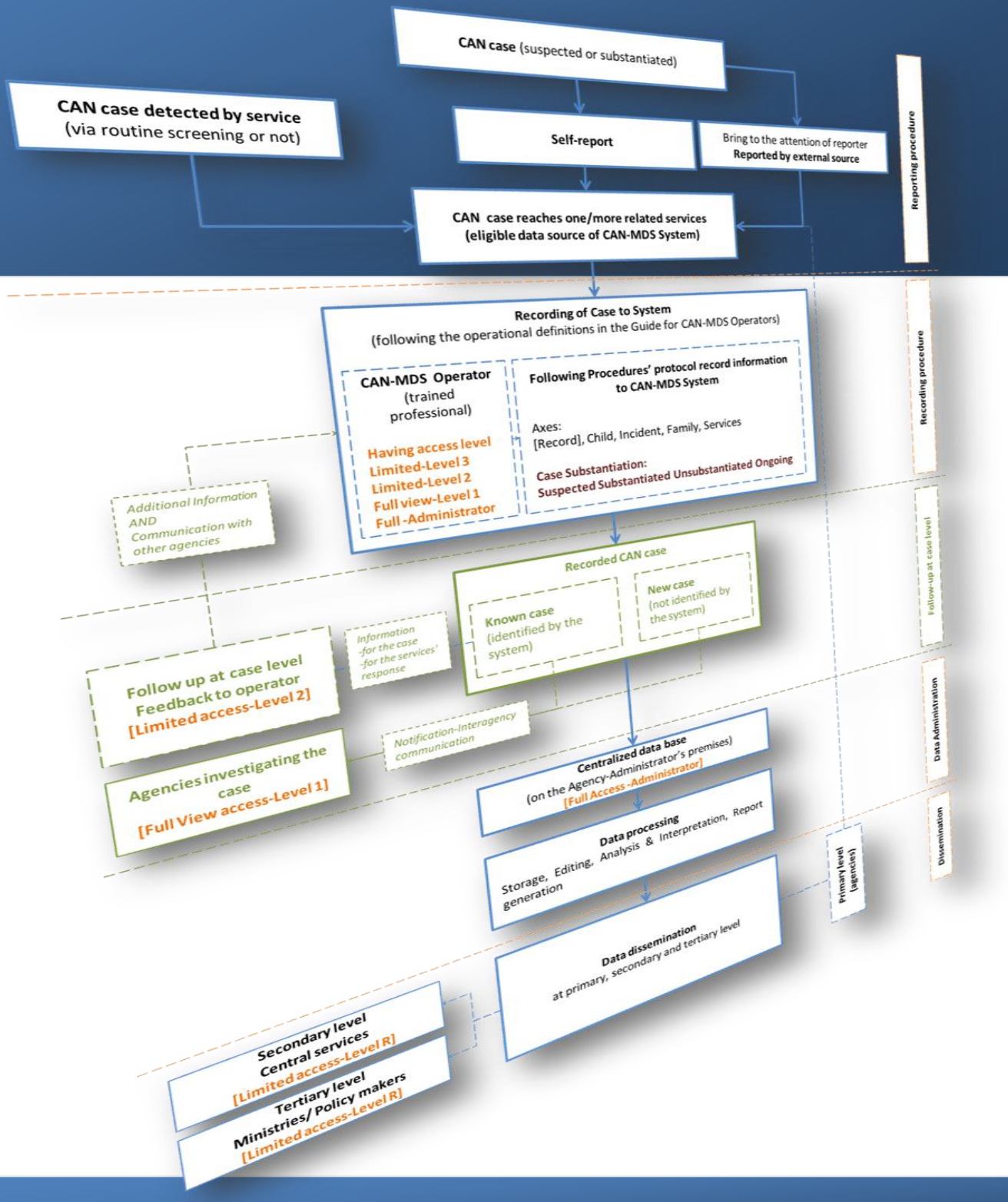
CAN-MDS Toolkit + Synergy + Capacity + Lobbying = Coordinated response to Child Abuse & Neglect

Co-funded by EU REC Programme 2014-2020

CAN-MDS OPERATOR'S MANUAL



"Coordinated Response to Child Abuse & Neglect via Minimum Data Set: *from planning to practice*" [REC-RDAP-GBV-AG-2017/ 810508]

NOTE

This Manual is part of the Master CAN-MDS Toolkit.
National CAN-MDS Toolkit can developed by adding country specific informaton where necessary (as indicated throughout the text) and after cultural adaptation (following the methodology in the respective report). Text in orange font indicates where national adaptation is needed.

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This Manual is part of the Master CAN-MDS Toolkit prepared in the context of the Action "Coordinated Response to Child Abuse & Neglect via Minimum Data Set: *from planning to practice*"

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Table of Contents

PART 1
introducing the CAN-MDS

Introductory Note

Dear Professional,

It is a fact that CAN case-based data are often derived from a variety of intersectoral sources involved in cases' administration and follow up of victims at local and national levels are ultimately not sufficiently coordinated among the involved services. Barriers for effective monitoring of child maltreatment are the lack of common operational definitions, the lack of common registering practices and the use of a variety of methods and tools for data collection and sharing among stakeholders.

The CAN-MDS Surveillance System has been initially developed under the Project "Coordinated Response to Child Abuse and Neglect via Minimum Data Sets" [JUST/2012/AG/3250], co-funded by the Daphne III Programme of the European Union and revised in the context of the Action CAN-MDS II: from planning to practice, co-funded by EU REC Programme 2014-2020. The system aims to contribute to the protection of maltreated children and children at risk by creating the scientific basis, necessary tools and synergies for establishing national child abuse and neglect monitoring systems using a minimum data set, common methodology and definitions throughout all relevant sectors.

The CAN-MDS is expected to provide comprehensive, reliable and comparable case-based information at national level for children who have used child protection services.

At the same time the CAN-MDS aims to improve child protection services by facilitating the work of frontline professionals as a communication channel among services activated in the same sector as well as among sectors.

The prerequisite for the effective operation of a surveillance system via an MDS is the agreement among relevant stakeholders to collect a specified set of data elements, which is essentially a policy issue. However, even if the required policy is in place, without agreement between all relevant parties, and especially without the agreement of the end-users, namely frontline professionals who are going to act as Operators , the CAN-MDS could not exist.

This is why your contribution in this effort as one of the CAN-MDS Operators is of major importance.

[National Administrating Agency]

Background

Child maltreatment data collection – a common necessity worldwide

The necessity for child maltreatment surveillance systems that provide continuous and systematic data to monitor the magnitude and impact of Child Abuse and Neglect is undeniable. Reliable demographic and health statistics data are needed to inform policy and budget planners as well as health and social welfare service providers and this information is very important in an environment with scarce economic resources. The Centers for Disease Control and Prevention (CDC) highlighted that the "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, as cited in Leeb, Paulozzi, Melanson, Simon, Arias, 2008, p. 3). Furthermore, as Petrowski (2010) noted in the "Resource Guide for Child Maltreatment Data Collection" prepared for the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) "***the development of a national child maltreatment data collection and monitoring system that is reliable, accessible, and comparable is not only viewed as good practice, but is also a legally binding responsibility of State Parties that have ratified the United Nations Convention on the Rights of the Child (CRC; United Nations General Assembly, 1989)***". Therefore, "it is

compulsory that States tackle the phenomenon of child abuse through a comprehensive approach to tracking, monitoring, preventing, intervening/treating, and providing supports and resources" (Petrowski, 2010, p. 1-2).

Documenting the necessity for CAN-MDS implementation in [Country]

<Country Specific Informaton>

Suggested length: 1-2 pages

Aim: documenting the nececcity for CAN-MDS Implementation in your country

Here each interested party has the opportunity to provide the reasons why the implementation of a CAN surveillance mechanism such as the CAN-MDS in is necessary for the [COUNTRY]. The rationale can be based on the identification of potential gaps and weaknesses of the available CAN surveillance methodologies (registries/monitoring, tools etc. - if any), and on how the current situtation influences decision making (e.g. planning of preventive activities, effective administration of CAN cases, formulation of policy measures, etc.). It could also include arguments on how the adoption of a practice for monitoring CAN (such as the CAN-MDS) is expected to contribute to the improvement of the situation.

If a "Country profile report" is available, please use/adapt information from your country profile, para. 2.1 - How well known is the CAN problem in [country]? and 2.2 - Critical review of the available data.

Further Reading ***<Country Specific Informaton>***

More information on Child Protection System, CAN Notifications and Mandatory Referrals and Data Collection is available in the Policy Brief *"Joining forces to better protect children from abuse and neglect: Coordinated multi-sectoral response to child abuse and neglect cases".*

Coordinated Response to Child Abuse & Neglect via a Minimum Data Set

at a glance

Coordinated

- **promoting uniform data collection from all sectors involved in administration of CAN cases**
  - using a common user-friendly registry tool
- **creating a communication channel among involved sectors**
  - involving all eligible professionals working in the above sectors
  - following pre-defined criteria & with different levels of access according to their responsibilities
  - building their capacity through
    - short training & necessary material (Guide for Operator & Protocol)

Response

- **at a population level** (public health surveillance)
  - allowing comparisons within and between countries
  - targeting policy makers and related stakeholders
    - providing them with continuously updated information as a basis for
      - evaluation of existing practices & policies and guiding prevention & intervention planning
- **at a case-level** (follow-up of individual cases)
  - facilitating case-investigation & further administration
    - following specific criteria concerning level of access of Operators

to CAN

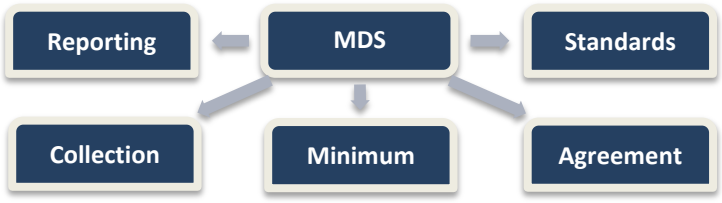
- **using broad CAN operational definitions**
  - describing "case definitions" in detail
  - ensuring a common understanding among (non homogeneous) involved parties
- **targeting to collect all cases identified by services**
  - regardless of substantiation

via MDS

- **using a standard set of variables** (endorsed by all stakeholders)
  - fulfilling pre-defined criteria concerning ethics, quality, completeness, accessibility, feasibility
  - providing comprehensive, comparable and reliable data
    - targeting a standard framework of measurable indicators that are sound, practical and usable
    - providing eligible Operators with necessary information for investigation & follow up at case-level

A Minimum Data Set (MDS) is a common set of data items, definitions and standards that should be used to collect and report data; these data should be comparable across geographic regions within the continent and over time.

(Kowal, Wolfson, & Dowd, 2000)



Keywords that describe a National Minimum Data Set (Australian Institute of Health and Welfare, 2013).

CAN-MDS v1.0

aim and objectives

Aim

CAN-MDS aims

- *to provide comprehensive, reliable & comparable case-based information for (alleged) child victims of CAN who have used social, health, educational, judicial & public order services at national and international level (**Information for action** linked to public health initiatives)*
- *to serve as a ready-to-use tool in investigation and follow-up of child victims of CAN or those at risk of being (re-) victimized, by respecting the national legislation and applying all the rules necessary for ensuring ethical data collection and administration (**Case-level information** linked to follow-up of individual cases)*

The purpose of the CAN-MDS is to cover CAN cases not only being investigated by the judicial or law enforcement authorities but also those handled in the health and social care services and the educational sector where the majority of cases are handled and, therefore, to describe the characteristics of CAN cases reported, identified or handled in a variety of settings. Continuous development and refinement is also a main aim of the CAN-MDS.

Unlike other public health surveillance systems, CAN-MDS has an additional purpose: *the utilization of information at a case-level*. The twofold character of the CAN-MDS takes into account the difficulties relating to the nature of CAN (continuous and repeated, involving multiple sectors and professional groups without well-established common language and channels of communication), and the critical aspects required for the effective operation of a public health surveillance system (related to its acceptance and stakeholders' agreement to collect data elements). By serving additionally as a practical tool for the involved parties fulfilling pre-defined criteria, the CAN-MDS is expected to strengthen stakeholders' commitment to the system and to result in better information for action. The twofold character is also expected to improve the results of a cost-benefit assessment of such a system.

Objectives

Data collected via a potential CAN-MDS Surveillance System can be used:

- to periodically measure the incidence of CAN and its specific forms based on data deriving from services' responses to CAN cases
  - per specific form of abuse and neglect, and child, caregiver and family characteristics
  - per sector and service
  - in general
- to monitor trends in child maltreatment (benchmarking)
  - per specific form of abuse and neglect, and child, caregiver and family characteristics
  - at international, national and local levels
- to provide clues for the identification of
  - new or emerging trends in child maltreatment
  - populations at high risk
- to be used as a baseline for the evaluation of
  - services' needs (needs assessment related to CAN cases administration) for prioritizing the allocation of resources for CAN primary, secondary and tertiary prevention
  - effectiveness of CAN prevention practices and interventions (and to identify good practices)
  - effectiveness of CAN prevention policies (for planning future policies & legislation)

Additionally, data that will be collected via the CAN-MDS Surveillance System can be used:

- to outline the administrative practices applied for CAN cases
- to detect changes in administrative practices of CAN cases and the effects of these changes

Last, but not least, the CAN-MDS application itself aims

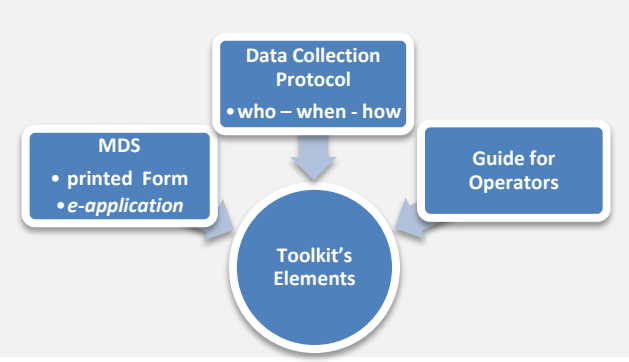
- to operate as a communication channel among sectors involved in administration of CAN cases[1]
  - to facilitate follow-up at case-level
- to operate as a ready-to-use tool during new or suspected case investigation by certified authorities
  - to provide feedback to services at a case-level for already known cases

CAN-MDS Toolkit

at a glance

The CAN-MDS Toolkit addresses all potential CAN-MDS users in the EU28 and other countries, agencies and services activated in the fields of welfare, health and mental health, justice, law enforcement and education which are involved in the administration of child maltreatment cases, professionals working in the field of CAN secondary and tertiary prevention, social & health scientists and epidemiologists. The main target group of the Toolkit, however, are the CAN-MDS Operators of a potential CAN-MDS system.

Structure of the CAN-MDS Toolkit



The Toolkit consists of three main elements: a. the first version of the Minimum Data Set currently comprising of 18 data elements which resulted via a multiple-round quality and feasibility evaluation process, where international stakeholders participated; the e-CAN-MDS application was developed on the basis of this MDS; b. the data collection protocol (see Annex I) that was drafted on the basis of the CAN-MDS and suggests a *step-by-step* procedure for using the CAN-MDS; this protocol could be used by any professional who has already been trained to become an operator; and c. the Guide for Operators where all necessary background information is included for the professionals who fulfill the eligibility criteria and the prerequisites (as the successful attendance of a short training) to use the system. Apart from information concerning the necessity for child maltreatment surveillance in the country, a special session on ethics, privacy and confidentiality issues related to CAN data collection is also included in the Guide. The main body of the document is dedicated to the detailed presentation of the variables included in the CAN- MDS along with technical specifications and definitions of data elements.

CAN-MDS Operators

eligibility criteria, prerequisites & roles

Up to today, efforts to collect incidence data related to CAN have focused on resources including mainly substantiated cases after judicial processes or cases where law enforcement authorities were involved. However, evidence suggests that the vast majority of CAN cases do not fall into this particular category and very often go unreported.

A CAN-MDS system aims to provide the most complete picture of the problem's magnitude and to this end includes not only cases from the judicial or legal protection systems, but also cases identified on the basis of the received services -namely cases that come to the attention of any services, other than judicial. Therefore, potential operators of the CAN-MDS –namely, professionals in charge of collecting and registering data- such as social/ health/ other professionals working in the field of child protection or with child victims. Consequently, suspected CAN cases and/or cases under investigation will also be eligible to be recorded in a CAN via MDS system. Expanding the eligible sources of information is expected to lead to data collection for a larger number of CAN cases and, therefore, increase the chances for the collected information to be closer to the true magnitude of the problem. Even though a CAN-via-MDS surveillance mechanism, by collecting data to measure incidence rates of CAN based on services' responses, will not reach the general population of children (such as in an epidemiological study), it is expected that more cases will come to the attention of services and more information will be available for prioritizing preventive efforts.

CAN-MDS targets at providing a common ground for collecting data not only for CAN cases involving legal or public order authorities but also cases identified, reported or handled by services in the health, welfare and educational sectors.

Who can become a CAN-MDS Operator and How?

Eligibile professional backgrounds

Any professional who belongs to one of the following groups, has a valid professional license or is legally certified and is subjected to a professional code of ethics or a similar condition, depending on the profession

***Welfare related professions**:*	*Social Workers, Health Visitors, Care providers in institutions, other personnel (e.g. working in antitrafficking agencies, directorates for disability, Child Ombudsman etc.)*
***Justice-related professions**:*	*Judges (family courts, juvenile courts), Probation Officers, Public Prosecutors, Forensic surgeons' professionals, Lawyers, other justice related professionals)*
***Health related professions**:*	*Medical Doctors (general doctors and specialized doctors such as gynecologists, pediatricians, orthopedists, and radiologists), Midwives, Nurses, and Dentists*
***Mental health professions**:*	*Child-Psychiatrists, Psychiatrists, Psychologists, Licensed Counselors (Youth Counselors, Family Counselors, etc.)*
***Law enforcement related professions**:*	*Police Officers (in general and specialized police investigators e.g. in forensic interviews, for crimes against minors etc.)*
***Education-related professions**:*	*Teachers/Educators (pre-school, kindergarten, primary and secondary education, for children with special needs), School Principals*
Other professionals:	*Researchers, Data administrators, other school personnel (e.g. school guards), other Public officials (e.g. ministries' employees), other NGOs personnel (e.g. volunteers, priests, nuns)*

Prerequisites for an eligible professional to become CAN-MDS Operator

- *to be active (not a student, not a pensioner)*
- *to work in an organization/agency and participating as a representative on behalf of his/her agency*
- *to sucessfuly complete a short training (and be certified)*

Roles of stakeholders as defined by the assigned Level of Access to CAN-MDS

Four different levels of access are provisioned for a CAN-MDS. Assignment of access level to an Operator depends on his/her professional responsibilities concerning CAN incidents (if any), namely if his/her role focuses exclusively on reporting CAN incidents (without further involvement in cases' administration) or includes responsibilities related to administration of cases (such as assessment, care, and support) or making decisions on legal concequenses (e.g. for (alleged) offenders). Specifically:

Table 1.1 *Roles of stakeholders and assigned Level of Access to CAN-MDS*

Responsibilities	**Level of access**
System Administrator	**Full Access**
Making decisions on legal action such as - to remove the child from the family - to remove parental rights - to decide whether sufficient evidence exists to prosecute (alleged) offenders	**Full View access (level 1)**
Involvement in administration of reported/detected cases & follow-up - Conducting initial assessments for suspected CAN cases - Providing services to CAN victims (diagnostic/ treatment/ consultation/care) - Providing services to CAN victims' families (supporting) - Following-up of CAN cases	**Limited access (level 2)**
Non actual involvement in administration of reported/detected cases - Notifying (optionally) authorities of (suspected) CAN cases - Reporting mandatorily (suspected) CAN cases - Applying screening in the general child population for CAN - Providing emergency protective measures to CAN victims - Providing legal advice/ consultation/ advocacy for CAN cases	**Limited access (level 3)**

Following a procedure where nine countries had provided information, the following levels of access assigned to Operators by Profession and Agency where they are working, are presented in the table below.

Table 1.2 *Eligible Operators and Access Levels*

Full View Access (Level 1)	Limited Access (Level 2)	Limited Access (Level 3)
- **Public Prosecutors working in Judicial Services** - **Social Workers working in the Child Protection System**	- Social Workers working in Social Welfare Services - Social Workers working in Accredited NGOs/ Community Organizations - Mental Health Professionals (psychologists, psychiatrists) working in Mental Health services - Child Psychiatrists working in Health Care Services - Child Psychiatrists working in Mental Health Services - Psychologists working in Child Protection/Social Welfare Services - Psychologists working in Health Care Services - Psychologists working in Mental Health Services - Paediatricians working in Health Care Services - Medical Doctors (different specialties, e.g. orthopaedists, radiologists) working in Health Care Services - Police Officers working in Law Enforcement-related Services - Mental Health Professionals *(psychologists, psychiatrists)* working in Law Enforcement related services - Licensed Counsellors working in CPS/Social Welfare Services - Licensed Counsellors working in Mental Health Services - Judges working in Judicial Services - Gynaecologists working in Health Care Services - Nurses working in CPS/Social Welfare Services - Midwives working in CPS/Social Welfare Services - Data administrators working in existing related registries - Legitimate researchers working on human subject protection	- Social Workers working in Health Care Services - Mental Health Professionals *(psychologists, psychiatrists, licensed counsellors)* working in Accredited NGOs/Community Organizations - Social Workers working in Education Services - Social Workers working in Mental Health Services - Care Providers in Institutions working in the Child Protection System/ Social Welfare Services - Psychologists working in Educational Services - Licensed Counsellors working in Education - Probation Officers working in Judicial Services - Other Justice-related professions working in Judicial Services - Nurses working in Accredited NGOs/Community Organizations - Teachers/educators (pre-school, kindergarten, primary & secondary educa-tion, special education, school principals) working in Educational services - Other personnel working in antitrafficking, directorate for disability, Child Ombudsman, etc.) working in Independent Authorities

Depending on the level of access of each Professional-Operator the following options are available:

Level of access	**Operations (user *"rights")* according to level of access**
Full Access	enters data WITH access to ALL data, aggregated AND disaggregated (at case-level) (view/ edit/ delete) and to users' accounts create/edit/delete)
Full View access (level 1)	enters data WITH view access to ALL data, aggregated AND disaggregated (at case-level) (view/ edit/ delete) and to users' accounts (view)
Limited access (level 2)	enters data WITH access to data entered by the same user (view/ edit/delete) AND to data entered by other users for the same case (view)
Limited access (level 3)	enters data WITH access ONLY to data entered by the specific user (view/edit/delete)]

What a CAN-MDS Operator can contribute to CAN-MDS

- *to record new CAN incidents for new cases (children) identified or following a report*
- *to add data for new incidents under already known cases*
- *to update data for already recorded incidents for known cases (follow-up)*

What CAN-MDS can provide to a CAN-MDS Operator

- *a user-friendly tool for reporting CAN incidents (especially when the professional is mandated to report)*
- *a user-friendly tool for keeping basic information for all new incidents of CAN brought to his/her attention*
- *a tool for checking demographic and other data for already known children (via auto-produced reports)*
- *a communication channel with other professionals working in the same or different sectors on the same case*
- *basic information on previous incidents for already known cases (children) (according to his/her level of access)*
- *a ready-to-use tool for*
  - *informing other agencies on his/her agency's response (e.g. what services have already been provided)*
  - *notifying other agencies of new cases (for example, via referrals)*

Eligible incidents for CAN-MDS

case definitions

Child Maltreatment Incident

The CAN-MDS is an incident-based system. This means that in order for the Operator to create a new record, a CAN incident should be either identified or reported.

"An incident of child maltreatment is defined as an event documented by child protection system, law enforcement, the medical system, or other reporting source (e.g., school) in which child maltreatment is alleged or confirmed"

[Leeb, R., Paulozzi, L., Melanson, C., Simon, T., Arias, I. (2008). Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements. Centers for Disease Control and Prevention, National Center for Injury Control and Prevention: Atlanta, GA.]

Child (alleged) victim

Child (alleged) victim in the content of the CAN-MDS is the *subject of information* that is recorded for a CAN incident. A child (alleged) victim can be recorded in the system due to one sole incident; it is possible, however, for more than one incident to be classified under the same child (alleged) victim.

Defining Child Maltreatment

One major challenge of the CAN-MDS is to overcome variations in the definitions of child maltreatment used by professionals, researchers and officials with different professional backgrounds, working in different jurisdictions within and between countries (see "CAN-MDS Operators").

To overcome the definitions-related obstacle three means are applied:

1. Use of common conceptual definitions

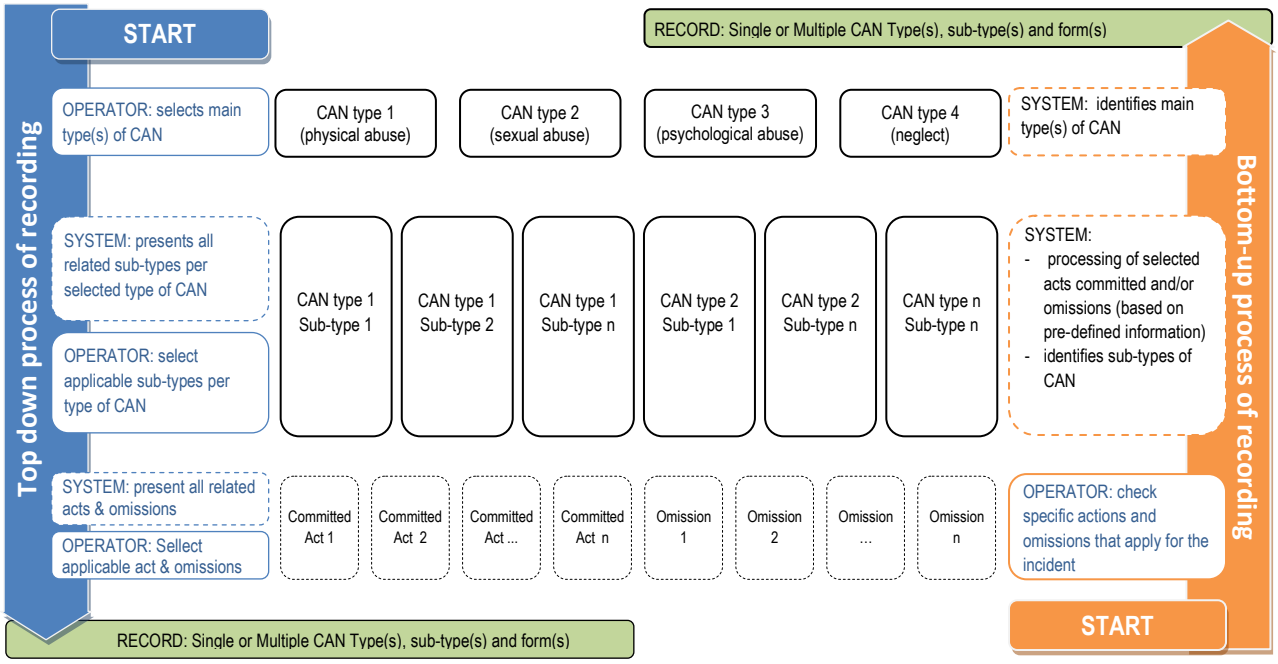
In the context of the CAN-MDS, case definitions are based on **the United Nations' Committee on the Rights of the Child's General comment No. 13 (2011), "The right of the child to freedom from all forms of violence" [CRC/C/GC/13 (2011) §19-33][1].** Apart from these conceptual definitions, a further review was made including UNCRC Article 19[2], the World Report on VAC (2006)[3], WHO and ISPCANs definitions (2006)[4] and CDCs (2008)[5] definitions.

2. Operationalization of conceptual definitions

The use of a commonly understood language and technical specifications is required for making it feasible for a wide range of professionals to contribute to the system by entering CAN incident-based data and to benefit from the system by accessing CAN incident-based data. In order to ensure to the greatest possible extent a common understanding by any potential operator and subsequently, the recording and collection of reliable and comparable information, it is suggested that a bottom-up process be adopted for operationalizing CAN case definitions for the needs of the CAN-MDS. It is as follows: instead of using a broad classification of the main types and subtypes of CAN, pre-coded exhaustive [check]lists of clearly defined *maltreatement acts committed* and *omissions in a child's care* have been developed which can be identified via observation, interview, available information or other means, AND indicate (automatically based on an algorithm) specific subtypes and consequently main types of CAN, allowing at the same time the recording of multiple forms of maltreatment (see Figure below).

[1] Available at: http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.GC.13_en.pdf
[2] Available at: http://www.unicef.org.uk/Documents/Publication-pdfs/betterlifeleaflet2012_press.pdf
[3] Available at: http://www.unicef.org/violencestudy/reports.html
[4] Available at: http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf
[5] Available at: http://www.cdc.gov/violenceprevention/pdf/CM_Surveillance-a.pdf

Figure 1.1 *Operationalizing CAN conceptual definitions*



The CAN-MDS incorporates the main types of CAN, sub-types under each main type and form(s) under each sub-type (maltreatement acts commited and omissions). The Operator, depending on his/her familiarization with CAN definitions, can follow a different route:

- *Operators who are not familiarized with CAN definitions: a bottom up process (from commonly understood acts and omissions to broader concepts of CAN)*
- *Operators who are familiarized with CAN-Definitions: a top-down process (from main conceptually defined CAN types to specific acts and omissions)*

Note: Specific information on CAN operationalization is provided in Part III under V8 "Form(s) of Maltreatment"

3. Training of Professionals before they become Operators

The aim of the short (2-day) training ("*workshop*") is to build the capacity of national CAN-MDS future operators. Specifically, training targets *to inform the members of the National Groups of CAN-MDS Operators on the Action and its objectives and on what is expected of them to contribute as system's Opertors in the future.* Moreover, the training aims *to ensure a common understanding of CAN Definitions among professionals with different backgrounds working with and/or for children within and between countries.*

Content of the Training workshops

- *Introductory section: the need for CAN surveillance to tackle underreporting of child abuse and neglect cases*
- *Defining the role of trainees as CAN-MDS Operators*
- *Exploring the CAN-MDS: a data elements review*
- *Ensuring understanding of CAN-MDS*
- *Key Ethical Issues related to CAN Surveillance*

Learning objectives

Eligible professionals-future operators of CAN-MDS gain nessecary knowledge and skills to follow the procedures for contributing in CAN surveillance via CAN-MDS. Specifically, training intends to enable trainees to:

- *Identify incidents and cases*
- *Record (suspected) cases, along with specific information (related to conditions, child & family)*
- *Record information for services' response (institutional response and referrals made)*
- *Communicate with and provide feedback to the community (public health level) and to professionals-operators (at case-level)*

Ethical & Legal aspects of CAN-MDS
privacy and confidentiality considerations

Building and operating a minimum data set (MDS) for a better knowledge of Child abuse in European countries is a technical and scientific opportunity of gathering epidemiological information. This knowledge would be very important in estimating prevalence and incidence of CAN in different countries and across time and perhaps may help to check "what works" and propose respectively new practices to overcome or prevent child abuse and neglect in the EU.

Such initiatives raise ethical and legal issues related to controlling and processing of personal data as well as to data privacy, confidentiality and security. These issues were considered in the CAN-MDS by design and measures were taken to ensure appropriate use of data including appointment of National CAN-MDS Administrative Authority, compliance with principles of the General Data Protection Regulation, relevant provisions of National law, and professionals' Codes of Ethics or Codes of Practice, as explained in this section.

CAN-MDS National Administrative Authority – 'data controller'

The *National CAN-MDS Administrative Authority* consists the first of the three components in the structure of CAN-MDS System (as is described in the CAN-MDS Policy & Procedures Manual (p.14), under Procedures, Part A-Structure and Government).[6] As is detailed in it's the Terms of Reference, the Controller undertakes to ensure that there is a legal basis for the processing of data, ensure that the Processor complies with the applicable data protection and privacy legislation, and to draw up written instructions to enable the processor to carry out his/her duties, in accordance with the personal data processor agreement.

Information on the identity and contact details National Administrative Authority [Data Controller] **and Administrator(s)** [Data Processor(s)] where the Operators can [see Guide for Administrators, off-line *Database A. National Administrative Authority's ID*)

"Identity of National CAN-MDS Administrative Authority and the Administrator(s)"	
Identity	Agency's Name
	Legal status
	Field/ Sector
	Child Protection Policy (link)
Contact details of National Administrative Authority [data controller]	Street name
	Street number
	Postal code
	Town
	Telephone number
	E-mail address
National Administrator 1 [data processor]	Surname
	Name
	Personal phone number
	Personal email
National Administrator 2 (data processor) *[where applicable]*	Surname
	Name
	Personal phone number
	Personal email
Notes	

[6] CAN-MDS Policy & Procedures Manual (2015). Athens: Institute of Child Health (ISBN: 978-960-9766-15-9). Available at: http://can-via-mds.eu/sites/default/files/WS.5_D6_Policy and Procedures Manual_EN.pdf

GDPR rules <*according to National legislation*>

General Data Protection Regulation

Under article 16 of the Treaty on the Functioning of the European Union (TFEU), where the right to protection of personal data is safeguarded, the competency of the European Parliament and the Council to legislate on data protection matters is foreseen[7]. The principal EU legal instrument on data protection is the Regulation (EU) 2016/279 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation – GDPR)[8]. By this Regulation, Directive 95/46/EC (Data Protection directive)[9] was repealed and GDPR came into force on 25 May 2018. As stipulated in the recitals of the GDPR, while a high level of natural persons' protection must be ensured with regards to the personal data processing, this should be balanced against other fundamental rights in accordance with the principle of proportionality. The technological developments and the expansion of data processing and sharing made it imperative upon the Union bodies that a strong and more coherent data protection framework should be established. Thus, a homogenous application of law throughout the EU could only be established with an EU regulation. Below the basic principles of processing personal data are listed along with how the CAN-MDS conforms to these principles.

Basic principles of processing personal data (PD) [Article 5 GDPR]

- **Lawfulness, fairness and transparency** – personal data processed lawfully, fairly and in a transparent manner in relation to the data subject; specifically:

  Lawfulness

  - Data processing in CAN-MDS is mainly based in United Nations Convention on the Rights of the Child and the UN Committee General Comment 13 (2011), while at a national level follows the country specific concluding observations focusing on the need for data collection on children suffering or are at risk to suffer abuse and/or neglect. A detailed description of legal basis for the CAN-MDS is presented in the Policy and Procedures Manual.
  - CAN-MDS is an incident-based surveillance mechanism in the context of which no criminal offence data are processed; the same is valid for other categories of special data (according to DGPR Art. 9) such as race and ethnic origin; religious or philosophical beliefs; political opinions; trade union memberships; biometric data used to identify an individual; genetic data; health data and data related to sexual preferences, sex life, and/or sexual orientation.
  - CAN-MDS don't do anything generally unlawful with personal data.

  Fairness

  - In the context of CAN-MDS has been considered how the processing may affect the individuals concerned and any adverse impact can be justified.
  - Children (alleged) victims' data handled in ways that are fully justified.

  Transparency

  - Procedures on data collection and process are predefined, open, and honest.

- **Purpose limitation** – personal data collected for specific, concrete and legitimate purposes and any further process must be compatible with these purposes;[10]
  - Processing in CAN-MDS has two purposes: to provide comprehensive, reliable and comparable case-based information for (alleged) child victims of CAN who have used social, health, educational, judicial and public order services at national and international level to be used as the basis of public health initiatives and to facilitate follow-up of child victims of CAN or those at risk of being (re-) victimized, by respecting the national legislation and applying all necessary ethical rules.

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[7] TFEU, Art. 16(2), available at: http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:12012E/TXT&from=EN

[8] General Data Protection Regulation, available at: http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0679&qid=1522240823531&from=EN

[9] Data Protection Directive, OJ 1995 L 281, available at: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:31995L0046.

[10] Further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes shall not be considered to be incompatible with the initial purposes (art. 5(b)). See also art. 89(1) GDPR.

- Purposes for processing in CAN-MDS are clearly identified and fully documented (as detailed in the CAN-MDS Policy and Procedures Manual). Processing of data in the context of CAN-MDS takes place for archiving purposes in the public interest, scientific and statistical purposes and, as such, it is subjected to safeguards for the rights and freedoms of the data subject; those safeguards ensure that technical and organizational measures are in place to ensure respect for the principle of data minimization. Those measures include use of minimum data set, pseudonymization, anonymization (after subjects' of data come into age), technical measures (such as graded password protected access) and organizational measures (such as continuous involvement of trained data administrator ['data processor'] on behalf of the National Administrative Authority ['data controller']).
- By the design of the system periodic reviewing of processing is provisioned and, where necessary, update of documentation.

- **Data minimization** – adequate, relevant and limited to what is necessary to the purposes for which they are processed
  - By definition personal data collected and processed in CAN-MDS (minimum data set) are limited, including only those that are actually needed and are sufficient for the predefined purposes; the current 18-data element MDS resulted through a multiple-round evaluation by national and international experts (relevant documentation is available).

- **Accuracy** – ensure that personal data are accurate and, where necessary, kept up to date
  - Data sources of CAN-MDS as well as individual operators are selected following an eligibility criteria-based process in order to ensure the accuracy of any personal data collected. Moreover, collection of accurate personal data is a main responsibility of data sources and operators in their everyday work over and beyond their involvement in the CAN-MDS.
  - The source of data is always recorded (with no exceptions).
  - CAN-MDS records do not include data that are matters of opinion and therefore no opinion-relevant changes to the underlying facts are included. Identities of data providers, namely eligible trained professionals, are always recorded (with no exceptions).

- **Storage limitation** – personal data shall be kept in a form that permits the identification of the data subject solely for the time necessary for the purpose for which the personal data are processed;[11]
  - In the context of CAN-MDS it is fully justified what personal data are held and why they are needed, as well as how long personal data should be kept for.
  - Data are regularly reviewed and anonymization of personal data is provisioned when data subjects are over 18 (under the 'the right to be forgotten').
  - Any personal data that needed to be kept for statistical purposes, scientific and public health interest archiving are clearly identified.

- **Integrity and confidentiality** – during processing security of personal data, including protection against unauthorized or unlawful processing and against accidental loss, destruction or damage, shall be ensured, by undertaking appropriate technical and organizational measures
  - CAN-MDS was developed adopting a 'data protection by design and default' approach - putting appropriate data protection measures in place throughout the entire lifecycle of processing operations; the following measures are implemented to ensure integrity and confidentiality of personal data:
    - pseudonymization is applied to preclude any unlawful or unauthorized processing personal data; pseudonyms and identifiers stored exclusively off-line in secured places in National Administrative Authorities' premises.
    - operators' access to pseudoanonymized data is password protected and grated according to responsibilities and mandates per case.
    - other technical measures include auto-disconnection of administrators and operators' accounts after a specific time of inactivity in the account.

[11] Personal data may be stored for longer periods only if they are intended to be processed for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with article 89(1) subject to implementation of the appropriate technical and organizational measures in order to safeguard the rights of the data subject (Article 5 point (e)).

- It ensured that National Administrators ('data processors') also implements appropriate technical and organizational measures while they by their profession are subjected to a code of conduct. Persons who have access to data ('data processors') are professionals who sign a special ToR before obtaining access to data and proceed to any personal data process following strict instructions by the Administrative Authority ('data controller'). By signing this ToR, data processors declare that understand the requirements of confidentiality, integrity and availability for the personal data they process.

