attempt to physically restrain a child (e.g. rope burns) then *Physical Abuse* is coded as well as *Emotional Maltreatment*.
- Physical injuries that occur as a direct result of sexual interaction (e.g. vaginal tears) are coded solely under *Sexual Abuse*.
- Other injuries that may accompany sexual acts in an effort to force a child to engage in sexual relations e.g. beatings, burning are scored under *Physical Abuse* and *Sexual Abuse*.

Sexual Abuse

- Sexual abuse is coded when any sexual contact or attempt at sexual contact occurs between a caregiver or other responsible adult and a child, for purposes of the caregiver's sexual gratification or financial benefit.
- In cases of sexual abuse, caregiver or responsible adult refers to any family member or friend who has a relationship with the child, or is in a position of authority over the child (e.g. babysitter).

- Sexual abuse that occurs outside of the home perpetrated by non-family members typically is investigated solely by criminal courts, and consequently, may not be accessible. Any relevant information in the records related to sexual abuse should be scored.
- In cases where the caregiver uses psychological coercion, such as verbally threatens a child, in an effort to have sexual relations, then *Emotional Maltreatment* and *Sexual Abuse* would both be scored.
- In cases where the caregiver uses physical coercion, such as beatings or burning, in an effort to have sexual relations, then *Physical Abuse* and *Sexual Abuse* would both be scored.
- Physical injuries that occur as a direct result of sexual interaction (e.g. vaginal or rectal tears) are coded solely under *Sexual Abuse*

Physical Neglect

Physical Neglect is considered in 2 distinct parts: *Failure to Provide (FTP)* and *Lack of Supervision (LOS)*

Physical Neglect – Failure to Provide (FTP)

- *FTP* is coded when a caregiver or responsible adult fails to exercise a minimum degree of care in meeting the child’s physical needs.
- When families are below the poverty level, *FTP* is scored if children’s physical needs are not met because the parents fail to access available community resources for the well-being of their children. For example, parents are unable to provide food for their children; however, they have not taken the necessary steps to apply for food stamps or seek alternate sources of emergency sustenance.
- *FTP* can be considered in the following categories:
 - Food
 - Clothing
 - Shelter
 - Medical, dental and mental health care
 - Hygiene

Physical Neglect – Lack of Supervision (LOS)

Lack of supervision is coded when a caregiver or responsible adult does not take adequate precautions to ensure a child’s safety in and out of the home, given the child’s particular emotional and developmental needs. The parent’s failure to insure the child’s safety may involve one or more of the following broad elements:

- Supervision
 - Failing to take steps to ensure that the child is engaging in safe activities.
 - As the number of unsupervised hours increases, so does the potential for harm. For this reason, there is an indication of time scale for each severity level. It is recognised that this level of detail is not always available but the time scale is to be used as a guide for judgement.
- Environment
 - Failing to ensure that the child is playing in a safe area.
 - This is different from lack of hygiene or medical care as described in *FTP*.
 - This refers to immediate physical dangers inside or outside the home such as broken glass, toxic chemicals and firearms.
- Substitute care

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

Some children, for example who have a history of dangerous, impulsive or immature behaviour, require more intensive supervision, and may be given a higher severity rating if they are unsupervised. Failing to recognise the developmental needs of the child in providing adequate supervision to ensure the child's safety must also be accounted for.

Emotional Maltreatment

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

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

There are acts of maltreatment that may be scored solely as *Emotional Maltreatment* or that may be scored in conjunction with other subtypes of maltreatment. To clarify potentially confusing areas, the following inclusion/exclusion criteria is specified:

- One area of interface between *Emotional Maltreatment* and incidents of *Physical Abuse* concerns physical restraint or confinement of a child. Because restraint or confinement jeopardizes the child's need for autonomy, we consider these acts to be *Emotional Maltreatment*. However, if the acts result in physical injuries (e.g., rope burns), these acts would be scored as both *Emotional Maltreatment* and *Physical Abuse*.
- A second area of overlap surrounds incidents of homicidal threats. In situations in which parents attempt to terrorize children by threatening them or making gestures of harm, *Emotional Maltreatment* is scored. However, if during the act, the parents actually inflict injury to the children, the act is considered *Physical Abuse*.

