

Diagnostic Criteria for Relational Problems

Table of Contents

Diagnostic Criteria for Partner Physical Abuse.....	2
Diagnostic Criteria for Partner Emotional Abuse.....	3
Diagnostic Criteria for Partner Sexual Abuse.....	4
Diagnostic Criteria for Partner Neglect.....	5
Diagnostic Criteria for Child Physical Abuse.....	6
Diagnostic Criteria for Child Emotional Abuse.....	7
Diagnostic Criteria for Child Sexual Abuse.....	8
Diagnostic Criteria for Child Neglect.....	9
Diagnostic Criteria for Partner Relational Problem.....	10
Diagnostic Criteria for Parenting Problem.....	11
Diagnostic Criteria for Parent-Child Relational Problem.....	12
Criteria for More Than Inconsequential Fear Reaction.....	13
Criteria for More Than Inconsequential Physical Injury.....	13
Criteria for Protection of Self from Imminent Physical Harm Because Other Was in the Act of Physical Force.....	14
Criteria for Protection of Self from Imminent Physical Harm Because of Partner's Threat.....	14
Criteria for Sex Act.....	14

Diagnostic Criteria for Partner Physical Abuse

- A. Non-accidental use of physical force. Physical force includes, but is not limited to, pushing; shoving; slapping; grabbing; poking; hair-pulling; scratching; pinching; restraining; shaking; throwing; biting; kicking; hitting with fist; hitting with a stick, strap, or other object; scalding; burning; poisoning; stabbing; applying force to throat; cutting off air supply; holding under water; using a weapon.
- B. Significant impact on the victim as evidenced by any of the following:
 - (1) Any physical injury (including, but not limited to, pain that lasts at least four hours, bruises, cuts, sprains, broken bones, loss of consciousness)
 - (2) Reasonable potential for more than inconsequential physical injury (see p. 13) given the inherent dangerousness of the act, the degree of force used and the physical environment in which the acts occurred
 - (3) More than inconsequential fear reaction (see p. 13)
- C. The acts of physical force were not committed for any of the following reasons:
 - (1) To protect self from imminent physical harm because the partner was in the act of physical force (see p. 14)
 - (2) To protect self from imminent harm because of partner's threat (see p. 14) and history of inflicting more than inconsequential physical injury (see p. 13)
 - (3) To play with the partner
 - (4) To protect partner or another person from imminent physical harm (including, but not limited to, pushing partner out of the way of a car, taking weapon away from suicidal partner, stopping partner from inflicting injury on child). **Note:** Subsequent actions that were not directly protective (e.g., smacking partner for making suicidal gesture) would *not* meet this criterion.

Diagnostic Criteria for Partner Emotional Abuse

- A. Verbal or symbolic acts (excluding physically aggressive acts [see p. 2, Criterion A] and sexually abuse [see p. 4]) with the potential to cause psychological harm to the victim. Such acts include, but are not limited to,
- (1) Berating, disparaging, degrading, humiliating partner
 - (2) Interrogating partner
 - (3) Restricting partner's ability to come and go freely (when unwarranted)
 - (4) Obstructing partner's access to assistance (including, but not limited to, law enforcement, legal, protective, or medical resources)
 - (5) Threatening partner (including, but not limited to, indicating/implying future physical harm, sexual assault)
 - (6) Harming, or threatening to harm, people/things that partner cares about, such as children, self, other people, pets, property
 - (7) Restricting partner's access to or use of economic resources (when unwarranted). Warranted restrictions involve obstructing a partner from behaviors that may injure self or others (e.g., taking an intoxicated partner's car keys) or obstructing a recklessly-spending partner from incurring debts despite an obviously grave economic situation (e.g., impending bankruptcy). Restrictions not meeting these rare circumstances would be considered unwarranted.
 - (8) Isolating partner from family, friends, or social support resources
 - (9) Stalking partner
 - (10) Trying to make partner think that s/he is crazy (or make others think that partner is crazy)
- B. Significant impact on the victim as evidenced by any of the following:
- (1) Psychological harm, including any of the following
 - a. More than inconsequential fear reaction (see p. 13)
 - b. Significant psychological distress (i.e., psychiatric disorders, at or near diagnostic thresholds) related to, or exacerbated by, the act(s)
 - c. Fear of emotionally abusive act(s) that significantly interfere(s) with the victim's ability to carry out any of these five major life activities
 - i. work
 - ii. education
 - iii. religion
 - iv. necessary medical or mental health services
 - v. contact with family/friends
 - (2) Stress-related somatic symptoms (related to or exacerbated by the acts) that significantly interfere with normal functioning.