- **Accountability** - The controller shall be responsible for, and be able to demonstrate compliance with the aforementioned principles
  - CAN-MDS Administrative Authorities ('data controllers') take responsibility for complying with the GDPR in regards to CAN-MDS by
    - putting in place the above mentioned technical and organizational security measures
    - putting written contracts in place with Administrators that process personal data on their behalf and with the consultative Inter-Sectoral Board's members
    - maintaining documentation of processing activities;
    - recording and, where necessary, reporting personal data breaches; in the case of a data breach, mitigation measures will be carried out, depending on the extent and nature of the breach. In the case that the breach occurs in anonymized and/or pseudonymized data, access to the offending addresses will be blocked, whereas in case that a data breach occurs in raw data (e.g. pseudonymized data), database will be quarantined, and access will be restricted only to trustworthy parties. In all cases, the supervisory authority [National Data Protection Authority] will be notified with all the information required by the GDPR.
    - adhering to relevant child protection policies and/or codes of conduct.

Summarizing, the establishment of legitimate interest in the case of CAN-MDS derives from the core values of the system namely that *the child is a rights holder and not a beneficiary of benevolent activities of adults*; *the best interests of the child shall be a primary consideration and the right of the child to freedom from all forms of violence*. CAN-MDS implement a series of measures in order to ensure safe registration, authentication, authorization and data storage. Specifically, to ensure the protection of sensitive personal data, the following provisions were adopted: a. use of the pseudonymization technique:[12] none personal identifier is recorded in the e-registry; instead, a pseudonym is used. The supplementary data linking the pseudonym with the subject of information (i.e. the child, a caregiver) is available ONLY to the Administrative Authority of the system (IOM, 2009); b. eligibility criterion for operators: only professionals subject to a code of ethics or practice or an equivalent code can participate in the CAN-MDS as operators; c. password protected access: each eligible operator is provided with a unique username and password that contains information on the operator's identity (secondary data related to the agency where s/he works, the geographic area where the agency is located, the professional's specialty and his/her ID within the agency); and d. graduated access: operators are designated with different levels of access to the available information according to their responsibilities during the process of child abuse & neglect cases' administration (4-level).[13]

What is provisioned by the National Law

<Country Specific Information – see also Guide for Administrator, WORKING FILE 7. Secondary Data for Mandatory reporting of CAN>

[12]Pseudonymization in the context of CAN-MDS follows the rationale of ISO/25237:2017(en) and applies for any personal data that are allowed to be stored under the Regulatory Framework (for children and caregivers) or under the data subject's explicit consent (for professionals-operators). When data expire (after a child turns over 18 years old) or consent (by Operators) is revoked CAN-MDS anonymize the pseudonymized data. GDPR gives individuals the right to have their personal data erased in some circumstances –also known as the 'right to erasure' or 'the right to be forgotten' (Article 17 GDPR).

[13] See also CAN-MDS Policy & Procedures Manual

- Brief presentation of the current legislation, policies and mandates for reporting and recording of CAN cases in different fields such as judicial, social welfare, health, mental health, education, public order (where applicable in each country). Potential gaps and opportunities advocating for the adoption of CAN-MDS
- Legal or other provisions for keeping electronic online databases/registries (if any) (for example if there is an independent authority that should provide permission for the operation of an internet-based registry etc.)

Available Professionals' Codes of Ethics or Codes of Practice

<Country Specific Information related to CAN-MDS Operators>

General Ethical Aspects related CAN-MDS technical aspects of e-applications

Legitimate Interest: Concerning GDPR compliance, data controllers and processors should follow a set of rules including ***legitimate interest***, namely a valid reason to store data that contain personal information. The establishment of *legitimate interest* in the case of CAN-MDS derives from the core values of the system namely that *the child is a rights holder and not a beneficiary of benevolent activities of adults; the best interests of the child shall be a primary consideration and the right of the child to freedom from all forms of violence;* provisions taken into account to assure that this interest is not overridden by the fundamental rights and freedoms of the Data Subject.

Pseudonymisation: CAN-MDS conforms to the GDPR guidelines by performing pseudonymisation (following the rationale of ISO/25237:2017(en)-Pseudonymisation) to any personal data that are allowed to be stored under the Regulatory Framework (for children and caregivers) or under the data subject's explicit consent (for professionals-operators). When data expire (after a child turns over 18 years old) or consent (by Operators) is revoked CAN-MDS anonymize the pseudonymised data. GDPR gives individuals the right to have their personal data erased in some circumstances –also known as the 'right to erasure' or 'the right to be forgotten' (Article 17 GDPR). This right, however, **does not apply** where anonymized data mentainance is necessary for: (a) compliance with a legal obligation; (b) performance of public interest or exercise of official authority; (c) public health reasons; (d) archiving, research or statistical purposes; or (e) establishing, exercising or defending legal claims.

Data breaches: CAN-MDS implement a series of measures in order to ensure safe registration, authentication, authorisation and data storage. Specifically, to ensure the protection of sensitive personal data in the context of the CAN-MDS Surveillance system, the follow-ing provisions were adopted: a. use of the pseudonymisation technique: none personal identifier is recorded in the e-registry; instead, a pseudonym is used. The supplementary data linking the pseudonym with the subject of information (i.e. the child, a caregiver) is available ONLY to the Administrative Authority of the system (IOM, 2009); b. eligibility criterion for operators: only professionals subject to a code of ethics or practice or an equivalent code can participate in the CAN-MDS as operators; c. password protected access: each eligible operator is provided with a unique username and password that contains information on the operator's identity (secondary data related to the agency where s/he works, the geographic area where the agency is located, the professional's specialty and his/her ID within the agency); and d. graduated access: operators are designated with different levels of access to the available information according to their responsibilities during the process of child abuse & neglect cases' administration (4-level).[14] In the case of a data breach, mitigation measures will be carried out, depending on the extent and nature of the breach. In the case that the breach occurs in anonymised and/or pseudonymised data, access to the offending addresses will be blocked, whereas in case that a data breach occurs in raw data (e.g. pseudonymised data), database will be quarantined, and access will be restricted only to trustworthy parties. In all cases, the supervisory authority [National Data Protection Authority] will be notified with all the information required by the GDPR.

[14] See also CAN-MDS Policy & Procedures Manual

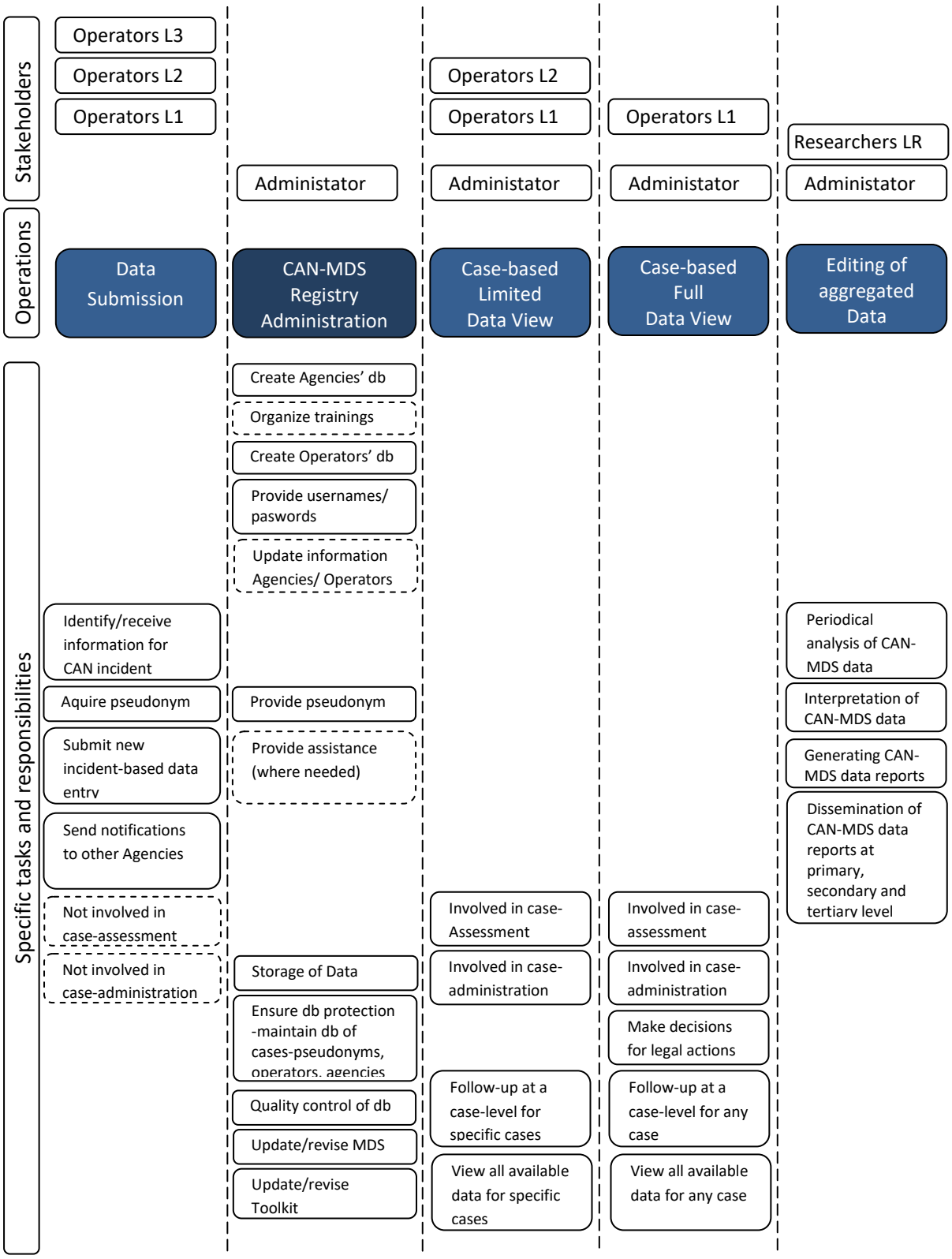
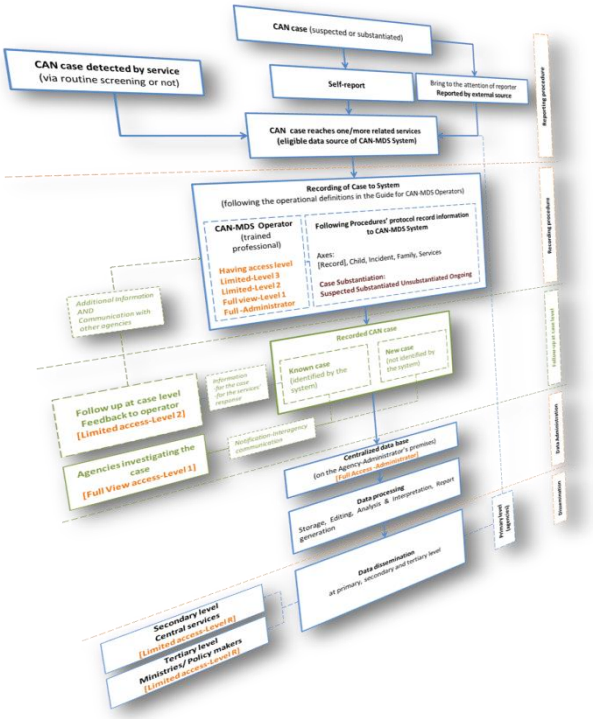


Figure 1.2 CAN-MDS Stakeholders, Operations, Tasks and Responsibilities[15]

[15] Following the general principles of ISO/IEC 11179-6:2005(E)

PART 2
the Operator's Guide



Guide for Operators

purpose and structure

The purpose of the Operators' Guide, which is part of the CAN-MDS Toolkit, is to provide CAN-MDS Operators with detailed information on the MDS, definitions and guidelines for recording eligible CAN incidents. This information is expected to assist Operators to accurately record the required information for CAN incidents brouth into their attention.

Apart from the information on the CAN-MDS system (Part I), the Guide includes also a part dedicated to the first version of core Minimum Data Set (MDS) for collecting information on child abuse and neglect, its structure, elements, and rationale for inclusion (Part II). Specifically, Part II includes the following parts:

- CAN-MDS v1.0: *axes for data collection*
- CAN-MDS v1.0: *data collection and data reporting*
- CAN-MDS v1.0: *outline of Data Elements*

Lastly, the Guide for Operators includes a *data dictionary* containing definitions for individual data elements which are formatted following a series of internationsl standards (that will be detailed in Part III). Specifically, Part III includes the data dictionary (definitions for terms used in general in the registry systems, terms referring to technical aspects of the CAN-MDS and definition of data elements and their permissible values).

CAN-MDS v1.0

data elements & axes

The CAN-MDS aims, among others, to promote:

- *standard description of data*
- *common understanding, harmonization and standardization of data within and across organizations activated in the same or different sectors*

The data comprise the CAN-MDS registry are deriving from 18 data elements classified (following the rational of ISO/IEC 11179) under 5 broader *axes* (data element concepts): "RECORD", "INCIDENT", "CHILD", "FAMILY" and "SERVICES".

Table 2.1 Data Elements related to "INCIDENT"

DE_I1:	Incident ID
DE_I2:	Date of Incident
DE_I3:	Form(s) of maltreatment
DE_I4:	Location of Incident

Table 2.2 Data Elements related to"CHILD"

DE_C1:	Child's ID
DE_C2:	Child's Sex
DE_C3:	Child's Date of Birth
DE_C4:	Child's Citizenship Status

Table 2.3 Data Elements related to"FAMILY"

DE_F1:	Family Composition
DE_F2:	Primary Caregiver(s) relationship to child
DE_F3:	Primary Caregiver(s) Sex
DE_F4:	Primary Caregiver(s) Date of Birth

Table 2.4 Data Elements related to"SERVICES"

DE_S1:	Institutional response
DE_S2:	Referral(s) to Services

Table 2.5 Data Elements related to "RECORD"

DE_R1:	Agency's ID
DE_R2:	Operator's ID
DE_R3:	Date of Record
DE_R4:	Source of Information

Notes for the Operator

Common understanding of the meaning of the data among all stakeholders is a prerequisite for proper use and interpretation of data. Targeting to achieve this common understanding, a number of characteristics of the data are defined following the recommendations of international standards, which are known as "metadata", that is, "data that describes data".

The purpose of the definitions[16] for data to be collected for the CAN-MDS registry that are provided in this section of the Guide as well as in the dictionary in Part III, is to "*specify, describe, explain, and clarify the meaning of data, to promote the standardization or reuse of data elements, and to promote data sharing and integration of information systems*", as mentioned in ISO/IEC 11179-4:2004(E) (p. V).

The CAN-MDS system aims to keep information about data elements *("unit of data for which the definition, identification, representation and permissible values are specified by means of a set of attributes"[17])* related to incidents of child maltreatment and associated concepts (here "*axes*"), such as "data element concepts" that "*can be represented in the form of a data element, described independently of any particular Representation"*[18] (such as INCIDENT, CHILD, FAMILY, SERVICES, RECORD), "conceptual domains", namely *"value meanings expressed via descriptions"* (such as *incident of child maltreatment*, *child (alleged) victim*, *family and primary caregivers*, *services provided, referrals to services*, and *record characteristics*), and "value domains" (namely the set of permissible values for each individual data element, which are presented in Part III of the Guide). All the above are necessary to clearly describe, record, analyse, classify, and administer data to be collected via the CAN-MDS.

Because some of the terms may have different definitions in different sectors, Part III of the Guide comprises a *glossary* of terms used in the context of the CAN-MDS. Aiming at collecting data on the basis of common specific definitions, these definitions should not have multiple meanings and not overlap each other. To this end, the definitions provided in this Guide may be different –more restrictive- than the ones that can be found in a language dictionary.

Axis: RECORD

for CAN-MDS is:	*a repository of information specifying an individual **CHILD MALTREATMENT INCIDENT**-based entry into the CAN-MDS in regards to where the entry was made, who made the entry, when the entry was made and what the source of information for the entry is*
***in the framework of* the CAN-MDS CHILD MALTREATEMENT INCIDENT-BASED REGISTRY**	
that is:	*a national registry where dedicated professionals (*the *Operators) entering data concerning child maltreatment incidents on the basis of the CAN-MDS*
Note:	*An incident-based entry can start after identification or report of an (alleged) child maltreatment incident*
Data element R1:	**Agency's ID**
is:	*the identification code assigned to each individual agency- data-source for the CAN-MDS for a specific CM incident*
Data element R2:	**Operator's ID**
is:	*the identifier of the professional who is entering data in the CAN-MDS for a specific CAN incident*
Data element R3:	**Date of Record**
is:	*The exact date (and time) when a specific entry was begun by a specific accredited Operator into the CAN-MDS following the identification or a report of a specific CM incident*
Notes:	*1. It should be identical with the date when the Operator receives a "report" of a CAN incident* *2. Potentially –but not necessarily- could be the same as the date when a child reached the agency; the intake was taken; the incident took place; the investigation of the incident was initiated; the investigation of the incident was terminated and a decision was made*
Data element R4:	**Source of Information**
is:	*the person who provides the professional with information leading to a specific incident-based entry into the CAN-MDS, namely how the specific CAN incident was brought to the attention of a specific Operator working in a specific agency at a specific time*
Note:	*A CM incident can be detected by the professional-Operator him/herself, reported by the (alleged) victim or reported by another source*

[16] Formulated following general guidelines of ISO/IEC 11179-4:2004(E)
[17] ISO/IEC 11179-3:2003 (3:3:36)
[18] ISO/IEC 11179-3:2003 (3:3:38)

Axis: INCIDENT

for CAN-MDS is:	*an incident documented by the child protection system, law enforcement, the medical system, or other reporting source (e.g., school) in which child maltreatment is alleged or confirmed*
Notes:	*In the context of the CAN-MDS "documented" means "eligible to be entered into the CAN-MDS following a report"*
***in the framework of* CHILD MALTREATMENT INCIDENT REPORTING**	
that is:	*reporting of a child maltreatment incident by a source of information that involves at least one act of maltreatment or at least one omission in a child's care. A report can refer to a single distinct abuse and/or neglect event/episode or to continuous maltreatment including one or more distinct abuse and/or neglect events/episodes or to continuous maltreatment where no distinct abuse and/or neglect event/episode took place*
Note:	*Acts of maltreatment against a child and omissions in a child's care are defined on the basis of CRC/C/GC/13 (2011)*
Data element I1:	**Incident ID**
is:	*a unique identifier assigned to each individual entry corresponding to a specific incident*
Data element I2:	**Date of Incident**
is:	*the date when the specific incident (entered by the Operator into the CAN-MDS) happened*
Note:	*In case of an incident where "no distinct event took place" the start date is recorded and the duration is auto-calculated; in case of "continuous maltreatement" (including distinct events) start date and duration as above and date of the most recent known distinct event is recorded*
Data element I3:	**Form(s) of maltreatment**
***is/are*:**	*act(s) of maltreatment and/or omission(s) of child (alleged) victim's care that have been reported, or even observed or otherwise specified in relation to the specific incident the Operator enters into the CAN-MDS*
Attention!	***I3 is the core data element of the CAN-minimum data set. If no data are available under I3, no eligible incident can be entered in the CAN-MDS***
Data element I4:	**Location of Incident**
***is*:**	*the location/settings where the specific incident (entered by the Operator into the CAN-MDS) took place, namely the context where the child experienced the act(s) of maltreatment and/or the omission(s) in its care*

Axis: CHILD

for CAN-MDS is:	*the subject of **CHILD MALTREATMENT INCIDENT** data entered in the CAN-MDS by an Operator*
***in the framework of* IDENTIFYING & FOLLOWING UP A CHILD (ALLEGED) VICTIM**	
which is:	*the underage person to whom data refers, namely the person identified or reported that suffers from at least one act of maltreatment or omission in its care, regardless of the substantiation status of the maltreatment*
Note:	***<country specific definition;** in specific countries, for example, a person with specific mental conditions aged > 18 years is also treated as a "child"**>***
Data element C1:	**Child's ID**
***is*:**	*a unique identifier assigned to each child who is the subject of data for at least one incident entered in the CAN-MDS*
Note:	*The Child's ID is a personal identifier different from the normally used personal identifier (i. e. child's name). In the context of the CAN-MDS this is a pseudonym totally unrelated to the normally used personal identifier and does not allow the derivation of the normal personal identifier by non-authorised parties*
Data element C2:	**Child's Sex**
is:	*the child's sex [which refers to the child's biological rather than social status ("gender")].*
Data element C3:	**Child's Date of Birth**
is:	*the exact date when the child born*
Data element C4:	**Child's Citizenship Status**
is:	*the status of recognition of the child under the custom or law of the state where it lives that bestows on the child (called a citizen) the rights and the duties of citizenship.*

Axis: FAMILY

for CAN-MDS is:	the family who the **CHILD (ALLEGED) VICTIM** lives with
in the framework of **IDENTIFYING THE TYPE AND COMPOSITION OF THE FAMILY AND PRIMARY CAREGIVERS**	
that is:	*the attributes of the basic social unit where the child lives ("family") consisting of one or more adults together with the child(-ren) they care for ("caregiver's")*
Note:	***<country specific legal definition;*** *in Greece, for example, according to* Law 3500/2006 on combating domestic violence, Article 1, Para 2: *Family a. consists of spouses or parents and relatives first and second degree by blood or by marriage and by adoptive children; b. includes, where there is cohabitation, relatives by blood or marriage up to the fourth degree and persons whose guardian, court attendant or foster parent are designated as family member, and any minor person who lives in the family; c. the provisions of this Law apply to a permanent companion of the man or the woman and the children, common or one of them, provided they cohabit. Also apply to the former husbands and wives.>*
Data element F1:	**Family Composition**
***is*:**	*the identity of the family (type of family and identity(-ies) and number of people other than the child living in the household)*
Note:	*a child can also live in residential/institutional care*
Data element F2:	**Primary Caregiver(s)' Relationship to the Child**
is:	*the identification of the relationship with the child of up to two adults who are responsible for the child's care and wellbeing*
Note:	*In the context of the CAN-MDS "primary caregiver" is the adult person who had primary responsibility for the child* ***at the time when the specific incident happend****. It can be a family member, a trained professional or another person.*
Data element F3:	**Primary Caregiver(s)' Sex**
is:	*the sex (biological status) of the primary caregiver(s)*
Data element F4:	**Primary Caregiver(s)' Date of Birth**
is:	*the date when the primary caregiver(s) was/were born (for up to two persons)*

Axis: SERVICES

for CAN-MDS are:	*the services provided to the* ***CHILD (ALLEGED) VICTIM****, its* ***FAMILY AND PRIMARY CAREGIVERS*** *and referrals made by the Operator (who enters the* ***CHILD MALTREATMENT INCIDENT*** *data) to other Agencies*
in the framework of **SERVICES PROVIDED AND REFERRALS MADE TO FURTHER SERVICES**	
that is:	*services provided by involved agencies throughout the administrative route of a new reported or identified CAN incident concerning an unknown or an already known child. "Route" includes recording, assessment, early intervention, referral(s) to more specialized agencies, short- and long-term interventions concerning the child (alleged) victim and/or its family.*
Note:	*In the context of the CAN-MDS services can be provided by agencies activated in all eligible sectors that are involved in CAN cases' administration (social welfare, health and mental health, law enforcement and justice).*
Data element S1:	**Institutional Response**
is:	*the intervention(s) have been performed in response to the specific CAN incident (that the Operator has entered into the CAN-MDS) by the Agency where the Operator works; interventions can include legal action taken & a care plan for the child*
Note:	*Institutional response depends on the type of Agency where the Operator is working*
Data element S2:	**Referral(s) to Services**
is:	*any child- and family-focused referral(s) made by the Agency where the Operator who enters the specific CAN incident is working (including referrals to courts or other institutions)*
Notes:	*Under each service's category (e.g. medical services), the respective Agencies to provide the service are listed; when a specific Agency is selected for referral for the child and/or its family, a notification is sent to Operator(s) working in this Agency* *"Services' Response" (which is going to be recorded at a later time by Operator(s) working in Agency(-ies) who received the referrals) indicate whether the services were provided or not and, if not, why*

Entering new data in the CAN-MDS

"*Entering new data*" by the Operator means the initiation of a new *CHILD MALTREATMENT INCIDENT* data entry, regardless of incident substantiation and whether the specific incident concerns a known child (already existing in the CAN-MDS) or a child who is registered for the first time in the CAN-MDS.

CAN-MDS data entry[19] is continuous

"*CAN-MDS data entry is continuous*" means that the Operator

- enters new data on any occasion that a child maltreatment incident is brought to his/her attention (either identified by the Operator him/herself or reported by the child (alleged) victim or other source of information
  - for children already registered in the CAN-MDS: adds information for new incidents [under Axes INCIDENT and RECORD] keeping in this way a follow-up at case-level and [under Axis SERVICES] informing other Operators/Agencies of intervention(s) made for the specific incident and notifying specific Agency/-ies that referral(s) for the child and/or its family were made to this/these Agency/-ies (if necessary). Information for data elements under axes CHILD and FAMILY does not change very often; therefore the Operator should check the already available information and update/correct (if something has changed in some way)
  - for children not registered in the CAN-MDS: apart from the specific incident adds information for the remaining axes [CHILD and FAMILY]

The continuation of data entry ensures the follow-up at case-level and that a history of child maltreatment is created per individual child (alleged) victim on the basis of information entered by –ideally- all professionals working in the same and/or different sectors and involved in the administration of the specific case. Such information is expected to support professionals/agencies in effectively handling individual cases.

Moreover, data that will be collected via the CAN-MDS can be useful for achieving more effective coordination among all involved stakeholders throughout the administrative route of CAN cases, as they can be used to outline the administrative practices applied for CAN cases, to detect changes in administrative practices of CAN cases and the effects of these changes. The e-CAN-MDS application provides the Operator (according to his/her level of access) with the opportunity to print out case-based reports and find out who has worked with already known children.

CAN-MDS Objectives

- to operate as a communication channel among sectors involved in administration of CAN cases
  - to facilitate follow-up at case-level
- to operate as a ready-to-use tool during new or suspected cases investigation by certified authorities
- to provide feedback to services at a case-level for already known cases

Note: Step-by-step process for *entering new data* is available in Annex I: *CAN-MDS DATA COLLECTION PROTOCOL*. It is noted that the whole process of data entering is based on selection among pre-defined codes under each individual data element (fields to be completed with text are not available).

CAN-MDS data reporting

"*CAN-MDS reporting*" refers to periodical analyses of aggregated data extracted by the CAN-MDS, reporting and multiple level dissemination. Data collected via a potential CAN-MDS Surveillance System can be used to periodically measure the incidence of CAN and its specific forms based on data deriving from services' responses to CAN cases in general, per sector and per specific form of abuse and neglect. Moreover, CAN-MDS data can be used to monitor trends in child maltreatment at national and local levels and to provide clues for the identification of new or emerging CM trends and for populations at high risk. Last but not least, these data can be used as a baseline for evaluation of services' needs (needs assessment related to CAN cases administration), of effectiveness of preventive interventions and identification of good practices and of effectiveness of applied policies, planning of future policies and legislation as well as prioritizing the allocation of resources for CAN prevention.

Periodic CAN-MDS reports are released every 3 months and addressed to Agencies related to registry (primary level), Central Services of involved sectors (secondary level) and related Ministries/Policy makers (tertiary level).

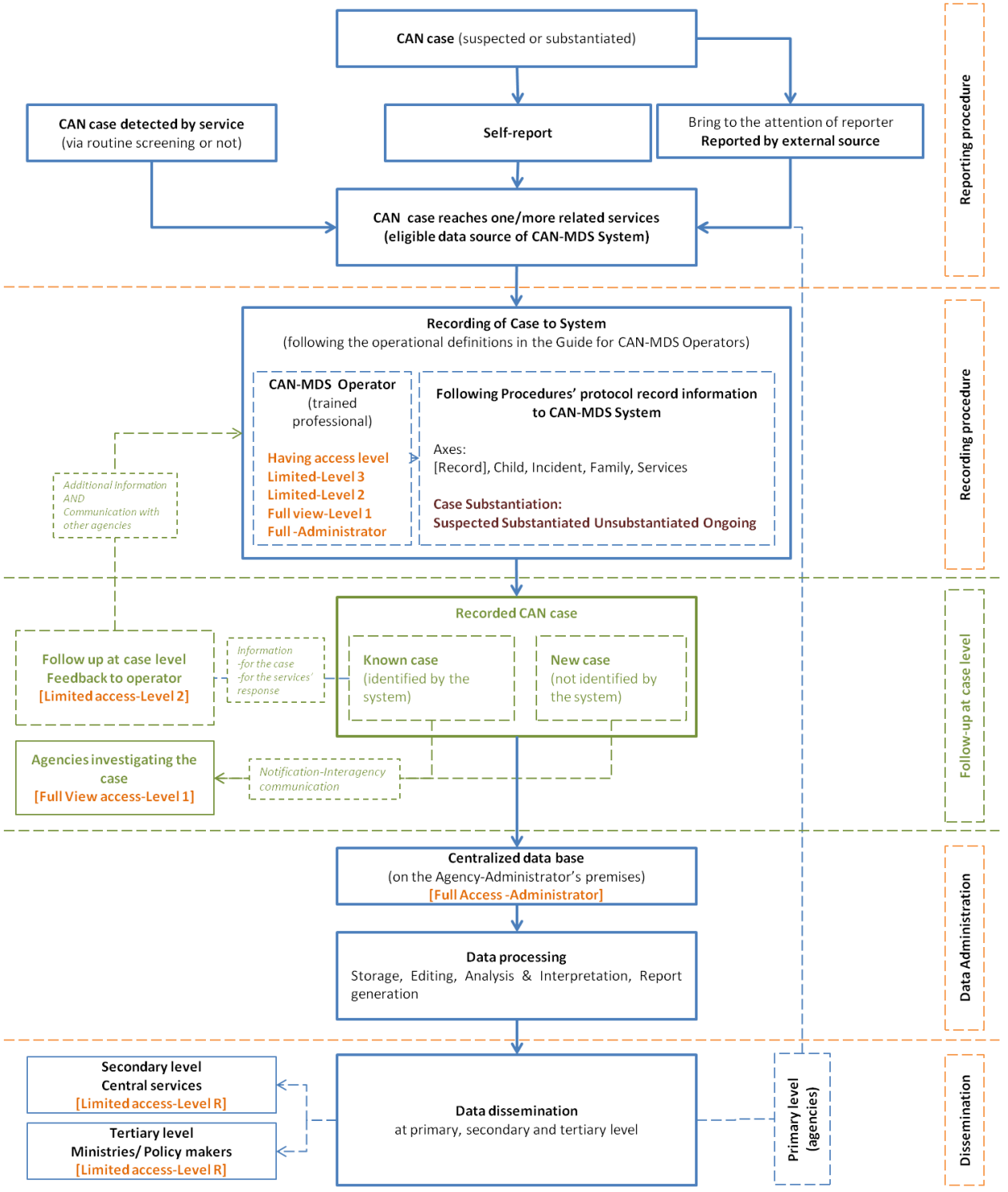
[19] ISO 20252:2012 (2.18) *"data entry process step where data collected are converted into computer-readable form"*

CAN-MDS data extraction

"*CAN-MDS data extraction*" refers to the possibility provided by the e-CAN-MDS application to researchers/other interested parties to extract aggregated data by the CAN-MDS by using predefined indicators. These indicators can be related to information deriving from specific data elements, data axes, type of Agencies where data were entered, time period and geographical area.

CAN-MDS Flowchart

The active role of the CAN-MDS Operator with access level 1 is related to the *reporting* and *recording* procedure; the Operator assigned with access level 2 or 3 is additionaly involved in following-up at a case-level. All Operators regardless of their level of access are receivers of reports (primary level, as mentioned in *dissemination*).

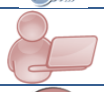


Data elements in the Operator's Guide

outline of presentation

It is of crucial importance for the Operator to have a complete picture of each of the 18 data elements of the CAN-MDS, their attributes (characteristics such as what they represent and what type of data should be registered), requirements for recording (such as whether the completion is mandatory or not, if multiple or single information is required, if they should be completed by the Operator or by the system), their relevance to other data elements and, last but not least, the permissible values per data element and their format. To this end, a detailed presentation of the 18 variables is included in this part of the Guide. An outline of the *attributes* and symbols assigned to each data element is presented below.

Attributes per data element (DE)

Attributes[20] of DE	**short name of data element**		
CAN-MDS ID:	Identifier of the data element in the context of the CAN-MDS		
Definition:	Short definition of the data element		
Instruction for recording:	Instructions to the Operator for the recording of the specific DE (including steps and examples, where needed)		
Completion:	*potential alternatives*		➔by you (as a CAN-MDS Operator)
			➔by the System
			➔by the Administrator
			➔by other CAN-MDS Operator
Obligation:	*potential statuses*		➔ mandatory (*always required)*
			➔ conditional (*required under certain specified conditions)*
			➔ *"for your information" only*
Multiplicity:	*potential statuses*		➔single (unique) selection *(one per data element)*
			➔multiple selection *(one or more per data element)*
Datatype:	**Primary records** (case-based *raw* data):[21]		➔date
			➔date and time
			➔ value *(pre-coded lists of permissible values)*
			➔ number (integer)

[20] Folllowing the rationale of ISO/IEC 11179: 3-5 standards

[21] ISO 20252:2012 (2.45) "raw data in electronic format or hard copy, including unedited completed questionnaires, recordings of qualitative research (2.47) and other similar items"

	Secondary records (deriving from primary record & contain selected data elements):[22]		➔identifier
			➔duration
			➔ auto-generated value
			➔pre-existing value (such as international classification systems concerning countries/regions, agencies, professions)
	Supplementary data:		➔necessary information (such as CAN-MDS Agencies' inventory)
			➔restricted supplementary data (such as child's and caregiver(s) personal identifiers and contact details) available only to the Administrator
Relevance:	*The DE is linked to*	*axis/axes*	
		other DE (primary and/or secondary data type)	
Values:	*List of applicable pre-coded values defined in Part III "Data Dictionary"*		
NOTES	*guide for recording necessary information for the DE*		

[22] ISO/TR 21089:2004 Health informatics -- Trusted end-to-end information flows (3.82) [SOURCE: ASTM E1384]

Agency's ID

completion by	obligation	multiplicity	primary record	secondary record	supplementary data
			na		

CAN-MDS ID:	DE_R1	
Definition:	*Identification code assigned to each individual agency- data-source for the CAN-MDS for a specific CM incident*	
Instructions:	**This data element is completed by the system.** You should ONLY enter the Username & Password you provided with by the Administrator. ***TIP:*** *When you enter the CAN-MDS system (by using your username and password) your personal ID will be auto-completed. Please check the correctness of data and in case the data are not accurate or an update is needed, please contact your National Administrator*	
Datatype: 	*Secondary record:*	10-digit *textual string comprising from standard character sets that used to denote DE_R1, as follows:*
	Supplementary data:	2-letter Country abbreviation 2-letter Region abbreviation 3-letter Organization/Service Type 3-digit Organization/Service Number in the same Region
	Restricted data:	[Agency's Name]; [Postal_Address]; [Phone_Number]; [Email_Address]
Relevance:	*Axes* — *Main:*	**RECORD**
	Axes — *Other:*	**SERVICES**
	Data Elements:	DE_R2 (Operator's ID); DE_S2 (Referral(s) to Services)
Value & Format:	Unique ID of Agency where you are working [XX_XX_XXX_XXX] GR-A1-ROI-001	

Operator's ID

completion by	obligation	multiplicity	primary record	secondary record	supplementary data
			na		

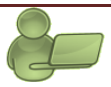
CAN-MDS ID:	DE_R2	
Definition:	*Identifier of the professional who is entering the data in the CAN-MDS for a specific CM incident*	
Instructions:	**This data element is completed by the system.** You should ONLY enter the Username & Password you provided with by the Administrator. ***TIP:*** *When you enter the CAN-MDS system (by using your username and password) your personal ID will be auto-completed. Please check the correctness of data and in case the data are not correct or an update is needed, please contact your National Administrator* ***Note:*** *The system automatically log-out when no activity is observed for a 10-min period.*	
Datatype: 	*Secondary record:*	20-digit *textual string comprising from standard character sets that used to denote DE_R2*
	Supplementary data:	10-digit Agency's ID 6-digit Operator's Professional Specialty 1 digit Operator's Access level 3-digit number of professionals working in the same Agency
	Restricted data:	[Operator's Name]; [Phone_Number]; [Email_Address]
Relevance:	*Axes* — *Main:*	**RECORD**
	Axes — *Other:*	**SERVICES**
	Data Elements:	DE_R1 (Agency's ID) [Reports: *"who worked with the child in the past"*]
Value & Format:	Your unique ID assigned to you by the CAN-MDS Administrator [XX_XX_XXX_XXX-XXXXXX_X_XXX] GR-A1-ROI-001_*193039*-1-003	

Date of Record

completion by	obligation	multiplicity	primary record	secondary record	supplementary data
				na	na

CAN-MDS ID:	DE_R3	
Definition:	*The exact date (and daytime) when a specific entry was started by a specific accredited Operator into CAN-MDS following the identification or a referral for a specific CM incident*	
Instructions:	**This data element is completed by the system.** Upon your entrance to CAN-MDS (by using your Username & Password) date and exact time will be recorded. ***TIP:*** *In case that an incident for the same child entered in the same date by another Operator, the system will provide you with a notification*	
Datatype:	*Primary record:*	14-digit *date-time denoting DE_R3* *(real date and daytime auto-retrieved by the system)*
Relevance:	*Axes* — *Main:*	**RECORD**
	Axes — *Other:*	**SERVICES**
	Data Elements:	DE_I1 (Incident ID); DE_I2 (Date of Incident)
Value & Format:	Date and time [YYYY-MM-DD_hh:mm:ss] **2014-09-02_10:05:03**	
Notes:	*1. DE_R3 should be identical with the date when the Operator receives a referral (or "report") for a CAN incident* *2. Potentially* ***–but not necessarily–*** *could be the same as the date when* *- a child reached the agency* *- the intake was taken* *- the incident took place* *- the investigation of the incident was initiated* *- the investigation of the incident was terminated and a decision was made*	

Source of Information

completion by	obligation	multiplicity	primary record	secondary record	supplementary data
					

CAN-MDS ID:	DE_R4	
Definition:	*The source of information leading to a specific incident-based entry into CAN-MDS* ***Note:*** *DE "Source of information" namely indicates how a specific CM incident was brought to your attention at the specific time. "Source" it could be the child (alleged) victim that decides to disclose the maltreatment to you, you (the professional who identifies the maltreatment in the course of your routine work with the child for reasons other than the maltreatment) or even a third party (a person knowing the child and/or the family, another professional or even an anonymous reporter).*	
Instructions:	**This data element is completed by you.** You should check ONE of the alternative values presented in the pre-coded list below. ***TIP:*** *A CM incident can be detected by you (the professional-Operator), reported by the (alleged) victim (the child) or reported by another source (see also Flowchart, phase "Reporting Procedure")* ***TIP:*** *For cases that are essentially joint referrals please indicate the "source of information" that provides you directly with the information (even though on behalf of other sources).* ***TIP:*** *It is possible for a source of information to have two roles (e.g. to be at the same time both, family friend and police officer). Please record the relationship that the referrer him/her self declares during the referral (if s/he introduce him/her self as family friend, then check "family friend"; if s/he self-introduced as 'police officer', then check "police officer".)*	
Datatype:	*Primary record:*	Pre-coded Value
	Secondary record:	Identification of whehter the *source of information* is mandated to report CAN (1) or not (0) (according to country legislation-Country specific)

Relevance:	*Axis*	**RECORD**
	Data Elements:	DE_I2 (Incident ID)
Values & Format:	○ Unspecified	
	○ Identified (via routine screening)	
	○ Child (alleged) victim	
	○ Parent /foster parent/ parent's partner/ care provider	
	○ Relative (siblings, grandparents, etc.) living with the child	
	○ Relative (siblings, grandparents, etc.) not living with the child	
	○ Friend / Neighbor	
	○ Self-reported as (alleged) perpetrator	
	○ School /preschool /kindergarten personnel	
	○ Leisure activity staff (e.g., scout leader, clergy, sport coach)	
	○ Anonymous reporter	
	○ Personnel working in Child day care services	
	○ Personnel working in Social Services/ Public–Central/Local	
	○ Personnel working in Health services	
	○ Personnel working in Mental Health Services	
	○ Personnel working in Ordinary/Juvenile Court and related services	
	○ Personnel working in Police/Low enforcement	
	○ Personnel working in Helpline	
	○ Personnel working in Community agency including agencies working against DV	
	○ Personnel working in Ombudsman	
	○ Personnel working in NGOs/associations	
	○ Personnel working in services for people with disabilities	
	○ Other	
Notes:	*Definitions are available in the data dictionary (Part III)*	

Incident ID

completion by	obligation	multiplicity	primary record	secondary record	supplementary data
			na		

CAN-MDS ID:	DE_I1	
Definition:	*Unique identifier assigned to each individual entry corresponding to a specific incident*	
Instructions:	**This data element is completed by the system**. Upon the entrance of DE_C1 (Child's ID) to CAN-MDS, the value of DE_I2 is appeared.	
Datatype:	*Secondary record:*	Auto-generated [Child's ID + Date of Record]
	Supplementary data:	Necessarily: DE_R3 (Date of Record) and, if needed, [Date of Incident, Location of Incident]
	Restricted data:	Necessarily: DE_C1 Child's ID
Relevance:	*Axis:*	**RECORD**
	Data Elements:	DE_C1 (Child's ID); DE_R3 (Date of Record); DE_I2 (Date of Incident); DE_I3 (Location of Incident)

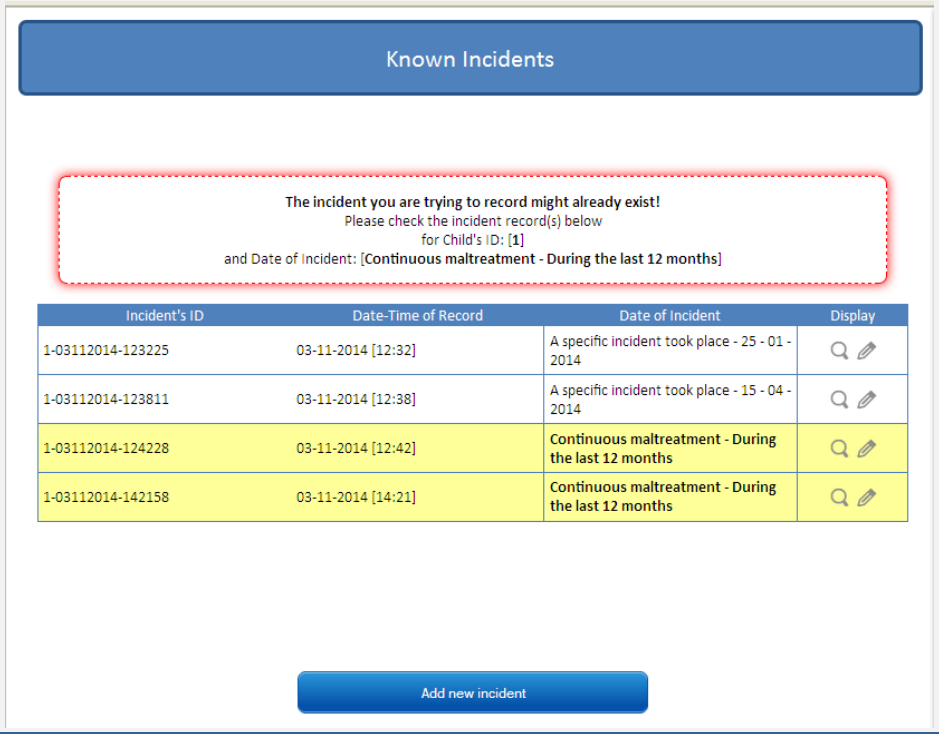
Value & Format:

[Child's ID][Date_time of record]

xxxxxxxxx_ 2014-09-02_*10:05:03*

NOTE: If the system identifies a record for the same child (x) time close to current record it will notify you that other Incidents were recorded previously (from you or other Operator) and it will provide you with information for the most recent Incident recorded

Example: Let's suppose that in Nov 3, 2014 you are going to record an Incident concerning "continuous maltreatment" during the last 12 months for the child with ID "1". The child is "known"and other incidents are already recorded, some of them close in terms of time to Nov 3, 2014. CAN-MDS will notify you that "the incident you are trying to record might already exist!" and will suggest you to check the already known incidents for the same child and the date for each one of these incidents (with yellow highlight are indicated the most recent records). If your level of access is 2 or 3, by clicking in the you can all the remaining information for previous incidentsand by clicking the you can edit (namely add information) in previous records. If you are sure that current Incident is a new Incident, then you should click at the button "Add new Incident".