- In instances in which there is evidence that threats or psychological coercion is employed in an effort to engage the child in sexual relations, then both *Sexual Abuse* and *Emotional Maltreatment* would be scored.
- An important distinction between *Emotional Maltreatment* and *Physical Neglect* is necessary in instances of abandonment. In cases in which a parent abandons a child but ensures that the child is adequately supervised and that the child's physical needs are met (e.g., leaves the child with relatives with no information about the parent's whereabouts), we consider this to be *Emotional Maltreatment*. If the child is left completely alone with no provision for supervision or physical needs, then *Lack of Supervision*, *Failure to Provide*, and *Emotional Maltreatment* may each be scored.
- In situations in which a young child is forced to accept primary responsibility for the care of another individual and in which criteria for *Lack of Supervision* are met (as a result of either child's need for more intensive supervision) then both *Emotional Maltreatment* (for the supervising child) and *Lack of Supervision* (for one or both children) would be scored.

Moral – Legal – Educational Maltreatment

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

Physical Abuse

<p>1</p>	<ul style="list-style-type: none"> - The caregiver inflicts <i>minor marks</i> on the child’s body during a spanking; there were no marks to the neck or head. - Reports indicated that the caregiver had <i>beaten</i> the child; no other information was give. - The child received <i>injuries</i> that were documented to have occurred by <i>non-accidental means</i> but the details of the report were not specific enough to warrant a higher rating. - The caregiver was reported to have spanked the child with an open hand or an <i>object likely to inflict only minor marks</i> in most cases (e.g. soft belt, ruler, paddle) with the child sustaining injuries on or below the shoulders. - Dangerous acts, but no marks indicated. <p>Examples:</p> <ul style="list-style-type: none"> • The child received a bruise on the arm after being hit with an open hand. • Minor bruises on a child’s bottom were reported following a spanking with a belt. • “The mother hits her kids all the time.”
<p>2</p>	<ul style="list-style-type: none"> - The caregiver inflicted <i>numerous or non-minor marks</i> to the child’s body from any incident. - The caregiver spanked the child with <i>an object likely to leave a non-minor mark</i> (e.g. a hairbrush, belt buckle, electrical cord) or kicked or punched child with a fist, leaving marks below the neck. <p>Examples:</p> <ul style="list-style-type: none"> • The child sustained welts on the back after being beaten with a hairbrush. • The child was beaten with an electrical cord, resulting in numerous marks.
<p>3</p>	<ul style="list-style-type: none"> - The caregiver inflicted <i>marks on the child’s head, face, or neck</i> (e.g. a black eye). - The caregiver’s rough handling of child resulted in <i>serious bruises or minor lacerations</i> (e.g. required stitches or minor medical attention). - The caregiver inflicted <i>minor burns</i> (e.g. minor cigarette burns) to the child’s body. <p>Examples:</p> <ul style="list-style-type: none"> • The child received a handprint on the neck after the parent grabbed him. • The child had a black eye resulting from being punched in the face. • Small circular burns on the child’s hands were identified as cigarette burns.
<p>4</p>	<ul style="list-style-type: none"> - The caregiver hit the child with an <i>object</i> (e.g. baseball bat, telephone) <i>likely to result in serious injury</i> (e.g. non-minor lacerations, second-degree burns, fracture, or concussion), or threw the child against the wall, but injuries that were sustained did not require hospitalisation, according to available medical information. - The caregiver attempted to <i>choke or smother</i> the child, but no emergency medical care was required. - The caregiver inflicted <i>serious burns</i> (second degree) to the child’s body, but the injury did not require hospitalisation. - The caregiver inflicted an injury that required some <i>hospital care</i>, such as treatment in the Emergency Room, but did not require hospitalisation for more than 24 hours (e.g. stitches, fractures). <p>Examples:</p> <ul style="list-style-type: none"> • The child was beaten with a board that nails in it. The child received cuts and bruises. • The child was thrown down the stairs, and fractured one arm. • The child was severely burned by the parent and was treated in A&E.
<p>5</p>	<ul style="list-style-type: none"> - The caregiver inflicted an injury to the child that required <i>hospitalisation</i> (e.g. severe/multiple burns, internal injuries), and/or that was permanently physically damaging, or disfiguring (e.g. resulting in brain damage, severe scarring, crippling). - The caregiver inflicted a <i>fatal injury</i>. <p>Examples:</p> <ul style="list-style-type: none"> • The child was set on fire, resulting in severe burns that were permanently disfiguring. • The child was hospitalised for one week for internal injuries and evidence of a shaken child syndrome.