Diagnostic Criteria for Partner Sexual Abuse

- Any of the following acts committed by a partner in a current or former romantic relationship
- A. The use of physical force to compel participation in a sex act (see p. 14) against the victim's will, whether or not the act is completed.
 - B. The use of a physical force or an emotionally aggressive act (see pg. 3, Criterion A) to coerce the victim to participate in a sex act (see p. 14).
 - C. An attempted or completed sex act (see p. 14) when the victim is unable to provide consent for the following reasons:
 - (1) Victim is unable to understand the nature or conditions of the act or to decline participation
 - (2) Victim cannot communicate unwillingness to engage in the sexual act (e.g., due to illness; disability; being asleep or under the influence of alcohol or other drugs).
 - D. Physical contact of a sexual nature (including, but not limited to, kissing, groping, rubbing, fondling — directly or through clothing) that meets both of the following:
 - (1) The contact is against the expressed wishes of the partner
 - (2) The contact causes considerable distress to the partner that lasts for more than 24 hours.
“Considerable distress” involves anguish that does not necessarily meet diagnostic thresholds for psychiatric disorders but exceeds distress incurred in normal, day-to-day activities.

Diagnostic Criteria for Partner Neglect

- A. One partner is incapable of self care due to substantial limitations in one or more of the following areas:
- (1) Physical (including, but not limited to, quadriplegia)
 - (2) Psychological/intellectual (including, but not limited to, vegetative depression, very low IQ, psychosis)
 - (3) Cultural (including, but not limited to, inability to communicate, inability to manage activities of rudimentary daily living due to foreign culture)
- B. Deprivation-related significant impact on the incapable partner due to act(s) or omission(s) by the capable partner. Deprivation involves the withholding of, or withholding access to, adequate food, shelter, hygiene, or necessary medical/psychiatric services and/or gross negligence regarding the safety needs of the incapable partner. Deprivation-related significant impact involves either of the following:
- (1) More than inconsequential physical injury (see p. 13) resulting from capable partner's acts or omissions
 - (2) Reasonable potential for more than inconsequential physical injury (see p. 13)

Diagnostic Criteria for Child Physical Abuse

- A. Non-accidental use of physical force by a child's parent/caregiver. Physical force includes, but is not limited to, spanking with hand; dropping; pushing; shoving; slapping; grabbing; poking; hair-pulling; scratching; pinching; restraining; shaking; throwing; biting; kicking; hitting with fist; hitting with a stick, strap, or other object; scalding; burning; poisoning; stabbing; applying force to throat; cutting off air supply; holding under water; using a weapon.

- B. Significant impact on the child as evidenced by any of the following:
 - (1) More than inconsequential physical injury (see p. 13)
 - (2) Reasonable potential for more than inconsequential physical injury (see p. 13) given the inherent dangerousness of the act, the degree of force used and the physical environment in which the acts occurred
 - (3) More than inconsequential fear reaction (see p. 13)

- C. The acts of physical force were not committed for any of the following reasons:
 - (1) To protect self from imminent physical harm because the child/adolescent was in the act of physical force (see p. 14)
 - (2) To play with the child in a developmentally appropriate manner
 - (3) To protect child or another person from imminent physical. **Note:** Subsequent actions that were not directly protective (e.g., whipping child for running into the street) would not meet this criterion.