Notes:

RULE "IF" "THEN"

	new value	= or ≠	existing values	What should be done (recording/ flagging/ further checking)
If	*DE_C1*	≠	*DE_C1*	→ the child is new AND the incident is new (to be recorded)
	DE_R3	≠	*DE_R3*	
	DE_I2	≠	*DE_I2*	
then	**DE_I1 does not exist (new record)**			
If	*DE_C1*	=	*DE_C1*	→ the child is known AND the incident is new (to be recorded) The operator will receive a flag that the child already exist in the database for a previous incident
	DE_R3	≠	*DE_R3*	
	DE_I2	≠	*DE_I2*	
then	**DE_I1 does not exist (new record)**			
If	*DE_C1*	=	*DE_C1*	→ the child is known AND the incident probably already recorded (flagged - to be checked if the existing record made in the same or other agency at a previous time referred to the same incident; check can be done on the basis of other variables (e.g. DE_R4: Source of information, DE_I4: Location of Incident and DE_I3: Form(s) of maltreatment))
	DE_R3	≠	*DE_R3*	
	DE_I2	=	*DE_I2*	
then	**DE_I1 probably exists (to be checked)**			
If	*DE_C1*	=	*DE_C1*	→ the child is known AND the incident probably already recorded (flagged - to be checked if the existing record made in the same or other agency at a previous time referred to the same incident; check can be done on the basis of other variables (e.g. DE_R4: Source of information, DE_I4: Location of Incident and DE_I3: Form(s) of maltreatment))
	DE_R3	=	*DE_R3*	
	DE_I2	≠	*DE_I2*	
then	**DE_I1 probably exists (to be checked)**			
If	*DE_C1*	=	*DE_C1*	→ the incident is already recorded (NOT to be recorded) The operator will receive a flag that the specific incident for the specific child is already recorded
	DE_R3	=	*DE_R3*	
	DE_I2	=	*DE_I2*	
then	**DE_I1(and the record) is already existing**			

Date of Incident

completion by	obligation	multiplicity	primary record	secondary record	supplementary data
					DE_R1

CAN-MDS ID:	DE_I2	
Definition:	*The date when the specific incident (entered by the Operator into CAN-MDS) was happened*	
Instructions:	**This data element is completed by you.** Depending of the attributes of the Incident (continuation of maltreatment and available information on distinct events), you should record the appropriate information, as follows:	
	If the Incident concerns	**record as precisely as possible**
	a "distinct event" (not continuous maltreatment is reported) ➔	the date when the *distinct event* took place as precise as possible
	continuous maltreatement where distinct event(s) took place ➔	*start date (duration will be calculated by the system) OR(if start date is not known) select from the pre-coded list* AND the date of the most recent known distinct event
	continuous maltreatment where *"no distinct event took place"(e.g. neglect over a longer period)* ➔	*start date (duration will be calculated by the system) OR (if start date is not known) select from the pre-coded list*
Datatype:	*Primary record:*	*date (record) [for "distinct event"-not continuous maltreatment]*
		start date (record) OR pre-coded list (selection) [for Continuous maltreatment "no distinct event"]
		start date (record) OR pre-coded list (selection) AND date (record) of the most recent event [for Continuous maltreatment "distinct events"]
	Secondary record:	*Duration = [(Continuous maltreatment_start date) – (DE_R1)]*
Relevance:	*Axis:*	**INCIDENT**
	Data Elements:	DE_I2 (Incident ID)

Value & Format:

- ○ Unknown
- ○ A *"distinct event"* took place – Not continuous maltreatment
  - ○ [YYYY/MM/DD]
  - ○ Unknown
- ○ Continuous maltreatment – including "*distinct event(s)*"
  - ○ start date [YYYY/MM/DD] duration [YYYY/MM]
  - ○ During the last 12 months
  - ○ Before the last 12 months
  - ○ Lifelong
  - ○ Unknown
  - ☐ last known CM incident date [YYYY-MM-DD]
- ○ Continuous maltreatment - No *"distinct event"* took place
  - ○ start date [YYYY/MM/DD] duration [YYYY/MM]
  - ○ During the last 12 months
  - ○ Before the last 12 months
  - ○ Lifelong
  - ○ Unknown

TIP: Where DATE, please record as precise as possible, namely: **YYYY-MM-DD**

If DD is not known, then **YYYY-MM**

if MM-DD are not known, then **YYYY**

if YYYY-MM-DD are not known, then **select from the pre-coded list**

Notes:	All necessary definitions are available in the data dictionary (Part III)

Form(s) of maltreatment

completion by	obligation	multiplicity	primary record	secondary record	supplementary data
				na	na

CAN-MDS ID:	DE_I3
Definition:	An incident documented by child protection system, law enforcement, the medical system, or other reporting source (e.g., school) in which child maltreatment is alleged or confirmed **Notes**: *In the context of CAN-MDS "documented" means "eligible to be entered into CAN-MDS"* *An incident "elibigle to be entered into CAN-MDS" should necessarily include information for at least one act of maltreatment or at least one omission in child's care. It can referred to a single distinct abuse and/or neglect episode or to continuous maltreatment including one or more distinct abuse and/or neglect episodes or to continuous maltreatment where no distinct abuse and/or neglect episode took place*
Instructions:	This data element is completed by you. Please select **AS MANY AS APPLY** among the alternative values presented in the pre-coded list below. **IMPORTANT: DE_I3 is the core of the CAN-MDS and the prerequisite for a new record in the CAN-MDS: if no form of maltreatment exists, no incident of child maltreatment to recorded.** ***TIP:*** *You can record DE_I3 by following one or more of the 3 alternative routes:* *a. by starting with the expanded lists of acts of maltreatment and omissions in child's care and check what applies (**bottom-up route**); it is recommended to be used as far as you consider that you are not sufficently familiarized with the detailed lists of values* Expand/ Collapse List search ***b.*** *by starting with the main lists and proceed to the detailed (top-down route); it is recommended to be used when you will feel adequately familiarized with the values* ***c.*** *by using the "search" option, looking for specific acts of maltreatment or omissions in child's care mentioned by the source of information* ***IN ANY CASE PLEASE ENSURE THAT YOU HAVE ENTERED ALL POSSIBLE DETAILED INFORMATION AVAILABLE TO YOU***

Datatype:	*Primary record:*	Pre-coded value(s)
Relevance:	*Axis:*	**INCIDENT**
	Data Elements:	DE_I2 (Incident ID); DE_C1 (Child's ID)

Value & Format:

show basic list

Check as many as applicable. By selecting from child menu broad categories are auto-selected
Please provide as detailed as possible information (by using sub-menus). If you are looking for a specific act or omission, please use the *search* field. You can select among basic and expanded list of violent actions and omissions

ACTS COMMITTED

- ☐ Violent acts against self /Self-harm actions
- ☐ Physical violence acts committed [with or without injury]
  - ☐ Physical violent acts/ corporal punishment/"disciplines"
  - ☐ Violent acts known also as harmful practices
  - ☐ Acts of life threatening maltreatment (with intention)
  - ☐ Abduction-related acts
  - ☐ Institutional and system violations of child rights
  - ☐ Other described physical acts
- ☐ Sexual violence acts committed [with or without injury]
  - ☐ Sexual violence acts
  - ☐ Sexual exploitation acts
- ☐ Psychological violence acts committed [with or without injury]
  - ☐ Violent acts with or without obvious consequences
  - ☐ Exploitation related psychological violent acts
  - ☐ Exposure related psychological violent acts

OMISSIONS

- ☐ Omissions in child's care / Neglect
  - ☐ Emotional neglect related omissions
  - ☐ Physical neglect related omissions
  - ☐ Medical neglect related omissions
  - ☐ Educational neglect related omissions
  - ☐ Risk exposure related omissions
  - ☐ Supervision related omissions
  - ☐ Refusal of custody/abandonment

show expanded list (by type of CAN)

ACTS COMMITTED

- [ ] Violent acts against self /Self-harm actions
  - [ ] Eating disorder
  - [ ] Substance use/ abuse
  - [ ] Runaway
  - [ ] Self-inflicted injuries
  - [ ] Suicidal thoughts
  - [ ] Suicide attempt
  - [ ] Actual suicide
  - [ ] Other self-harm action (unspecified)
- [ ] Physical violence acts committed [with or without injury]
  - [ ] **Physical violent acts/ corporal punishment/"disciplines"**
    - [ ] Slapping
    - [ ] Smacking
    - [ ] Spanking
    - [ ] Pinching
    - [ ] Twisting ear(s)
    - [ ] Pulling hair
    - [ ] Hitting with an object
    - [ ] Beating
    - [ ] Tying up or tying to something/ restraining to cloth sacks
    - [ ] Locking up
    - [ ] Leaving child to lie in their own excrement
    - [ ] Pushing
    - [ ] Throwing
    - [ ] Shaking
    - [ ] Grabbing
    - [ ] Choking
    - [ ] Sqeezing neck
    - [ ] Kicking
    - [ ] Hitting on head (with hand or against the wall)
    - [ ] Boxing ear
    - [ ] Scratching
    - [ ] Biting
    - [ ] Burning
    - [ ] Scalding
  - [ ] **Violent acts known also as harmful practices**
    - [ ] Hitting on the soles of the feet
    - [ ] Forcing to ingest spicy food
    - [ ] Forced feeding
    - [ ] Forcing children to stay in uncomfortable positions
    - [ ] Binding
    - [ ] Inflicting scars/ scarring
    - [ ] Teeth extraction as punishment
    - [ ] Branding

*"**No exceptions'**: … all forms of violence against children, however light, are unacceptable. "All forms of physical or mental violence" does not leave room for any level of legalized violence against children. Frequency, severity of harm and intent to harm are not prerequisites for the definitions of violence. States parties may refer to such factors in intervention strategies in order to allow proportional responses in the best interests of the child, but definitions must in no way erode the child's absolute right to human dignity and physical and psychological integrity by describing some forms of violence as legally and/or socially acceptable"*

(UNCRC, Article 17. No exceptions)

Violent acts known also as harmful practices [CONTIN.]

- [ ] Fattening
- [ ] "Retribution" acts of violence
- [ ] Virginity testing (inspecting girls' genitalia)
- [ ] Forced circumcision
- [ ] Female genital mutilation
- [ ] Uvulectomy
- [ ] Forced marriage and early marriage
- [ ] Violent and degrading initiation rites / "hazing"
- [ ] Practices as "exorcism" after accusations of "witchraft"
- [ ] Forced sterilization
- [ ] Violence in the guise of treatment
- [ ] Deliberate infliction of disabilities for exploiting/begging
- [ ] **Acts of life threatening maltreatment (with intention)**
  - [ ] Administering unnecessary invasive medical procedures
  - [ ] Administering non prescribed substances
  - [ ] (intentional) Poisoning
  - [ ] Threatening with a knife
  - [ ] Threatening with a gun
  - [ ] Stabbing
  - [ ] Shooting
  - [ ] Dowry-related violence/death (also harmful practice)
  - [ ] "Honour" crimes (also harmful practice)
- [ ] **Abduction-related acts**
  - [ ] Non-family abduction
  - [ ] Family abduction
- [ ] **Institutional and system violations of child rights**
  - [ ] Caning
  - [ ] Flogging
  - [ ] Stoning
  - [ ] Torture (all forms)
  - [ ] Amputations
  - [ ] Imposing of death sentence for crimes committed
- [ ] No specific information for reported/suspected physical
- [ ] **Other described physical acts**

ACTS COMMITTED [CONTIN.]

- ☐ Sexual violence acts committed [with or without injury]
  - ☐ **Sexual violence acts**
    - ☐ Acts involving penetration (intrusion)
      - ☐ Without force
        - ☐ anus
        - ☐ vulva
        - ☐ mouth
        - ☐ unspecified
      - ☐ Involving use of force
        - ☐ anus
        - ☐ vulva
        - ☐ mouth
        - ☐ unspecified
    - ☐ Attempted sexual abuse (not involving penetration)
      - ☐ with physical contact
      - ☐ without physical contact
    - ☐ Threatened sexual abuse
      - ☐ with physical contact
      - ☐ without physical contact
    - ☐ Touching/fondling genitals
    - ☐ Showing genitals to child
    - ☐ Sexual harassment
    - ☐ Voyeurism /spying on the child intimate behaviour
    - ☐ Providing sexually explicit material
    - ☐ Forced exposure to pornography
    - ☐ Forcing to witness sexual violence agaist mother
    - ☐ Sexual "luring" (via ICT)
    - ☐ Online sexual stalking /harassment
    - ☐ Other Sexual violence acts
  - ☐ **Sexual exploitation acts**
    - ☐ Child prostitution
    - ☐ Use of child in commercial sexual exploitation
    - ☐ Sexual exploitation in travel and tourism
    - ☐ Sexual slavery
    - ☐ Sale of child for sexual purposes
    - ☐ Trafficking (within and between countries)
    - ☐ Involvement in pornography
    - ☐ Forced marriage and early marriage (harmful practice)
    - ☐ Other sexual exploitation acts (unspecified)
- ☐ No specific information for reported/suspected sexual violence

- ☐ Psychological violence acts committed [with or without injury]
  - ☐ **Violent acts with or without obvious consequences**
    - ☐ Bullying/ Psychological bullying and hazing
      - ☐ by other children
      - ☐ by adults
    - ☐ Homophobic bullying /related to sexual orientation
      - ☐ by other children
      - ☐ by adults
    - ☐ Cyber bullying (via ICTs / mobile phones /Internet)
      - ☐ by other children
      - ☐ by adults
    - ☐ Ignoring and favoritism
    - ☐ Denying emotional responsiveness
    - ☐ Over protection
    - ☐ Isolation (social)
    - ☐ Close confinement (tying/binding –also physical act)
    - ☐ Placement in solitary confinement
    - ☐ Degrading /inhuman conditions of detention
    - ☐ Humiliation /Insults, name-calling, belittling, ridiculing
    - ☐ Humiliation via ICT
    - ☐ Rejection and Spurning
    - ☐ Verbal assaults
    - ☐ Terrorization / Scaring
    - ☐ Threats of sexual violence (with or without contact)
    - ☐ Threats of other maltreatment
    - ☐ Other related acts hurting child's feelings
  - ☐ **Exploitation related psychological violent acts**
    - ☐ Exploiting and corrupting
    - ☐ Labour/economic exploitation
    - ☐ Forcing the child to undertake adult's responsibilities
    - ☐ Forcing the child to beg
    - ☐ Forcing the child to undertake criminal behaviour
    - ☐ Forcing to participate in religious ritual
    - ☐ Forcing to participate in a violent political event
    - ☐ No specific info for reported/suspected exploitation acts
  - ☐ **Exposure related psychological violent acts**
    - ☐ Exposure to any kind of violence in the family / DV
      - ☐ Exposure to violence against other children
      - ☐ Exposure to intimate partner violence
      - ☐ Exposure to violence against other adults
      - ☐ Exposition to the homicide of a significant person
    - ☐ Exposure to a violent environment outside the family
    - ☐ Exposure to violence via electronic means
      - ☐ information and communication technologies
      - ☐ in the mass media
    - ☐ No specific info for reported/suspected related exposure
- ☐ No specific info for reported/suspected psych/ abuse violent acts

OMISSIONS

- ☐ Omissions in child's care / Neglect
  - ☐ **Emotional neglect related omissions**
    - ☐ Persistent ignoring of the child's emotional needs/ Chronic inattention to the child
    - ☐ Psychologically "unavailable" caregivers
    - ☐ Inappropriately advanced expectations (defined according to child's characteristics)
    - ☐ No specific information for omissions related to emotional neglect
  - ☐ **Physical neglect related omissions**
    - ☐ Inadequate / inappropriate nutrition
    - ☐ Inadequate / inappropriate personal hygiene
    - ☐ Inadequate / inappropriate clothing
    - ☐ Inadequate / inappropriate shelter
    - ☐ No specific information for omissions related to child's physical needs
  - ☐ **Medical neglect related omissions**
    - ☐ Refusal to provide preventive health care (vaccinations, vision, and dental care)
    - ☐ Refusal to allow /provide needed medical care for diagnosed health condition/ impairment
    - ☐ Unjustified delay to seek needed care
    - ☐ Failure to provide with basic medical care
    - ☐ Withholding essential medical care
    - ☐ No specific information for omissions related to child's medical needs
  - ☐ **Educational neglect related omissions**
    - ☐ Persistent failure to register the child at the school
      - ☐ Has not attended school at all (defined according to child's age)
      - ☐ Dropped out
    - ☐ Persistent failure to enrol at the school resulting to irregular school attendance
      - ☐ compulsory school
      - ☐ non compulsory (ECEC)
    - ☐ Chronic truancy
    - ☐ Refusal to attend special educational needs
      - ☐ Refusal to allow needed attention to special educational needs
      - ☐ Refusal to provide needed attention to special educational needs
    - ☐ No specific information for omissions related to child's educational needs
  - ☐ **Risk exposure related omissions**
    - ☐ Exposure to hazardous/ dangerous environments
      - ☐ Inside household
      - ☐ Outside home
    - ☐ Exposure to substances use/misuse by others
      - ☐ Alcohol
      - ☐ Drugs
      - ☐ Other substances
    - ☐ No specific information for reported/ suspected omissions for exposure to risks
  - ☐ **Supervision related omissions**
    - ☐ Inadequate/ lack of supervision resulting in physical harm
    - ☐ Persisted lack of supervision concerning substance use/misuse by the child
      - ☐ Alcohol
      - ☐ Drugs
      - ☐ Other substances
    - ☐ No specific information for omissions related to the child's supervision
  - ☐ **Refusal of custody/abandonment**
    - ☐ Unstable custody arrangements
    - ☐ Illegal transfers of custody
    - ☐ Refusal of custody
    - ☐ Abandonment (primary caregiver(s) runaway / migrate and leave the children behind)
      - ☐ child out of wedlock
      - ☐ child with disabilities
    - ☐ No specific information for omissions related to refusal of child's custody

Location of Incident

completion by	obligation	multiplicity	primary record	secondary record	supplementary data
				na	na

CAN-MDS ID:	DE_I4	
Definition:	*The location/settings where -according to the source of information- the specific incident (entered by the Operator into CAN-MDS) took place, namely the context where the child experienced the act(s) of maltreatment and/or the omission(s) in its care*	
Instructions:	**This data element is completed by you.** You should check at least ONE of the alternative values presented in the pre-coded list below. You can check as many places as applicable, except for the case you will choose "Unknown/ Unspecified place" (then you should proceed with the next data element). ***Note:*** *Even though the incident can concern a continuous case of maltreatment taking place in various locations, please record the last known location mentioned by the source of information.*	
Datatype:	*Primary record:*	Pre-coded value(s)
Relevance:	*Axis:*	**INCIDENT**
	Data Elements:	DE_I2 (Incident ID)

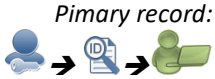
Format and values:

- ○ Unknown/ Unspecified place
- ☐ Home/ Family
- ☐ Home/ Foster family
- ☐ Home/ Relatives
- ☐ Home/ Friends
- ☐ Child care institution (residential care)
- ☐ Child care institution (day care)
- ☐ Detention or correctional institution
- ☐ Leisure /Playground/ Recreational area
- ☐ Sports-athletics
- ☐ School
- ☐ Educational institution
- ☐ Medical Services
- ☐ Public transportation
- ☐ Public place/ street, commercial & surrounding area
- ☐ Other place

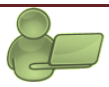
Comment: All necessary definitions are available in the data dictionary (Part III)

Child's ID

completion by	obligation	multiplicity	primary record	secondary record	supplementary data
				na	

CAN-MDS ID:	DE_C1	
Definition:	Unique identifier assigned to each child who is related to at least one incident entered in the CAN-MDS ***NOTE:*** *Child's ID is a* pseudonym generated by the Administrator via *anonymization that removes the association with the data subject (i.e. child) and adds an association between a particular set of characteristics relating to the data subject and one pseudonym*.[23] In the context of CAN-MDS pseudonym is totally unrelated to the the normally used personal identifier (Name) and do not allow the derivation of the normal personal identifier by non-authorised parties.	
Instructions:	**This data element is completed by you, after you obtain the ID by the national Administrator. Step-by-step process for obtain a Child's ID (pseudonym) is presented in the next page.**	
Datatype: 	*Pimary record:* 	**Pseudonym**: *Shared by the CAN-MDS Administrator ➔ Operator(s)*
	Supplementary data: 	**Pseudonym-Child's Identity *connection*** (*'treacable anonymity'*): *Available to the Administrator's files ONLY (outside the CAN-MDS)*
	Restricted supplementary data: 	**Child's personal data** [Child's Surname, Name, Middle name, Parents' Name, date of birth]; [Postal_Address]; [Phone Number]: *Shared: sent by the Operators ➔ CAN-MDS Administrator*
Relevance:	*Axes* — *Main:*	**CHILD**
	Other:	**INCIDENT**
	Data Elements:	DE_I2 (Incident ID)
Format and values:	**<country specific>** Suggested format: 2-letter country Code + 10-digit randomly generated numeric code <=RANDBETWEEN(1000000000;9999999999) and then press F9 for producing a new number> Example: GR1476405679, DE4192240669	
Comment:	CHILD: The subject of **CHILD MALTREATMENT INCIDENT** data entered to CAN-MDS by an Operator	

Child's Sex

completion by	obligation	multiplicity	primary record	secondary record	supplementary data
				na	na

CAN-MDS ID:	DE_C2	
Definition:	*"Sex" refers to a person's biological status and is typically categorized as male, female, or intersex (i.e., atypical combinations of features that usually distinguish male from female).*	
Instructions:	**This data element is completed by you.**	
Datatype:	*Pimary record:*	Pre-coded value
Relevance:	*Axis*	**CHILD**
	Data Elements:	DE_C1 (Child's ID)
Format and values:	○ Male ○ Female ○ Intersex or Intermediate ○ Transgender ○ Not known	
Comment:	*Definitions are available in the data dictionary (Part III);* **<country specific;** *coding to be modified according to what is legally valid in the country, e.g. Male, Female, Other>*	

[23] **ISO/TS 25237:2008**. Health informatics – Pseudonymization

Figure: **Steps to be followed for obtain a Child's ID (*pseudonym*).**

Note: Steps 3-6 should normally implemented in a very short time; steps 1-2 and 5-6 are depending on the Operator's activity. The whole process according to the CAN-MDS Guide can be completed at maximum in one single day. **ATTENTION:** After recording the Child's ID into your archive and the CAN-MDS, please be carefull that the code sent to you by the Administrator (in case of fax or email) is destroyed

STEP	WHO	DOING	WHAT	WHEN	HOW	DURATION
1	YOU (the OPERATOR)	**COLLECT**	child's personal info (Min required info: [Child's Surname, First Name, <Middle Name>, DoB]; Desired: [Parents'Names]; [Postal_Address]; [Phone Number])	during the intake or the discussion with child or source of information about a CM Incident	via interview /following the Agency's policy and the CAN-MDS Protocol	Depends on you (the Operator)
2	YOU (the OPERATOR)	**DECIDE**	if a specific CM Incident is eligible to be recorded into CAN-MDS	after intake of a CM INCIDENT detected by you, reported by an external source or self-reported	on the basis of the CAN-MDS Guide & Protocol (i.e. case definitions)	
3	YOU (the OPERATOR)	**SHARE**	child's personal information with the CAN-MDS Administrator (OUTSIDE of CAN-MDS) and KEEP them in your archives (according to your Agency's rules)	minimum required information is available (BEFORE the recording)	via telephone	5-10 min
4	ADMINISTRATOR	**CHECKS**	whether child's personal information correspond to an already existing child in CAN-MDS or not	minimum personal data shared by the Operator	by checking the restricted data connecting child's information with available IDs	< 60 min
		IDENTIFIES OR CREATES	the available child's pseudonym (if existing) OR a new pseudonym for the child (if not existing)	if child is already known OR if child is not known to CAN-MDS	by identifying Child's ID OR developing a Child's ID	
		PROVIDES	you (the Operator) with the Child's ID (pseudonym)	a pseudonym for the specific child is available (identified or developed)	via telephone or email or fax (containing ONLY the Child's ID)	
5	YOU (the OPERATOR)	**RECORD**	the CM Incident by using Child's ID (pseudonym)	the Child's ID is received by the Administrator	via your personal user account to CAN-MDS	<2 min
6	CAN-MDS	**INFORMS**	you (the Operator) whether the child is already known in the system (if previous records exist) & provides you with further info depending on your level of access	the Child's ID is entered	via CAN-MDS application and reports	

NOTE: You have also the option first to proceed with the record of the incident by using the eoperation of Temporary Child's ID and afterwards to communicate with the Administrator (following the above procedure) in order to receive the Child's ID (that will replace the temporary ID through the Operator's Panel>My current cases>List of Temporary Child's ID>Replace ID)

Child's Date of Birth

completion by	obligation	multiplicity	primary record	secondary record	supplementary data
					DE_R3

CAN-MDS ID:	DE_C3	
Definition:	The date when the child born	
Instructions:	**This data element is completed by you.** Record the **full date of birth**	**YYYY-MM-DD**
	If DD is not known, then	**YYYY-MM**
	if DD-MM are not unknown, then	**YYYY**
	if DD-MM-YYYY are not known AND is alleged victim **is a child**, then	**<18**
	ATTENTION: Please record the child's date of birth as precisely as possible	
Datatype:	*Pimary record:*	Date OR pre-coded value
	Secondary record:	Age of child at the date of record (auto-calculated by CAN-MDS)
Relevance:	*Axis*	**CHILD**
	Data Elements:	DE_C1 (Child's ID)

Format and values:

- [YYYY-MM-DD]
- <18 years old (if no year is known)
- >18 ('minor' according to legislation)
- Unborn
- Unknown

< Coding to be adapted in each country according to current legislation>

Comment: CHILD (ALLEGED) VICTIM: The underage person to whom data refers, namely the person identified or reported that suffers from at least one act of maltreatment or omission in its care, regardless the substantiation status of the maltreatment.
Note: In specific countries a person with specific mental conditions aged > 18 year is also treated as "child"; to this end the definition should be country-specific

Child's Citizenship Status

completion by	obligation	multiplicity	primary record	secondary record	supplementary data
				na	

CAN-MDS ID:	DE_C4	
Definition:	The status of recognition of the child under the custom or law of the state where it lives that bestows on the child (called a citizen) the rights and the duties of citizenship.	
Instructions:	**This data element is completed by you.**	
Datatype:	*Pimary record:*	Pre-coded value
	Supplementary data:	Country legislation of citizenship status
Relevance:	*Axis*	**CHILD**
	Data Elements:	DE_C1 (Child's ID)

Format and values:

- Not a citizen
- Citizen
  - with ID
  - without ID
- Not known

Comment: **<Country specific>** e.g. not a citizen, citizen (parents are citizens (jus sanguinis); born within a country (jus soli); naturalization). *Definitions, p*rerequisites/restrictions for recording will be country specific (e.g. whether there are available documents including the Child's citizenship ID)
Definitions < to be adapted per country> are available in the data dictionary (Part III)

Family Composition

completion by	obligation	multiplicity	primary record	secondary record	supplementary data
A.				na	na
B.1	if…			na	na
B.2	if…		NUM	na	na
C.	if…		VALUE	na	na

CAN-MDS ID:	DE_F1	
Definition:	*Type of family and identity(-ies) of people living in the household other than the child* ***Note**: "Family composition" is a conditional sub-element depending on the "type of family" and comprises by two components: identity of family's members and number of persons per identity.*	
Datatype:	*Pimary record:*	***A. Type of Family:*** Pre-coded value
		B.1. Member(s) of Family: Pre-coded values
		B.2. Number per member's identity: number (integer)
		C. Indication of Child's Primary Caregiver(s): value (yes/no)
Relevance:	*Axes* — *Main axis:*	**FAMILY**
	Other axis:	**CHILD**
	Data Elements:	DE_C1 (Child's ID); DE_F2 (Primary Caregiver(s)' Relationship to Child)
Instructions: A.	**This data element is completed by you.** Below the recording process is presented: **1.** First complete the sub-element A. "Type of Family" (single value). ***Note:*** If you ckeck "Boarder(s) (child lives in residential/ institutional care)" or "Not known", then the CAN-MDS will automatically skip the sub-element B and will redirect you in the next data element (related to child's primary caregivers).	
Format and Values:	**A: TYPE OF FAMILY**	
	○ Boarder(s) (child lives in residential/institutional care)	SKIP B: Member(s) of Family
	○ Child lives with his/her family (including biological/ adoptive)	
	○ Child lives in a foster family	
	○ Child lives in a re-composed family	
	○ Child lives in a family other than its family/ foster family	
	○ Relatives' family	
	○ Friends' family	
	○ Not known	SKIP B: Member(s) of Family
Instruction for recording (cont.): B.1 B.2	**2.** If the applicable answer is other than "Boarder(s) (child lives in residential/ institutional care)" or "Not known", you should proceed with the completion of sub-element *B. "Member(s) of Family"* (multiple selection for include the identities of all people live in the household). ***Note:*** Please provide as detailed information as possible (e. g., if you have enough information for sibling(s)' age, check the respective sub-categories; if no, then you may only check the hyper-category "sibling(s)) **3.** For each applicable sub-category of family members, please provide in the respective right field the number of persons (e. g., if "Grandparent(s)" is applicable, provide a number indicating how many grandparents live with the family in the home where the child lives "1", "2" etc.)	

Format and Values:

B1. Member(s) of Family	B2. Number	C. Primary caregiver(s)
☐ Parent(s)		☐☐
☐ Step Parent(s)		☐☐
☐ Parent(s)' partner(s)		☐☐
☐ Sibling(s)		
☐ younger than the (alleged) victim		NA
☐ older than the (alleged) victim (<18)		NA
☐ older than the (alleged) victim (>18)		☐☐
☐ Grandparent(s)		☐☐
☐ Other relative(s)		
☐ Blood relatives		
☐ <18 [child(ren)]		NA
☐ >18 [adult(s)]		☐☐
☐ By law relatives		
☐ <18 [child(ren)]		NA
☐ >18 [adult(s)]		☐☐
☐ Family friend(s)		
☐ <18 [child(ren)]		NA
☐ >18 [adult(s)]		☐☐
☐ Other not-related household members		
☐ <18 [child(ren)]		NA
☐ >18 [adult(s)]		☐☐
○ Not known		

Please indicate child's primary caregiver(s) (up to 2)

Instruction for recording (cont.): C.

Indication of child's primary caregiver(s). Apart from the case where the child lives in residential/institutional care or the case where family composition is not known, child's primary caregiver(s) is expected to be among the persons living whith the child.

In the context of CAN-MDS information collected for up to 2 primary caregivers (see more information in the data element DE_F2).

4. Please use the checkboxes under the label "primary caregivers" to indicate which of the persons living with the child *was/were the responsible caregiver at the time of the incident under recording with the child* (e. g., if parents are the primary caregivers, then check the two boxes next to "Parents"; if one parent and one grandparent are the primary caregivers, then check the first box next to "Parent(s)" and the second box next to "Grandparent(s)").

Note: The CAN-MDS will update the respective fields in the DE_F2 according to your selections.

Note: Given that a primary caregiver cannot be an underage person (i.e. another child), CAN-MDS does not allow to indicate as a "caregiver" any person under the age of 18 years old.

Comment: *Definitions are available in the data dictionary (Part III)*

Primary Caregiver(s)' Relationship to Child

completion by	obligation	multiplicity	primary record	secondary record	supplementary data
1st: 				na	DE_F1 C.
2nd: 				na	DE_F1 C.