Sexual Abuse

<p>1</p>	<p>- The caregiver <i>exposes the child to explicit sexual stimuli</i> or activities, although the child is not directly involved</p> <p>Examples:</p> <ul style="list-style-type: none"> • The caregiver exposes the child to pornographic materials. • The caregiver makes no attempt to prevent the child from being exposed to sexual activity. • The caregiver discusses sex explicitly in front of the child in a non-educational fashion (e.g. graphic depiction of the parents' sexual activity or fantasies). These discussions are held without any attempt to prevent the child from exposure to such descriptions.
<p>2</p>	<p>- The caregiver makes direct <i>requests for sexual contact</i> with the child.</p> <p>- The caregiver <i>exposes his or her genitals</i> to the child for the purposes of adult sexual gratification or in an attempt to sexually stimulate the child.</p> <p>Examples:</p> <ul style="list-style-type: none"> • The caregiver asks the the child to engage in sexual relations, but no physical contact is involved. • The caregiver invites the child to watch him masturbate.
<p>3</p>	<p>- The caregiver engages the child in mutual <i>sexual touching</i>, or has the child touch the caregiver for sexual gratification, or the caregiver touches the child for sexual gratification.</p> <p>Examples:</p> <ul style="list-style-type: none"> • The caregiver fondles the child for sexual gratification. • The caregiver engages in mutual masturbation with the child.
<p>4</p>	<p>- The caregiver physically <i>attempts to penetrate the child</i> or actually penetrates the child sexually. This includes coitus, oral sex, anal sex, or any other form of sodomy.</p> <p>Examples:</p> <ul style="list-style-type: none"> • The caregiver molests the child. • The caregiver engages or attempts intercourse with the child. • The child has venereal disease. No information regarding the sexual contact is known. • A mother has oral sex with her child.
<p>5</p>	<p>- The caregiver has <i>forced intercourse</i> or other forms of sexual penetration with the child. Force includes the use of manual or mechanical restraint for the purpose of engaging the child in sexual relations. Force also includes use of weapons, physical brutality, and physically overpowering the child, specifically for engaging in sexual relations.</p> <p>- The caregiver <i>prostitutes the child</i>. This includes using the child for pornography, allowing, encouraging, or forcing the child to have sex with other adults.</p> <p>Examples:</p> <ul style="list-style-type: none"> • The caregiver ties the child to the bed and rapes the child. (Note that Emotional Maltreatment would be scored also.) • The caregiver sodomises the child at gunpoint. • The caregiver forces the child to participate in the filming of pornographic movies. • The caregiver invites one or more other partners to have sexual relations with the child.

Physical Neglect – Failure to Provide (FTP)

i) Food

1	<p>- The caregiver does not ensure that food is available for <i>regular meals</i>. The child (less than age 10) often has to fix his or her own support and/or occasionally misses meals because of parental negligence.</p> <p>Examples:</p> <ul style="list-style-type: none"> • A 9-year-old child fixes dinner several times per week because the caregivers are sleeping.
2	<p>- The caregiver does not ensure that any <i>food is available</i>. The house is without food often, and two or more consecutive meals are missed 2-3 times per week. The caregiver does not feed the child for 24 hours.</p> <p>Examples:</p> <ul style="list-style-type: none"> • A social worker has visited the home several times when no food has been available. • The children report that they do not have lunch or dinner 2-3 times per week.
3	<p>- The caregiver does not provide meals on a regular basis, thereby perpetuating a pattern of <i>frequently missed meals</i>; as many as four or more periods of at least two consecutive meals per week are unavailable to the child.</p> <p>Examples:</p> <ul style="list-style-type: none"> - The children are not frequently feed. They have missed two consecutive meals an average of four times a week for several months.
4	<p>- The caregiver has provided such poor nourishment that the <i>child fails to gain weight or grow at the rate expected</i> for their development. The failure to grow as expected is not due to any identifiable organic factors.</p>
5	<p>- The caregiver has provided such <i>poor nourishment or care</i> to the child that <i>physical consequences</i> have ensued such as <i>weight loss in an infant, severe malnutrition, or severe non-organic failure-to-thrive</i> (diagnosed by a physician or other medical professional).</p> <p>Examples:</p> <ul style="list-style-type: none"> • The child is diagnosed as being severely malnourished.