Diagnostic Criteria for Child Emotional Abuse

- A. Verbal or symbolic act or acts (excluding physical abuse [see p. 6] and sexually abuse [see p. 8]) by a parent/caregiver with the potential to cause psychological harm to the child. Such acts include, but are not limited to,
- (1) Berating, disparaging, degrading, humiliating child
 - (2) Threatening child (including, but not limited to, indicating/implying future physical harm, abandonment, sexual assault)
 - (3) Harming/abandoning — or indicating that the parent/caregiver will harm/abandon — people/things that child cares about, such as pets, property, loved ones (including exposing child to criteria-meeting or subthreshold partner maltreatment)
 - (4) Confining child (a means of punishment involving restriction of movement, as by tying a child's arms or legs together or binding a child to a chair, bed, or other object, or confining a child to an enclosed area [such as a closet])
 - (5) Egregious scapegoating of child
 - (6) Coercing the child to inflict pain on him/herself (including, but not limited to, ordering child to kneel on split peas for long periods)
 - (7) Disciplining child (through physical or non-physical means) excessively (i.e., extremely high frequency or duration, though not meeting physical abuse criteria)
- B. Significant impact on the child as evidenced by any of the following:
- (1) Psychological harm, including any of the following
 - a. More than inconsequential fear reaction (see p. 13)
 - b. Significant psychological distress (i.e., psychiatric disorders, at or near diagnostic thresholds) related to, or exacerbated by, the act(s)
 - (2) Reasonable potential for psychological harm, as evidenced by either or the following:
 - a. The act (or pattern of acts) creates reasonable potential for the development of a psychiatric disorder (at or near diagnostic thresholds) related to, or exacerbated by, the act(s). **Note:** The child's level of functioning and the risk and resilience factors present should be taken into consideration.
 - b. The act (or pattern of acts) carries a reasonable potential for significant disruption of the child's physical, psychological, cognitive, or social development. A significant disruption would involve development that is substantially worse than would have been expected, given the child's developmental level and trajectory evident before alleged maltreatment.
 - (3) Stress-related somatic symptoms (related to or exacerbated by the acts) that significantly interfere with normal functioning.
- C. The act/acts do not culturally accepted practices intended to promote child safety/development, such as child car seats, safety harnesses, swaddling of infants, and discipline involving "grounding" a child or restricting the child to the home or a room for reasonable periods.

Diagnostic Criteria for Child Sexual Abuse

- Sexual contact with a child including any of the following:
- A. Any of the following acts involving a child and intended to provide sexual gratification. Sexual gratification involves sexual arousal or pleasure or appealing to prurient interest of the offender; it does not require overt evidence of arousal (e.g., erection, vaginal lubrication, ejaculation, orgasm)
 - (1) Use of physical force, emotional manipulation, or a child's youth or naïveté to engage in penis-vulva or penis-anus penetration (of child, perpetrator, or both), however slight.
 - (2) Physical contact of a sexual nature between child and perpetrator not involving penis-vulva or penis-anus penetration, including, but not limited to:
 - a. Oral-genital or oral-anal contact
 - b. Non-penile penetration of vulva or rectum (for example, with hands, fingers, or objects)
 - c. Attempted penetration of the vulva or rectum
 - d. Groping, rubbing, fondling, stroking, or similar behavior — directly or through clothing
 - B. Non-contact exploitation — Forcing, tricking, enticing, threatening or pressuring a child to participate in acts for anyone's sexual gratification without direct physical contact between child and offender. Acts include, but are not limited to, exposing child's or offender's genitals, anus, or breasts; having child masturbate or watch masturbation; having child participate in sexual activity with a third person (including child prostitution); having child pose, undress or perform in a sexual fashion (including child pornography); exposing child to pornography or live sexual performance; "peeping" or other prurient watching (i.e., voyeurism).
 - C. An attempted or completed sex act (see p. 14) when the child is unable to provide consent for the following reasons:
 - (1) Child is unable to understand the nature or conditions of the act or to decline participation
 - (2) Child is age 14 or younger and the other person is at least two older, even if the sex act is consensual.
 - (3) Child is unable to communicate unwillingness to engage in the sexual act (e.g., due to illness; disability; being asleep or under the influence of alcohol or other drugs).