CAN-MDS ID:	DE_F2		
Definition:	*Relationship of the adult person(s) who was/were responsible for the child's care **at the time when the specific (under recording) incident took place***		
Instructions:	This data element is completed by CAN-MDS on the basis of the information filled-in DE_F1C. ONLY in case that one or both the primary caregivers responsible for the child at the time of the incident are "Temporary/Other" than the indicated persons you should check the respective value.		
Datatype:	*Pimary record:*	Auto-completion on the basis of DE_F1C ***Note***: If in F1.A the value *"Boarders…"* is checked, then the primary caregiver field with be auto-completed as "Professional Caregiver"	
		Pre-coded value ***Note:*** If the person(s) that was/were responsible at the time of the incident is a "*Temporary/other*" than the caregiver(s) checked in DE_F1C, please ckeck the respective value (which will cancel the primary caregiver(s) indicated under the DE_F1B) ***Note***: If in F1.A,B the value *"Not known"* is checked, then the "*primary caregiver relationship to child*" field with be auto-completed as "Not known"	
Relevance:	*Axes*	*Main:*	**FAMILY**
		Other	**CHILD**
	Data Elements:		DE_F1 (Family Composition); DE_C1 (Child's ID)

Format and values:	1st Caregiver	2nd Caregiver	
	○ [auto-completed]	○ [auto-completed]	Auto-completed by DE_F1
	○ Temporary caregiver/Other	○ Temporary caregiver/Other	If no auto-completed or not valid, please check
	○ Unknown relationship	○ Unknown relationship	

Comment:	*Definitions are available in the data dictionary (Part III)*

Primary Caregiver(s)' Sex

completion by	obligation	multiplicity	primary record	secondary record	supplementary data
1st:				na	na
2nd:	if…			na	na

CAN-MDS ID:	DE_F3	
Definition:	*Primary Caregiver(s) Sex*	
Instructions:	This data element for the 2 primary caregivers (or the one, where applicable) is completed by you.	
Datatype:	*Pimary record:*	Pre-coded value
Relevance:	*Axes* — *Main:*	**FAMILY**
	Axes — *Other*	**CHILD**
	Data Elements:	DE_F2 (Primary Caregiver(s)' relationship to child); DE_C1 (Child's ID)

Format and values:

1st Caregiver	2nd Caregiver
Male	Male
Female	Female
Intersex or Intermediate	Intersex or Intermediate
Not known	Not known

Check ONE for 1st & ONE for 2nd (if applicable)

Comment: *Definitions are available in the data dictionary (Part III)* ***<country specific;*** *coding concerning value "intersex/intermediate" to be adapted in each country according to current legislation>*

Primary Caregiver(s)' Date of Birth

completion by	obligation	multiplicity	primary record	secondary record	supplementary data
1st:					DE_R3
2nd:	if…				DE_R3

CAN-MDS ID:	DE_F4	
Definition:	*The date when the caregiver(s) born*	
Instructions:	This data element for the 2 primary caregivers (or the one, where applicable) is completed by you. Record the **full date of birth** — **YYYY-MM-DD** If DD is not known, then — **YYYY-MM** if DD-MM are not unknown, then — **YYYY** if DD-MM-YYYY are not known, then record the decade — **YY** ATTENTION: Please record the caregiver(s)' date of birth as precisely as possible	
Datatype:	*Pimary record:*	Date OR integer number (decade)
	Secondary record:	Age of caregiver(s) at the date of record (auto-calculated by CAN-MDS)
Relevance:	*Axes* — *Main:*	**FAMILY**
	Axes — *Other*	**CHILD**
	Data Elements:	DE_F2 (Primary Caregiver(s)' relationship to child); DE_C1 (Child's ID)

Format and values:

1st Caregiver	2nd Caregiver
DD-MM-YYYY	DD-MM-YYYY
YY	YY
Unknown	Unknown

Check ONE for 1st & ONE for 2nd (if applicable)

Comment: *Definitions are available in the data dictionary (Part III)*

Institutional Response

completion by	obligation	multiplicity	primary record	secondary record	supplementary data
				na	na

CAN-MDS ID:	DE_S1		
Definition:	*Indication of interventions have been performed in response to the event/episode of CAN under recording (including legal action taken & care plan for the child following the identification of the specific case by both, the agency that made the record and any other/previous known legal actions)*		
Instructions:	This data element is completed by you. Please select ONE of the main (bold) values. If "Yes" is applicable, then proceed by checking from the list below as many as applicable.		
Datatype:	*Pimary record:*	Pre-coded value	
Relevance:	*Axes* *Main:*	**SERVICES**	
	Other	**INCIDENT; CHILD; FAMILY**	
	Data Elements:	DE_I1 (Incident ID); DE_C1 (Child's ID); DE_R1 (Agency's ID)	

Format and values:

- ○ **Unknown** — SKIP →DE_S2
- ○ **No response was required DUE TO CHILD'S DEATH** — SKIP →DE_S2
- ○ **No Response** — SKIP→DE_S2
- ○ **Yes** — Check as many as applicable
  - ☐ Immediate intervention(s)
    - ☐ Physical Medical exam(s)
    - ☐ Mental Health exam(s)
    - ☐ Forensic evaluation initiated
    - ☐ Child protection /welfare services assessment
    - ☐ Police intervention
    - ☐ Unspecified
  - ☐ Action taken -NO COURT INVOLVEMENT
    - ☐ Child remains in family with planned intervention
    - ☐ Emergency *placement*
    - ☐ Supportive intervention for current caregiver(s)
    - ☐ Mother/child shelter with parent and child together
    - ☐ Police emergency protection procedures
    - ☐ CPS/welfare services emergency protection procedures
    - ☐ Referral to child protection /welfare services
    - ☐ Unspecified
  - ☐ Action taken -COURT or EQUIVALENT AUTHORITY INVOLVEMENT
    - ☐ Police emergency protection procedures
    - ☐ CPS/welfare services emergency protection procedures
    - ☐ (Family) Court measures initiated
    - ☐ Referral to child protection /welfare services
    - ☐ Action to protect victim by court order(s)
    - ☐ Action to remove parent(s)' rights
    - ☐ Abuser left the home by Court order
    - ☐ Action to prosecute perpetrator(s)
    - ☐ Unspecified
  - ☐ Out of home placement
    - ☐ Kinship Care (relatives/extended family)
    - ☐ Foster Care
    - ☐ Children's Home Institution
    - ☐ Adoption with parents' agreement
    - ☐ Adoption by court order
    - ☐ Unspecified

Comment:	*Definitions are available in the data dictionary (Part III)*

Referral(s) to Services

completion by	obligation	multiplicity	primary record	secondary record	supplementary data
S2.				na	na
S2.1				na	DE_S2
S2.A				na	DE_S2

CAN-MDS ID:	DE_S2
Definition:	*Child- and family-focused referrals made by the Agency where the operator who records the incident is currently working (including referrals to courts or other institutions)* ***Note:*** DE_S2 includes two sub-elements: S2.1 (Focus of service) and S2.A ("Response to referral(s)").
Instructions:	**Data element S2 and sub-element S2.1 is completed by you. DE_S2A is NOT completed by you.** ➔If value "Unknown" or "None" is applicable, then the record of the incident is completed (a message will appear for checking the whole information entered into the system and submit the record). ➔If the value "Yes" is applicable, however, you will asked to chooce from the list of the precoded categories of services as many as apply. ***Note:*** There are seven general categories of services (*judicial-, medical-, mental health-, counseling-, social welfare-, programme-related services*), some of them including 2 or more sub-categories (for example, mental health services include psychological and psychiatric services). ➔By checking one of the main categories and/or sub-categories, a drop-down menu will appear containing all related agencies in your area and/or even nationally. Please check the agency where you referred the child (depending on incident's characteristics, it is possible to have more than one referrals). **Example** (see below): if you check "Judicial Services", then you should the specific agency where you made the referral (e.g. Agency 2); in the next menu (S2.1) you will asked to indicate whether each individual referral (if more than one) concerns the child only, the caregiver(s) only or both, the child and the family (in the example below the "caregiver(s) only"). ***Note:*** Sub-element (S2.A) is completed by CAN-MDS Operator(s) working in Agency(-ies) received the referral(s) made (by you, as indicated in DE_S2) within a <nationaly defined time period, e.g. two-week> period. The Operator working in the Agency that will received the referral made by you (your Agency) will provide in his/her turn the information about the response to the referral by using a drop down menu (whether the service provided or not and for what reason); if no information is introduced in the provisioned time, the CAN-MDS will auto-complete the value "NO INFORMATION".

To be completed at a later time by Operator(s)/Agency received the referral(s)

DE_S2A | **Service(s)' Response**

- ● **Yes** — Check below as many as applicable
  - ■ **Judicial Services** (select menu)
    - ☐ Agency 1
    - ■ Agency 2
    - ☐ Agency 3
    - ☐ Agency…
    - ☐ Agency n
  - **Select ONE from the menu**
    - ○ for child ONLY
    - ● for caregiver(s) ONLY
    - ○ for child AND family
  - **Response (select ONE from the menu)**
    - ○ provided as provisioned
    - ○ provided- NOT as provisioned due to family
    - ○ provided-NOT as provisioned due to agency
    - ○ NOT provided due to family
    - ○ NOT provided due to responsible agency
    - ○ process is ongoing
    - ● NO INFORMATION

Note: By indicating where (i.e. the Agency/-ies) the referral(s) made by you, a notification will be sent automatically by the CAN-MDS to Operators working in this/these Agency/-ies.

Datatype:	*Pimary record:*		Pre-coded value
Relevance:	*Axes*	*Main:*	**SERVICES**
		Other	**INCIDENT; CHILD; FAMILY**
	Data Elements:		DE_I1 (Incident ID); DE_C1 (Child's ID); DE_R1 (Agency's ID)

Format and values:

- ○ **Unknown** — End of Record
- ○ **None** — End of Record
- ○ **Yes** — Check below as many as applicable

To be completed at a later time by Operator(s)/ Agency received the referral(s)

DE_S2A **Service(s)' Response**

- ☐ **Judicial Services**
  - **List of Judicial Services** (select menu)
    - ☐ Agency 1
    - ☐ Agency 2
    - ☐ Agency 3
    - ☐ Agency…
    - ☐ Agency n
  - **Focus of referral** (select ONE from the menu)
    - ○ for child ONLY
    - ○ for caregiver(s) ONLY
    - ○ for child AND family
  - **Response** (select ONE from the menu)
    - ○ provided as provisioned
    - ○ provided- NOT as provisioned due to family
    - ○ provided-NOT as provisioned due to agency
    - ○ NOT provided due to family
    - ○ NOT provided due to responsible agency
    - ○ process is ongoing
    - ○ NO INFORMATION
- ☐ **Medical Services**
- ☐ **Mental Health Services**
- ☐ **Independent Authorities**
- ☐ **Social Welfare Services**
- ☐ **Law Enforcement related Services**
- ☐ **Community Organizations & NGOs**
- ☐ **Existing Registries & Research Organizations**
- ☐ **Educational Services**
- ☐ **Other related Services**
- ☐ **Unspecified**

Comment: *TIP: Every new entry of Agency ID in the CAN-MDS system will be auto-listed under the respective category of related services per country*

Definitions are available in the data dictionary (Part III)

Data Element	Completion	Obligation	Multiplicity	Data Type/Record: primary	Data Type/Record: secondary	Supplementary data
R1: Agency's ID				*na*		
R2: Operator's ID				*na*		
R3: Date of Record					*na*	*na*
R4: Source of Information						
I1: Incident ID				*na*		
I2: Date of Incident						*DE_R3*
I3: Location of Incident					*na*	*na*
I4: Form(s) of maltreatment					*na*	*na*
C1: Child's ID					*na*	
C2: Child's Sex					*na*	*na*
C3: Child's Date of Birth						*DE_R3*
C4: Child's Citizenship Status					*na*	
F1: Family Composition- A. Type of family					*na*	*na*
B.1 Family member(s) identity					*na*	*na*
B.2 Family member(s) No					*na*	*na*
C. Indication of primary caregiver(s)					*na*	*na*
F2: 1st Primary Caregiver relationship to child					*na*	*DE_F1C.*
F2: 2nd Primary Caregiver relationship to child					*na*	*DE_F1C.*
F3: 1st Primary Caregiver's Sex					*na*	*na*
F3: 2nd Primary Caregiver's Sex					*na*	*na*
F4: 1st Primary Caregiver's Date of Birth						*DE_R3*
F4: 2nd Primary Caregiver's Date of Birth						*DE_R3*
S1: Institutional response					*na*	*na*
S2: Referral(s) to Services					*na*	*DE_R1*
S21: Focus of Referral					*na*	*DE_S2*
S2A: Services Provided					*na*	*DE_S2*

CAN-MDS Feedback

to the Operator

Depending on your involvement in the route of administration of a child maltreatment incident, you are assigned with a level of access. Specifically:

If you have no actual involvement, but your role includes one or more of the following

- Notifying (optionally) authorities of (suspected) CAN cases
- Reporting mandatorily (suspected) CAN cases
- Applying screening in the general child population for CAN
- Providing emergency protective measures to CAN victims
- Providing legal advice/ consultation/ advocacy for CAN cases

then you are a *"level 3"* Operator.

That means that you have access to *a user-friently tool for reporting CAN incidents (especially if you are mandated to report child maltreatment)* and *notifying the dedicated agencies respectively.* Moreover, apart from entering new data, you can also access the data entered by you in the past, namely to view and even edit the information (in this last case a new record will actually be created).

If you are involved in administration and follow-up of reported/detected CAN cases, namely your role includes one or more of the following responsibilities

- Conducting initial assessments for suspected CAN cases
- Providing services to CAN victims (diagnostic/ treatment/ consultation/care)
- Providing services to CAN victims' families (supporting)
- Follow-up of CAN cases

then you are a *"level 2"* Operator.

That means that you have access to *a user-friently tool for reporting CAN incidents (especially if you are mandated to report child maltreatment).* Apart from entering new data, you can also access the data entered by you in the past concerning all records made by you, namely to view and even edit the existing information (in this last case a new record will actually be created). Moreover, you have access (view) to data entered for the same child (for the same or other incident) by other Operators that have worked with the case in the past.

Additionally, CAN-MDS will provide you with the option *to be informed on the history of CAN for children brought to your attention (namely information for previous incidents entered by you or other operators working in the same or other agencies), as follows: when you submit a record for a child maltreatment incident, the next boxes will be activated and provide you with the options*

Display/print the record

Display/print all records for this child

Note: If you opted to keep a "printed archive" for your files, this "archive" will actually be "anonymous" for any non-authorised person who may read it, as no personal identifiers (e.g. child's or caregiver's personal information) are included and the Child's ID is known ONLY to you. On the other hand, given that the information is readily available, you can look for existing CAN history for a child you work with online (without printing).

Last, but not least, the CAN-MDS can operate as *a communication channel between you and other professionals working in the same or different sectors. As already mentioned (DE_S1 and S2) the CAN-MDS is a ready-to-use tool for informing other agencies of your agency's immediate response (e.g. what services have already been provided) and notifying other agencies of new incidents via referrals.* In addition, for already known children (for the same or previous incidents) the CAN-MDS provides you with the option to easily find out who has worked with the child in the past, namely it provides you with contact details of professional(s) and agency(-ies) already involved in the administration of a specific case.

Display who worked with the child in the past

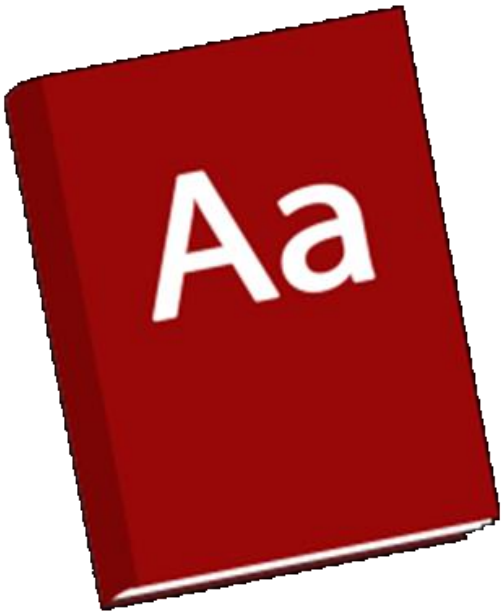
If, in addition to your involvement in administration and follow-up of reported/detected CAN cases, **you are also involved in making decision regarding legal action/intervention,** such as

- to remove the child from the family
- to remove parental rights
- to decide whether sufficient evidence exists to prosecute (alleged) offenders

then you are a "*level 1*" Operator.

That means that you have all access rights of the previous levels (2 and 3) and additionally access to view all data for all incidents and children in the CAN-MDS following respective requests to the National Administrator. In other words, while "level 2" Operators have access to information related to a child they are working with, "level 1" Operators, in close collaboration with the Administrator, have access to information on any CAN case which are not available in the system (i.e. restricted information such as contact details and personal identifiers of the child and its caregivers).

PART 3
CAN-MDS Data-Dictionary Terms & Definitions



CAN-MDS Data-Dictionary

introductory note

Dear Operator,

The CAN-MDS aims at collecting incident-based information for children (alleged) victims of CAN that could be appropriate for following up of CAN victims at a case-level and for monitoring the CAN problem from a public health point of view. To this end, data sources for the CAN-MDS include all relevant fields involved via different routes in identification and administration of CAN cases at different levels, namely agencies providing services such as social welfare, health and mental health, education, law enforcement and justice in both, the public and community domains.
By definition various professional groups are invited to act as Operators entering data for incidents concerning children not known to CAN-MDS, adding data for new incidents concerning already known children and using the available information for following up of children at a case-level according to their responsibilities in the route of administrating CAN cases which corresponds to the level of access assigned per case.
This desirable and necessary diversity of the stakeholders involved in the operation of CAN-MDS, however, is expected to lead to heterogeneous nationally expanded groups of Operators, having different professional backgrounds and being non equally familiar with issues related to CAN. For ensuring as much as possible that the validity and reliability of data recorded in the CAN-MDS –namely that all Operators have a common understanding of what information should be recorded- the CAN-MDS Data Dictionary has been developed.
The Dictionary includes brief and precise definitions for each individual data element in the MDS and each specific value under every single data element. Additionally, definitions of technical terms used in the CAN-MDS Operator's Manual are provided.

Structure of the CAN-MDS Data-Dictionary

The CAN-MDS Data Dictionary comprises two main parts:
i. description of permissible values (or *permitted range of values*). Permissible values are listed per data element in five different sections corresponding to the five axes under which the CAN-MDS data elements are classified, as follows:

- Axis' Definition
  - Data Element Definition
    - Permissible Values' definitions

Specific terms requiring further explanation are indicated in bold font and described under part ii.
ii. Definitions of CAN-MDS terms are presented in alphabetical order.

Limitations

The CAN-MDS Data Dictionary has been developed for the needs of the CAN-MDS only and therefore definitions of crucial aspects of CAN such as ones related to substantiation of maltreatment, the severity of harm caused due to CAN and the persons responsible for CAN (*perpetrators*) are not included (at least in this first version).
Moreover the data dictionary does not aim to substitute the provisional short training of CAN Operators but to operate complementary towards CAN-MDS Operators' capacity building.
Lastly, even though the definitions have been developed on the basis of existing literature while following the rationale of related international standards, it could be possible that they could be revised when and if needed. **To this end, we would be grateful if you would inform the <Administrator> of any cases where one or more definitions are not clear.**

CAN-MDS Description of DE Permissible Values

RECORD

Definition: Child maltreatment incident-based entry into CAN-MDS

Note: An incident-based entry can start after identification or (self-)report for an (alleged) child maltreatment incident

DE_R1 → Agency's ID

Definition: Identification code assigned to each individual agency- data-source for the CAN-MDS for a specific CM incident

Note: This data element is auto-completed

The Agency's ID comprises four parts of information: 2-letter Country Abbreviation[24]_2-letter Region Abbreviation[25]_3-letter Organization/Service type_3-digit Organization/Service_number

Example: *GR_A1_ROI_001 ("Institute of Child Health, Dept of Mental Health & Social Welfare") Located in Greece, Administrative region ("perifereia") Attiki, Department ("nomos") Attiki, Type: Research Institute, Number: 001*

DE_R2 → Operator's ID

Definition: Identifier of the professional who is entering the data in the CAN-MDS for a specific CM incident

Note: This data element is auto-completed

The Operator's ID comprises four parts of information: Agency's ID_4-digit Operator's Professional Specialty[26]_1-digit Access Level_3-digit number indicationg individual professionals working in the same Agency

Example: *GR_A1_ROI_001-19_3039_1_003 (Name Surname) Psychologist with level of access 1 (Full Access), 3rd out of the professionals working in the Agency GR_A1_ROI_001*

DE_R3 → Date of Record

Definition: The exact date (and time) when a specific entry was started by a specific accredited Operator into the CAN-MDS following the identification or a referral for a specific CM incident

Note: This data element is auto-completed

1. It should be identical with the date when the Operator receives a referral (or "report") for a CAN incident
2. Potentially –but not necessarily- it could be the same as the date when a child reached the agency; the intake was taken; the incident took place; the investigation of the incident was initiated; the investigation of the incident was terminated and a decision was made

Example: 2014-12-03_14:15:05 (format YYYY-MM-DD_hh:mm:ss[27])

DE_R4 → Source of Information

Definition: The source of information leading to a specific incident-based record into the CAN-MDS, namely how the specific CM incident was brought to the attention of a specific Operator working in a specific agency at a specific time

Note: A CM incident can be detected by the professional-Operator him/herself, reported by the (alleged) victim or reported by another source

DE_R4: Description of permissible values

[R4_00] Unspecified: there is no information available on the identity of the person that provided the Operator with information for the specific incident

[R4_01] Identified: the source of information is the professional-CAN-MDS Operator him/herself

Note: The information is collected by the Operator following the identification of a CM incident coincidentally or via questions following suspected maltreatment or via routine screening

[24] ISO 3166-1. *Codes for the representation of names of countries and their subdivisions* (published by the ISO)
[25] ISO 3166-2. *Country subdivision code* (by the ISO)
[26] International Standard Classification of Occupations (ISCO) 2008
[27] ISO 8601:2004. Data elements and interchange formats-Information interchange-Representation of dates and times

[R4_02] **Child (alleged) victim:** the source of information is the child (alleged) victim who addresses the agency and/or the professional and discloses information regarding an incident of maltreatement that s/he has suffered or currently suffers

[R4_03] **Parent /foster parent/ parent's partner/ care provider:** the source of information is the parent /foster parent/ parent's partner/ caregiver

[R4_04] **Relative living with the child: the** source of information is a relative living with the child

[R4_05] **Relative not living with the child:** the source of information is a relative not living with the child

[R4_06] **Friend/Neighbor:** the source of information is a person having no blood or by law relationship to the child (alleged) victim and defines him/herself as a friend of the child, a friend of child's family or as a neighbour

[R4_07] **Self-reported as (alleged) perpetrator:** the source of information is the person who defines him/herself as the responsible or one of the responsible persons that committed one or more violent acts against the child (alleged) victim or is responsible for one or more omissions in the child (alleged) victim's care

Note: In the context of CAN-MDS no data for perpetrators of maltreatment are recorded given that the information on the substantiation status of an incident is not recorded and for this reason the specific source of information is selected only when the person providing the information is self-defined as such

[R4_08] **School / kindergarten personnel:** the source of information is a member of the personnel of the educational setting where the child (alleged) victim attends according to his/her age

[R4_09] **Leisure activity staff: the** source of information is a member of the staff working with the child (alleged) victim in the context of a leisure activity that the child (alleged) victim participates in

[R4_10] **Anonymous reporter:** the source of information is a person who did not provide information on his/her identity and clarifies that s/he wishes to remain anonymous

Note: the difference between "unspecified source of information" and "anonymous reporter" is that "unspecified" means that the operator is not at all aware of the identity of the source of information while in the latter case the operator knows that the source of information opted to remain **anonymous**

[R4_11] **Personnel working in Child day care services:** the source of information is a member of the staff of a day care service taking care of the child (alleged) victim

[R4_12] **Personnel working in Social Services/ Public–Central/Local:** the source of information is a person who belongs to the personnel of the public social welfare system at a central or local level

[R4_13] **Personnel working in Health services:** the source of information is a person who belongs to the personnel of health services

[R4_14] **Personnel working in Mental Health Services:** the source of information is a person who belongs to the personnel of mental health services

[R4_15] **Personnel working in Ordinary/Juvenile Court and related services:** the source of information is a person who belongs to the personnel of Ordinary/Juvenile court and related services

[R4_16] **Personnel working in Police/ Law enforcement:** the source of information is a person who belongs to the personnel of police or other law enforcement services

[R4_17] **Personnel working at a Helpline:** the source of information is a person who belongs to the personnel of a helpline

[R4_18] **Personnel working in a Community agency:** the source of information is a person who belongs to the personnel of a community agency

[R4_19] **Personnel working for an Ombudsman:** the source of information is a person who belongs to the personnel of an Ombudsman or Deputy Ombudsman for Children

[R4_20] **Personnel working in NGOs/associations:** the source of information is a person who belongs to the personnel of non governmental organizations

[R4_21] **Personnel working in services for people with disabilities:** the source of information is a person who belongs to the personnel of an agency providing services to people with disabilities;

[R4_88] **Other:** the source of information is specified, not anonymous but does not belong in any of the defined categories; this could be a researcher, data administrator, or a public official

CHILD MALTREATMENT (CM) INCIDENT

Definition: A CM incident involving at least one act of maltreatment or at least one omission in a child's care

Note: Acts of maltreatment against a child and omissions in a child's care are defined on the basis of CRC/C/GC/13(2011)

DE_I1 ➔ Incident ID

Definition: Unique identifier assigned to each individual record corresponding to a specific incident

Note: This data element is auto-generated and auto-completed

The Incident ID is a combination of the Child's ID and the date and time of the record.

- If the Incident ID is unknown, the CAN-MDS will continue with the next data element DE_R4 ("Source of Information")
- If the CAN-MDS identifies a record for the same child similar to the current record (in terms of time) it will notify you with a message that other Incidents have been recorded previously by you or another Operator and it will provide you with information for the most recent Incident recorded; the highlighted records are the most similar in terms of Incident ID to your current record.
  - If your level of access is 1 or 2, by clicking on you can see all the remaining information for previous incidentsand by clicking on you can edit (namely add information) previous records. If you are sure that the current Incident is a new Incident, then you should click on the button "Add new Incident".
  - If your level of access is 3, "display" options are not activated and you should decide on the basis of the date-time of the record and the date of the incident whether you will proceed with its recording (it is recommended to proceed by adding it, as a new incident)

DE_I2 ➔ Date of Incident

Definition: The date when the specific CM incident (currently entered by the Operator into the CAN-MDS) occured

Note: In cases where "no distinct event took place" the start date is recorded and the duration is auto-calculated accordingly; in cases of "continuous maltreatment (including distinct events)" the start date of the maltreatment and the date of the most recent known distinct CM incident is recorded

DE_I2: Description of permissible values

[I2_00] **unknown:** there is no information available for the date when the specific incident took place

[I2_01] **a "distinct event" took place – Not continuous maltreatment:** the source of information provides the Operator with information on a CM incident that according to his/her knowledge is a "distinct event" which did not happen in the context of continuous maltreatment (i.e. a *single* incident)

[I2_01.01] **[YYYY/MM/DD]:** the operator records the exact date when the "distinct event" happened **OR** see **I2_01.88**

Note: If the Source of information is not aware of the exact DD, then the Operator records YYYY-MM; If the Source of information is not aware of the MM-DD, then the Operator records YYYY

[I2_01.88] **Unknown:** if the Source of information does not know the YYYY when the distinct incident took place

[I2_02] **continuous maltreatment – including "distinct event(s)":** the source of information provides the Operator with information about a CM incident that according to his/her knowledge is one of the "distinct events" that happened in the context of continuous maltreatment

[I2_02.01] **start date:** the Operator records the exact date when the "continuous maltreatment (including distinct events)" began according to the knowledge of the Source of information **OR** see **I2_02.02, I2_02.03, I2_02.04, I2_02.88**

Note: If the Source of information is not aware of the exact DD, then the Operator records YYYY-MM; If the Source of information is not aware of the MM-DD, then the Operator records YYYY **OR I2_02.02, I2_02.03, I2_02.04, I2_02.88**

[I2_02.01.01] **duration:** if the Source of information provides information for the start date (YYYY-MM-DD or YYYY-MM) then the duration of continuous maltreatment is auto-calculated (the accuracy of the calculation depends on the available information)

[I2_02.02] **during the last 12 months:** if the Source of information is not aware of the start MM-DD of the continuous maltreatment, but s/he knows that maltreatment started during the last year (12 month-period) from the date of recording

[I2_02.03] **before the last 12 months:** if the Source of information is not aware of the start MM-DD of the continuous maltreatment, but s/he knows that maltreatment started before the last 12 months from the date of recording

[I2_02.04] **lifelong:** if the Source of information knows that maltreatment started from the child's birth

[I2_02.88] **Unk nown:** if the Source of information knows that continuous maltreatment against the child took or takes place but s/he is not aware of any further information on when it started

[I2_02.0A] **last known CM incident date: The** Operator records the exact date when the "last known CM incident" happened (YYYY-MM-DD)

Note: If the Source of information is not aware of the exact DD, then the Operator records YYYY-MM; If the Source of information is not aware of the exact DD-MM, then the Operator records YYYY; If the Source of information is not aware of the YYYY, then the Operator does not record any information

[I2_03] **Continuous maltreatment – no "distinct event(s)" took place:** the Source of information provides the Operator with information on a CM incident that according to his/her knowledge is a case of continuous maltreatment where no "distinct events" are observed or identified otherwise

[I2_03.01] **start date:** The Operator records the exact date when the "continuous maltreatment" started according to the knowledge of the Source of information **OR** see **I2_03.02, I2_03.03, I2_03.04, I2_03.88**

Note: If the Source of information is not aware of the exact DD, then the Operator records YYYY-MM; If the Source of information is not aware of the MM-DD, then the Operator records YYYY **OR I2_03.02, I2_03.03, I2_03.04, I2_03.88**

[I2_03.01.01] **duration:** if the source of information provides information on the start date (YYYY-MM-DD or YYYY-MM) then the duration of continuous maltreatment is auto-calculated (the accuracy of the calculation depends on available information)

[I2_03.02] **during the last 12 months:** if the Source of information is not aware of the start MM-DD of the continuous maltreatment, but s/he knows that maltreatment started during the last year (12 month-period) from the date of recording

[I2_03.03] **before the last 12 months:** if the Source of information is not aware of the start MM-DD of the continuous maltreatment, but s/he knows that maltreatment started before the last 12 months from the date of recording

[I2_03.04] **lifelong:** if the Source of information knows that maltreatment started from the child's birth

[I2_03.88] **Unknown:** if the Source of information knows that continuous maltreatment against the child took or takes place but s/he is not aware of any further information on when it started

DE_ I3 ➔ Form(s) of maltreatment

Definition: Act(s) of maltreatment and/or omission(s) of the child (alleged) victim's care that have been observed, reported or otherwise specified regarding the specific CM incident the Operator records in the CAN-MDS.

ATTENTION: If no data are available under I3, no eligible incident to be entered in the CAN-MDS exists. I3 is the core data element of the CAN-minimum data set.

DE_I3: Description of permissible values

[I3_A] **ACTS COMMITTED:** 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 perpetrator's acts and not to the consequences of those acts. The following types of maltreatment involve acts of commission: physical abuse; sexual abuse; and psychological abuse[28]

[I3_A_1] **Violent acts against self /Self-harm actions:** This includes eating disorders, substance use and abuse, self-inflicted injuries, suicidal thoughts, suicide attempts and actual suicide.

[I3_A_1.01] **Eating disorder:** the child (alleged) victim (reported, self-reported or diagnosed with) has a serious feeding- or eating- related condition characterized by a persistent disturbance of eating or eating-related behavior

[28] Leeb, R.T., Paulozzi, L., Melanson, C., Simon, T., Arias, I. (2008). Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements, Version 1.0. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

Note: such a condition can result in the altered consumption or absorption of food and significantly impair physical health or psychosocial functioning. It can be already diagnosed (reported by the child or the source of referral) (and, therefore, *recorded by all operators* on the basis of the diagnosis) or not diagnosed but identified *(in this case is recorded ONLY by Operators with relevant professional backgrounds, i.e. mental health and health professionals with training relevant to eating disorders).* As **a diagnosed feeding and eating disorder you may consider any of the following:** Pica; Rumination Disorder; Avoidant/Restrictive Food Intake Disorder; Anorexia Nervosa; Bulimia Nervosa; Binge-Eating Disorder; Other Specified Feeding or Eating Disorder;

[I3_A_1.02] **Substance use/abuse:** the child (alleged) victim (reported, self-reported or diagnosed with) has a serious substance use- and/or abuse condition either by his/her own initiative or imposed by another person

Note: A substance use and/or abuse condition can significantly impair a child's physical health or psychosocial functioning leading to an increased risk of violence.[29] It can be already diagnosed (reported by the child or the source of referral) (and, therefore, *recorded by all operators* on the basis of the diagnosis) or not diagnosed but identified *(in this case is recorded ONLY by Operators with relevant professional backgrounds, i.e. mental health and health professionals with training relevant to eating disorders).* As a **substance** you may consider alcohol, drugs, or any other substance (including tobacco) used in an illicit manner, regardless of dependence and/or addiction.

[I3_A_1.03] **Runaway:** the child (alleged) victim has or was reported to have run away from home (or other residence) on at least *one* occasion, for at least *one* overnight period

[I3_A_1.04] **Self-inflicted injuries:** the child (alleged) victim has or was reported to have engaged in self-directed violent behaviour that deliberately resulted or could have resulted in injury to him/herself

[I3_A_1.05] **Suicidal thoughts:** the child (alleged) victim has or was reported to have thoughts about suicide, considering or planning to commit suicide

[I3_A_1.06] **Suicide attempt(s):** the child (alleged) victim has or was reported to have commited one or more non-fatal self-directed potentially injurious act with intent to die, regardless of whether the attempt(s) resulted in injury or not

[I3_A_1.07] **Actual suicide:** the child (alleged) victim has or was reported to have commited suicide, namely died as a result of a self-directed injurious act with intent to die

[I3_A_1.88] **Other self-harm action (unspecified):** the child (alleged) victim has or was reported to have commited at least one self-harm action other than actual suicide; suicide attempt; self-inflicted injury; runaway; substance use; feeding/eating-related disorder

[I3_A_2] **Physical violence acts committed [with or without injury]:** the child (alleged) victim has or was reported to have suffered fatal and/or non-fatal, with or without injury, physical violence acts including all corporal punishment/"disciplines"; violent acts known also as harmful practices; acts of life threatening maltreatment (with intention); abduction-related acts; institutional and system violations of child rights; and other described physical violence acts

Note: It is recommended to select this broad category [I3_A_2] manually ONLY when the source of information is not able to provide you with any further details related to physical violence acts committed against the child; if further –but not detailed- information is available in regards to specific forms of physical violence acts, consider the selection of one or more sub-categories, namely I3_A_2.1-2.6 or I3_A_2.88 when no specific information for reported/suspected physical violence is available; when the source of information is able to provide very detailed information in regards to the form of physical violence acts, it is recommended to select every individual form of physical violence act committed against the child (namely I3_A_2.1.01-24; I3_A_2.2.01-20; I3_A_2.3.01-08; I3_A_2.4.01-02; I3_A_2.5.01-06 or I3_A_2.6 when the specific form of physical violence act is not included in the previous classification).

[I3_A_2.1] **corporal punishment/"disciplines":** the child (alleged) victim has or was reported to have suffered corporal punishment or discipline, with or without injury, including slapping, smacking, spanking, pinching, twisting ears, pulling hair, hitting with an object, beating, tying up or tying to

[29] http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_child.pdf

something, restraining in cloth sacks, locking up, leaving child to lie in his/her own excrement, pushing, throwing, shaking, grabbing, choking, squeezing neck, kicking, hitting on head with hand or against the wall, boxing ear, scratching, biting, burning, scalding

Note: It is recommended to select this sub-category [I3_A_2.1] manually ONLY when the source of information is not able to provide you with any further details in regards to specific forms of corporal punishment/ disciplinary acts; when the source of information is able to provide you with very detailed information in regards to the form(s) of punishment/disciplinary act(s) committed against the child, it is recommended to indicate (by checking) every individual form (namely I3_A_2.1.01-24) [the broader category will be auto-selected]

TIP: Although many of the following forms of physical punishment/disciplinary acts are widely known, definitions are provided in the dictionary in order - apart from ensuring a common understanding- to facilitate the Operator in deciding whether s/he should record all information provided by the source of information or, in other words, to avoid potentially subjective decisions on whether a reported act is severe enough to be recorded

[I3_A_2.1.01] slapping
[I3_A_2.1.02] smacking
[I3_A_2.1.03] spanking
[I3_A_2.1.04] pinching
[I3_A_2.1.05] twisting ear(s)
[I3_A_2.1.06] pulling hair
[I3_A_2.1.07] hitting with an object
[I3_A_2.1.08] beating
[I3_A_2.1.09] tying up or tying to something/restraining in cloth sacks
[I3_A_2.1.10] locking up
[I3_A_2.1.11] leaving child to lie in their own excrement
[I3_A_2.1.12] pushing
[I3_A_2.1.13] throwing
[I3_A_2.1.14] shaking
[I3_A_2.1.15] grabbing
[I3_A_2.1.16] choking
[I3_A_2.1.17] squeezing neck
[I3_A_2.1.18] kicking
[I3_A_2.1.19] hitting on head (with hand or against the wall)
[I3_A_2.1.20] boxing ear
[I3_A_2.1.21] scratching
[I3_A_2.1.22] biting
[I3_A_2.1.23] burning
[I3_A_2.1.24] scalding

[I3_A_2.2] **violent acts also known as harmful practices:** the child (alleged) victim has or was reported to have suffered violent acts also known as harmful practices, with or without injury, including hitting on the soles of the feet, forcing to ingest spicy food, forced feeding, forcing children to stay in uncomfortable positions, binding, inflicting scars/scarring, teeth extraction as punishment, branding, fattening, "retribution" violence, virginity testing, forced circumcision, female genital mutilation, uvulectomy, forced marriage and early marriage, violent and degrading initiation rites, "hazing", practices such as "exorcism" after accusations of "witchcraft", forced sterilization, violence in the guise of treatment, deliberate infliction of disabilities for exploiting and begging

Note: It is recommended to select this sub-category [I3_A_2.2] manually ONLY when the source of information is not able to provide you with any further details in regards to specific forms of physical violence harmful acts; when the source of information is able to provide you with very detailed information in regards

to the form(s) of harmful practices committed against the child, it is recommended to indicate (by checking) every individual form (namely I3_A_2.2.01-20) [the broader category will be auto-selected]

TIP: Many of the following forms of harmful practices are probably not widely known; therefore, definitions are provided in the dictionary in order to ensure a common understanding among all Operators of what harmful practices are and to distinguish them from other violent acts committed against children

[I3_A_2.2.01] hitting on the soles of the feet
[I3_A_2.2.02] forcing to ingest spicy food
[I3_A_2.2.03] forced feeding
[I3_A_2.2.04] forcing children to stay in uncomfortable positions
[I3_A_2.2.05] binding
[I3_A_2.2.06] inflicting scars/scarring
[I3_A_2.2.07] teeth extraction as punishment
[I3_A_2.2.08] branding
[I3_A_2.2.09] fattening
[I3_A_2.2.10] "Retribution" acts of violence
[I3_A_2.2.11] virginity testing (inspecting girls' genitalia)
[I3_A_2.2.12] forced circumcision
[I3_A_2.2.13] female genital mutilation
[I3_A_2.2.14] uvulectomy
[I3_A_2.2.15] forced marriage and early marriage
[I3_A_2.2.16] violent and degrading initiation rites/ "hazing"
[I3_A_2.2.17] practices such as "exorcism" after accusations of "witchcraft"
[I3_A_2.2.18] forced sterilization
[I3_A_2.2.19] violence in the guise of treatment
[I3_A_2.2.20] deliberate infliction of disabilities for exploiting/ begging

[I3_A_2.3] **acts of life threatening maltreatment (with intention):** the child (alleged) victim has or was reported to have suffered life threatening maltreatment with intention on the part of the perpetrator, with or without injury, including administering of unnecessary invasive medical procedures and non prescribed substances, (intentional) poisoning, threatening with a knife or threatening with a gun, stabbing, shooting, dowry-related violence

Note: It is recommended to select this sub-category [I3_A_2.3] manually ONLY when the source of information is not able to provide you with any further details in regards to violent act(s) that was/were threatening to the child (alleged) victim's life; when the source of information is able to provide you with very detailed information in regards to the form(s) of life threating acts committed against the child, it is recommended to indicate (by checking) every individual form (namely I3_A_2.3.01-08) [the broader category will be auto-selected]

[I3_A_2.3.01] administering unnecessary invasive medical procedures
[I3_A_2.3.02] administering non prescribed substances
[I3_A_2.3.03] (intentional) poisoning
[I3_A_2.3.04] threatening with a knife
[I3_A_2.3.05] threatening with a gun
[I3_A_2.3.06] stabbing
[I3_A_2.3.07] shooting
[I3_A_2.3.08] dowry-related violence/death

[I3_A_2.4] **abduction-related acts:** the child (alleged) victim has or was reported as having been the subject of either family abduction or non-family abduction

Note: It is recommended to select this sub-category [I3_A_2.4] manually ONLY when the source of information is not able to provide you with any further details in regards to whether the act of abduction was made by family or non family member(s); when the source of information is able to provide you with

information in regards to the type of the child's abduction, it is recommended to indicate (by checking) every individual form (namely I3_A_2.4.01-02) [the broader category will be auto-selected]

[I3_A_2.4.01] non-family abduction
[I3_A_2.4.02] family abduction

[I3_A_2.5] **institutional and system violations of child rights:** the child (alleged) victim has or was reported to have suffered institutional and/or system violations of his/her rights including acts such as caning, flogging, stoning, torture, amputation and imposing of death sentence

Note: It is recommended to select this sub-category [I3_A_2.5] manually ONLY when the source of information is not able to provide you with any further details in regards to institutional and/or systems violations of the child (alleged) victim's rights; when the source of information is able to provide you with information in regards to the form of the violation, it is recommended to indicate (by checking) every individual form (namely I3_A_2.5.01-06) [the broader category will be auto-selected]

[I3_A_2.5.01] caning
[I3_A_2.5.02] flogging
[I3_A_2.5.03] stoning
[I3_A_2.5.04] torture (all forms)
[I3_A_2.5.05] amputation
[I3_A_2.5.06] imposing of death sentence for crimes commited

[I3_A_2.6] **Other described physical acts:** the child (alleged) victim has or was reported to have suffered physical violent act(s) the form of which is/are not included in any of the previous categories

[I3_A_2.88] **No specific information for reported/suspected physical violence:** the child (alleged) victim has or was reported to have suffered physical violent act(s) but no specific information for reported/suspected physical violence is available

[I3_A_3] **Sexual violence acts committed [with or without injury]:** the child (alleged) victim has or was reported to suffered any sexual activity imposed by an adult on him/her, against which the child is entitled to protection by criminal law as well as by another child, if the child offender is significantly older than the child (alleged) victim or uses power, threat or other means of pressure. In both cases sexual violence acts may or may not result in injury

Note: Sexual activities between children are not considered as sexual abuse if the children are older than the age limit [please define according to your country specifics] for consensual sexual activities

Note: It is recommended to select this broad category [I3_A_3] manually ONLY when the source of information is not able to provide you with any further details related to sexual violence acts committed against the child; if further –but not detailed- information is available in regards to specific forms of sexual violence acts, consider the selection of one or more sub-categories, namely I3_A_3.1-3.2 or I3_A_3.88 when no specific information for reported/suspected sexual violence is available; when the source of information is able to provide very detailed information in regards to the form of sexual violence acts, it is recommended to select every individual form of sexual violence act committed against the child (namely I3_A_3.1.01-12; I3_A_3.2.01-08; or I3_A_3.1.88 and I3_A_3.2.88 when the specific form of sexual violence act or sexual exploitation act is not included in the previous classifications respectively).