ii) Clothing

1	<p>The caregiver fails to provide <i>clothing</i> for the child that is adequately clean and <i>allows freedom of movement</i> (e.g. the clothing is so small that it restricts movement or so large that child often trips or has difficulty keeping the clothes on).</p>
2	<p>The caregiver does not dress the child in <i>clothing that is appropriate for the weather</i> (e.g. lightweight clothing during the winter).</p>

iii) Shelter

1	<p>The caregiver does not attempt to <i>clean the house</i>. Garbage has not been removed, dirty dishes are encrusted with food, and floors and surfaces are very dirty. An unpleasant odour from garbage and other debris permeates living quarters.</p> <p>Include non-specific potentially hazardous living situations (e.g. an infant sleeping in a room so cluttered they would be unable to get out in a case of fire).</p>
2	<p>The caregiver is aware that the <i>house is infested</i> with roaches or other vermin and has not attempted to improve conditions.</p> <p>The caregiver does not ensure adequate <i>sleeping arrangements</i> for the child (e.g. there are no beds or mattresses, or the mattresses are filthy and sodden with urine or other substances likely to promote the growth of mould or mildew).</p>
3	<p>The caregiver fails to make <i>adequate provisions for shelter</i> for the family. For example, the caregiver does not acquire or maintain public assistance, resulting in a loss of residence or loss of financial assistance for seven days or more.</p> <p>Examples:</p> <ul style="list-style-type: none"> - The family has been evicted because the parent did not take appropriate actions to maintain public assistance and made no other arrangements for making rent payments. The family had no stable living arrangements for two weeks.
4	<p>The caregiver has made <i>no arrangements for adequate shelter</i> (e.g. the caregiver has not sought heat during the winter; the family is living in a car because alternative housing was not sought). The condition continues for prolonged periods.</p> <p>Examples:</p> <ul style="list-style-type: none"> - The children live in an unheated home because the parents have failed to ensure that heating was available. During winter, the children come to school with frostbite.

iv) Medical, dental and mental health care

1	<ul style="list-style-type: none"> - The caregiver has missed several of the child's <i>medical or dental appointments</i>, and often fails to take the child to the doctor or dentist for 'check-ups' or 'well-baby appointments'. - The caregiver does not ensure that the child is taken to the doctor or health clinic for adequate immunisations, and medical personnel have expressed concern. - The caregiver does not attend to a <i>mild behaviour problem</i> about which professionals or paraprofessionals have commented (e.g. the child exhibits some symptomatology, but displays relatively mild impairment in school or social functioning). <p>Examples:</p> <ul style="list-style-type: none"> • The caregiver has failed to sign papers for evaluation of a behaviour problem that has been reported at school.
2	<ul style="list-style-type: none"> - The caregiver seeks medical attention but does not follow through consistently with <i>medical recommendations</i> for minor illness or infection. <p>Examples:</p> <ul style="list-style-type: none"> • The child has been diagnosed with an ear infection but the parents does not follow through with administration of the prescribed antibiotic. • Chronic head lice is not treated.

3	<ul style="list-style-type: none"> - The caregiver does not seek or follow through with <i>medical treatment for moderately severe medical problems</i> (e.g. chronic heart condition). - The caregiver administers medical treatment that is inappropriate without consulting a doctor. - The expectant mother jeopardises the health of her unborn child by using <i>alcohol or drugs during pregnancy, but not foetal alcohol or drug symptoms are evident</i>.
4	<ul style="list-style-type: none"> - The caregiver does not seek or comply with <i>medical treatment for potentially life-threatening illness or injury</i>. <p>Examples:</p> <ul style="list-style-type: none"> • The child is not taken to the Emergency Room for severe bleeding, third degree burns, fractured skull. • The child was hit by a car, receiving a fracture and severe cuts and bruises. The child came to school complaining of pain and stated that the parents would not take him to the hospital.
5	<ul style="list-style-type: none"> - The caregiver has <i>abused alcohol or drugs during pregnancy to the extent that the infant is born with Foetal Alcohol Syndrome or a congenital drug addiction</i>. - The caregiver provided such <i>gross inattention to the child's medical needs</i> that the child <i>died, or was permanently disabled</i> as a result of lack of medical treatment. - The caregiver does not seek professional help for the child's <i>life-threatening emotional problems</i> (e.g. suicidal or homicidal attempts). <p>Examples:</p> <ul style="list-style-type: none"> • At birth, the child is addicted to heroin. • The caregiver was informed that the child had expressed suicidal ideation, but the caregiver did nothing to ensure the child's safety.