Diagnostic Criteria for Child Neglect

- A. Egregious act(s) or omission(s) on the part of the child's caregiver that deprive the child of needed age-appropriate care in at least one of the following domains. **Note:** Egregious acts or omissions show striking disregard for child's well-being. As such, they are not merely examples of inadvisable or deficient parenting, but must clearly fall below the lower bounds of normal parenting.
- (1) Lack of supervision: Egregious absence or inattention. Child's age and level of functioning should be considered in making determination about level of supervision required. **Note:** Leaving children ten or older unattended in a vehicle for brief periods of time in a safe area does not meet this criterion.
 - (2) Exposure to physical hazards: Inattention to child's safety by exposing child to physical dangers (including, but not limited to, exposed wiring; broken glass; non-secured, loaded guns in home; illegal drugs in home; dangerous or unhygienic pets; asking child to perform dangerous activities; driving while intoxicated with child in vehicle).
 - (3) Educational neglect: Knowingly allowing the child to have extended or frequent absences from school, neglecting to enroll the child in some type of home schooling or public or private education, or preventing the child from attending school for other than justifiable reasons (when education is compulsory by law).
 - (4) Medical neglect: Refusal or failure to provide appropriate, medically indicated health care (including, but not limited to, failure to obtain appropriate medical, mental health, dental care) although the parent was financially able to do so or was offered other means to do so.
 - (5) Deprivation of necessities: The failure to provide age-appropriate nourishment, shelter and clothing. Includes non-organic failure to thrive (which must be determined by a competent medical authority), a type of child neglect evidenced by an infant's or young child's failure to adequately grow and develop to or above the third percentile in height and weight when no organic basis for this deviation is found.
 - (6) Abandonment: The caregiver is absent and does not intend to return or is away from the home for more than 24 hours without having arranged for an appropriate surrogate caregiver. **Note:** Meeting this criterion is sufficient to meet criteria for neglect; no documented impact (Criterion "B") is necessary.
- B. Significant impact on the child as evidenced by any of the following:
- (1) More than inconsequential physical injury (see p. 13)
 - (2) Psychological harm, including either
 - a. More than inconsequential fear reaction (see p. 13)
 - b. Significant psychological distress (i.e., psychiatric disorders, at or near diagnostic thresholds) related to, or exacerbated by, the act(s)
 - (3) Stress-related somatic symptoms (related to or exacerbated by the acts) that significantly interfere with normal functioning
 - (4) Reasonable potential for more than inconsequential physical injury (see p. 13) given the act(s)/omission(s) and child's physical environment
 - (5) Reasonable potential for psychological harm, as evidenced by either or the following:
 - a. The act (or pattern of acts) creates reasonable potential for the development of a psychiatric disorder (at or near diagnostic thresholds) related to, or exacerbated by, the act(s). **Note:** The child's level of functioning and the risk and resilience factors present should be taken into consideration.
 - b. The act (or pattern of acts) carries a reasonable potential for significant disruption of the child's physical, psychological, cognitive, or social development. A significant disruption would involve development that is substantially worse than would have been expected, given the child's developmental level and trajectory evident before alleged maltreatment.

Diagnostic Criteria for Partner Relational Problem

- A. Relationship dissatisfaction during the past month, as evidenced by any of the following:
 - (1) Pervasive sense of unhappiness with the relationship
 - (2) Thoughts of divorce/separation that are more than transitory
 - (3) Perceived need for professional help for the relationship

- B. Significant impact of the relational dissatisfaction on behavioral, cognitive, or affective systems, as evidenced by at least one of the following for at least one of the partners:
 - (1) Behavioral symptoms:
 - a. Conflict resolution difficulties, as evidenced by either
 - i. Persistent and marked escalation of negative behavior or affect (e.g., “little” disputes quickly and frequently evolve into heated arguments)
 - ii. Pervasive withdrawal so that resolution is impeded. **Note:** Withdrawal can be either through leaving a discussion before it is resolved or through more pervasive disconnectedness that impedes bringing up or resolving problems.
 - b. Pervasive lack of positive behaviors (e.g., sharing thoughts and feelings; affection) or supportive behaviors
 - (2) Cognitive symptoms — Pervasive pattern of negative attributions regarding the partner’s intentions, as evidenced by either
 - i. Negative behaviors pervasively attributed to negative personality traits or are perceived to be done voluntarily, intentionally, or with negative intent.
 - ii. Positive behaviors are pervasively attributed to temporary states or are perceived to be done accidentally, unintentionally, or with hidden negative intentions.
 - (3) Affective symptoms — Interactions with or thoughts about the partner are frequently marked by intense and persistent levels of at least one of the following:
 - a. Anger or contempt
 - b. Apathy
 - c. Sadness

Diagnostic Criteria for Parenting Problem

- A. Considering the developmental needs of the child, caregiving to the child is markedly outside the bounds of normal, as evidenced by one of the following:
- (1) Pervasive caregiving difficulties involving either or both of the following:
 - a. Underinvolvement (e.g., parent is not bonded to and does not provide loving relationship for the child).
 - b. Overinvolvement (e.g., parent is so protective that young adolescent is not afforded any private communication with friends; child is not able to participate in choices about how they will spend their time).
 - (2) Marked difficulties in at least one aspect of parenting, including, but not limited to:
 - a. failure to adequately monitor child (e.g., not supervising a young child's activities; being insufficiently aware of adolescent's activities)
 - b. marked lack of support of, or active interference in, a key major life activity
 - c. excessive or inappropriate discipline (not meeting criteria for child abuse)
 - d. excessive pressure on child to engage in a single activity or interest (e.g., sport)
 - e. failure to socialize child through nonexistent or poorly enforced limits
- B. Significant impact on the child involving any of the following:
- (1) More than inconsequential physical injury (see p. 13)
 - (2) Psychological harm, including either
 - a. More than inconsequential fear reaction (see p. 13)
 - b. Psychiatric disorder, at or near diagnostic thresholds related to, or exacerbated by, the caregiving difficulty
 - (3) Stress-related somatic symptoms (related to or exacerbated by the caregiving difficulty) that significantly interfere with child's normal functioning.
 - (4) Reasonable potential for more than inconsequential physical injury (see p. 13) due to the inherent dangerousness of the caregiving difficulty and the child's physical environment
 - (5) Reasonable potential for psychological harm. **Note:** The child's level of functioning and the risk and resilience factors present should be taken into consideration.
 - a. Reasonable potential for the development of a psychiatric disorder (at or near diagnostic thresholds) due to the caregiving difficulty.
 - b. Reasonable potential for significant disruption of the child's physical, psychological, cognitive, or social development due to the caregiving difficulty.