[I3_A_3.1] **Sexual violence acts:** the child (alleged) victim has or was reported to have suffered from sexual violence acts involving penetration with or without force, attempted sexual abuse with or without physical contact, threatened sexual abuse, touching genitals, showing genitals to the child, sexual harassment, voyeurism, providing the child with sexually explicit material, forcing the child to be exposed to pornography, forcing the child to witness sexual violence against his/her mother, sexual luring via ICT, online sexual stalking and harassment

Note: It is recommended to select this sub-category [I3_A_3.1] manually ONLY when the source of information is not able to provide you with any further details in regards to specific forms of sexual violence acts; when the source of information is able to provide you with very detailed information in regards to the form(s) of sexual violence act(s) committed against the child, it is recommended to indicate (by checking) every individual form (namely I3_A_3.1.01-12) [the broader category will be auto-selected]

[I3_A_3.1.01] **acts involving penetration (intrusion):** the child (alleged) victim has or was reported to have suffered sexual violence acts involving penetration

Note: When this form of sexual abuse [I3_A_3.1.01] is applicable, proceed with indicating whether the act involved used or force or not and the type of penetration on the basis of the information made available from the source of information

[I3_A_3.1.01.1] **without force:** without power, threat or other means of pressure

[I3_A_3.1.01.1.1] anus

[I3_A_3.1.01.1.2] vulva

[I3_A_3.1.01.1.3] mouth

[I3_A_3.1.01.1.4] unspecified

[I3_A_3.1.01.2] **involving use of force:** power, threat or other means of pressure

[I3_A_3.1.01.2.1] anus

[I3_A_3.1.01.2.2] vulva

[I3_A_3.1.01.2.3] mouth

[I3_A_3.1.01.2.4] unspecified

[I3_A_3.1.02] **attempted sexual abuse (not involving penetration):** the child (alleged) victim has or was reported to have suffered attempted sexual abuse with or without physical contact but not involving penetration

Note: When this abuse form [I3_A_3.1.02] is applicable, proceed with indicating whether or not the act involved physical contact, other than penetration by the perpetrator of the child (alleged) victim, on the basis of the information made available from the source of information

[I3_A_3.1.02.1] with physical contact

[I3_A_3.1.02.2] without physical contact

[I3_A_3.1.03] **threatened sexual abuse:** the child (alleged) victim has or was reported to have suffered from threatened sexual abuse with or without physical contact

Note: When this abuse form [I3_A_3.1.03] is applicable, proceed with indicating whether or not the act involved physical contact by the perpetrator to the child (alleged) victim on the basis of the information made available from the source of information

[I3_A_3.1.03.1] with physical contact

[I3_A_3.1.03.2] without physical contact

[I3_A_3.1.04] **touching/fondling genitals:** the child (alleged) victim has or was reported to have been touched or fondled on his/her genitals by an adult or another child significantly older than the child (alleged) victim

[I3_A_3.1.05] **showing genitals to the child:** the child (alleged) victim has or was reported to have been forced to see the genitals of an adult or another child significantly older than the child (alleged) victim

[I3_A_3.1.06] **sexual harassment:** the child (alleged) victim has or was reported to have been sexually harassed by an adult or another child significantly older than the child (alleged) victim

[I3_A_3.1.07] **voyeurism /spying on the child's intimate behaviour:** the child (alleged) victim has or was reported to have been spied on while performing intimate behaviour by an adult or another child significantly older than the child (alleged) victim

[I3_A_3.1.08] **providing sexually explicit material:** the child (alleged) victim has or was reported to being provided with sexually explicit material by an adult or another child significantly older than the child (alleged) victim

[I3_A_3.1.09] **forced exposure to pornography:** the child (alleged) victim has or was reported to have been exposed to pornography by an adult or another child significantly older than the child (alleged) victim

[I3_A_3.1.10] **forcing to witness sexual violence agaist the mother:** the child (alleged) victim has or was reported to have been forced to witness sexual violence against his/her mother

[I3_A_3.1.11] **sexual "luring" (via ICT):** the child (alleged) victim has or was reported to have been sexually lured by an adult or another child significantly older than the child (alleged) victim via internet or other communications technology

[I3_A_3.1.12] **online sexual stalking /harassment:** the child (alleged) victim has or was reported to have been sexually stalked by an adult or another child significantly older than the child (alleged) victim via internet, mobile telephone or other means of online communication

[I3_A_3.1.88] **other sexual violence acts:** the child (alleged) victim has or was reported to have suffered specific sexual violence act(s) other than the acts included in the above classification

[I3_A_3.2] **Sexual exploitation acts:** the child (alleged) victim has or was reported to have suffered sexual exploitation through the exchange of sex or sexual acts (for money, drugs, food, shelter, protection, and/or other basic necesseties) including his/her being forced into prostitution; used in commercial, travel and sexual tourism, trafficking; sale for sexual purposes and slavery, involvement in pornography, forced to get married

Note: It is recommended to select this sub-category [I3_A_3.2] manually ONLY when the source of information is not able to provide you with any further details in regards to specific forms of the child (alleged) victim's sexual exploitation acts; when the source of information is able to provide you with very detailed information, it is recommended to indicate (by checking) every individual form (namely I3_A_3.2.01-08 or I3_A_3.88 when sexual exploitation acts are other than the ones included in the above classification) [the broader category will be auto-selected]

[I3_A_3.2.01] **child prostitution:** the child (alleged) victim has or was reported to have been forced into prostitution

[I3_A_3.2.02] **use of child in commercial sexual exploitation:** the child (alleged) victim has or was reported to have been sexually exploited in commercial activities

[I3_A_3.2.03] **sexual exploitation in travel and tourism:** the child (alleged) victim has or was reported to have been sexually exploited in the context of sexual travel and tourism

[I3_A_3.2.04] **sexual slavery:** the child (alleged) victim has or was reported to have been exploited as a sexual slave

[I3_A_3.2.05] **sale of child for sexual purposes:** the child (alleged) victim has or was reported to have been sold for sexual purposes

[I3_A_3.2.06] **trafficking (within and between countries):** the child (alleged) victim has or was reported to have been a victim of sexual trafficking either within the country or between countries

[I3_A_3.2.07] **involvement in pornography:** the child (alleged) victim has or was reported to have been forced into pornography

[I3_A_3.2.08] **forced marriage and early marriage** (also harmful practice)**:** the child (alleged) victim has or was reported to have been forced into an early marriage according to national legislation

[I3_A_3.2.88] **other sexual exploitation acts** (unspecified)**:** the child (alleged) victim has or was reported to have been sexually exploited through acts other than the ones included in the above classification

[I3_A_3.88] **no specific information for reported/suspected sexual violence:** the child (alleged) victim has or was reported/suspected to have suffered sexual violence but no specific information is available

[I3_A_4] **Psychological violence acts committed [with or without injury]:** the child (alleged) victim has or was reported to have undergone psychological violent acts including violent acts with or without obvious consequences; violent acts related to the child's exploitation; and violent acts related to the child's exposure that may or may not result in injury

Note: It is recommended to select this broad category [I3_A_4] manually ONLY when the source of information is not able to provide you with any further details related to psychological violence acts committed against the child; if further – but not detailed- information is available in regards to specific forms of psychological violence acts, consider the selection of one or more sub-categories, namely I3_A_4.1-4.3 or I3_A_4.88 when no specific information for reported/suspected psychological violence is available; when the source of information is able to provide very detailed information in regards to the form of sexual violence acts, it is recommended to select every individual form of psychological violence against the child (namely I3_A_4.1.01-17; I3_A_4.2.01-07; I3_A_4.3.01-03 or I3_A_4.1.88; I3_A_4.2.88; and I3_A_4.3. 88 when other specific form(s) of psychological violence reported are not included in the previous classifications respectively).

[I3_A_4.1] **Psychological violence acts with or without obvious consequences:** the child (alleged) victim has or was reported to have been subjected to psychological violence acts with or without obvious consequences including bullying, ignoring, denying emotional responsiveness, over-protection, isolation, close confinement, degrading conditions of detention, humiliation, rejection, verbal assault, terrorization, and threats of maltreatment

Note: It is recommended to select this sub-category [I3_A_4.1] manually ONLY when the source of information is not able to provide you with any further details in regards to specific forms of the child (alleged) victim's psychological violence acts; when the source of information is able to provide you with very detailed information, it is recommended to indicate (by checking) every individual form (namely I3_A_4.1.01-17 or I3_A_4.1.88 when acts are other than the ones included in the above classification) [the broader category will be auto-selected]

[I3_A_4.1.01] **bullying/ Psychological bullying and hazing:** the child (alleged) victim has or was reported to have been subjected to physical and/or psychological bullying and/or hazing

Note: When this form of psychological violence [I3_A_4.1.01] is applicable, proceed with indicating whether the act was committed by other children and/or adults

[I3_A_4.1.01.1] by other children

[I3_A_4.1.01.2] by adults

[I3_A_4.1.02] **homophobic bullying /related to (real or supposed) sexual orientation:** the child (alleged) victim has or was reported to have been subjected to homophobic bullying related to his/her sexual orientation

Note: When this form of psychological violence [I3_A_4.1.02] is applicable, proceed with indicating whether the act was committed by other children and/or adults

[I3_A_4.1.02.1] by other children

[I3_A_4.1.02.2] by adults

[I3_A_4.1.03] **cyber-bullying (via ICTs / mobile phones /Internet):** the child (alleged) victim has or was reported to have been subjected to cyber-bullying via internet or mobile phone

Note: When this form of psychological violence [I3_A_4.1.03] is applicable, proceed with indicating whether the act was committed by other children and/or adults

[I3_A_4.1.03.1] by other children

[I3_A_4.1.03.2] by adults

[I3_A_4.1.04] **ignoring:** the child (alleged) victim has or was reported to have been subjected to ignoring

[I3_A_4.1.05] **denying emotional responsiveness:** the child (alleged) victim has or was reported to have been subjected to denial of emotional responsiveness

[I3_A_4.1.06] **overprotection:** the child (alleged) victim has or was reported to have been subjected to overprotection

[I3_A_4.1.07] **isolation** (social)**:** the child (alleged) victim has or was reported to have been subjected to social isolation

[I3_A_4.1.08] **close confinement (tying/binding):** the child (alleged) victim has or was reported to have been subjected to close confinement, namely tying/binding

[I3_A_4.1.09] **placement in solitary confinement:** the child (alleged) victim has or was reported to have been placed in solitary confinement

[I3_A_4.1.10] **degrading /inhuman conditions of detention:** the child (alleged) victim has or was reported to have been subjected to degrading and inhuman conditions of detention

[I3_A_4.1.11] **humiliation /Insults, name-calling, belittling, ridiculing:** the child (alleged) victim has or was reported have been subjected to humiliation (insults, name-calling and ridiculing)

[I3_A_4.1.12] **humiliation via ICT:** the child (alleged) victim has or was reported to have been subjected to humiliation, insults, name-calling and ridiculing via internet or other communications technology

[I3_A_4.1.13] **rejection and spurning:** the child (alleged) victim has or was reported to have been subjected to rejection and spurning

[I3_A_4.1.14] **verbal assaults:** the child (alleged) victim has or was reported to have been subjected to verbal assaults

[I3_A_4.1.15] **terrorization / scaring:** the child (alleged) victim has or was reported to have been subjected to terrorization or scaring

[I3_A_4.1.16] **threats of sexual violence** (with or without contact)**:** the child (alleged) victim has or was reported to have been subjected to threats of sexual violence

[I3_A_4.1.17] **threats of other maltreatment:** the child (alleged) victim has or was reported to have been subjected to threats of maltreatment, other than sexual violence

[I3_A_4.1.88] **other related acts hurting the child's feelings:** the child (alleged) victim has or was reported to have been subjected to psychological violence acts hurting his/her feelings other than the ones mentioned in the above classification

[I3_A_4.2] **Exploitation related psychological violent acts:** the child (alleged) victim has or was reported to have been subjected to psychological violent acts related to his/her exploitation *other than sexual exploitation* including corruption, labour exploitation, forcing to undertake adult's responsibilities, to beg, to undertake criminal behaviour, to participate in religious ritual(s), to participate in violent political event(s)

Note: It is recommended to select this sub-category [I3_A_4.2] manually ONLY when the source of information is not able to provide you with any further details in regards to specific forms of the child (alleged) victim's exploitation-related violent acts; when the source of information is able to provide you with very detailed information, it is recommended to indicate (by checking) every individual form (namely I3_A_4.2.01-07 or I3_A_4.2.88 when the acts are other than the ones included in the above classification) [the broader category will be auto-selected]

[I3_A_4.2.01] **corruption:** the child (alleged) victim has or was reported to have undergone inducement to wrong by improper or unlawful means (as bribery)

[I3_A_4.2.02] **labour/economic exploitation:** the child (alleged) victim has or was reported to have undergone economic exploitation/ forcing him/her to illicit salaried labour

[I3_A_4.2.03] **forcing the child to undertake adult's responsibilities:** the child (alleged) victim has or was reported to have been forced to undertake adult's responsibilities

[I3_A_4.2.04] **forcing the child to beg:** the child (alleged) victim has or was reported to have been forced to beg

[I3_A_4.2.05] **forcing the child to engage in criminal behaviour:** the child (alleged) victim has or was reported to have been forced to engage in criminal behaviour

[I3_A_4.2.06] **forcing to participate in religious ritual(s):** the child (alleged) victim has or was reported to have been forced to participate in religious ritual(s)

[I3_A_4.2.07] **forcing to participate in violent political event(s):** the child (alleged) victim has or was reported to have been forced to participate in violent political event(s)

[I3_A_4.2.88] **no specific information for reported/suspected exploitation acts:** the child (alleged) victim has or was reported to have undergone specific exploitation-related psychological violence acts other than the ones mentioned in the above classification

[I3_A_4.3] **exposure-related psychological violence acts:** the child (alleged) victim has or was reported to have undergone psychological violence by being exposed to violent acts including exposure to any kind of violence in the family, a violent environment outside of the household, and violence via electronic means

Note: It is recommended to select this sub-category [I3_A_4.3] manually ONLY when the source of information is not able to provide you with any further details in regards to specific forms of the child (alleged) victim's exposure-related violence acts; when the source of information is able to provide you with very detailed information, it is recommended to indicate (by checking) every individual form (namely I3_A_4.3.01-03 or I3_A_4.3.88 when acts are other than the ones included in the above classification) [the broader category will be auto-selected]

[I3_A_4.3.01] **exposure to any kind of violence in the family / DV:** the child (alleged) victim has or was reported to have undergone psychological violence via his/her exposure to any kind of domestic violence

Note: When this form of psychological violence [I3_A_4.3.01] is applicable, proceed with indicating the type(s) of domestic violence the child (alleged) victim has or was reported to have been exposed

[I3_A_4.3.01.1] exposure to **violence against other children**

[I3_A_4.3.01.2] exposure to **intimate partner violence**

[I3_A_4.3.01.3] exposure to **violence against other adults**

[I3_A_4.3.01.4] exposure to **homicide of a significant person**

[I3_A_4.3.02] **exposure to a violent environment outside of the the family:** the child (alleged) victim has or was reported to have undergone psychological violence via his/her exposure to a violent environment other than his/her family

[I3_A_4.3.03] **exposure to violence via electronic means:** the child (alleged) victim has or was reported to have undergone psychological violence via his/her exposure to violent scenes via internet and communication technologies

Note: When this form of psychological violence [I3_A_4.3.03] is applicable, proceed with indicating the type(s) of internet-communication technologies where the child (alleged) victim has or was reported to have ben exposed

[I3_A_4.3.03.1] **information and communication technologies**

[I3_A_4.3.03.2] **in the mass media**

[I3_A_4.3.88] **no specific information for reported/suspected related exposure:** the child (alleged) victim has or was reported to have undergone psychological violence by being exposed to violence other than the types mentioned in the above classification

[I3_A_4.88] **no specific information for reported/suspected psychological violence acts:** the child (alleged) victim has or was reported/suspected to have undergone psychological violence acts but no specific information is available

[I3_B] **OMISSIONS:** Acts of omission actually refer to 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 harm. Similar to acts of commission, harm to the child may or may not be the intended consequence.[30] Omissions are involved in the following instances: emontional neglect; physical neglect; medical neglect; educational neglect; exposure to risk; lack or inadequate supervision; refusal of custody and abandonment

[I3_B_1] **emotional neglect related omissions:** the child (alleged) victim has or was reported to undergo emotional neglect such as persistent ignoring of his/her emotional needs-chronic inattention; psychologically "unavailable" caregiver(s); inappropriately advanced expectations according to his/her age and other personal characteristics

Note: It is recommended to select this sub-category [I3_B_1] manually ONLY when the source of information is not able to provide you with any further details in regards to specific forms of emotional neglect related omissions; when the source of information is able to provide you with detailed information, it is recommended to indicate (by checking) specific forms of emotional neglect (namely I3_B_1.01-03) [the broader category will be auto-selected]

[I3_B_1.01] **persistent ignoring of the child's emotional needs/ chronic inattention to the child**

[I3_B_1.02] **psychologically "unavailable" caregivers**

[I3_B_1.03] **inappropriately advanced expectations** (defined according to the child's characteristics)

[I3_B_1.88] **no specific information for omissions related to emotional neglect**

Note: Check I3_B_1.88 when emotional neglect-related omissions are other than the ones included in the above classification

[I3_B_2] **physical neglect related omissions:** the child (alleged) victim has or was reported to have undergone physical neglect, namely omissions to care related to his/her physical needs (according to his/her age and other personal characteristics) including nutrition; personal hygiene; clothing; shelter

Note: It is recommended to select this sub-category [I3_B_2] manually ONLY when the source of information is not able to provide you with any further details in regards to specific forms of physical neglect-related omissions; when the source of information is able to provide you with detailed information, it is recommended to indicate (by checking) specific forms of physical neglect (namely I3_B_2.01-04) [the broader category will be auto-selected]

[I3_B_2.01] **inadequate / inappropriate nutrition**

[I3_B_2.02] **inadequate / inappropriate personal hygiene**

[I3_B_2.03] **inadequate / inappropriate clothing**

[I3_B_2.04] **inadequate / inappropriate shelter**

[I3_B_2.88] **no specific information for omissions related to the child's physical needs**

Note: Check I3_B_2.88 when physical neglect-related omissions are other than the ones included in the above classification

[I3_B_3] **medical neglect related omissions:** the child (alleged) victim has or was reported to have undergone medical neglect, namely omissions to his/her health care (according to his/her age and other personal characteristics) including refusal to provide him/her with preventive health care; refusal to allow or provide needed medical care for a diagnosed health condition; unjustified delay to seek needed care; failure to provide with basic medical care; withholding essential medical care

Note: It is recommended to select this sub-category [I3_B_3] manually ONLY when the source of information is not able to provide you with any further details in regards to specific forms of medical neglect-related omissions; when the source of information is able to provide you with detailed information, it is recommended to indicate (by checking) specific forms of medical neglect (namely I3_B_3.01-05) [the broader category will be auto-selected]

[I3_B_3.01] **refusal to provide preventive health care** (vaccinations, vision, and dental care)

[I3_B_3.02] **refusal to allow /provide needed medical care for a diagnosed health condition/ impairment**

[I3_B_3.03] **unjustified delay to seek needed care**

[I3_B_3.04] **failure to provide with basic medical care**

[30] Leeb, R.T., Paulozzi, L., Melanson, C., Simon, T., Arias, I. (2008). Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements, Version 1.0. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

[I3_B_3.05] **withholding essential medical care**

[I3_B_3.88] **no specific information for omissions related to the child's medical needs**

Note: Check I3_B_3.88 when medical neglect-related omissions are other than the ones included in the above classification

[I3_B_4] **educational neglect related omissions:** the child (alleged) victim has or was reported to have undergone educational neglect (where applicable, according to his/her age and other personal characteristics), namely omissions including persistent failure to be registered at school; irregular school attendance; chronic truancy; non attendance of his/her special educational needs

Note: It is recommended to select this sub-category [I3_B_4] manually ONLY when the source of information is not able to provide you with any further details in regards to specific forms of education-related omissions; when the source of information is able to provide you with detailed information, it is recommended to indicate (by checking) specific forms of educational neglect (namely I3_B_4.01-04) [the broader category will be auto-selected]

[I3_B_4.01] **persistent failure to register the child at school**

Note: If [I3_B_4.01] is applicable, indicate whether the child (alleged) victim has not attended school at all (while s/he should attend school according to his/her age) [I3_B_4.01.1] or is has dropped out [I3_B_4.01.2]

[I3_B_4.01.1] **has not attended school at all** (defined according to the child's age)

[I3_B_4.01.2] **dropped out**

[I3_B_4.02] **persistent failure to enrol at school resulting in irregular school attendance**

Note: If [I3_B_4.02] is applicable, indicate whether irregular school attendance concerns compulsory [I3_B_4.02.1] or non compulsory school [I3_B_4.02.2] (according to his/her age and national provisions for school age)

[I3_B_4.02.1] **compulsory school**

[I3_B_4.02.2] **non compulsory (ECEC)**

[I3_B_4.03] **chronic truancy**

[I3_B_4.04] **refusal to attend special educational needs**

Note: If [I3_B_4.04] is applicable, indicate whether non-attendance of child (alleged) victim's special educational needs refers to refusal to allow needed attention [I3_B_4.04.1] and/or refusal to provide needed attention [I3_B_4.04.2] (according to national provisions for special educational needs)

[I3_B_4.04.1] **refusal to allow needed attention to special educational needs**

[I3_B_4.04.2] **refusal to provide needed attention to special educational needs**

[I3_B_4.88] **no specific information for omissions related to child's educational needs**

Note: Check I3_B_4.88 when educational neglect-related omissions are other than the ones included in the above classification

[I3_B_5] **risk exposure related omissions:** the child (alleged) victim has or was reported to have been exposed to risks including his/her exposure to hazardous environments inside and/or outside of his/her home; use of substances (such as alcohol and drugs) by others

Note: It is recommended to select this sub-category [I3_B_5] manually ONLY when the source of information is not able to provide you with any further details in regards to specific risks the child (alleged) victim is exposed; when the source of information is able to provide you with detailed information, it is recommended to indicate (by checking) specific risks (namely I3_B_5.01-02) [the broader category will be auto-selected]

[I3_B_5.01] **exposure to hazardous/ dangerous environments**

Note: If [I3_B_5.01] is applicable, indicate whether hazardous environment refers to the household [I3_B_5.01.1] and/or the environment outside of his/her home [I3_B_5.01.2]

[I3_B_5.01.1] **inside household**

[I3_B_5.01.2] **outside of the home**

[I3_B_5.02] **exposure to substance use/misuse by others**

Note: If [I3_B_5.02] is applicable, indicate whether exposure to substance use by others refers to alcohol [I3_B_5.02.1], drugs [I3_B_5.02.2] and/or other substances [I3_B_5.02.88]

[I3_B_5.02.1] **alcohol**

[I3_B_5.02.2] **drugs**

[I3_B_5.02.88] **other substances**

[I3_B_5.88] **no specific information for reported/ suspected omissions for exposure to risks**

Note: Check I3_B_5.88 when risks where the child (alleged) victim is exposed are other than the ones included in the above classification

[I3_B_6] **supervision related omissions:** the child (alleged) victim has or was reported to have been not adequately supervised (according to his/her age and other personal characteristics) that results in suffering from physical harm (unintentional injuries) or being involved in substance abuse

Note: It is recommended to select this sub-category [I3_B_6] manually ONLY when the source of information is not able to provide you with any further details in regards to lack of supervision of the child (alleged) victim; when the source of information is able to provide you with detailed information, it is recommended to indicate (by checking) specific omissions in child (allged) victim's supervision (namely I3_B_6.01-02) [the broader category will be auto-selected]

[I3_B_6.01] **inadequate/ lack of supervision resulting in physical harm**

[I3_B_6.02] **persisted lack of supervision concerning substance use/misuse by the child**

Note: If [I3_B_6.02] is applicable, indicate w hether substance use by the child (alleged) victim refers to alcohol [I3_B_6.02.1], drugs [I3_B_6.02.2] and/or other substances [I3_B_6.02.88]

[I3_B_6.02.1] **alcohol**

[I3_B_6.02.2] **drugs**

[I3_B_6.02.88] **other substances**

[I3_B_6.88] **no specific information for omissions related to the child's supervision**

Note: Check I3_B_6.88 when omissions in the child's supervision are other than the ones included in the above classification

[I3_B_7] **refusal of custody/abandonment:** the legally custodial caregiver / legal guardian(s) have or was reported to have not provided the child (alleged) victim with appropriate daily care by applying unstable custody arrangements; illegal transfer of custody; refusal of custody; and abandonment

[I3_B_7.01] **unstable custody arrangements**

[I3_B_7.02] **illegal transfers of custody**

[I3_B_7.03] **refusal of custody**

[I3_B_7.04] **abandonment** (primary caregiver(s) runaway / migrate and leave the children behind)

Note: If [I3_B_7.04] is applicable, indicate whether abandonment refers to a child out of wedlock [I3_B_7.04.1] and/or a child with disabilities [I3_B_7.04.2]

[I3_B_7.04.1] **child out of wedlock**

[I3_B_7.04.2] **child with disabilities**

[I3_B_7.88] **no specific information for omissions related to refusal of the child's custody**

Note: Check I3_B_7.88 when the problem related to the child (alleged) victim's custody is other than the ones included in the above classification

DE_I4:	**Location of Incident**

Definition: The location/settings where the specific incident (entered by the Operator into the CAN-MDS) took place, namely the context where the child experienced the act(s) of maltreatment and/or the omission(s) in his/her care

DE_I4: Description of permissible values

[I4_00] **unknown/ unspecified place:** the Source of Information for the specific incident does not know or does not specify where the incident occurred

[I4_01] **home/ family:** the place (as reported by the source of Information) where the specific incident occurred was the child (alleged) victim's biological or adoptive or foster family's home

[I4_02] **home/ relatives:** the place (as reported by the Source of Information) where the specific incident occurred was the home of a blood relative or relative by law of the child (alleged) victim

[I4_03] **home/ friends:** the place (as reported by the Source of Information) where the specific incident occurred was the child (alleged) victim's friend's home or the child's family friend's home

[I4_04] **child care institution (residential care):** the place (as reported by the Source of Information) where the specific incident occurred was a residential care institution where the child was living at the time of the incident

[I4_05] **child care institution (day care):** the place (as reported by the Source of Information) where the specific incident occurred was a child day care institution

[I4_06] **detention or correctional institution:** the place (as reported by the Source of Information) where the specific incident occurred was a correctional or detention institution where the child was at the time of the incident

[I4_07] **leisure /playground/ recreational area:** the place (as reported by the Source of Information) where the specific incident occurred was a recreational or leisure area or a playground

[I4_08] **sports-athletics:** the place (as reported by the Source of Information) where the specific incident occurred was a place where the child was participating in an athletic activity-sport

[I4_09] **school:** the place (as reported by the Source of Information) where the specific incident occurred was the school where the child was attending at the time of the incident

[I4_10] **educational institution:** the place (as reported by the Source of Information) where the specific incident occurred was an educational institution (other than the child's school) where the child was attending at the time of the incident

[I4_11] **medical Services:** the place (as reported by the Source of Information) where the specific incident occurred was on the premises of a health care organization where the child was at the time of the incident

[I4_12] **public transportation:** the place (as reported by the Source of Information) where the specific incident occurred was on a means of public transportation where the child was at the time of the incident

[I4_13] **public place/ street, commercial & surrounding area:** the place (as reported by the Source of Information) where the specific incident occurred was in a public place where the child was at the time of the incident

[I4_88] **other place:** the place (as reported by the Source of Information) where the specific incident occurred was other than all of the above mentioned places

CHILD (ALLEGED) VICTIM

Definition: The child for whom data is entered into the CAN-MDS by an Operator refers to, namely the person identified or reported as suffering from at least one act of maltreatment or omission in his/her care (i.e. the subject of a Child Maltreatment Incident), regardless of the substantiation status of the maltreatment.

Note: In specific countries a person with specific mental conditions aged > 18 year is also treated as a "child" [country-specific definition]

DE_C1: Child's ID

Definition: Unique identifier assigned to each child who is related to at least one incident entered in the CAN-MDS

Note: *Child ID is a* pseudonym (*personal identifier that is different from the normally used personal identifier*) generated via pseudonymization (*particular type of anonymization that both removes the association with a data subject and adds an association between a particular set of characteristics relating to the data subject and one or more pseudonyms*).[31] In the context of the CAN-MDS the pseudonym is completely unrelated to the normally used personal identifier (child's name) and does not allow the derivation of the normal personal identifier by non-authorised parties.

DE_C2: Child's Sex[32]

Definition: Child's **sex**

Note: "Sex" refers to a person's biological status and is typically categorized as male, female, or intersex. There are a number of indicators of biological sex, including sex chromosomes, gonads, internal reproductive organs, and external genitalia.[33]

DE_C2: Description of permissible values

[C2_01] male: the child (alleged) victim is, or is reported as being, a person with the biological status of which is typically categorized as male

[C2_02] female: the child (alleged) victim is, or is reported as being, a person with the biological status of which is typically categorized as female

[C2_03] intersex or intermediate: the child (alleged) victim is, or is reported as being, a person having atypical combinations of features that usually distinguish male from female (and typically is categorized neither as male nor as female but as intersex or intermediate)

[C2_04] transgender: the child (alleged) victim is, or is reported as being, a person with the gender identity or gender expression of which does not match his/her assigned sex

[C2_88] not known: the source of information was not able to provide any information concerning the sex of the child

DE_C3: Child's Date of Birth

Definition: The date when the child (alleged) victim was born

DE_C3: Description of permissible values

[C3_01] YYYY-MM-DD: full date (year, month, day) when the child (alleged) victim was, or was reported as being, born

Note: Child (alleged) victim's date of birth is an important piece of information in the context of the CAN-MDS. To this end, it is recommended to record the *full date (year, month and day)* when the child (alleged) victim was born. If the day is not known, then record the year and month (**YYYY-MM**) when the child (alleged) victim was born; if both, the month and the day are not known, then record the year (**YYYY**) when the child (alleged) victim was born; if the year is not known but the source of information knows that the (alleged) victim is a child, then select "<18 years old" [C3_02]; if the (alleged) victim is >18 years old but fulfils specific conditions, then select ">18 years old" [C3_03]; if the (alleged) victim has not yet been delivered, then select "unborn" [C3_04]; if the source of information provides no information on the date when the child (alleged) victim was born, then select "unknown" [C3_88]

[31] **ISO/TS 25237:2008**. Health informatics – Pseudonymization

[32] **ISO/IEC 5218**. Information technology — "Codes for the representation of human sexes" does not adopted because "*it does not provide codes for sexes that may be required in specific medical and scientific applications*"

[33] APA (2011). *Pactice guidelines for LGB clients.* Washington, DC: Author (www.apa.org/pi/lgbt/resources/ guidelines.aspx)

[C3_02] **<18 years old** (if no year is known)*:* the information on the birth date of the (alleged) victim is not available but there is information that the (alleged) victim is a child (under the age of 18)

Example: in cases where the Source of Information knows the (alleged) victim but is not close enough to him/her to know his/her date of birth

[C3_03] **>18 ('minor' according to legislation):** the (alleged) victim is over 18 years old but according to [reference in national legislation] is considered a "child"

Note for adaptation: <country specific-please add relevant legislation-if applicable>

[C3_04] **Unborn:** the (alleged) victim is not yet born/delivered (still existing in the mother's womb) but according to [national legislation has or does not have legal rights]

Note for adaptation: : <country specific-please add relevant legislation-if applicable>

[C3_88] **Unknown:** the source of information provided the Operator with no information on the person (alleged) victim's date of birth

DE_C4:	Child's Citizenship Status

Definition: The status of recognition of the child under the custom or law of the country where s/he lives that bestows on him/her the rights and the duties of citizenship (called a citizen)

Note: Citizenship status and recognition is country-specific [e.g. not a citizen, citizen because the child's parents are citizens (jus sanguinis); citizen because s/he was born within a country (jus soli)].

DE_C4: Description of permissible values

[C4_00] **not a citizen:** the child (alleged) victim is a foreigner, namely a resident born in or belonging to another country

[C4_01] **citizen:** the child (alleged) victim is a recognized member of the country where he/she lives on the basis of ["right of blood" or of the "right of the soil"– please, define according to national legislation]

Note for adaptation: potential provisions for acquiring citizenship (different in different countries)

Right of blood (Latin: Jus sanguinis) is a social policy by which citizenship is not determined by place of birth, but by having (a) parent(s) who is/are citizen(s) of the nation (namely the child acquires the nationality of his/her parents). It contrasts with jus soli (Latin for "right of the soil")

Lex sanguinis Many countries provide immigration privileges to individuals with ethnic ties to these countries (so-called leges sanguinis):

Right of the soil (Latin: Jus soli) is the right of anyone born in the territory of a state to nationality or citizenship (namely the automatic and unrestricted right to citizenship by territorial birth)

Unrestricted jus soli: as above

Restricted jus soli: A restriction of lex soli by requiring that at least one of the child's parents be a citizen, national, or legal permanent resident of the state in question at the time of the child's birth, or requiring that at least one parent has resided in the country for a specific period of time.