v) Hygiene

1	<ul style="list-style-type: none"> - The caregiver does not attempt to keep the child clean. - The caretaker <i>bathes</i> the child and/or washes the child's hair very infrequently. - The child brushes teeth only infrequently or not at all, and signs of tooth decay or discolouration are evident. <p>Examples:</p> <ul style="list-style-type: none"> • The child is dirty and frequently scratches matted hair. • Clothing is dirty and smells of urine.
2	<ul style="list-style-type: none"> - The caregiver does not change the infant's diaper frequently, often leaving <i>soiled diapers unchanged</i> for several hours, resulting in nappy rash.
3	<ul style="list-style-type: none"> - The caregiver maintains a <i>somewhat unsanitary living situation</i>, where spoiled food or garbage are frequently present and/or where rat or vermin infestation is extreme and untreated. <p>Examples:</p> <ul style="list-style-type: none"> • A social worker has visited the home several times, and each time the house has been a mess. Dirty dishes and spoiled food were all over the kitchen table, counters and sink. Rats were seen in the open garbage bins by the front door.
4	<ul style="list-style-type: none"> - The caregiver maintains the home environment such that <i>living conditions are extremely unhealthy</i> (e.g. faeces and urine are present in living areas).

Physical Neglect – Lack of Supervision (LOS)

i) Supervision

1	<p>- The caregiver fails to provide adequate supervision or arrange for alternate supervision for <i>short periods of time</i> (less than 3 hours) with <i>no immediate source of danger</i> in the environment.</p> <p>Examples:</p> <ul style="list-style-type: none"> • An 8-year-old is <i>left alone</i> during the day for a few hours.
2	<p>- The caregiver fails to provide supervision or arrange for alternative adequate supervision for <i>several hours</i> (approximately 3-8 hours) with <i>no immediate source of danger in the environment</i>.</p> <p>- Children receive <i>inadequate supervision despite a history of problematic behaviour</i> (e.g. impulsive behaviour, hyperactivity).</p> <p>Examples:</p> <ul style="list-style-type: none"> • The child is left alone frequently during the day <i>without a responsible caregiver</i> available. • Children get into trouble with neighbours because of lack of supervision.
3	<p>- The caregiver fails to provide adequate supervision for <i>extended periods of time</i> (e.g. approximately 8 to 10 hours)</p> <p>Examples:</p> <ul style="list-style-type: none"> - The child is left alone at night (for 8-10 hours) - A 6-year-old is locked out of the home alone, and the caregiver does not return until evening.
4	<p>- The caregiver does not provide supervision for <i>extensive periods</i> of time (e.g. overnight, “hours at a time”, or approximately 10-12 hours).</p> <p>- A child with a known <i>history of destructive or dangerous acts</i> (e.g. fire-setting, suicidal ideation) is left unsupervised.</p> <p>Examples:</p> <ul style="list-style-type: none"> • A grade-school-aged child is left alone overnight.
5	<p>- The caregiver fails to provide adequate supervision for <i>more than 12 hours</i>.</p> <p>Examples:</p> <ul style="list-style-type: none"> • A preschool child is left alone for 24 hours • A child is kicked out of the home with no alternative living arrangements.

ii) Environment

1	<p>- Preschoolers play outside unsupervised.</p>
2	<p>- The caregiver fails to provide supervision for <i>short periods of time</i> (less than 3 hours) when the children are in an <i>unsafe</i> play area.</p> <p>Examples:</p> <ul style="list-style-type: none"> • The child is allowed to play in an unsafe area (e.g. broken glass present, old basement or garage cluttered with toxic chemicals, power tools, or old refrigerator) unsupervised.
3	<p>- The caregiver allows the child to play in an <i>unsafe play area</i> for <i>several hours</i> (approximately 3-8 hours).</p>
4	<p>- The caregiver allows the child to play in an area that is <i>very dangerous</i> (i.e. high probability that the child will be hit by a car or fall out of a window, get burned, or drown).</p>

	<p>Examples:</p> <ul style="list-style-type: none"> • The child is allowed to play by highway, or on the roof of a condemned building.
5	<ul style="list-style-type: none"> - The caregiver places the child in a <i>life-threatening situation</i>, or does not take steps to prevent the child from being in a life-threatening situation. - Driving drunk with child in the car. <p>Examples:</p> <ul style="list-style-type: none"> • The caregivers keep <i>loaded firearms</i> in a location that is accessible to the child. • A toddler plays near a swimming pool unsupervised. • Not in a car seat if younger than 6-years-old or weighing less than 60 pounds.

iii) Substitute care

1	<ul style="list-style-type: none"> - Children are left in the care of <i>questionably suitable baby-sitters</i> (e.g. preadolescent, mildly impaired elderly person) for short periods of time (i.e. less than 3 hours).
2	<ul style="list-style-type: none"> - The caregiver provides poor supervision for <i>several hours</i> (3-8 hours). <p>Example:</p> <ul style="list-style-type: none"> • An infant is left in the care of an 8-year-old for several hours <ul style="list-style-type: none"> ○ In this case the infant would be given a code of 2 and the 8-year-old would be coded 1.
3	<ul style="list-style-type: none"> - The child is left in the care of an unreliable caregiver (e.g. one who is known to drink, or is extremely inattentive, or the parent makes no attempt to ensure that the caregiver was reliable) for several hours.
4	<ul style="list-style-type: none"> - The child is <i>allowed to go with a caregiver</i> who has a known history of violence (known to the caregiver) and/or sexual acts against children or who has a restraining order prohibiting contact with the child. - A sexual offender is allowed to have any contact with child or is present in the home.

Emotional Maltreatment

<p>1</p>	<ul style="list-style-type: none"> - Caregiver regularly expects or requires the child to assume an <i>inappropriate level of responsibility</i> (e.g. school-aged child assuming primary responsibility for caretaking younger children; the report must include an explicit statement that the child is responsible for the caretaking role). - Caregiver <i>undermines the child's relationships</i> with other people significant to the child (e.g. makes frequent derogatory comments about other parent). - The caregiver often <i>belittles or ridicules the child</i> (e.g. calls the child "stupid", "loser", "wimp"). - Caregiver <i>ignores or refuses to acknowledge</i> the child's bids for attention (e.g. caregiver generally does not respond to infant cries or older child's attempt to initiate interaction). <p>Examples:</p> <ul style="list-style-type: none"> • Caregiver expects her 10-year-old to take responsibility for the care of an infant. • Caregiver talks on the phone and leaves the baby to cry for extended periods in the crib. • Caregiver shows no interest in the child's achievements.
<p>2</p>	<ul style="list-style-type: none"> - Caregiver does not permit <i>age-appropriate socialisation</i> (e.g. school-aged child not permitted to play with friends). - Caregiver places the child in a <i>role-reversal</i> (e.g. child is expected to take care of the caregiver). - Caregiver consistently thwarts the child's developing sense of maturity and responsibility (e.g. <i>infantilises</i> the child). - Caregiver <i>rejects or is inattentive</i> to or unaware of the child's needs for affection and positive regard (e.g. the caregiver does not engage in positive or affectionate interactions with the child; this lack of attention is a chronic pattern). - Caregiver allows the child to be exposed to the caregiver's extreme but <i>non-violent marital conflict</i>. <p>Examples:</p> <ul style="list-style-type: none"> • Caregiver is extremely passive and unable to meet the children's needs for attention. Any interactions that do occur are harsh and critical. • Caregiver does not want the child to go out of the house after school because the caregiver is lonely and wants company. • Caregiver frequently yells, screams and insults the spouse in front of the child. • Caregiver encourages a 4-year-old to continue to wear diapers despite the child's physical and psychological ability to use the toilet appropriately.
<p>3</p>	<ul style="list-style-type: none"> - Caregiver <i>blames the children for marital or family problems</i> (e.g. tells the children that they are the reason the spouses' divorce). - Caregiver sets up the child to fail or feel inadequate by having <i>inappropriate or excessive expectations</i> of the child. - Caregiver makes a serious and convincing <i>threat to injure</i> the child. - Caregiver calls the child <i>derogatory names</i> (e.g. "slut", "whore", "worthless"). - Caregiver <i>binds</i> the child's hands and feet for moderate periods of time (e.g. approximately 2 to 5 hours), but the child is not unattended. - Caregiver exposes the child to <i>extreme, unpredictable, and/or inappropriate behaviour</i> (e.g. violence toward other family members, psychotic or paranoid ideation that results in violent outbursts that terrorize the child). - Caregiver demonstrates a pattern of <i>negativity or hostility</i> toward the child (e.g. the caregiver screams at the children that they can never do anything right). <p>Examples:</p> <ul style="list-style-type: none"> • Caregiver constantly screams and curses at the children and calls them names. • Caregiver chronically rejects the children. • Caregiver threatened to throw the child out of the window.
<p>4</p>	<ul style="list-style-type: none"> - Caregiver <i>threatens suicide or abandonment</i> in front of the child. - Caregiver allows the child to be exposed to <i>extreme marital violence</i> in which serious injuries occur to the caregiver.