[C4_01.1] **with ID:** the citizenship status of the child (alleged) victim is officially certified by an ID [and can be proved with at least one of the following official documents such as a birth certificate or police ID for persons >14 years or number of social insurance stamps etc., where this ID is available COUNTRY SPECIFIC]

[C4_01.2] **without ID:** the citizenship status of the child (alleged) victim is not officially certified by an ID [or cannot be proved by an at least one official document such as a birth certificate or police ID for persons >14 years or number of social insurance stamps etc COUNTRY SPECIFIC]

[C4_88] **not known:** the source of information provides the Operator with no information in regards to the citizenship status of the child (alleged) victim

FAMILY AND PRIMARY CAREGIVERS

Definition: the family consisting of one or more adults together with the child (alleged) victim they care for as primary caregiver(s) at the time when the incident took place

Note for adaptation: The term "family" may be legally defined in a different way in each country –please provide the COUNTRY SPECIFIC definition in the dictionary

DE_F1: Family Composition

Definition: Type of family, identity(-ies) of people other than the child (alleged) victim living in the household, number of persons per identity and indication of adult person(s) that was/were primarily responsible for taking care of the child (alleged) victim at the time when the incident took place

DE_F1: Description of permissible values

[F1_A] **type of family:** the family where the child (alleged) victim lives or was reported to live with; it can be his/her biological/adoptive family; foster family; re-composed family; a relative's family; a friend's family; a residential institution

[F1_A_00] **boarder:** the child (alleged) victim lives or was reported to live in residential/institutional care

Note: If type of family is [F1_A_00] "boarder" (the child (alleged) victim lives in residential/institutional care), then [F1_B1] "member(s) of family", [F1_B2] "number of member(s) of family" and [F1_C] "primary caregiver(s)" will be automatically skipped and [DE_F2] "Primary Caregiver(s) Relationship to Child" will be auto-completed as "professional caregiver"

[F1_A_01] **child lives with his/her family:** the child (alleged) victim lives or was reported to live with his/her family, which can be either his/her biological or his/her adoptive family

[F1_A_02] **child lives with a foster family:** the child (alleged) victim lives or was reported to live with a foster family

Note: In cases where [F1_A_02] "child lives in a foster family" is applicable, then selecting [F1_B1_01] "parent(s)" means "foster parent(s)"

[F1_A_03] **child lives with a re-composed family:** the child (alleged) victim lives or was reported to live with his/her step family composed of one of his/her parents, a stepparent (and potentially but not necessarily child(ren) by a previous marriage)

[F1_A_04] **child lives with a family other than its family/foster family:** the child (alleged) victim lives or was reported to live with a family other than his/her family, step family or foster family, namely with a relative's or friend's family

Note: If type of family is [F1_A_04] "child lives in a family other than its family; foster family; recomposed family", it is recommended to indicate the identity of this family by selecting either [F1_A_04.1] "relative's family" or [F1_A_04.1] "friend's family"; if no information is available then select [F1_A_04]

[F1_A_04.1] relative's family

[F1_A_04.2] friend's family

[F1_A_88] **not known:** the source of information is not able to provide the Operator with information on where and/or with whom the child (alleged) victim lives

Note: If type of family is [F1_A_88] "not known" then [F1_B1] "member(s) of family", [F1_B2] "number of member(s) of family" and [F1_C] "primary caregiver(s)" will be automatically skipped and [DE_F2] "Primary Caregiver(s) Relationship to Child" will be auto-completed as "professional caregiver"

[F1_B1] **member(s) of family:** indication of the the identity(-ies) of person(s) living or reported to live with the child (alleged) victim and are member(s) of his/her biological/adoptive; foster; recomposed; relative's or friend's family

Note: using the pre-defined values below (F1_B1_01-F1_B1_07) indicate the identity/-ies of each person living with the child (alleged) victim; it is noted that family member(s)' identity/ies indicate at the same time their relationship(s) to the child (alleged) victim

[F1_B1_01] **parent(s)**

Note: parent(s) include without discrimination biological and adoptive parent(s); if, however, the child (alleged) victim lives with a step parent, please indicate by selecting [F1_B1_01.1] "step parent(s)"

[F1_B1_01.1] step parent(s)

Note: Parent(s) and step parent(s) are eligible to be indicated as the child (alleged) victim's primary caregiver(s)

[F1_B1_02] parent(s)' partner(s)

Note: Parent(s)' partner(s) are eligible to be indicated as the child (alleged) victim's primary caregiver(s)

[F1_B1_03] sibling(s)

Note: for any sibling (brother or sister) living with the child (alleged) victim (if existing) indicate if s/he is an adult (>18) by selecting [F1_B1_03.3] or a child (<18) by selecting [F1_B1_03.1] or [F1_B1_03.2] if s/he is younger or older than the child (alleged) victim respectively. If a sibling is an adult, then s/he is also eligible to be indicated as the child (alleged) victim's primary caregiver

[F1_B1_03.1] younger than the (alleged) victim

[F1_B1_03.2] older than the (alleged) victim (<18)

[F1_B1_03.3] older than the (alleged) victim (>18)

[F1_B1_04] grandparent(s)

Note: grandparent(s) [grandfather(s) and grandmother(s)] living with the child (alleged) victim are eligible to be indicated as the child's (alleged) victim's primary caregiver(s)

[F1_B1_05] other relative(s)

Note: if [F1_B1_05] "other relative(s)" is applicable, indicate the nature of their relationship with the child (alleged) victim (by blood or by law) by selecting [F1_B1_05.1] and/or [F1_B1_05.2] respectively

[F1_B1_05.1] blood relative(s)

Note: for any blood relative (other than a parent, grandparent or sibling) living with the child (alleged) victim indicate if s/he is an adult by selecting [F1_B1_05.1.1] or a child by selecting [F1_B1_05.1.2]

[F1_B1_05.1.1] <18 [child(ren)]

[F1_B1_05.1.2] >18 [adult(s)]

Note: If a blood relative is an adult, then s/he is eligible to be indicated as the child (alleged) victim's primary caregiver

[F1_B1_05.2] relative(s) by law

Note: for any relative by law (other than a step-parent or parent's partner) living with the child (alleged) victim indicate if s/he is an adult by selecting [F1_B1_05.2.1] or a child by selecting [F1_B1_05.2.2]

[F1_B1_05.2.1] <18 [child(ren)]

[F1_B1_05.2.2] >18 [adult(s)]

Note: If a relative by law is an adult, then s/he is eligible to be indicated as the child (alleged) victim's primary caregiver

[F1_B1_06] family friend(s)

Note: for any friend(s) [(person(s) not related either by blood or by law)] living with the child (alleged) victim indicate if s/he is an adult by selecting [F1_B1_06.1] or a child by selecting [F1_B1_06.2]

[F1_B1_06.1] <18 [child(ren)]

[F1_B1_06.2] >18 [adult(s)]

Note: If a family friend is an adult, then s/he is eligible to be indicated as the child (alleged) victim's primary caregiver

[F1_B1_07] other non-related household member(s)

Note: for any household member(s) [(person(s) not related either by blood or by law and are not family friends)] living with the child (alleged) victim indicate if s/he is an adult by selecting [F1_B1_07.1] or a child by selecting [F1_B1_07.2]

[F1_B1_07.1] <18 [child(ren)]

[F1_B1_07.2] >18 [adult(s)]

[F1_B1_88] not known: the source of information provided the Operator with information about the type of family [F1_A] but with no information on family member(s) [F1_B1]

[F1_B2] number: indicate how many persons per identity are members of the family where the child (alleged) victim lives by inserting the respective number in the box next to each identity

Note: the box is activated only when the respective identity is selected; the sum of the family members is auto-calculated (and reported in the final report)

[F1_C] **primary caregiver(s):** on the basis of the information you have already recorded under [F1_B1] "member(s) of family" and [F1_B2] "number" indicate up to two primary caregivers responsible for the child (alleged) victim's care **at the time when the incident took place**

Note: the option for indicating a primary caregiver is activated ONLY for those member(s) of the family that are adults

TIP: [DE_F2] "Primary Caregiver(s)' Relationship to Child" will be auto-completed on the basis of the information recorded under [F1_C] given that the identity of a family member eventually indicates the relationship of the person to the child (alleged) victim

DE_F2:	**Primary Caregiver(s)' Relationship to Child**

Definition: Identification of the relationship of the primary caregiver(s) (up to two persons) with the child (alleged) victim

Note: The Primary caregiver in the context of the CAN-MDS is the adult person who had primary responsibility for the child **at the time when the specific incident happend**. It can be a family member, a trained professional or another individual.

DE_F2: Description of permissible values (see also [DE_F1_C])

[F2_01] **parent**

Note: auto-completed on the basis of [F1_C]; if not valid, then select [F2_12] or [F2_88] respectively

[F2_02] **step parent**

Note: auto-completed on the basis of [F1_C]; if not valid, then select [F2_12] or [F2_88] respectively

[F2_03] **foster parent**

Note: auto-completed on the basis of [F1_A_02] and [F1_C]; if not valid, then select [F2_12] or [F2_88] respectively

[F2_04] **parent's partner**

Note: auto-completed on the basis of [F1_C]; if not valid, then select [F2_12] or [F2_88] respectively

[F2_05] **sibling** older than the (alleged) victim, >18 years old (adult)

Note: auto-completed on the basis of [F1_C]; if not valid, then select [F2_12] or [F2_88] respectively

[F2_06] **grandparent**

Note: auto-completed on the basis of [F1_C]; if not valid, then select [F2_12] or [F2_88] respectively

[F2_07] **other blood relative** >18 years old (adult)

Note: auto-completed on the basis of [F1_C]; if not valid, then select [F2_12] or [F2_88] respectively

[F2_08] **other by law relative** >18 years old (adult)

Note: auto-completed on the basis of [F1_C]; if not valid, then select [F2_12] or [F2_88] respectively

[F2_09] **family friend** >18 years old (adult)

Note: auto-completed on the basis of [F1_C]; if not valid, then select [F2_12] or [F2_88] respectively

[F2_10] **other non-related household member** >18 years old (adult)

Note: auto-completed on the basis of [F1_C]; if not valid, then select [F2_12] or [F2_88] respectively

[F2_11] **professional caregiver in residential/institutional care**

Note: auto-completed on the basis of [F1_A_00]; if not valid, then select [F2_12] or [F2_88] respectively

[F2_12] **temporary caregiver/other** >18 years old (adult)

Note: if auto-completed [DE_F2] as "parent", "step parent", "foster parent", "parent's partner", "sibling (adult)", "grandparent", "other (adult) blood relative", "other (adult) relative by law", "(adult) family friend", "other non-related household (adult) member", "professional caregiver in residential/institutional care" [F2_01-11] **but the completion is not applicable** because the indicated primary caregiver(s) were not responsible for the child (alleged) victim's care at the time of the incident, then you may select [F2_12] "temporary caregiver/ other" or [F2_88] "unknown" respectively according to the information provided by the source of information

[F2_88] **unknown relationship:** the source of information provided the Operator with no information about the identity of the person(s) responsible for the child (alleged) victim's care at the time of the incident

DE_F3:	Primary Caregiver(s)' Sex

Definition: The sex of the primary caregiver(s)

Note: Information under DE_F3 should be provided for at least one and maximum of two primary caregivers (indicated as "1st" and "2nd")

DE_F3: Description of permissible values

[F3_01] **male:** the primary caregiver is, or is reported as being, a person with the biological status of which is typically categorized as male

[F3_02] **female:** the primary caregiver is, or is reported as being, a person with the biological status of which is typically categorized as female

[F3_03] **intersex or Intermediate:** the caregiver is, or is reported as being, a person having atypical combinations of features that usually distinguish male from female (and typically is categorized neither as male nor as female but as intersex or intermediate)

[F3_88] **not known:** the source of information was not able to provide any information concerning the sex of the primary caregiver

DE_F4:	Primary Caregiver(s)' Date of Birth

Definition: The date when the primary caregiver was born (for up to two persons)

Note: Information under DE_F4 should be provided for at least one and maximum of two primary caregivers (indicated as "1st" and "2nd")

DE_F4: Description of permissible values

[F4_01] **YYYY-MM-DD:** full date (year, month and day) when the primary caregiver was, or was reported as being, born

Note: It is recommended to record the *full date (year, month and day)* when each primary caregiver was born. If the day is not known, then record the year and month (**YYYY-MM)** when each primary caregiver was born; if both, the month and the day are not known, then record the year (**YYYY)** when each primary caregiver was born; if the year is not known but the source of information knows the decade when a primary caregiver was born, then select [F4_02] "YY" and record the decade (e.g. 70's, 80's, etc.); if the source of information provides no information on the date when a primary caregiver was born, then select "unknown" [F4_88]

[F4_02] ***YY's***: decade when the caregiver was born, in cases where the source of information provides no information on the exact year of birth of a primary caregiver *but s/he knows that the primary caregiver was born during a specific decade*

Example: in cases where the Source of Information knows the primary caregiver but is not close enough to him/her to know his/her date or even year of birth

[F4_88] **unknown*:*** the source of information provides the Operator with no information on the primary caregiver's date of birth

SERVICES PROVIDED & REFERRALS TO SERVICES

Definition: Services provided to the child (alleged) victim, his/her family and primary caregivers by involved agencies throughout the administrative route of a new CAN incident identified or reported for an unknown or already known child including the institutional response of the Agency where the Operator who enters the data is currently working (such as immediate interventions and action taken), referrals to other services (e.g. referral(s) to more specialized agencies for further assessment and short- and long-term interventions) and services' response

Note: In the context of the CAN-MDS, services can be provided by agencies activated in all eligible sectors that are involved in CAN cases' administration (social welfare, health and mental health, law enforcement and justice)

DE_S1: Institutional Response

Definition: Intervention(s) have been performed in response to the specific CAN incident that the Operator enters into the CAN-MDS (including legal action taken & a care plan for the child following the identification of the specific case by both, the agency that made the record and any other/previous known legal actions)

Note: The Institutional response depends on the type of Agency where you (the Operator who enters the data for the specific CAN incident) is currently working

DE_S1: Description of permissible values

[S1_88] **unknown:** applies in cases where you (the Operator who is recording the specific incident) are not aware if any response has been provided for the specific CM incident by the Agency where you are working

[S1_99] **no response was required DUE TO THE CHILD'S DEATH:** applies in cases where you (the Operator who is recording the specific incident) are aware that no response has been provided for the specific CM incident by the Agency where you are working because no response was required due to the child (alleged) victim's death

[S1_00] **no response:** applies in cases where you (the Operator who is recording the specific incident) are aware that no response has been provided for the specific CM incident by the Agency where you are working

[S1_01] **yes:** applies in cases where you (the Operator who is recording the specific incident) know that at least one (or more) actions have been undertaken by you or other colleagues in the Agency where you are working as a response to the specific child maltreatment incident

Note: the CAN-MDS adopts a multi-sector and multi-disciplinary approach; to this end, the potential interventions listed below are not expected to be applicable in all agencies entered in the system. Please check only the type(s) of intervention(s) that apply for the agency where you (the Operator) are currently working.

TIP. In case of an already known child you will be able (according to your level of access) to see what interventions have already been provided to the specific child (alleged) victim addressed to one or more agencies other than yours and who had worked with this child in the past. In case of a newly entered child into the system, any professional that identifies the child in the future will be able to see what your agency's response was and to contact you to cooperate in ordder to achieve more effective handling of the specific case.

[S1_01.1] Immediate intervention(s): applies when the agency where you (the Operator who is recording the specific incident) are currently working provided immediate and comprehensive services to the child (alleged) victim including physical medical exams, mental health exams, forensic evaluation, assessment of living conditions, police intervention, depending on the nature of the agency and the services it provides (e.g. a health agency provides health services such as physical exams, law enforcement provides immediate interventions such as restrictive meausures, social welfare services provides social support services such as assessment of living conditions etc.)

- **[S1_01.1.1] physical medical exam(s)**
- **[S1_01.1.2] mental health exam(s)**
- **[S1_01.1.3] forensic evaluation initiated**
- **[S1_01.1.4] child protection /welfare services assessment**
- **[S1_01.1.5] police intervention**
- **[S1_01.1.88] unspecified**

[S1_01.2] **Action taken -NO COURT INVOLVEMENT:** whether or not following the immediate services action taken by the agency where you (the Operator who is recording the specific incident) are currently working in response to the specific incident where no court or equivalent authority was involved according to the nature of the agency and its usual pratices and the specifics of the incident such as the child (alleged) victim remains in the family with planned intervention, emergency placement, supportive intervention for current caregiver(s), mother/child shelter with parent and child together, police emergency protection procedures, CPS/welfare services emergency protection procedures, referral to child protection /welfare services

- [S1_01.2.1] **child remains in the family with planned intervention**
- [S1_01.2.2] **emergency placement**
- [S1_01.2.3] **supportive intervention for current caregiver(s)**
- [S1_01.2.4] **mother/child shelter with parent and child together**
- [S1_01.2.5] **police emergency protection procedures**
- [S1_01.2.6] **CPS/welfare services emergency protection procedures**
- [S1_01.2.7] **referral to child protection /welfare services**
- [S1_01.2.88] **unspecified**

[S1_01.3] **Action taken -COURT or EQUIVALENT AUTHORITY'S INVOLVEMENT:** whether or not following the immediate services action taken by the agency where you (the Operator who is recording the specific incident) are currently working in response to the specific incident where the court or equivalent authority was invoved according to the nature of the agency and its usual pratices and the specifics of the incident such as police emergency protection procedures, CPS/welfare services emergency protection procedures, (family) court measures initiated, referral to child protection /welfare services, action to protect victim by court order(s), *action to remove parent(s)' rights*, abuser to leave the home by court order, action to prosecute perpetrator(s)

- [S1_01.3.1] **police emergency protection procedures**
- [S1_01.3.2] **CPS/welfare services emergency protection procedures**
- [S1_01.3.3] **(family) court measures initiated**
- [S1_01.3.4] **referral to child protection /welfare services**
- [S1_01.3.5] **action to protect victim by court order(s)**
- [S1_01.3.6] **action to remove parent(s)' rights**
- [S1_01.3.7] **abuser to leave the home by court order**
- [S1_01.3.8] **action to prosecute perpetrator(s)**
- [S1_01.3.88] **unspecified**

[S1_01.4] **Out of home placement:** when the placement of the child (alleged) victim out of his/her home is decided following immediate interventions and actions taken with the court or equivalent authority's involvement such as kinship care, foster care, children's home institution, adoption with parent's agreement, adoption by court order

- [S1_01.4.1] **kinship care** (relatives/extended family)
- [S1_01.4.2] **foster care**
- [S1_01.4.3] **children's home institution**
- [S1_01.4.4] **adoption with parents' agreement**
- [S1_01.4.5] **adoption by court order**
- [S1_01.4.88] **unspecified**

DE_S2: Referral(s) to Services

Definition: Child- and family-focused referral(s) made by the Agency where the Operator who enters the specific CAN incident is currently working (including referrals to courts or other institutions and services)

DE_S2: Description of permissible values

[S2_88] **unknown:** applies in cases where you (the Operator who is recording the specific incident) are not aware whether or not a referral has been made to other organization(s)/service(s) by the Agency where you are working

[S2_00] **none:** applies in cases where you (the Operator who is recording the specific incident) know that -for any reason- no referral was made to other organizations/services by the Agency where you are working

[S2_01] **yes:** applies in cases where you (the Operator who is recording the specific incident) know that at least one (or more) referral(s) was/were made to other organization(s)/service(s) by you or other colleague of yours in the Agency where you are working

Note: If [S2_01] "yes" is applicable, indicate the type of organization(s)/service(s) where the referral(s) is/are made by selecting all applicable sectors below [S2_01.01-10] ("Judicial Services", "Medical Services", "Mental Health Services", "Independent Authority", "Social Welfare Services", "Law Enforcement related Services", "Community Organizations and NGOs", "Existing Registries and Research Organizations", "Educational Services" and "Other related Services" respectively)

Note: If [S2_01.01-10] is applicable AND one or more of these services/organizations are participating in the CAN-MDS, a drop down menu will appear listing these services/organizations per type

TIP: by choosing a specific agency from the drop down list, a notification will be sent automatically to Operator(s) working in the specific service/organization (see also [S2_A] below).

[S2_01.01] Judicial Services

[list of Judicial Services participating in the CAN-MDS -if applicable**]**

[S2_1.1] focus of referral

Note: under each specific service/organization a sub-menu is available [S2_1.01-03] indicating the focus of the specific referral (for the child only, for the caregiver(s) only or for both, the child and his/her family respectively). It is recommended to indicate the specific service/organization where you/your Agency made the referral AND to indicate the "focus of referral" by selecting the respective code under [S2_1]

[S2_1.1.01] for the child ONLY
[S2_1.1.02] for the caregiver(s) only
[S2_1.1.03] for the child AND family

[S2_01.02] Medical Services

[list of Medical Services participating in the CAN-MDS -if applicable**]**

[S2_1.2] focus of referral (see [S2_01.01])

[S2_1.2.01] for the child ONLY
[S2_1.2.02] for the caregiver(s) only
[S2_1.2.03] for the child AND family

[S2_01.03] Mental Health Services

[list of Mental Health Services participating in the CAN-MDS -if applicable**]**

[S2_1.3] focus of referral (see [S2_01.01])

[S2_1.3.01] for the child ONLY
[S2_1.3.02] for the caregiver(s) only
[S2_1.3.03] for the child AND family

[S2_01.04] Independent Authorities

[list of Independent Authorities participating in the CAN-MDS -if applicable**]**

[S2_1.4] focus of referral (see [S2_01.01])

[S2_1.4.01] for the child ONLY
[S2_1.4.02] for the caregiver(s) only
[S2_1.4.03] for the child AND family

[S2_01.05] Social Welfare Services

[list of Social Welfare Services participating in the CAN-MDS -if applicable**]**

[S2_1.5] focus of referral (see [S2_01.01])

[S2_1.5.01] for the child ONLY
[S2_1.5.02] for the caregiver(s) only
[S2_1.5.03] for the child AND family

[S2_01.06] **Law Enforcement related Services**

[list of Law enforcement related Services participating in the CAN-MDS -if applicable**]**

[S2_1.6] focus of referral (see [S2_01.01])

[S2_1.6.01] for the child ONLY
[S2_1.6.02] for the caregiver(s) only
[S2_1.6.03] for the child AND family

[S2_01.07] **Community Organizations and NGOs**

[list of Community Organizations and NGOs participating in the CAN-MDS -if applicable**]**

[S2_1.7] focus of referral (see [S2_01.01])

[S2_1.7.01] for the child ONLY
[S2_1.7.02] for the caregiver(s) only
[S2_1.7.03] for the child AND family

[S2_01.08] **Existing Registries and Research Organizations**

[list of Existing Registries and Research Organizations participating in the CAN-MDS -if applicable**]**

[S2_1.8] focus of referral (see [S2_01.01])

[S2_1.8.01] for the child ONLY
[S2_1.8.02] for the caregiver(s) only
[S2_1.8.03] for the child AND family

[S2_01.09] **Educational Services**

[list of Educational Services participating in the CAN-MDS -if applicable**]**

[S2_1.9] focus of referral (see [S2_01.01])

[S2_1.9.01] for the child ONLY
[S2_1.9.02] for the caregiver(s) only
[S2_1.9.03] for the child AND family

[S2_01.10] **Other related Services**

[list of other related Services participating in the CAN-MDS -if applicable**]**

[S2_1.10] focus of referral (see [S2_01.01])

[S2_1.10.01] for the child ONLY
[S2_1.10.02] for the caregiver(s) only
[S2_1.10.03] for the child AND family

[S2_01.88] **unspecified:** applies in cases where you (the Operator who is recording the specific incident) know that at least one (or more) referral(s) have been made to other organization(s)/service(s) but you have no further information either on the specific organization/service where the referral(s) were made or on the type of organization/service where the referral(s) were made

[S2_A] **Service(s)' Response:** indication of whether or not the service was provided in response to the referral (case follow-up)

Note: This element is not to be recorded by you (the Operator who has recorded the specific incident), but by one of the dedicated Operators working in the Agency who received the referral at a later time (to be defined per country according to the normal time needed for the provision of the service per sector and type of referral)

TIP: the notification is sent automatically by the CAN-MDS when you (the Operator who is recording the specific incident) record where the referral was made and will also function as a *reminder* for the Operator working in the Agency who received the referral to inform the system (and you) as to what happened with this specific referral.

[S2_A_01] **service provided as provisioned**
[S2_A_02] **service provided-NOT as provisioned due to family**
[S2_A_03] **service provided-NOT as provisioned due to agency**
[S2_A_04] **service NOT provided due to family**
[S2_A_05] **service NOT provided due to responsible agency**
[S2_A_06] **process is ongoing**
[S2_A_00] **no information**

Note: this would be the default value unless a different status is selected

terms and definitions

A

abandoned child: (or foundling) is a child without a parent, guardian, or custodian

abandonment: child abandonment is the practice of relinquishing interests and claims over one's offspring in an extralegal way with the intent of never again resuming or reasserting them; baby dumping refers to parents (generally mothers) abandoning or discarding a child younger than 12 months in a public or private place with the intent of disposing of him/her; the **child** may be **abandoned** because of a variety of reasons including, but not limited to, parent(s) mental health problems or similar conditions; socio-cultural conditions; poverty; teenage pregnancies

abduction-related acts: child abduction is the offense of wrongfully removing or wrongfully retaining, detaining or concealing a child or baby; it is defined as taking a child away by persuasion, fraud, or by open force or violence; **non-family abduction** and **family abduction**

access to CAN-MDS: pre-defined *rights* of a CAN-MDS Operator related to *recording, viewing* and *editing* information (**levels of access**)

access: authority or permission to consult records or to obtain restricted information

action taken -court or equivalent authority involvement: action taken by the **agency** where the **operator** who made the record is working after the identification of the **specific child maltreatment incident** with court or other equivalent authority involvement, including **police emergency protection procedures**, **initiation of Court measures**, **referral of child to CPS/welfare services**, taking of **action to protect victim by court order** and/or **to remove parent(s)' rights**, **court order for perpetrator(s) to leave the home** or **to prosecute perpetrator(s)**, **CPS or social welfare services emergency protection procedures**

action taken -no court involvement: action taken by the **agency** where the **operator** who made the record is working after identification of the **specific child maltreatment incident** however *without* court or other equivalent authority involvement, including **planning of intervention** while child (alleged) victim remains in the family, **child's emergency placement**, **supportive intervention for current caregivers**, **hosting child in mother/child shelter**, **police emergency protection procedures**, **child protection services or social welfare services' emergency protection procedures**, **referral of child to child protection /welfare services**)

active professional: currently working in an organization/agency; not a student or a pensioner

acts (of maltreatment) committed: maltreated acts committed by the child **against him/herself** or by another person **against the child** (alleged) victim such as **physical violence acts** [with or without injury]; **sexual violence acts** [with or without injury]; **psychological violence acts** [with or without injury]

acts involving penetration: the perpetrator had contact –even slight- between the mouth, penis, vulva, or anus of the child and him/herself or commited acts of penetration, however slight, of the anal or genital opening by a hand, finger, or other object; **> 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]; **with or without force** [:the child may be forced or may be enticed to take part in sexual activities, whether or not s/he is aware of what is happening],

acts of life threatening maltreatment (with intention): include, but are not limited to, **intentional poisoning; administering unnecessary invasive medical procedures** and **non prescribed substances** to a child; **threatening with a knife or with a gun**; **shooting; dowry-related violence or death**

actual suicide: death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

administering unnecessary invasive medical procedures and **non prescribed substances to a child:** the child undergoes medical abuse when s/he receives unnecessary and harmful or potentially harmful medical care at the instigation of the caregiver, most likely his/her mother; the consequences can range from minor to fatal (see also **Munchausen Syndrome by Proxy**)

administrator: [of a system] is the legal body responsible for managing a multi-user computing environment, the responsibilities of which typically include installing and configuring a system, establishing and managing user accounts, upgrading the system, backup and recovery tasks

adoption: [process] the placement via a judicial process of the child (alleged) victim in permanent custody in a family other than his/her birth family under the custody of adult(s) other his/her biological parents with the intention that this placement will become the child's forever family and a new birth certificate is issued with the name(s) of the adoptive parent(s) (either with **parent/custodian's agreement** [: parent or other custodian for good cause desires to be relieved of the child's care and custody, including a child who entered foster care under a voluntary placement agreement between the parent and the responsible agency] or by **court order** [: parental rights to the child are involuntarily terminated or custodial rights are involuntarily transferred to a relative and a compelling reason (e.g. parental care is not proper because of the emotional, mental, or physical disability, or state of immaturity of the child's parent, guardian, or other custodian) is legally documented as to why the termination of parental rights is in the best interests of the child]

adoptive family: a family where the child lives with adults who provide him/her a permanent home through a court process that once final, names the adoptive parents as the child's legal parents who are completely responsible for the child in all ways: legally, financially, emotionally, physically, and spiritually as if the child was born to them

adoptive parent: a person who adopts a child born by other parents as his or her own child via the "**adoption**" process

agencies related to CAN: any agency activated in one of the relevant sectors providing Child Protection/ Social Welfare Services; Mental Health Services; Health Care Services (primary, secondary & tertiary); Judicial Services; Law Enforcement related Services (such as police); Educational Services (preschool, primary & secondary, public & private); already existing Registries/Monitoring mechanisms including CAN cases; Research Organizations/ Institutions; Independent Authorities (such as a Child Ombudsman); and Accredited NGOs/ Community Organizations providing one or more of the abovementioned services

agency: in the context of the CAN-MDS, it is considered any public, semi-public or private organization or service activated in a **related sector** in regards to administrative procedure of child maltreatment cases

agency's ID: identification code assigned to each individual agency- data-source for the CAN-MDS for a specific CM incident; an agency's ID comprises four parts of information: 2-letter Country Abbreviation_2-letter Region Abbreviation_3-letter Organization/Service type_3-digit Organization/Service_number

alcohol use by the child: the child (alleged) victim is allowed unsupervised or unrestricted access to **alcohol** enabling him/her to become drunk regularly; for the child almost any amount of alcohol use may be legally considered 'alcohol abuse'; **> alcohol:** ethyl alcohol, or ethanol, is an intoxicating ingredient found in beverages such as beer, wine, and liquor

amputation: to cut off part of a child's body by trauma, prolonged constriction, or surgery (for any reason other than health reasons)

anonymous source of information: without any name recorded

anorexia nervosa: is characterized by distorted body image and excessive dieting that leads to severe weight loss with a pathological fear of becoming fat; it primarily affects adolescent girls and young women

apparent harm: any acute disruption caused by the threatened or actual acts of commission or omission to a child's physical or emotional health; a disruption can affect the child's physical, cognitive, or emotional development

assessment by child protection /social welfare services: conduction of initial assessment of the level of risk for the child (alleged) victim, his/her safety in the home, and the level of family functioning and living conditions

association: a formally structured body of people who have an interest, activity, or purpose in common; a society

attempted sexual abuse: the perpetrator attempted to engage the child in a sexual act and s/he committed acts with or without physical contact that were substantial steps toward committing sexual abuse involving acts of penetration, attempted involvement of the child in sexual acts with penetration with or without physical contact between the perpetrator and the child

avoidant/restrictive food intake disorder: can occur throughout the lifespan, in infants, children, teens and adults; it involves food restriction, the underlying motives are other than the distorted body image; involves rigidity around eating, by avoiding certain types of food resulting in insufficient caloric intake

B

beating: to hit the child repeatedly with hands or objects

binding: to fasten the child's limbs together with a band or bond

binge eating disorder: recurring episodes of eating significantly more food in a short period of time than most people would eat under similar circumstances, with episodes marked by feelings of lack of control; the person may eat too quickly, even when s/he is not hungry; s/he may have feelings of guilt, embarrassment, or disgust and may binge eat alone to hide the behavior

biological family: a family where the child lives with his/her biological parent(s) who are completely responsible for the child in all ways: legally, financially, emotionally, physically, and spiritually

biting: to cause sharp pain or stinging discomfort to a child by pressing down on a part of his/her body with the teeth

blood relation: a person who is related to another by birth rather than by marriage

blood relative: any person that has a **blood relation** to the child (alleged) victim such as a child's child (his/her son or daughter), uncle, aunt, nephew, niece, cousin, great-grandmother, great-grandfather

boarder: the child lives in **residential/institutional care**

boxing ear: to strike a child on one or both of his/her ears with the flat of the palm as a punishment that may totally destroy his/her balance and usually destroys his/her eardrums

branding: to mark the child with a branding iron or other object on purpose to indicate ownership

bulimia nervosa*:* is characterized by frequent (i.e. from once to twice weekly) episodes of binge eating followed by inappropriate behaviors such as self-induced vomiting to avoid weight gain

bullying: the child undergoes serious, lasting problems due to unwanted, aggressive behaviour such as making threats, spreading rumors, attacking someone physically or verbally, and excluding someone from a group on purpose by another child (or by an adult) that involves a real or perceived power imbalance -such as physical strength, access to embarrassing information, or popularity to control or harm others and is repetitive -happens more than once or has the potential to happen more than once; **types** of bullying**: verbal bullying; social bullying; physical bullying;** bullying happens in **school** put also in places like on the **playground** or on a **means of public transportation**, in **public locations**, or on the internet also called **cyber-bullying**

burning: to burn the child by using a cigarette or objects such as an electric iron as a means of discipline; intentional burning may result in burn marks resembling the shape of an instrument, with well-demarcated borders and symmetric distribution on multiple parts of the body

by-law relative: a person who is related to another by marriage rather than by birth

C

caning: to lash or whip the child with a cane as a means of discipline or punishment; typically very painful

CAN-MDS administrator: the legal body that is responsible for the operation of the CAN-MDS system including duties such as the system's installation, configuration, upgrading, administration, monitoring, maintenance, and security of data and database; identification and training of (potential) operators, administration of user names and passwords, assignment of level of access to operators, production of children's IDs, maintaining and securing a database that is the key connecting children's and caregivers' personal data with children's IDs separately (not online) and communication and cooperation with all operators

CAN-MDS axis: is a general concept including and defined by a number of data elements; five axes are included in the CAN-MDS: **axis CHILD:** the subject of **child maltreatment incident** data entered into the CAN-MDS by an Operator; **axis FAMILY:** the family that the **child (alleged) victim** lives with; **axis INCIDENT:** an incident entered into the CAN-MDS by the child protection system, law enforcement, the medical system, or other reporting source (e.g., school) in which child maltreatment is alleged or confirmed; **axis SERVICES:** Services provided to the **child (alleged) victim**, his/her **family** & **primary caregivers** and referrals made by the operator who entered the **child maltreatment incident** data to other Agencies; **axis RECORD:** Repository of information specifying an individual **child maltreatment incident**-based entry into the CAN-MDS in regards to where the entry was made, who made the entry, when the entry was made and what the source of information for the entry was

CAN-MDS short training: CAN-MDS operators' training workshop addressing a **core group** [: restricted group of 20 professionals who attend a CAN-MDS training aiming to become CAN-MDS operators AND future trainers (multipliers) for conducting training workshops for other professionals-future operators of the CAN-MDS surveillance system] or an **expanded group** [:group of eligible professionals who attend short training workshops conducted by Core group Operators aiming to become CAN-MDS operators]

CAN-MDS: a set of 18 data elements to be used to collect and report data on child abuse and neglect; **> minimum**: commonly agreed core set of data elements for collection of data on CAN incidents and reporting at national and international levels; > **standards**: the expected meaning and acceptable representation of data for use within the context of CAN surveillance as a means of narrowing the variety of ways information is exchanged among different groups of stakeholders, allowing synergy between multiple development efforts and ensuring that all those who need to use the data can clearly understand the meaning regardless of their professional background and the field they are working in; **> agreement:** the CAN-MDS is expected to become contingent upon a national agreement to collect and supply uniform CAN-related data without precluding agencies and service providers from collecting additional data to meet their own specific needs; **> collection:** collection of uniform data on the basis of the CAN-MDS Toolkit following the stakeholder's agreement nation-wide; **> reporting:** reporting of CAN statistics on the basis of data collected via a CAN-MDS at national and international levels

caregiver: a person that takes care of someone

child (alleged) victim: the underage person identified or reported to suffer from at least one act of maltreatment or omission in his/her care to whom data refers; > **victim:** the subject of child maltreatment incident data entered into the CAN-MDS by an Operator; > **alleged:** the child victim is considered as *alleged* rather than as a *victim* because any allegation of a child maltreatment incident is eligible to be recorded in the CAN-MDS regardless of **the substantiation status of the maltreatment** (which will be decided at a later phase following appropriate investigation)

child maltreatment: for the purposes of the CAN-MDS, "maltreatment" is understood to mean "all forms of physical or psychological **violence**, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse"; **violence** represent all forms of harm to children (as listed in article 19, paragraph 1, in conformity with the terminology used in the 2006 United Nations study on violence against children), although the other terms used to describe types of harm (injury, abuse, neglect or negligent treatment and exploitation) carry equal weight; **violence** must not be interpreted in any way to minimize the impact of, and need to address, non-physical and/or non-intentional forms of harm (such as, inter alia, neglect and psychological maltreatment)

child protection services or social welfare services emergency protection procedures: arrangements for emergency shelter or for appropriate rehabilitative services including preventive services -if necessary- for the child (alleged) victim

child: any individual below the age of **majority** (also *minor*, *juvenile*, *infant*); the age of majority, which transforms a child legally into an adult, has traditionally been the age of 18 [country specific] years

child's caregiver: the adult person who lives with the child at least part of the time and provides care to the child

child's citizenship status: the status of recognition of the child under the custom or law of [the country] where s/he lives that bestows on him/her the rights and the duties of citizenship; s/he can be either **not a citizen** or a **citizen:** the child (alleged) victim is a recognized member of the country [either on the basis of "**right of blood**" or of the "**right of the soil**"-please, define according to national legislation

child's date of birth (DoB): the date when the child (alleged) victim was born; in cases where the date of birth is not known or is not applicable, the following alternatives are available: ***less than 18 years old:*** (if no year is known) refers to a person (alleged) victim for which the information on the birth date is not available but there is information that s/he is a child (under the age of 18) (in cases, for example, where the Source of Information knows the child (alleged) victim but is not close enough to him/her to know his/her date of birth); ***over 18 years old***: refers to a person (alleged) victim for which the information on the birth date is not available but there is information that the person is older than 18 years old but according to the law is treated as a 'minor' (country specific-please mention respective legal information); **unborn**

child's emergency placement: arrangements for emergency shelter for a child (alleged) victim suspected of being maltreated

child's ID: unique identifier assigned to each child who is related to at least one incident entered in the CAN-MDS; the child's ID is a **pseudonym** that is a personal identifier different from the normally used personal identifier; pseudonym in the context of the CAN-MDS is generated via pseudonymization, it is totally unrelated to the the normally used personal identifier (such as the child's name) and does not allow for the derivation of the normal personal identifier by non-authorised parties. The use of the child's ID is of crucial importance for **follow-up** of a child (alleged) victim as any maltreatment incident reported to any agency participating in the CAN-MDS at any time is recorded following the same tools and methodology and classified under this child's unique ID

child's sex: the sex of child (alleged) victim

children's home/residential institution: placement of a child (alleged) victim in long-term care in a residential setting under temporary custody where the birth family still has some "residual" rights; a residential institution is considered a physically unrestricting facility, such as but not limited to, a group home or a licensed facility for children's care, used for the temporary care of a child pending court action

choking: to compress or obstruct of the child's larynx or trachea or to block his/her airways via forcing him/her to eat

chronic inattention to the child: failure on the part of the caregiver(s) to provide for the basic emotional and/or physical needs of the child, including safety, care and adequate emotional, cognitive and physical stimulation

chronic truancy: the **shool-age** child habitually skipping school without valid or lawful excuse for [**number of days,** according to educational level and the child's age] school days per school year <country specific>

citizenship: the status of being a *citizen*, along with the rights, duties and privileges of being a *citizen;* an individual becomes a citizen of a country only when s/he is accepted into that country's political framework through legal terms <country specific: citizenship status and recognition is country-specific [e.g. not a citizen, citizen because the child's parents are citizens (jus sanguinis); citizen because s/he was born within a country (jus soli)]>

close confinement: the child is kept somewhere (e.g. in his/her house as "arrested"), usually by force

code of ethics: a guide of principles designed to help professionals conduct their tasks honestly, with integrity, transparency, accountability, confidentiality, objectivity, respectfulness, obedience to the law and loyalty

code of practice: a code adopted by a profession or by a governmental or non-governmental organization to regulate that profession and may be styled as a code of professional responsibility, which deals with difficult issues, difficult decisions that will often need to be made, and provide a clear account of what behavior is considered "ethical" or "correct" or "right" under the circumstances

coincidental identification of child maltreatment incident: in the route of contacting the child for other reasons related to the operator's daily activities

community agency personnel: such as a psychologist, counsellor, social worker, community nurse or other health, mental health or social welfare professional or a priest or a nun <country specific - to be adapted according to country's reality>

community agency: any community-based public or private nonprofit organization (including a church or other religious entity, community based housing organized in the neighborhood, city, or region as well as agencies working against domestic violence) that is representative of a community or a significant segment of a community and is engaged in meeting human, educational, environmental, or public safety community needs (to be adapted per country)

complulsory school: <country specific-see **methodology for adaptation** (**compulsory school age:** country specific-see methodology for adaptation)>

corporal punishment and "disciplines": include, but are not limited to, **slapping; smacking; spanking; pinching; twisting ears; pulling hair; hitting with an object; beating; tying up or tying to something; restraining in cloth sacks; locking up; leaving a child to lie in his/her own excrement**; **pushing; throwing; shaking; grabbing; choking; squeezing the neck**; **kicking;**

hitting on the head; **boxing ears; scratching; burning; scalding; Note: for the acts listed above, have in mind that they may be committed by an adult against a child (0- <18 years old) and the strength of the strike in each case is not feasible to be measured**

corruption: the child is socialized into accepting ideas or behaviour which oppose legal standards; s/he is taught, encouraged or forced to develop inappropriate or illegal behaviors or to be involved in criminal or similar self-destructive or antisocial activities via, for example, teaching the child how to steal

court order for perpetrator(s) to leave the home or **to prosecute perpetrator(s):** preparation of criminal/family court processes, preparation of witnesses and legal prosecusion of the case

court: (also "court of law") a body of people presided over by a judge, judges, or magistrate, and acting as a tribunal in civil and criminal cases; it could be a **family court** [: a court having jurisdiction over family matters including divorce, child custody and support, paternity, domestic violence, and other family-law issues (also "domestic-relations court" or "domestic court") (to be adapted per country)]; a **juvenile court** [: a special court or division of a trial court which deals with under-age defendants who violate any law, and any child who is abused, neglected or dependent. Juveniles over which it has jurisdiction are generally under the age of 18, but juvenile court does not have jurisdiction in cases in which minors are charged as adults]; an **ordinary's court** [: the court that deals with probate matters and the administration of estates]; court-**related services:** [: juvenile services, child protection associations (operating under the Ministry of Justice); also, a community-based facility under juvenile law refers to a non secure, homelike facility licensed, operated, or permitted to operate by the Juvenile Justice department (to be adapted per country)]

custodial parent: having the responsibility for the care and control of the child and for the child's overall health and welfare

custody refusal and **abandonment:** include, but are not limited to, **unstable custody arrangements**; **illegal transfers of custody**; **refusal of child's custody; child's abandonment**

cyber-bullying: verbal and/or **social bullying** via email, social networks, mobile phone or other information and communication technology