	<ul style="list-style-type: none"> - Caregiver <i>blames</i> the child for the <i>suicide or death</i> of another family member. - Caregiver <i>confines and isolates the child</i> (e.g. locks the child in his/her room), and the confinement is between 5 and 8 hours. - Caregiver uses <i>restrictive methods to bind</i> a child or places the child in a close confinement (e.g. the child is tied to a chair, or lock in a box) for less than 2 hours. (Close confinement = child's movement is extremely restricted, or the temperature, ventilation or lighting is severely limited or is maintained in a detrimental range.) <p>Examples:</p> <ul style="list-style-type: none"> • The children witnessed a fight between the parents in which the mother had to be hospitalised after being assaulted by the father. • The caregiver locked the child in a room for 10 hours for misbehaviour. • The caregiver tells the children that they are going to be put up for adoption because they are so bad.
5	<ul style="list-style-type: none"> - Caregiver makes a <i>suicidal attempt</i> in the presence of the child. - Caregiver makes a <i>homicidal attempt or realistic homicidal threat</i> against the child without actual physical harm to the child. - The primary caregiver <i>abandons the child</i> for 24 hours or longer without any indication of when or if her or she will return and where he or she can be located. - Caregiver uses <i>extremely restrictive methods to bind</i> a child or places the child in close confinement for 2 or more hours (e.g. the child is tightly tied to a chair, or locked in a trunk). - Caregiver <i>confines the child to an enclosed space</i> (e.g. locks the child in a closet or small space) for extended periods (e.g. more than 8 hours). <p>Examples:</p> <ul style="list-style-type: none"> • Caregiver chains the child to a wall of the apartment with a dog collar for 2 days. • The mother left the children with their grandmother for 2 weeks without any indication of where she was and when (or if) she would be returning. • The caregiver chased the child with the car in an effort to terrorise the child. The child was not physically injured. • The caregiver took an overdose of sleeping pills in the children's presence. The caregiver told the children that life with them was intolerable.

Moral-Legal / Educational Maltreatment

<p>1</p>	<p>Moral-Legal</p> <ul style="list-style-type: none"> - The caregiver permits the child to be present for adult activities for which the child is under age. <p>Examples:</p> <ul style="list-style-type: none"> • The caregiver takes the child to drunken parties and adult bars that are clearly not family situations. <p>Educational</p> <ul style="list-style-type: none"> - The caregiver often lets the child stay home from school, and the absences are not the result of illness or family emergency (e.g. a death in the family). The absences occur for less than 15% of the reported period. <p>Examples:</p> <ul style="list-style-type: none"> • The caregiver allows the child to miss 25 days of school in a school year without explanation.
<p>2</p>	<p>Moral-Legal</p> <ul style="list-style-type: none"> - The caregiver participates in illegal behaviour with the child's knowledge (e.g. shoplifting, selling stolen merchandise). <p>Examples:</p> <ul style="list-style-type: none"> • The child was present when the caregiver was selling drugs. <p>Educational</p> <ul style="list-style-type: none"> - The caregiver allows the child to miss school as much as 15-25% of the reported period, not due to illness. <p>Examples:</p> <ul style="list-style-type: none"> • The caregiver did not send the child to school so that the child could babysit for younger siblings. The child missed 9 out of 45 days.
<p>3</p>	<p>Moral-Legal</p> <ul style="list-style-type: none"> - The caregiver knows that the child is involved in illegal activities but does no attempt to intervene (e.g. permits vandalism, shoplifting, drinking). <p>Examples:</p> <ul style="list-style-type: none"> • The caregiver has been informed that the child has been shoplifting, but the caregiver has done nothing. <p>Educational</p> <ul style="list-style-type: none"> - The caregiver keeps the child out of school or knows that the child is truant for extended periods (26%-50% of the year, or as many as 16 school days in a row) without caregiver's intervention. <p>Examples:</p> <ul style="list-style-type: none"> • The child has missed 3 consecutive weeks of school, not due to illness.
<p>4</p>	<p>Moral-Legal</p> <ul style="list-style-type: none"> - The caregiver involves the child in misdemeanors (e.g. child is encouraged to shoplift, child is given drugs). Adults encourage or force participation in illegal activities. <p>Examples:</p> <ul style="list-style-type: none"> • The caregiver encourages the child to steal food from the grocery store. <p>Educational</p>

	<p>- The caregiver frequently keeps the child out of school for significant amounts of time (more than 50% of the reported period, or 16+ days in a row), but the child maintains school enrolment.</p> <p>Examples:</p> <ul style="list-style-type: none"> • The family has moved several times, and each time the child has missed significant periods of school. The child is enrolled but has missed more than half of the school year.
<p>5</p>	<p>Moral-Legal</p> <p>- The caregiver involves the child in felonies (e.g. the child participates in armed robbery, kidnapping).</p> <p>Examples:</p> <ul style="list-style-type: none"> • The child has lived in a drug house run by the caregivers. The child has been involved in selling drugs and has participated in armed conflicts with other drug dealers. <p>Educational</p> <p>- The caregiver encourages a child (less than 16-years-old) to drop out of school or does not send the child to school at all.</p> <p>Examples:</p> <ul style="list-style-type: none"> • The caregiver has not enrolled the child in school, and the child is receiving no educational instruction.

Appendix B

Adverse Childhood Events (ACE) Questionnaire and Score

This document is a replication of the current ACE questionnaire available for use with notes added based on discussion during training for this individual project.

Original paper:

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., et al. The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventive Medicine*. 1998; 14:245-258

Questionnaire available at:

www.cestudy.org

ACE Questionnaire

1. Did a parent or other adult in the household **often**
 - Swear at you, insult you, put you down, or humiliate you?
 - Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household
 - **Often** push, grab, slap or throw something at you?
 - **Ever** hit you so hard that you had marks of were injured?
3. Did an adult or person at least 5 years older than you **ever**
 - Touch or fondle you or have you touch their body in a sexual way?
 - Try to or actually have oral, anal or vaginal sex with you?
4. Did you **often** feel that
 - No one in your family loved you or thought you were important or special?
 - Your family didn't look out for each other, feel close to each other, or support each other?
5. Did you **often** feel that
 - You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
 - Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents **ever** separated or divorced?
7. Was your mother or stepmother
 - **Often** pushed, grabbed, slapped, or had something thrown at her?
 - **Sometimes or often** kicked, bitten, hit with a fist, or hit with something hard?
 - **Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problems drinker or alcoholic or who used street drugs?
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
10. Did a household member go to prison?

Guidance

If Yes to any question (or part of a question) code 1

This gives a total score out of 10

The questions are generally clear but some extra guidance for a few of the questions has been given below following discussion at training.

Question 1

- Answer Yes if there are allegations of physical abuse without proof (→ afraid that you might be physically hurt)
- Answer Yes if child has nightmares about being hurt or recalls being hurt or having injuries despite no documented evidence or supporting allegations (→ afraid that you might be physically hurt)

Question 2

- If child has a mark / marks from non-accidental injury that have been seen answer Yes
- If 2 or more different people have reported physical abuse but no marks have been seen or documented answer Yes

Question 4

- Code Yes if there is a fractious dynamic between
 - Parents and siblings of the child
 - Persons living in the household that the child lives in
- Code Yes if a child is told that they are not loved, for example, a mother is quoted saying “I hate you,” to her child
- Code Yes if there is evidence of attachment disorder

Question 6

- Question states ever in bold, therefore, code Yes even if there is a reconciliation.

Question 7

- ? what if this happens prior to the birth of the child?

Question 8, 9 & 10

- A ‘household member’ is considered as anyone living in the same household as the child at the time the event in question occurs. This includes someone who resides temporarily in the household or who is not a relation of the child as long as event occurs in the period that they are living in the same household as the child.
- For example, code Yes for
 - An uncle who is a known drug addict stays with the family for 1 month.
 - A grandfather living in the same house as the child is imprisoned.
- These questions are designed to detect if a child has been *exposed* to substance misuse, mental illness or criminal activity.