D

date of birth (DoB): the time when a person was born stated in terms of the day, month, and year

date of incident: the date when the specific incident (entered by the operator into the CAN-MDS) occured; the time stated in terms of the year (YYYY), month (MM), and day (DD) OR of year (YYYY), month (MM) (if the day is not known), OR of the year (YYYY) (if the month and day are not known); in cases where *"no distinct event took place"* the start date (YYYY-MM-DD OR YYYY-MM OR YYYY respectively) should be recorded; in cases of *"continuous maltreatment"* (including distinct events) the start date of the maltreatment and the date of the most recent known distinct event should be recorded (as above)

date of record: the exact date and time when a specific entry was started by a specific accredited Operator into the CAN-MDS following the identification or a referral for a specific CM incident stated in terms of year (YYYY), month (MM), day (DD), hour (hh), minute (mm), second (ss); it should be identical with the date when the Operator receives a referral (or "report") for a CAN incident; Potentially –but not necessarily- it could be the same as the date when a child reached the agency; the intake was taken; the incident took place; the investigation of the incident was initiated; the investigation of the incident was terminated and a decision was made

date: a statement of calendar time

day care institution: refers to a public or private day care centre, a nursery school, a preschool or other similar facility care for the child (along with a group of other children – infants, toddlers, and preschoolers)

day-care service personnel: such as a nurse, a baby sitter or a nanny as well as other staff member in case of center-based care;

day-care: refers to the care provided for infants and toddlers, and preschoolers, either **in** their own **homes** [: includes both live-in and live-out nannies and baby-sitters and occurs in the child's own home], **in the home of a care provider** [: includes care for children in the provider's home], or in a **center-based** facility [: child or daycare centers, nursery schools, preschools or similar facility care for children in groups]

degrading conditions of detention: the child (currently) living in a detention facility undergoes "appalling", "disgraceful" and conditions incompatible with basic human rights such as overcrowding and lack of privacy and personal dignity, for example, when going to the bathroom

deliberate infliction of disabilities: a non-disabled child is physically maimed to ensure that s/he will generate money as a beggar or other exploition on the street or elsewere

dental care neglect: failure of caregiver(s) to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection

denying emotional responsiveness: caregiver(s) deliberately do not provide the child with love and affection

designated professional-CAN-MDS operator: selected and set aside for entering the CAN-MDS system, recording of information for child maltreatment incidents and retrieve information (according to assigned **level of access**) for child maltreatment incidents

detention or correctional institution: refers to a facility for the detention or commitment of children which is administered by or for the benefit of more than one governmental entity

diagnosed feeding and eating disorder: this could be considered as any of the following (the list is not exhaustive): Pica; Rumination Disorder; Avoidant/Restrictive Food Intake Disorder; Anorexia Nervosa; Bulimia Nervosa; Binge-Eating Disorder; Other Specified Feeding or Eating Disorder; **NOTE: the respective definitions are informative and aim only to ensure a common understanding among operators with different professional backgrounds working in different sectors**

disability support services personnel: this could be a health professional, mental health professional, social welfare professional, educator, special educator, ergotherapist, physiotherapist, counsellor (to be adapted per country)

disability: is an umbrella term covering **impairment** [: problem in body function or structure], **activity limitation** [: difficulty encountered by an individual in executing a task or action], and **participation restriction** [problem experienced by an individual in involvement in life situations]; types of disabilities include mobility/physical disability; vision disability; communication disability namely speech and language and deaf/hard of hearing; acquired brain impairment; developmentally delayed learners; psychological disabilities and other disabilities); thus it is not just a health problem but a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives

dowry-related violence or death: in some cultures weddings are preceded by the payment of an agreed-upon dowry by the bride's family; failure to pay the dowry can lead to violence (e.g. a bride whose dowry is deemed too small is disfigured after her husband threw acid on her face) or death

dropped out: the child fails to complete a school course; s/he withdraws before completing a course of instruction]**;** caregiver(s)' failure to ensure that the child attends school (or other education provision) regularly

drug use by the child: the child (alleged) victim used a substance in an illicit manner; s/he adopted a maladaptive pattern of substance use (with or without dependence and/or addiction) leading to clinically significant impairment or distress

E

eating and feeding disorder: a serious feeding- or eating- related **diagnosed** condition characterized by a persistent disturbance of eating or eating-related behavior

educational institution: refers to a private institution (other than school) where persons gain education (e.g. out-of-school educational provision)

educational neglect: includes, but is not limited to, **persistent failure to register the child at school; persistent failure to enrol at school resulting in irregular school attendance; chronic truancy; refusal to attend to special educational needs**

education-related professions: teachers/educators (pre-school, kindergarten, primary and secondary education, for children with special needs), school principals

elder abuse: single or repeated acts, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person; it can take various forms such as physical, psychological or emotional, sexual and financial abuse and it can be the result of intentional or unintentional neglect

eligibility criterion for operators: to be subject to a **code of ethics** or to a **code of practice** (depending on the profession)

eligible CAN-MDS operator: the professional who fulfills the eligibility criteria: 1. belongs to one of the **eligible professional groups**; 2. has a valid **professional license** or is **legally certified** and is subjected to a professional **code of ethics** or a similar **code of practice** (depending on the profession); 3. is **active**; 4. has sucessfuly completed the **CAN-MDS short training**

eligible professional groups for CAN-MDS: Welfare related professions; **Justice-related** professions; **Health related** professions; **Mental health** professions; **Law enforcement related** professions; **Education-related** professions; **Other** relevant professions

emotional neglect: includes, but is not limited to, **persistent ignoring of the child's emotional needs; chronic inattention to the child**; **psychologically "unavailable" caregivers; inappropriately advanced expectations**

ethics in the CAN-MDS: operation oriented to the child interests, respecting of human rights and in accordance to relevant legal provisions including the administration of sensitive personal data; measures taken: ensurance of data privacy and confidentiality via pseudoanymization; eligibility criterion for operators to be subjected to a professional code of ethics or code of practice; username and password access; different levels of access for potential users; measures for objective recording (aspects such as "substantiaton of maltreatment", "perpetrator", "victim" are not included among CAN-MDS data elements) (for more information see Part II "Ethical Issues")

ethics: <in the public health surveillance setting> commonly agreed and accepted principles and provisions for ensuring non-conflict between individual and collective interests and rights

exorcism after accusations of "witchcraft": abuse of the child related to belief includes inflicting physical violence or emotional harm on a child by stigmatising or labelling them as evil or as a witch; where this type of abuse occurs it causes great distress and suffering to the child

exposure to a violent environment outside the household: the child is exposed to a violent environment outside the home such as a deteriorated, criminal, or violent neighbourhood where interpersonal violence is exercised by acquaintances and/or strangers and includes forms such as youth violence; assault by strangers and violence related to property crimes

exposure to any kind of violence in the family: the child is exposed to interpersonal violence in the family including **intimate partner violence (IPV), maltreatment of other child(ren)**; and **elder abuse**

exposure to risk: the child's safety is at risk because s/he is exposed to unusal environmental hazards **inside the home** [: the child is allowed to explore dangerous areas without a caregiver present; often s/he has accidents that could have been prevented through adequate supervision that may include, but are not limited to, falls, scalds, burns, accidental poisoning, drowning, electrocution] and **outside the home** [: caregiver(s)' lack of awareness of safety issues and exposure of the child to physical and social hazards outside the home (e.g. road traffic accidents; abuse by risky persons; abduction) (age-specific: too young (<5 years old) children playing without caregiver(s)' supervision in the neighborhood, walking alone to school, playing in the park; older children left alone to go out for long periods of time e.g. to a park or to another neighborhood)], **substance use and misuse by others** [: the child is present during parental use of **alcohol**, **drugs** or misuse of other **substances**]

exposure to violence via electronic means: the child is exposed to inappropriate content or activities via interactive communication technology such as watching violent films and television programming, extremist material and violence or playing violent computer games

F

failure to provide basic medical care: caregiver(s)' omission to provide the child with age-appropriate necessary medical evaluation and treatment, for example, when the child goes through the first years of life or long periods of time without any medical care or physical assessment -as recommended by paediatricians (country specific)

family abduction: the abduction of the child by his/her parent; when one parent abducts his/her child(ren) from the other parent it is often during or after a divorce and is meant to circumvent the court or act in defiance of a court order regarding legal custody of the child(ren); this type of child(ren) abductions are the most common and may occur within the same city, within the same state, country, or internationally

family composition: type of family and, if type is other than "boarder" or "unknown", identity(-ies) of the people (other than the child) living in the household and number per identity (**members of family**)

family friend: a person who has neither blood nor by-law relation to the child (alleged) victim; a friend of the child's family or a friend of the child

family members: number and **identity** of persons who live with the child **> number:** how many persons living with the child have a specific **identity > identity:** relationship of the family member to the child (alleged) victim; **permissible values**: **parent(s)**; **step parent(s)**; **parent(s)' partner(s)**; **sibling(s)**; **grandparent(s)**; **other blood or by law relative(s)**; **family friend(s)**; **other non-related household member(s)**

family: [to be defined according to country-specifics; *for example: Greece, Law 3500/2006 on combating domestic violence, Article 1, Para 2: Family a. consists of spouses or parents and relatives first and second degree by blood or by marriage and by adoptive children; b. includes, where there is cohabitation, relatives by blood or marriage up to the fourth degree and persons whose guardian, court attendant or foster parent are designated as a family member, and any minor person who lives in the family; c. the provisions of this Law apply to a permanent companion of the man or the woman and the children, common or one of them, provided they cohabit. Also applies to the former husbands and wives.]; in the context of the CAN-MDS it is the family where the child (alleged) victim lives*

fattening: over-feeding of the child (: imbalanced -too many fats, protein, vitamins, minerals, and carbohydrates- dependent type of diet), usually of girls, in order to fatten them up, with a view to increasing marriageability and securing a substantial bride price or dowry; it is a prevalent practice that can cause physical and psychological pain and which compromises a girl's right to health and physical integrity and dignity

female genital mutilation: a harmful practice of a traditional operation that involves cutting away parts of the female child's external genitalia or other injuries to her genitalia for cultural reasons

female: the person according to its biological status is typically categorized as female

flogging: to beat the child severely and repeatedly with a whip or rod as an act of inflicting corporal punishment

focus of referral: a referral made by the Agency may focus on the child, on the caregiver(s) or on the child and his/her family **> for the child ONLY:** *the specific referral concerns ONLY the child (alleged) victim;* **> for caregiver(s) ONLY:** *the specific referral concerns ONLY one or both of the child's caregivers (but not the child him/herself);* **> for child AND family:** *the specific referral*

concerns the whole family (including the child, his/her caregiver(s) and potentially –but not necessarily other family members such as siblings)

follow-up: <in the context of the CAN-MDS> keeping the history and maintaining follow up of a child (alleged) victim over time at a case-level after the initial recording of a specific incident of maltreatment; the CAN-MDS via the collection of information over time from different sources using the same child's ID operates as a communication channel among qualified professionals involved in the administration (investigation and treatment) of the same case of child maltreatment regardless of whether or not they work in the same or different agencies or even sectors; tools addressing operators with the appropriate level of access such as reporting of previous incidents recorded for a specific child and the ability to easily find out "who has worked with this child in the past" facilitate follow-up at case-level of children (alleged) victims of CAN or those at risk of being (re-) victimized by respecting the national legislation and applying necessary rules for ensuring ethical data collection and administration [**Note:** the **UN Committee General Comment 13 (2011) on *follow up***: the following must always be clear: (a) who has responsibility for the child and family from reporting and referral all the way through to follow-up; (b) the aims of any course of action taken – which must be fully discussed with the child and other relevant stakeholders; (c) the details, deadlines for implementation and proposed duration of any interventions; and (d) mechanisms and dates for the review, monitoring and evaluation of actions. Continuity between stages of intervention is essential and this may best be achieved through a case management process. Effective help requires that actions, once decided through a participatory process, must not be subject to undue delay. The follow-up must be understood in the context of article 39 (recovery and reintegration), article 25 (periodic review of treatment and placements), article 6, paragraph 2 (right to development) and article 29 (aims of education which present intentions and aspirations for development). Contact of the child with both parents should be ensured in accordance with article 9, paragraph 3, unless this is contrary to the best interests of the child]

forced circumcision: the cutting off of the foreskin of a male child in the context of a religious rite or as a sanitary measure without the child's consent

forced feeding: to force the child to eat more food than desired

forced marriage and early marriage: any marriage of a child under the age of 18 without his/her consent constitutes a violation of the Convention on the Rights of the Child

forced sterilization: the performance of a medical procedure which permanently removes the child's ability to reproduce, and/or the administration of medication to suppress menstruation in the absence of the free and informed consent of the individual who undergoes the procedure unless the procedure is carried out in circumstances where there is a serious threat to life

forcing a child to beg: the child is used for advantage or profit via begging in the streets; s/he is trained to serve the interests of the perpetrator

forcing a child to be exposed to pornography: the child is exposed via internet or otherwise to sexually explicit materials intended to create sexual arousal and may include either non-violence (without overt coercive content, but which may sometimes imply acts of submission and/or coercion) or violence (in which non-consensual, coercive, and/or violent sexual relations are explicitly shown)

forcing a child to get married: involves the child under the age of consent in an arranged marriage, where the child has not freely consented to marriage and where s/he is sexually abused

forcing a child to be involved in pornography: the child is exploited for sexual stimulation via a variety of means including, but not limited to, photos, sound recording, film, video, and video games; it may be produced with his/her direct involvement or sexual assault or it may be simulated child pornography; abuse of the child occurs during the sexual acts or lascivious exhibitions of genitals or pubic areas which are recorded in the production of child pornography

forcing a child to participate in a violent political event: forcing, encouraging or involving the child to participate in political events such as protests or demonstrations with violent clashes between protestors and government forces or any other armed conflict; in this category exposure to collective violence can also be considered that are committed by larger groups of individuals and can be subdivided into social, political and economic violence

forcing a child to participate in religious rituals: forcing the child to participate in religious rituals especially in the context of violent cults with the purpose being *to influence the supernatural* may be emotionally, physically or even sexually abusive; a child may be forced by his/her parents to witness and participate in violent rituals or may be abused outside the home by nonfamily members; all cases of ritual abuse involve intense physical and emotional trauma

forcing a child to undertake an adult's responsibilities: the child is forced to undertake parental responsibilities such as to take care of younger siblings; the household (such as cooking, cleaning); his/her caregiver(s) –especially when they undergo health conditions related to substance addition or are otherwise impaired

forcing a child to undertake criminal behaviour: the child (alleged) victim is encouraged or forced to commit a delinquent act or a juvenile petty offense

forcing a child to witness sexual violence against his/her mother: the child either as a witness or by hearing is exposed to sexual violence against his/her mother

forcing of a child into prostitution: employing, using, persuading, inducing, enticing, encouraging, allowing, or permitting the child to engage in or assist any other person to engage in, prostitution

forcing a child to ingest spicy food: forcing a child to eat hot peppers, soap, etc as a form of punishment

forms of maltreatment: <in the context of the CAN-MDS> **act(s)** of maltreatment and/or **omission(s)** of child (alleged) victim's care that have been reported, self-reported, or otherwise identified in relation to the **specific incident** the **operator** enters into the CAN-MDS; **Note:** Data element "Form(s) of Maltreatment" is the core data element of the CAN-minimum data set. If no information is available in regards to DE_I1, **no eligible incident to be entered in the CAN-MDS exists**

foster care: taking on the legal responsibilities as custodial parent of a child in place of the child's natural parents for a concrete time period via an official process defined by (country specific) law but without legally adopting the child; **Note:** this is valid when "foster family" is applicable under "type of family"

foster care: placement of the child (alleged) victim temporarily in full-time substitute care outside his/her own home by people other than his/her biological or adoptive parents or legal guardians under temporary custody with the possibility of his/her re-unification with his/her birth parents or other relatives

foster family: a family where the child lives for a specific period of time along with adults that are not related within the first degree of consanguinity or affinity to him/her and who officially takes one or more children into their family, cared for and maintained, for compensation or otherwise, including the provision of permanent free care without becoming the child's legal parents. The child is referred to as their foster child

foster parent: a person who acts as a custodial parent for a child in place of the child's natural parents but without legally adopting the child; this is **fostering** care

friend's family: could either be the family of a friend of the child or a family of friends of the child's family

full access: the highest access level that allows the user to enter data WITH access to ALL data, aggregated AND disaggregated (at case-level) (view/ edit/ delete) and to users' accounts create/edit/delete); in the context of the CAN-MDS: ONLY the **Administrator**

full view access (level 1): access **level 1** allows the **operator** to enter data WITH view access to ALL data, aggregated AND disaggregated (at case-level) (view/ edit/ delete) and to users' accounts (view); **Level 1** is assigned to Public Prosecutors working in Judicial Services and to Social Workers working in the Child Protection System

G

gender: refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women; for example: "male" and "female" are sex categories, while "masculine" and "feminine" are gender categories

grabbing: to grasp or seize the child in a violent way

grandparent(s): a parent of the child (alleged) victim's mother or father; a grandmother or grandfather

H

has not attended school at all: despite the child being older than the compulsory school age (country specific) s/he is not registered in school or s/he is not allowed to attend school

health care organization: refers to any facility that provides health care and medical services such as hospitals, health centres and other institutions or private medical clinics and could be not-for profit or for-profit, private or under the Ministry of Health or Private

health related professions: medical doctors (general doctors and specialized doctors such as gynecologists, pediatricians, orthopedists, and radiologists), midwives, nurses, and dentists

health services personnel: this could be a medical doctor (paediatrician, child psychiatrist, emergency medicine specialist, ophthalmologist, obstetrician, gynecologist, specialist physician in internal medicine, pathologist, radiologist, surgeon or general practitioner), hospital nurse or midwife (to be adapted per country)

health services: the furnishing of medicine, medical or surgical treatment, nursing, hospital service, dental service, optometrical service, complementary health services or any or all of the enumerated services or any other necessary services of like character, whether or not contingent upon sickness or personal injury, as well as the furnishing to any person of any and all other services and goods for the purpose of preventing, alleviating, curing or healing human illness, physical disability or injury; are distinguished by **primary**, **secondary** and **tertiary health care services**

helpline personnel: this could be a psychologist, counsellor, social worker, community nurse (to be adapted per country)

helpline: a telephone line operated by a public or charitable organization providing information, counselling, advice and comfort to worried or unhappy people and help with a variety of problems on the phone

hitting on the head: hitting the child on the head with a hand or against the wall

hitting on the soles of the feet: a corporal punishment or discipline, also known as "bastinado" or "foot whipping"; the child is essentially required to be barefoot for this particular method of punishment and the beating is typically inflicted with an object such as a cane or a crop and repeated over a varying number of times while usually targeting the vaults or arches of the foot

hitting with an object: to hit the child with an object such as a whip, stick, belt, shoe, wooden spoon, etc as a form of corporal punishment with or without injury

home: the household where the child (alleged) victim was at the time the specific maltreatment incident took place; could be the child's family home; foster family's home; friends' home; relatives' home

hosting child in a mother/child shelter: arrangements for emergency mother/child shelter for the child (alleged) victim and his/her mother when intimate partner violence is disclosed

humiliation: the child is forced to stand out in the open with signs declaring the ways in which s/he have misbehaved as a form of discipline

I

ICT: information and communication technologies

ID (identification): code serving to record the identity of someone or something; in the context of the CAN-MDS there are four IDs: **agency's ID**, **operator's ID, child's ID**, **incident ID**

identified incident: for which the information is collected by the **operator** following the identification of a **child maltreatment incident coincidentally** or via questions following **suspected maltreatment** or via **routine screening**

ignoring: the child is deliberately ignored by caregiver(s): they may not look at the child and may not call the child by his/her name; **example**: caregiver(s) ignoring the child's attempt to interact ≠ **planned ingoring**: a parental strategy suggested by some professionals to children's caregiver(s) as the opposite of paying attention; it is taking away the attention on purpose and uses ignoring along with praising and paying attention to shape or change a child's unwanted behavior

illegal transfers of custody: re-homing of a child on the basis of a privately agreed transfer without any kind of legal oversight by person(s) (including caregivers; people who seek children or middlemen in such transactions) that are not licensed to advertise a child for informal custody transfer or adoption; transfer of a child's custody to non-relatives without permission via the courts

immediate intervention: intervention(s) made immediately after the identification of the **specific child maltreatment incident** by the **agency** where the **operator** who made the record is working including **physical medical exam(s)**, **mental health exam(s)**, **initiation of forensic evaluation**, **assessment by child protection /social welfare services** and **police intervention**

imposing of death sentence: to decide that the punishment for the crimes committed by the child is death

inadequate or inappropriate clothing: the child almost always wears inappropriate clothing for weather conditions; of wrong size with improper fitting (too large or too small); age-inappropriate clothing causing the child to "stand out" from his/her peers; general unkempt appearance

inadequate or inappropriate nutrition: the child is provided with an inappropriate and/or insufficient diet (food and drink) for his/her growth needs; in terms of **quality,** restricted or rigid imbalanced diet of low nutritional value; in terms of **quantity**, nutrition may vary from inadequate to extremely low; in terms of **feeding programming**, it may be poor (irregular timing, no care regarding where meals are eaten), no clear mealtimes or even chaotic (the child eats what s/he wants when s/he can); in terms of **age-appropriateness** e.g. early introduction of inappropriate solid foods for babies; the child may be below average in height and weight; failure to thrive is a less extreme form of malnutrition and is a condition found in infants the weight of which is below the age-appropriate; ≠ defective digestion, metabolic disturbances or other similar conditions

inadequate or inappropriate personal hygiene: persistent failure on the part of caregiver(s) to provide adequate and age-appropriate care for and education of the child on the basics of personal hygiene issues including washing hands, bathing, caring for toilet hygiene, brushing teeth, combing hair and wearing clean clothes; in terms of **programming**, personal care may occasionally be undertaken or supervised (for younger children) or is left to a child's own initiative, not reminded, supported or encouraged (for older children); no appropriate provision of products; **age appropriate** (: children younger than 5 years old cannot take care of themselves without the assistance of a caregiver; they can, however, be taught the fundamentals of hygiene, starting with washing hands, brushing teeth and grooming

inadequate or inappropriate shelter: lack of concern on the part of caregiver(s) regarding physical household standards, which fall well below basic standards; the child lives in poor housing conditions in terms of **facilities** (: no toilet facilities or proper shower area; poor heating; inappropriate food preparation and preserving); **maintenance** (: dangerous non-repaired household, e.g. exposed nails and live wires); and **cleaning** (: careless and filthy household e.g. dirty kitchen, toilet, carpets, bedding, chairs and clothing; polluted air in the home due to accumulated dust, cigarette smoke, animal hair etc.); in this sub-form of neglect, living in over-crowded households are also included along with cases of homeless children

inadequate supervision: the child's safety is at risk because s/he is inadequately supervised in environments that pose ordinary hazards; s/he is left alone; the level of guidance is inadequate to ensure that the child is physically safe and protected from harm

inappropriately advanced expectations: the perfectionism of the (gifted or not) child is exaggerated by his/her caregiver(s) who constantly urge him/her to live up to his/her potential; caregiver(s) may overschedule their child with lessons and worthwhile activities, leaving no time to have more age-appropriate social and physical skills as, for example, to play with his/her friends or ordinary toys

incident ID: unique identifier assigned by the system to each individual entry corresponding to a specific incident on the basis of the child's ID, date and time of record

incident of child maltreatment: <in the context of the CAN-MDS> at least one alleged or confirmed act of maltreatment or at least one alleged or confirmed omission in a child's care reported by a **source of information** or self-reported by a **child (alleged) victim** or **identified** by a CAN-MDS **operator** in his/her professional context; it can refer to a single occurrence (*single event*), to continuous maltreatment including one or more distinct events or to continuous maltreatment where no distinct events are reported/ self-reported/ identified; **MINIMUM REQUIREMENT** in order for an incident of child maltreatment to be eligible for entering in the CAN-MDS is the name of the child (alleged) victim and at least one piece of information related to **form(s) of maltreatment**

incident: a particular occurrence, episode, event

inflicting scars/scarring: to mark the child with a scar following a healed wound, sore, or burn made on purpose

initiation of court measures: assesment of whether the evidence is sufficient for an arrest, reasonable cause to suspect an accusation of child maltreatment, and beyond a reasonable doubt for a trial conviction

initiation of forensic evaluation: investigative procedure by specially trained child forensic professionals in order to obtain information to help determine whether abuse (especially sexual abuse) has occurred or not in the context of collection of critical evidence for criminal child abuse investigations and civil child protection proceedings

institutional and system violations of a child's rights: including, but not limited to, violent acts such as **caning; flogging; stoning; torture; amputation; imposing of the death sentence**

institutional response: <in the context of the CAN-MDS> any **intervention(s)** that have been performed in response to the **specific incident of child maltreatment** that the **operator** enters into CAN-MDS by the **agency** where the **operator** is working and includes -depending on the type of services provided by the agency- immediate intervention; legal action & a care plan for the child (alleged) victim and his/her family

intentional poisoning: the child may be intentionally poisoned via the ingestion, inhalation, injection or absorption of substances which interfere with the body's normal physiological functions –see also **Munchausen Syndrome by Proxy**]

intersex or intermediate: the person has atypical combinations of features that usually distinguish male from female (and typically is not categorized neither as male nor as female)

intimate partner violence (IPV): includes physical, sexual, or psychological harm by a current or former partner or spouse that can occur among heterosexual or same-sex couples and does not require sexual intimacy and can vary in frequency and severity by occurring on a continuum, ranging from one hit that may or may not impact the victim to chronic, severe battering

irregular school attendance: the child, although registered in school (**compulsory** or **non compulsory**), does not attend the school regularly (given compulsory attendance); s/he takes leave of absence without a school's authorisation; s/he does not return to school on an agreed date after a leave of absence; s/he is found out of school, without permission; s/he persistently arrives late for school

isolation: the child is consistently prevented from having normal social interactions with peers, family members and adults; isolation may also include confining the child or limiting the child's freedom of movement

J

justice-related professions: judges (family courts, juvenile courts), probation officers, public prosecutors, forensic surgeons' professionals, lawyers, other justice related professionals) (country specific)

K

kicking: to strike with the foot

kindergarden: a public or private institution that a child usually attends around the age of 5 (country specific) and is considered as the first year of formal education, although the child may have gone to **preschool**, even though it is not mandatory that the child should be sent to kindergarten (country specific)

kinship care: placement of the child (alleged) victim in care by relatives

L

labour/economic exploitation: the child is forced to work in a salaried job while not being of legal age to work (it should be defined per country as there are different definitions in the Member States of the age at which a person is considered fit for work (e.g. at the age of 15, more or less); the same definition of the legally accepted age for salaried work is evidently also recognised by the Commission -see publication entitled "The unity of Europe, solidarity of the peoples, diversity of the regions — Second Report on

economic and social cohesion" where it is stated that the Union's labour force comprises individuals aged 15-64, and provides details of the rate of unemployment),

lack of supervision: caregiver(s) is/are not within sight and hearing of the child at all times so that s/he cannot intervene to protect the health and safety of the child having as result, but not limited to, the child's physical harm, misuse of substances such as alcohol, drugs or others by the child

law enforcement related professions: police officers (in general and specialized police investigators e.g. in forensic interviews, for crimes against minors etc.) (to be adapted per country)

law enforcement services: any body or department of body sanctioned by the government to enforce laws and apprehend those who break them (to be adapted per country)

law enformcement: the action or activity of compelling observance of or compliance with the law

learning difficulty: a large variety of situations including moderate learning difficulties; severe learning difficulties or dyslexia (specific learning difficulty); social, emotional and behavioural difficulties; physical or medical difficulties (including syndromes); pre-school children with developmental difficulties; sensory impairment (hearing/vision); speech and language difficulties; complex interaction of needs; the child has a significantly greater difficulty in learning than the majority of other children of the same age and/or a disability which makes access to education difficult unless help is provided; children below school age may also have a learning difficulty if they are likely to need assistance for the above reasons when they do go to school

leisure: refers to relaxation or activities engaged in during free time when one is not attending to any duties such as school

level of access: predefined access category for Operators according to their professional responsibilities concerning CAN incidents (if any) in the CAN-MDS system; four different levels of access are provisioned; **full access**; **full view access (level 1)**; **limited access (level 2)**; **limited access (level 3)**

limited access (level 2): access **level 2** allows the **operator** to enter data WITH access to data entered by him/her (view/ edit/delete) AND to data entered by other operators for the same child (view); **Level 2** is assigned to Social Workers working in Social Welfare Services; Social Workers working in Accredited NGOs/ Community Organizations; Mental Health Professionals (psychologists, psychiatrists) working in Mental Health services; Child Psychiatrists working in Health Care Services; Child Psychiatrists working in Mental Health Services; Psychologists working in Child Protection/Social Welfare Services; Psychologists working in Health Care Services; Psychologists working in Mental Health Services; Paediatricians working in Health Care Services; Medical Doctors (different specialties, e.g. orthopaedists, radiologists) working in Health Care Services; Police Officers working in Law Enforcement-related Services; Mental Health Professionals (psychologists, psychiatrists) working in Law Enforcement related services; Licensed Counsellors working in CPS/Social Welfare Services; Licensed Counsellors working in Mental Health Services; Judges working in Judicial Services; Gynaecologists working in Health Care Services; Nurses working in CPS/Social Welfare Services; Midwives working in CPS/Social Welfare Services; Data administrators working in existing related registries; Legitimate researchers working on human subject protection;

limited access (level 3): level 3, the lowest access level allows the **operator** to enter data WITH access ONLY to data entered by him/her (view/edit/delete)]; **Level 3** is assigned to Social Workers working in Health Care Services; Mental Health Professionals (psychologists, psychiatrists, licensed counsellors) working in Accredited NGOs/Community Organizations; Social Workers working in Education Services; Social Workers working in Mental Health Services; Care Providers in Institutions working in the Child Protection System/ Social Welfare Services; Psychologists working in Educational Services; Licensed Counsellors working in Education; Probation Officers working in Judicial Services; Other Justice-related professions working in Judicial Services; Nurses working in Accredited NGOs/Community Organizations; Teachers/educators (pre-school, kindergarten, primary & secondary education, special education, school principals) working in Educational services; Personnel working in Independent Authorities (Child Ombudsman, etc.); Other personnel working in antitrafficking, directorate for disabilities

location of the incident: the place or area where the **specific incident** (entered by the operator into the CAN-MDS) took place, namely *where* the child (alleged) victim experienced the act(s) of maltreatment and/or the omission(s) in his/her care; **permissible values**: **home, day care institution; detention or correctional institution; school; educational institution**; **health care organization**; **recreational or leisure area or a playground; sports-athletics; public transportation means**; **public place**

locking up: to lock the child up in a place such as the trunk of a car that s/he cannot escape

M

majority: full age; legal age; age at which a person is no longer a minor; the age at which, by law, a person is capable of being legally responsible for all of his or her acts and is entitled to the management of his or her own affairs and to the enjoyment of civic rights

male: a person with the biological status of which is typically categorized as male

mandatory vaccination: vaccination that every child must receive by law without the possibility for the parent to choose to accept the uptake or not, independent of whether a legal or economical implication exists for the refusal

medical neglect: includes, but s not limited to, **refusal** or **failure to provide preventive health care**; **refusal to allow /provide needed medical care for a diagnosed health condition/ impairment**; **unjustified delay to seek medical care; failure to provide with basic medical care; withholding essential medical care**

mental health exam(s): conduction of an investigative interview with the child (alleged) victim in the context of a multidisciplinary team or by a trained professional; conduction of extended assessment of a child (alleged) victim when the disclosure is not clear or when complicating developmental or psychological issues arise

mental health professions: child-psychiatrists, psychiatrists, psychologists, licensed counselors (youth counselors, family counselors, etc.)

mental health service: any service that is based in the community or in the health care system where assessment is carried out by (child-)psychiatrists, clinical (child-)psychologists, lisenced counsellors and other mental health professionals, using various methods but often relying on observation and questioning to aid in the prevention and treatment of mental disorders

mental health services personnel: this could be a child psychiatrist, psychiatrist, child psychologist, psychologist, clinical psychologist, children's councellor, family counsellor (to be adapted per country)

minimum data set (MDS): a common set of data items, definitions and standards that should be used to collect and report data; these data should be comparable across geographic regions within the continent and over time; key words that describe a National Minimum Data Set are: minimum, standards, agreement, collection, reporting

Munchausen Syndrome by Proxy: the similarity between caregivers exaggerating symptoms, falsifying symptoms, or inducing symptoms is that the caregiver insists that something is wrong with the child, no medical explanation as to the symptoms can be described, and the child suffers consequences. Examples of possible medical child abuse include: (1) caregivers lying about medical symptoms; (2) caregivers treating their children as if they were handicapped; (3) caregivers "putting spit and feces" in a child's; (4) a caregiver smothering a child during a hospital visit when medical staff were not present, causing a child to vomit

N

national CAN-MDS administrator: [Name-to be completed] (country specific, see ANNEX I); [Legal status of the administrator's agency]; and [Field where the administrator's agency belongs]; **contact details: telephone number(s):** [to be completed]; **email(s):** [to be completed]

national ombudsman: [independent] authority who investigates complaints and tries to deal fairly with problems related inter alia to children's rights, human rights, social protection, gender equality, health and welfare, quality of life, online complaint, and state-citizen relations (to be adapted per country); **> deputy ombudsman for children:** department of [national] Ombudsman undertaken the role of the Children's Ombudsman having the mission to defend children's rights (country specific)

NGO: [non governmental organization] a non-profit, voluntary citizens' group which is organized on a local, national or international level, is task-oriented and driven by people with a common interest; performs a variety of service and humanitarian functions, brings citizen concerns to Governments, advocates and monitors policies and encourages political particpation through provision of information;

NGOs/association personnel: this could be a psychologist, counsellor, social worker, community nurse or other health, mental health or social welfare professional or priest or nun (to be adapted per country)

non compulsory school: country specific-early childhood education and care-ECEC; starting age and weekly hours (country specific)

noncustodial parent: not having the responsibility for care and control of the child or for the child's overall health and welfare

non-family abduction: abduction of the child by a stranger; when a stranger abducts a child, it can be for different reasons: abuse; torture; murder; extortion; ransom; or to raise the child as his/her own; these types of children abductions are the least common

O

ombudsman personnel: this could be a lawyer, social scientist, psychologist, counsellor, social worker, community nurse or other health, mental health or social welfare professional or priest or nun (to be adapted per country)

omission: failure to perform an act agreed to, where there is a duty of an individual to act, including omitting to take care or is required by law; such an omission may give rise to a lawsuit in the same way as a negligent or improper act

omissions: in the context of the CAN-MDS, omissions in a child's care that may give rise to **neglectful** (: non-deliberate) failure and in specific cases to **deliberately refuse** (: deprivational abuse) to supply the needs of the child including **emotional, physical, medical, and educational needs**; the child's **exposure to risk**; **inadequate supervision**; **custody refusal** and **abandonment; Note:** even though the quality of a child's care may range from equivocal to poor or even worse, in the context of the CAN-MDS, any form of omission is eligible to be recorded regardless of the severity of its potential harm to the child (alleged) victim

online sexual stalking and **harassment:** cyber-stalking; repeated harassing or threatening of the child via internet, e-mail or other electronic communications device that can also pose as a physical threat to the child being stalked if the stalker finds out where the child lives

operator: a person who runs routine operations of a device or system; in the context of the CAN-MDS, the **eligible trained** professional working in a **related agency** activated in a **relevant sector** and **designated** to enter information for child maltreatment incidents into the **CAN-MDS** and/or retrieve information related to child maltreatment incidents from the CAN-MDS

operator's ID: unique dentifier of the professional who is entering the data in the CAN-MDS for a specific CM incident; the operator's ID comprises four parts of information: Agency's ID_4-digit Operator's Professional Specialty_1-digit Access Level_3-digit number indicating individual professionals working in the same Agency

ordinary/juvenile court and related services personnel: this could be a judge, district attorney, probation officer, public prosecutor, forensic surgeons' professional, and lawyer (to be adapted per country)

other non-related household member: a person who has no blood or by-law relation to the child (alleged) victim and is neither a friend of the child's family nor a friend of the child (for example, it could be the parent's partner's child)

other relative(s): persons (adults and children) related to the child (alleged) victim such as **uncles, aunts, nephews, nieces, half-siblings, cousins, great-grandparents** either by **blood** or **by law**

other relevant professionals: researchers, data administrators, other school personnel (e.g. school guards), other public officials (e.g. ministries' employees), other NGOs personnel (e.g. volunteers, priests, nuns)

other specified feeding or eating disorders: such as **atypical anorexia nervosa**, which meets all criteria for anorexia nervosa except for being underweight, despite substantial weight loss; **atypical bulimia nervosa**, which is similar to bulimia nervosa except that bulimic behaviors are less frequent or short-term; **purging disorder** characterized by recurrent purging (self-induced vomiting, misuse of laxatives, diuretics, or enemas) to control weight or shape in the absence of binge eating episodes that occurs in people with normal or near-normal weight.; and **night eating syndrome** including evening hyperphagia and/or frequent nocturnal awakening and ingestion of food

other substance misuse by the child: for the operator's information substances include, but are not limited to **> inhalants** [: many products readily found in the home or workplace—such as spray paint, markers, glue, and cleaning fluids—contain volatile substances that have psychoactive (mind-altering) properties when inhaled; they are especially (but not exclusively) abused by young children and adolescents, and are the only class of substance abused more by younger than by older teens]; **> club drugs** [: a pharmacologically heterogeneous group of psychoactive drugs including, but not limited to, gamma hydroxybutyrate, rohypnol, ketamine, as well as MDMA (ecstasy) and methamphetamine and tend to be abused by teens and young adults]; **> bath salts** [: a family of drugs containing one or more synthetic chemicals related to cathinone, an amphetamine-like stimulant]; **> hallucinogens** [: hallucinogenic are classified as alkaloids and many of them have chemical structures similar to those of natural neurotransmitters (e.g., acetylcholine-, serotonin-, or catecholamine-like); hallucinogenic compounds found in some plants and mushrooms or their extracts have been used in the past mostly during religious rituals]; **> K2/spice** [: "spice" refers to a wide variety of herbal mixtures with psychoactive (mind-altering) effects similar to marijuana (cannabis) and sold under many names, including K2, fake weed, Yucatan Fire, Skunk, Moon Rocks, and others — and labeled "not for human consumption"]; **> salvia** [: a herb used to produce hallucinogenic experiences]; **> steroids** [:anabolic-androgenic steroids are synthetic variants of the male sex hormone testosterone-"anabolic" referring to muscle-building and "androgenic" referring to increased male sexual characteristics]; **> tobacco/nicotine** [: cigarettes and other forms of tobacco—including cigars, pipe tobacco, snuff, and chewing tobacco that contain the addictive drug nicotine]; **marijuana** [: is a psychoactive (mind-altering) chemical (mainly due to delta-9-tetrahydrocannabinol-THC) deriving from the hemp plant cannabis sativa; in a more concentrated form it is called hashish, and as a sticky black liquid, hash oil]; **> synthetic cannabinoids** [: "synthetic marijuana" or "synthetic pot" is similar on the molecular level to marijuana but can result in very serious health consequences including overdoses and aggressive or suicidal behavior in users]; **> MDMA** [: a synthetic, psychoactive drug known as ecstasy or Molly that has similarities to both the stimulant amphetamine and the hallucinogen mescaline; MDMA (3,4-methylenedioxy-methamphetamine) produces feelings of increased energy, euphoria, emotional warmth and empathy toward others, and distortions in sensory and time perception]; **> methamphetamine** [:a central nervous system stimulant drug, similar in structure to amphetamines]; **> prescription drugs & cold medicines** [: some medications have psychoactive (mind-altering) properties and, because of this, are sometimes abused—that is, taken for reasons or in ways or amounts not intended by a doctor, or taken by someone other than the person for whom they are prescribed. In fact, prescription and over-the-counter drugs are, after marijuana (and alcohol), the most commonly abused substances]; **commonly abused prescription drugs** [: include **opioids** (: synthetic opiate analgesic similar to but more potent than morphine and include, but are not limited to, fentanyl; hydrocodone; oxycodone; oxymorphone; propoxyphene; hydromorphone; meperidine; diphenoxylate), **central nervous system (CNS) depressants** (: used for anxiety and sleep disorders and include, but are not limited to, pentobarbital sodium; diazepam; alprazolam), and **stimulants** (: used for attention deficit hyperactivity disorder and narcolepsy and include, but are not limited to, dextroamphetamine; methylphenidate; amphetamines)]; **> cocaine** [: a powerfully addictive stimulant drug that produces short-term euphoria, energy, and talkativeness in addition to potentially dangerous physical effects like raising heart rate and blood pressure]; **> heroin** [: an opioid drug that is synthesized from morphine; usually appears as a white or brown powder or as a black sticky substance]; also tobacco

out of home placement: the child leave his/her home after a court order and is placed in **kinship care**, **foster care**, **children's home/residential institution**, **adoption**

overprotection: a continuous preoccupation of the caregiver(s) in regards to safety leading to lack of independence of the child, without however making him/her safer; instead, it can cause the child lowered self esteem which can result in a life time of underachievement and failure to reach his/her full potential; **examples:** the caregiver(s) prevent the child from trying new activities such as dicovering the joy of climbing and safe risk taking at adventurous play grounds; many sporting activities are discouraged, along with social activities

P

parent(s)' partner(s): intimate partner(s) of the child (alleged) victim's parents (father or mother) that is not married or otherwise legally related to the child's parent

parent: custodial or **noncustodial biological** or **adoptive parent** of the child (alleged) victim; a person who has a legal parent and child relationship with a child which confers or imposes on the person legal rights, privileges, duties, and obligations

persistent failure to register the child at the school: caregiver(s)' persistent failure to register the child (when of statutory school age) in a school appropriate to his/her age, needs and ability] as a result the child either **has not attended school at all** or has **dropped out**

persistent ignoring of the child's emotional needs: caregiver(s) are not present either physically e.g. because of competing priorities or psychologically e.g. because of stress, failing to respond to the child's signs of distress and emotional need for comfort and protection

personnel: people employed in an organization or engaged in an organized undertaking service; in the context of the CAN-MDS people employed in an **agency related to CAN** activated in a **sector related** to administrative procedure of child maltreatment cases; **permissible values: community agency personnel**; **child day-care service personnel; disability support services personnel**; **health services personnel; helpline personnel; mental health services personnel; NGOs/association personnel**; **ombudsman personnel**; **ordinary/juvenile court and related services personnel; police or other law enforcement services personnel**; **social welfare (public) system personnel; school/kindergarten/preschool personnel**

physical bullying: involves hurting a person's body or possessions such as hitting/kicking/pinching; spitting; tripping/pushing; taking or breaking someone's things; making mean or rude hand gestures

physical medical exam(s): may include separately or simultaneously a general physical examination, a genital examination, laboratory and radiographic evaluations (and, when appropriate, the collection of physical evidence of maltreatment)

physical neglect: includes but is not limited to, **inadequate or inappropriate nutrition**; **personal hygiene; clothing**; **shelter**

physical violence acts: include **physical violence acts, corporal punishment** and **"disciplines"**; **violent acts known as harmful practices**; **acts of life threatening maltreatment (with intention)**; **abduction-related acts**; **institutional and system violations of child rights**

pica: involves an individual persistently and compulsively eating nonfood substances (earth, paper, chalk, feces, glass, paper and other items) that are not nutritious; the act is considered developmentally inappropriate as non-discrimination between what one ingests orally is associated with young children; in children over five years of age pica can be a sign of age-inappropriate behavior while adults engaging in pica often have intellectual disabilities;

pinching: to grip or squeeze a child's skin between thumb and finger often in a painful way as a form of corporal punishment with or without physical injury

planning of intervention: while the child (alleged) victim remains in the family, monitoring of family function and wellbeing of the child (alleged) victim **> " plan"** means any plan for the delivery of services to a child and his/her family or only for the child, that is developed according to the requirements

playground: refers to an outdoor area for children's play, especially one having swings, slides, etc, or adjoining a school

police emergency protection procedures: (no court or equivalent authority's involvement) [: on the spot protection of the child (alleged) victim and/or other family members and of professionals during the intervention process, release of restrictive measures against (alleged) perpetrator(s); protective custody, if necessary], **(with court or equivalent authority's involvement)** [: provision of information from the investigative interviews of the child (alleged) victim, caregiver(s), other family member(s), perpetrator(s) or other witnesses to the district attorney along with evidence for prosecution to establish probable cause in order to arrest the (alleged) perpetrator(s)]

police intervention (immediate interventions): on the spot investigation to gather evidence for prosecution and determine whether the evidence is sufficient to identify and support the arrest of the perpetrator(s) and to protect the child (alleged) victim from further maltreatment

police or other law enforcement services personnel: such as a police officer, specialized police investigator in forensic interviews, specialized officer for crimes against minors or any other law enforcement officer who is a government employee responsible for the prevention, investigation, apprehension, or detention of individuals suspected or convicted of offenses against criminal laws,

including an employee engaged in this activity who is transferred to a supervisory or administrative position; or serving as a probation or pretrial services officer (to be adapted per country)

police: the civil force which is responsible for the prevention and detection of crime and the maintenance of public order in general (such as police departments) or is engaged in the enforcement of official regulations in a specified domain (such as minors or domestic violence units) (to be adapted per country)

preschool: a public or private institution that a child usually attends during the period from infancy to age 5 or 6, before the commencement of statutory and obligatory education (country specific); >**education-oriented pre-primary institutions or settings**: institutions or settings in which staff (responsible for a group of children) must hold qualifications in education, irrespective of whether those institutions or settings come under the ministry of education

primary caregiver: the adult person ***who has taken primary responsibility for the child (alleged) victim at the time when the specific incident of maltreatment occurred***

primary caregiver's date of birth: the date when the primary caregiver was born (for up to 2 persons); in cases where the primary caregiver's exact year of birth is not known the Operator may record the decade (YY) when the caregiver was born

primary caregiver's relationship to the child: it can be in a permanent custodial role (such as a family member or a professional caregiver in residential care) or in a temporary custodial role (a substitute/temporary caregiver may or may not reside with the child such as a professional or another individual who substitutes for the primary caregiver for a specific period of time including a relative, adult babysitter, residential facility staff, clergy, coach, teacher); [**Note:** in the context of the CAN-MDS, the relationship of the primary caregiver (for up to two persons) with the child (alleged) victim is identified; permissible values include: **parent(s)**, **step parent(s)**, **parent(s)' partner(s)**, **adult sibling(s)**, **grandparent(s)**, **adult blood relative(s)** or **relative(s) by law**, **adult family friend(s)**, **other adult person(s) living in the household not related to family members**, **a professional caregiver in a residential institution**, **an adult temporary caregiver**]

primary caregiver's sex: the sex of the child (alleged) victim's primary caregiver

primary health care services: health services provided by a medical professional (such as a general practitioner or a pediatrician) with whom a patient has initial contact and by whom the patient may be referred to a specialist for further treatment and related to family medicine, internal medicine, pediatrics, obstetrics, or gynecology that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives; diagnostic laboratory and radiologic services; preventive health services, including: prenatal and perinatal services; appropriate cancer screening; well-child services; immunizations against vaccine-preventable diseases; screenings for elevated blood lead levels, communicable diseases, and cholesterol; pediatric eye, ear, and dental screenings to determine the need for vision and hearing correction and dental care; voluntary family planning services; and preventive dental services; also, emergency medical services; and pharmaceutical services as may be appropriate for particular centres

private schools/institutions: an institution is classified as private if: 1) It is controlled and managed by a non-governmental organisation (e.g. a church, a trade union or a business enterprise), or 2) its governing board consists mostly of members not selected by a public agency

professional licence/certification: an official designation earned by the person assuring his/her qualifications to perform his/her tasks

providing child with sexually explicit material: an adult transmits, makes available, distributes or sells **sexually explicit material** to the child

pseudonymization: for the identification of a child (alleged) victim a pseudonym is applied [Child ID] which is a personal identifier that is different from the normally used personal identifier and generated via pseudonymization, a particular type of anonymization that both removes the association with a data subject and adds an association between a particular set of characteristics relating to the data subject and one or more pseudonyms. In the context of the CAN-MDS, the pseudonym is totally unrelated to the normally used personal identifier (child's name) and does not allow the derivation of the normal personal identifier by non-authorised parties

psychological violence acts: the consistent, deliberate infliction of mental harm on the child that has an observable, sustained, and adverse effect on the child's physical, mental, or emotional development and includes **violent acts with or without obvious consequences**; **violent acts related to a child's exploitation**; and **violent acts related to a child's exposure**

psychologically "unavailable" caregivers: caregiver(s) fail to provide adequate and appropriate care in a sensitive and responsive manner; being detached and uninvolved; interacting only when necessary; examples: failing to show affection, caring and/or love

public place: refers generally to any indoor or outdoor area, whether privately or publicly owned, to which the public have access by right or by invitation, expressed or implied, whether by payment of money or not, but not a place when used exclusively by one or more individuals for a private gathering or other personal purposes. Public places include streets and surrounding areas as well as commercial areas such as retail stores, lobbies and malls, offices, including waiting rooms, and other commercial establishments; auditoriums, elevators, theatres, libraries, art museums, concert halls, indoor arenas, and meeting rooms

public schools/institutions: schools/institutions which are directly or indirectly administered by a public education authority; an institution is classified as public if it is controlled and managed: 1) directly by a public education authority or agency or, 2) either by

a government agency directly or by a governing body, most of whose members are either appointed by a public authority or elected by a public franchise

public transportation means: refers to any transportation means in the context of a system of large-scale public transportation in a given metropolitan area, typically comprising buses, trolleys, tram, subways, and trains

pulling hair: to pull a child's hair in a violent way that may cause bleeding under the skin surface, swelling of the scalp, and the simultaneous loss of hair resulting in bald spots or patches with or without injury

pushing: pressing against the child with force

R

recommended vaccination: vaccinations included in the national immunisation programme for all or some specific groups independent of whether it is funded or not

re-composed family: step family; a family composed of a parent, a stepparent, and a child or children by a previous marriage

recreational area: refers to any popular recreation area, such as a resort

recreational or leisure area or a playground: areas where the child (alleged) victim was doing **leisure** activities, **enjoying** or **playing**, at the time the specific maltreatment incident took place

referral of child to child protection /welfare services: referral in due time by any other agencies to CPS/Social welfare services including all available information for (alleged) maltreatment for further investigation; taking of **action to protect the victim by court order** [: prosecution of (alleged) perpetrator(s) in criminal court/ family court]

referral to service: (in the context of the CAN-MDS) the operator who records the specific incident knows that at least one (or more) referral(s) made to other organization/service by the Agency (where the Operator is working) **focusing** on child- and/or family (including referrals to courts or other institutions); a referral can be made to judicial services; medical services; mental health services; social welfare services; independent authorities; law enforcement related services; community organizations and NGOs, existing registries and research organizations, educational services and other related **services; Note:** Under each category (e.g. medical services), a drop down menu will appear including the eligible agencies to provide the service (on the basis of the Agencies' mapping under DE_R1); the Operator will choose the specific agency where the child and/or its family is referred. For any referral made to specific agencies, a notification will be sent to operator(s) working in the specific agencies

referral: the act of sending someone to another person or place for advice, treatment or help in general; in the context of the CAN-MDS, the process of directing or redirecting the case of the child who reported suffering a maltreatment incident to an appropriate agency (service or organization) for further assessment, treatment or protection; **UN General Comment 13 (2011) on *referral*:** the person receiving the report should have clear guidance and training on when and how to refer the issue to whichever agency is responsible for coordinating the response. Following this, intersectoral referrals may be made by trained professionals and administrators when children are found to be in need of protection (immediate or longer-term) and specialized support services. Professionals working within the child protection system need to be trained in inter-agency cooperation and protocols for collaboration. The process will involve: (a) a participatory, multi-disciplinary assessment of the short- and long-term needs of the child, caregivers and family, which invites and gives due weight to the child's views as well as those of the caregivers and family; (b) sharing of the assessment results with the child, caregivers and family; (c) referral of the child and family to a range of services to meet those needs; and (d) follow-up and evaluation of the adequateness of the intervention

refusal of child's custody: caregiver(s) (usually the child's biological parents) do not want custody of the child and agree to allow an adult (who is not either of the two parents) to raise the child

refusal or **failure to provide preventive health care:** the child is not provided with preventive health care including, but not limited to, **vaccinations**; **vision care**; **dental care**

refusal to allow /provide needed medical care for diagnosed health condition/ impairment: refusal to allow or failure to respond to the disabled/impaired child's life-threatening conditions by providing treatment, including appropriate nutrition, hydration, and medication which, in the treating physician's or physicians' reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all conditions

refusal to allow needed attention to special educational needs: caregiver(s)' refuse to allow the child with special educational needs to be provided with **special educational provisions** in order to meet his/her identified needs including additional help (that is not generally available to all children at school); for example, a child with dyslexia may access small group teaching in language and/or maths; a child with a visual impairment may receive handouts in larger print; a child with autism may require a classroom assistant; a child with communication difficulties may require speech and language therapy to enable him/her to learn

refusal to attend special educational needs: caregiver(s) refusal or failure to accept that the child needs help at school because of a **learning difficulty,** being involved in the process and keeping up good communication with the school and the relevant services so that they know what is happening with their child's education; refusal that the child has a 'special educational need'

refusal to provide needed attention to special educational needs: caregiver(s)' refusal to support the child with **special educational provisions** in order to meet his/her identified needs including additional help

rejection: the child is actively rejected, undergoes refusal to acknowledge his/her presence, value or worth; communication that s/he is useless or inferior; his/her thoughts and feelings are devaluated; refusal to take care of his/her needs or even to be touched; **example**: repeatedly treating the child differently from siblings in a way that suggests resentment, rejection or dislike of the child

relation by law: any person that has a **relation-by-law** to the child (alleged) victim such as a mother-in-law, father-in-law, uncle-in-law, aunt-in-law, nephew-in-law, niece-in-law, cousin-in-law

relative's family: such as either a family of relatives by blood or a family of relatives by law

removal of parent(s)' rights: temporal or final termination of parental rights

residential care institution: refers to an establishment (public or private nonprofit) operated and maintained for the purpose of furnishing care on a temporary or permanent basis, during the day or overnight, to a number of children under 18 years of age, if compensation is received for the care of any of those children

restraining in cloth sacks: bagging the child in a sackcloth

retribution violence: to punish the child for taking vengeance for any reason including wrongdoing, sin, or injury

right of blood: (Latin: Jus sanguinis) is a social policy by which citizenship is not determined by place of birth, but by having (a) parent(s) who are citizens of the nation (namely the child acquires the nationality of his/her parents). It contrasts with jus soli (Latin for "right of the soil"); **>lex sanguinis:** many countries provide immigration privileges to individuals with ethnic ties to these countries (so-called leges sanguinis)

right of the soil: (Latin: Jus soli) is the right of anyone born in the territory of a state to nationality or citizenship (namely the automatic and unrestricted right to citizenship by territorial birth) **> unrestricted jus soli**: as above; **>restricted jus soli**: a restriction of lex soli by requiring that at least one of the child's parents be a citizen, national, or legal permanent resident of the state in question at the time of the child's birth, or requiring that at least one parent has resided in the country for a specific period of time

routine screening: via implementation of a standard procedure in **specific context** *[: health care services, social welfare services, judicial services, educational services] without advanced notification* to **each child** *belonging in the population related to the specific context* regardless of **apparent harm** of maltreatement via a **screening tool**

rumination disorder: an eating disorder characterized by the regurgitation of undigested food; unlike eating disorders that involve weight management, rumination disorders can affect young infants as well as children and adults with mental disabilities; it is involuntary and is not used as a means of losing or otherwise controlling weight; it does not involve indigestion, nausea, vomiting or related feelings of disgust or discomfort; instead, the person uses coughing, tongue movements or abdominal contractions to bring food back to the mouth

runaway: the child (alleged) victim, on at least one occasion, escaped from caregiver(s)' control and was absent from the home or other lawful placement without the consent of his/her caregiver(s) for at least one overnight <country specific> period

S

sale of child for sexual purposes: a form of human trafficking defined as the "recruitment, transportation, transfer, harboring, and/or receipt" of a child for the purpose of exploitation

scalding: to burn or painfully affect the child on purpose with hot liquid or steam

school/kindergarten/preschool personnel: such as a teacher or a nursery governess working in a public or private primary or secondary school or kindergarten for school-aged children, a specialized teacher for children with special needs, a school principal, as well as other staff members such as administrative personnel and auxiliary staff such as guards, drivers, cleaners and kitchen staff

school: a **public** or **private** entity represented either by a school head or a management body for the teaching of children that a child usually attends around the ages of 6-18, it is categorized as primary/elementary (age 6-12) and secondary/high or vocational (age 13-18) and it is mandatory that a child attend for at least nine years (country specific)

school: refers to a public or private institution where instruction is given, usually –but not necessarily- to persons under the age of 18 years old; it can be elementary/primary, middle, high/secondary or vocational

scratching: to rub the skin with fingernails or a sharp object that may cause a shallow cut

screening tool: validated tool to identify child maltreatment in terms of sensitivity (i.e. how likely it is for the tool to pick up the presence of maltreatment in a child who is maltreated) and specificity (i.e. how likely it is for the tool to indicate non-presence of maltreatment in a child who in fact is not maltreated)

secondary health care services: healthcare provided by a specialist upon referral by a primary care physician that requires more specialized knowledge, skill, or equipment than the primary care physician has in a non-high-technology situation (e.g., in a private office), or specialty care provided in a community hospital to a patient who has been referred by a primary care physician, for special studies such as a cardiac stress test, CT imaging and MRI—or special procedures such as cholecystectomy and endoscopic polypectomy

sectors related to CAN: social welfare; health & mental health; education; justice; law enforcement [**Note:** the aim of a CAN- MDS system is to expand sources for data collection on CAN cases over and beyond specific sectors (e.g. judicial services or only social or child protection services). To this end all agencies (organizations and services) potentially involved in any way and at any stage in the administration of a CAN case can be sources and –under certain conditions - users of information of the CAN-MDS. The eligible "related" sectors (and consequently the agencies activated in these sectors) described above are common among countries.]

self-harm actions: violent acts against self including, but not limited to, **eating disorders**, **substance use and abuse**, **running away from home, self-inflicted injuries**, **suicidal thoughts**, **suicide attempts** and **actual suicide Note:** according to other sources risk taking activities or behaviours such as substance abuse, tobacco use or speeding with motor bikes are complex behaviours some of which are risk factors for self-directed violence but are defined as behaviour that while likely to be life-threatening is not recognized by the individual as behaviour intended to destroy or injure the self. In the context of the CAN-MDS, however, all of these behaviours are considered as "self-harm actions" that is a form of violence against children as, according to the UN Committee General comment No. 13 (2011) "mental health problems (such as anxiety and depressive disorders, hallucinations, memory disturbances and suicide attempts); and health-risk behaviours (such as substance abuse and early initiation of sexual behaviour)" are among the widely recognized "short- and long-term health consequences of violence against children"

self-inflicted injuries: the child (alleged) victim has or was reported to have engaged in high-risk or life-threatening behaviour, **suicide attempts**, or physical mutilation or cutting (**self-directed violence:** actions that are self-directed and deliberately results in injury or the potential for injury to oneself; these behaviours may have a high probability of injury or death as an outcome but the injury or death is usually considered unintentional)

service's response: refers to whether the agency that received a referral eventually provided the requested service as provisioned or not and *why*; **permissible values > provided as provisioned:** the organization that received the referral provided the requested service as provisioned (according to standards set by the organization itself) in terms of **quantity** [: for example, the number of councelling sessions or medical interventions that were needed] and **timeliness** [: within the normal amount of time for the provision of the specific service by the specific agency]; **> provided- NOT as provisioned due to family**: the organization that received the referral provided the requested service but not as provisioned (according to standards set by the organization itself) either in terms of quantity (e.g. less councelling sessions or medical interventions than needed) or of timeliness (e.g. later than needed) DUE TO FAMILY (e.g. caregiver(s) did not provide their consent for the specific intervention or were not consistent in scheduled meetings); **> provided-NOT as provisioned due to agency:** the organization that received the referral provided the requested service but not as provisioned (according to standards set by the organization itself) either in terms of quantity (e.g. less councelling sessions or medical interventions than needed) or of timeliness (e.g. later than needed) DUE TO ITS OWN DIFFICULTIES (e.g. the organization that received the referral has internal difficulties such as too much work, is understaffed, does not have the requested expertise or is undergoing operating changes); **> not provided due to family**: the organization that received the referral did not provide the requested service at all DUE TO FAMILY (e.g. caregiver(s) did not agree to cooperate or agreed to cooperate but never went to the organization); **> not provided due to responsible agency:** the organization that received the referral did not provide the requested service at all DUE TO ITS OWN DIFFICULTIES (e.g. the organization that received the referral was not able to provide the service due to internal difficulties such as too much work, is understaffed, non availability of requested expertise or operating problems); **> process is ongoing:** the organization that received the referral approved the request to provide the requested service and the process is ongoing (in accordance with the usual way the organization works); **> no information:** there is no information available on whether the service was provided or not either because the referral was made only a short while ago or because the organization that received the referral did not update the CAN-MDS on its response to the specific referral

services for people with disabilities: services intended to improve the lives of people with a disability, their carers, and to ensure that they have the opportunity to participate in the community

sex: refers to a person's biological status and is typically categorized as **male**, **female**, or **intersex**/intermediate. There are a number of indicators of biological sex, including sex chromosomes, gonads, internal reproductive organs, and external genitalia; "sex" is different than "**gender**" and is not related to a person's sexual orientation;

sexual exploitation acts: the child (alleged) victim is forced to engage in sexual activity(ies) or sexual conduct including, but not limited to, **forcing the child into prostitution; using the child in commercial sexual exploitation; travel and tourism sexual exploitation; trafficking; sale of the child for sexual purposes; sexual slavery; forcing the child to get involved in pornography**; **forcing the child to get married**

sexual harassment: the child undergoes bullying or coercion of a sexual nature, requests for sexual favors, inappropriate promise of rewards in exchange for sexual favors or other verbal or physical harassment of a sexual nature

sexual luring via ICT: online –via mobile phone or internet based applications such as chat rooms, social networks, discussion forums, online gaming sites and bulletin boards or otherwise- contacting the child with a view of grooming or luring him/her for sexual purposes and inappropriate or abusive relationships, including requests to create, upload and transmit pornographic images of him/herself, to perform sexual acts live in front of a web cam, to view unwelcomed sexual content or even arrange a meeting with a stranger)

sexual slavery: a form of *contemporary* or *modern* slavery that continue to exist in the present day

sexual violence acts: any completed or attempted (non-completed) **sexual act**, sexual contact with, or **exploitation** including **sexual violence acts** and **sexual exploitation acts** against a child; **Note:** the perpetrator of sexual acts can be either an adult person or another child; In [COUNTRY], the age of consent for sexual activity is AGE (to be adapted according to national legislation), but there are some exceptions if the other person is close in age to the child, namely AGE DIFFERENCE (to be adapted according to national legislation). **Note:** sexual acts can be performed by the perpetrator on the child or by the child on the perpetrator; a perpetrator can also force or coerce a child to commit a sexual act on another individual (child or adult)

sexual violence acts: include, but are not limited to, **acts involving penetration; attempted sexual abuse; threatened sexual abuse; touching genitals; showing genitals to the child; sexual harassment; voyeurism; providing the child with sexually explicit material; forcing the child to be exposed to pornography; forcing the child to witness sexual violence against his/her mother; sexual luring via ICT; online sexual stalking** and **harassment**

sexually explicit material: not child pornography but material including a photographic, film, video or other visual representation showing a person who is engaged in explicit sexual activity or the dominant characteristic of which is the depiction of a person's genital organs, anal region or female breasts; written material describing explicit sexual activity; audio recording describing presentation or representation of explicit sexual activity

shaking baby syndrome: a serious brain injury resulting from forcefully shaking an infant or toddler; also known as abusive head trauma, shaken impact syndrome, inflicted head injury or whiplash shake syndrome

shaking: to move the child violently back and forth or up and down with short, quick movements (see also **shaking baby syndrome)**

shooting: to hit, wound, damage, or even kill the child with a gun

showing genitals to the child: a non-touching activity including deliberately exposing an adult's genitals to the child

sibling(s): one of two or more individuals having one or both parents in common; a brother or sister; could be younger than the child (alleged) victim, older than the child (alleged) victim and also a child (under 18) or an adult (over 18)

slapping: to hit the child with an open palm or the back of the hand which is frequently made across the face, but can also be made across the hands or any other body part

smacking: to strike the child sharply across the face

social bullying: (or relational bullying) involves hurting someone's reputation or relationships such as leaving someone out on purpose; telling other children not to be friends with someone; spreading rumors about someone; embarrassing someone in public

social services: the various public social welfare services provided by a country at **country level** [: central services provided by public organizations belonging the central public sector] or at **local level** [: services provided by public organizations belonging to the local public sector which is part of the public sector] for the benefit of its citizens; actions or procedures that cover the basic well-being of the individuals and the society. They may be provided as a citizenship right, or negotiated in the market, and managed by governments and institutions or private actors. These efforts usually strive to improve the financial situation of people in need but may also strive to improve their employment chances and many other aspects of their lives sometimes including their mental health. In many countries, most aid is provided in women (family members, relatives and members of the local community) and is only theoretically available from government sources; **> public:** organizations where supplying of services to the members of a community is done by public servants

social welfare (public) system personnel: such as a social worker, psychologist, accredited counsellor, health visitor, community nursery nurse, community midwife (to be adapted per country)

source of information: <in the context of the CAN-MDS> the identity of the person that provided the information leading to a specific incident-based record into the CAN-MDS, namely how the specific incident was brought to the attention of a specific operator working in a specific agency at a specific time **Note**: a child maltreatment incident can be reported by the (alleged) victim, by another source or detected by the professional-operator him/herself; **example**: a child's pre-school teacher addresses a social service and provides information on a (reported) incident that s/he considers that a specific child has suffered from one or more forms of maltreatment;

spanking: to strike the buttocks of the child with an open hand to cause temporary pain without producing physical injury; a form of corporal punishment

specific incident of child maltreatment: the incident that the operator currently records in the CAN-MDS

sports-athletics: refers to places where activities, such as sports (e.g. running, rowing, high jump, the javelin, boxing) and competitive or other games (e.g. football, basket ball) take place

stabbing: a wound caused to the child with a knife or other pointed weapon

staying in uncomfortable positions: making the child stand, sit, squat, kneel, etc for a long period of time as a means of discipline

step parent: a person who has married one's parent after the death of or divorce from the other parent; a stepfather or stepmother

stoning: to punish the child by throwing stones against him/her (even until death)

substance abuse: the excessive use of a potentially addictive **substance**, especially one that may modify body functions, such as **alcohol; drugs**; **other substances**

substance use/abuse by the child: the child (alleged) victim has a serious substance use- and/or abuse condition -related to **drugs** and/or **alcohol**, either by his/her own initiative or imposed by another person

substanstiation status of maltreatment: the status of an alleged maltreatment incident depending on whether or not an **investigation** was made and, if made, what the result was (indicated; substantiated; unsubstantiated; suspected); **Note:** the CAN-MDS includes no data element for substantiation status; any reported and/or identified child maltreatment incident is eligible to be recorded **|| alleged maltreatment:** a referral made but no further investigation ("allegation"); **> indicated:** investigation has begun but is still ongoing; **> substantiated:** an investigation has already been made and the results certified that maltreatment took place; **> unsubstantiated:** an investigation has already been made and the results certified that no maltreatment took place; **> suspected**: an investigation has already been made and the results are not able to certify whether or not the maltreatment took place **|| investigation:** formal procedure implemented by child protective or social welfare services-, justice- police- professionals, or a multidisciplinary team (depending on country specifics) to determine if a child has been harmed or is at risk of harm; **UN Committee General Comment 13 (2011) on *investigation:*** *Investigation of instances of violence, whether reported by the child, a representative or an external party, must be undertaken by qualified professionals who have received role-specific and comprehensive training, and require a child rights-based and child-sensitive approach. Rigorous but child-sensitive investigation procedures will help to ensure that violence is correctly identified and help provide evidence for administrative, civil, child-protection and criminal proceedings. Extreme care must be taken to avoid subjecting the child to further harm through the process of the investigation. Towards this end, all parties are obliged to invite and give due weight to the child's views*

suicidal thoughts: Thinking about, considering, or planning for suicide. Suicidal thoughts, also known as suicidal ideation are thoughts about how to kill oneself, which can range from a detailed plan to a fleeting consideration and does not include the final act of killing oneself. The majority of people who experience suicidal ideation do not carry it through. Some may, however, make suicide attempts. Some suicidal ideations can be deliberately planned to fail or be discovered, while others might be carefully planned to succeed.

suicide attempt(s): A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury; suicidal behavior also includes **preparatory acts** [: or preparation towards making a suicide attempt, but before potential for harm has begun; this can include anything beyond a verbalization or thought, such as assembling a method (e.g., buying a gun, collecting pills) or preparing for one's death by suicide (e.g., writing a suicide note, giving things away]

supportive intervention for current caregivers: arrangements for counseling, therapy, training courses, and parental support services (including financial assistance, where appropriate) for the child (alleged) victim's caregiver(s)

suspected maltreatment: there is apparent evidence that the child has suffered or suffers abuse or neglect

T

terrorization: the child undergoes threatening or bullying that creates a climate of fear for him/her; terrorizing can include placing the child or the child's loved one (such as a sibling, pet or toy) in a dangerous or chaotic situation, intentional harm of pet or placing rigid or unrealistic expectations on the child with threats of harm if they are not met

tertiary health care services: highly specialized medical care, usually over an extended period of time following a referral from primary or secondary medical care personnel, provided in a centre that has personnel and facilities for special investigation and treatment and involves advanced and complex procedures and treatments performed by medical specialists in state-of-the-art facilities (to be adapted per country – also ANNEX II)

threatened sexual abuse: the child accepted threats for being sexually abused via statements, overt acts or other way with or without physical contact

threatening with a knife or with a gun: threatening to hurt the child by shooting him/her with a gun or stabbing him/her with a knife

threats of maltreatment: the child undergoes threats of being punished, physically abused, abandoned; to suffer physical harm, injury, disability or death via words, gestures, or weapons that create a climate of fear for him/her

throwing: to cause the child to move suddenly or forcefully

torture: to cause extreme physical pain and cause severe physical injury by any means as a means of coercion or punishment

touching genitals: molestation, touching or fondling of the child's genitals or private parts for sexual pleasure or making the child touch or fondle the perpetrator's genitals for sexual pleasure

trafficking: transporting the child across international borders or within a country through deception for forced sexual activity such as prostitution or sexual slavery

trained professional as a CAN-MDS operator: has succesfully completed the short training workshop for the CAN-MDS **Core** or **Expanded Groups** of Operators

transgender: refers to a person whose gender identity or gender expression does not match his/her assigned sex

travel and tourism sexual exploitation: a special form of commercial exploitation includes child sex tourism and other forms of transactional sex where the child engages in sexual activities to have key needs fulfilled, such as food, shelter or access to

education; it includes cases where the child is kidnapped or cases where transactional sexual abuse of the child is not stopped or reported by household members, due to benefits received by the household from the perpetrator

twisting ears: to bend or turn the child's ear(s) into a position that is not normal or natural until it hurts as a form of corporal punishment with or without producing physical injury

tying up or tying to something: to tie the child's limbs together or to tie the child to a chair, bed or other furniture

type of family: the child (alleged) victim can either be a **boarder** or live with a family: his/her family (including **biological/ adoptive**); a **foster** family; a **re-composed** family; a family other than his/her (recomposed) family or foster family such as a **relative's family** or a **friend's family**

U

unborn*:* the (alleged) victim has not yet been born/delivered (still existing in the mother's womb) (this does not necessarily mean legal recognition of fetal rights-define according to national legislation)

unjustified delay to seek medical care: the caregiver(s) fail to seek appropriate medical attention on time as, for example, inexplicable delay in seeking medical care after an injury such as a delay of some hours in seeking medical attention for a scald burn, a fracture or a head injury; failure or delay in obtaining medical treatment when the child is ill resulting in unnecessary prolongation of illness and suffering, more difficulty for the illness or other condition to be treated

unstable custody arrangements: the child is shuffled from caregiver to caregiver or repeatedly left in the care of others who are not properly instructed or able to take care of the child

use of the child in commercial sexual exploitation: commercial transaction that may involve coercion and violence against the child for offering sexual services for compensation, financial or otherwise

uvulectomy: harmful practice of an operation involving the cutting of the child's uvula and sometimes the near-by structures such as the tonsils

V

vaccination related neglect: the child is not vaccinated according to **mandatory** or **recommended** vaccinations (national adaptation-see methodology for info related to your country) either due to **neglect** or **by non compliance** of caregiver(s) (: resistance to immunize children against preventable diseases; anti-vaccine attitude (country specific –are parents allowed to refuse to vaccinate their children against diseases as a "free exercise" of religion and/or on a cultural ground or is this neglect?)

verbal assaulting: the child is constantly belittled, shamed, ridiculed or verbally threatened; insulting, ridiculing, name calling, imitating and infantilizing; his/her identity, dignity and self-worth are diminished; **examples:** yelling, swearing, labelling as stupid or mimicking his/her disability

verbal bullying: saying or writing mean things including teasing; name-calling; inappropriate sexual comments; taunting; threatening to cause harm

violence in the guise of treatment: to apply brutal practices to the child in the guise of treatment as, for example, electroconvulsive treatment (ECT) and electric shocks as "aversion treatment" to control his/her behaviour

violence: *(as defined for the purposes of the UN Committee General Comment 13 (2011)* is understood to mean "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse" as listed in article 19, paragraph 1, of the Convention (UN CRC). The term violence represents all forms of harm to children as listed in article 19, paragraph 1, in conformity with the terminology used in the 2006 United Nations study on violence against children, although the other terms used to describe types of harm (injury, abuse, neglect or negligent treatment, maltreatment and exploitation) carry equal weight. In common parlance the term violence is often understood to mean only physical harm and/or intentional harm. However, the Committee emphasizes most strongly that the choice of the term violence in the present general comment must not be interpreted in any way to minimize the impact of, and need to address, non-physical and/or non-intentional forms of harm (such as, inter alia, neglect and psychological maltreatment)

violent acts against self: see **self harm actions**

violent acts known also as harmful practices: include, but are not limited to, **hitting on the soles of the feet**; **forcing to ingest spicy food; forced feeding; forcing children to stay in uncomfortable positions; binding**; **scars/scarring; teeth extraction as punishment**, **branding; "retribution" violence against the child; virginity testing; forced circumcision; female genital mutilation; uvulectomy; forced marriage and early marriage; violent and degrading initiation rites, "hazing"; "exorcism" after accusations of "witchcraft"; forced sterilization; violence in the guise of treatment; deliberate infliction of disabilities**

violent acts related to the child's exploitation: include, but are not limited to, child's **corruption; labour/economic exploitation; forcing him/her to undertake adult's responsibilities; to beg; to undertake criminal behaviour; to participate in religious rituals; to participate in a violent political event**

violent acts related to child's exposure: include, but not limited to, **exposure of child to any kind of violence in the family; to a violent environment outside household;** to **violence via electronic means**

violent acts with or without obvious consequences: include, but are not limited to, **bullying**; **ignoring**; **denying emotional responsiveness**; **overprotection; isolation**; **degrading conditions of detention**; **humiliation**; **rejection**; **verbal assaulting**; **terrorization**; **threats of maltreatment**

violent and degrading initiation rites, "hazing": rituals and other activities involving harassment, violence or humiliation which are used as a way of initiating the child into a group

virginity testing: to inspect a female child's hymen to determine whether she is a virgin on the assumption that her hymen can only be torn as a result of sexual intercourse

vision care neglect: failure of caregiver(s) to provide the child with early eye exams according to recommendations for preventing vision problems (country-specific; for example, the American Optometric Association suggests that infants should have their first comprehensive eye exam at 6 months of age; children then should receive additional eye exams at 3 years of age, and just before they enter kindergarten or the first grade at about age 5 or 6)

voyeurism: a non-touching activity including sexual interest in or practice of spying or otherwise inappropriately watching the child when s/he is engaged in intimate behaviors, such as undressing, using the bathroom or other actions usually considered to be of a private nature

W

welfare related professions: social workers, health visitors, care providers in institutions, other personnel (e.g. working in antitrafficking agencies, directorates for disability, child ombudsman etc.)

withholding essential medical care: withholding of medically indicated treatment from a child with a life-threatening condition; failure to keep routine health appointments for the child, minimising or denying a child's illness or health needs, failure to administer medication or treatments

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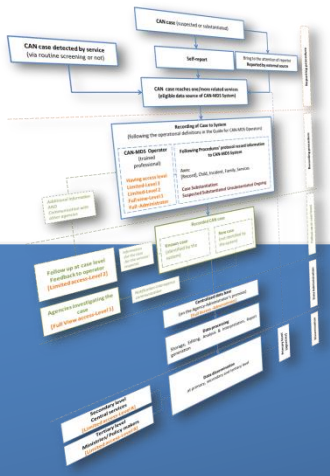
ANNEXES

Annex 1: DATA COLLECTION PROTOCOL FOR CAN-MDS SURVEILLANCE SYSTEM

(see attached Manual)



Action "Coordinated Response to Child Abuse & Neglect via Minimum Data Set: *from planning to practice*"
[REC-RDAP-GBV-AG-2017/ 810508]
[WP.2, Activity 1.1: D 2.1: Revised CAN-MDS Master Toolkit]

CAN-MDS Operator's Manual

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