Diagnostic Criteria for Parent-Child Relational Problem

- A. Parent-child relationship dissatisfaction during the past month, as evidenced by any of the following:
 - (1) Pervasive sense of unhappiness with the relationship
 - (2) (For child) Thoughts of running away that are more than transitory
 - (3) Perceived need for professional help for the relationship

- B. Significant impact of the relational dissatisfaction on behavioral, cognitive, or affective systems, as evidenced by at least one of the following for at least one of the partners:
 - (1) Behavioral symptoms
 - a. Conflict resolution difficulties
 - i. Marked escalation of negative behavior or affect (e.g., “little” disputes quickly and frequently evolve into heated arguments)
 - ii. Pervasive withdrawal so that resolution is impeded. **Note:** Withdrawal can be either through leaving a discussion before it is resolved or through more pervasive disconnectedness that impedes bringing up or resolving problems.
 - b. Pervasive lack of positive behaviors (e.g., sharing thoughts, feelings, activities; affection) or supportive behaviors
 - (2) Cognitive symptoms — Pervasive pattern of negative attributions regarding the other’s intentions:
 - i. Negative behaviors pervasively attributed to negative personality traits or are perceived to be done voluntarily, intentionally, or with negative intent.
 - ii. Positive behaviors are pervasively attributed to temporary states or are perceived to be done accidentally, unintentionally, or with hidden negative intentions.
 - (3) Affective symptoms — Interactions with or thoughts about the other are frequently marked by intense and persistent levels of
 - a. Anger or contempt
 - b. Apathy
 - c. Sadness

- C. The symptoms are not better accounted for by Parenting Problem (see p. Diagnostic Criteria for Parenting Problem (see p. 11))

Criteria for More Than Inconsequential Fear Reaction

Victim's significant fear reaction, as evidenced by both of the following

- A. Fear (verbalized or displayed) of bodily injury to self or others
- B. At least one of the following signs of fear or anxiety lasting at least 48 hours:
 - (2) Persistent intrusive recollections of the incident
 - (3) Marked negative reactions to cues related to incident, as evidenced by any of the following
 - a. avoidance of cues
 - b. subjective or overt distress to cues (**Note:** perpetrator can be a cue)
 - c. physiological hyperarousal to cues (**Note:** perpetrator can be a cue)
 - (4) Acting or feeling as if incident is recurring
 - (5) Marked symptoms of anxiety, as evidenced by any of the following:
 - a. Difficulty falling or staying asleep
 - b. Irritability or outbursts of anger
 - c. Difficulty concentrating
 - d. Hypervigilance (i.e., acting overly sensitive to sounds and sights in the environment; scanning the environment expecting danger; feeling keyed up and on edge)
 - e. Exaggerated startle response

Criteria for More Than Inconsequential Physical Injury

An injury involving any of the following:

- A. Any injury to the face or head
- B. Any injury to a child under 2 years of age
- C. More than superficial bruise(s)
- D. More than superficial cut(s)
- E. Bleeding
- F. Welts
- G. Loss of consciousness
- H. Loss of functioning (including, but not limited to, sprains, broken bones, detached retina, loose or chipped teeth)
- I. Heat stroke or heat exhaustion
- J. Damage to internal organs
- K. Disfigurement (including, but not limited to, scarring)
- L. Swelling lasting at least 24 hours
- M. Pain felt (a) in the course of normal activities and (b) at least 24 hours after the physical injury was suffered.

Criteria for Protection of Self from Imminent Physical Harm Because Other Was in the Act of Physical Force

Acts of physical force were committed to protect self from imminent physical harm because the partner/child was in the act of physical force, as evidenced by all three of the following conditions:

- A. Act(s) occurred while other was in the act of using physical force. "In the act" begins with the initiation of motoric behavior that typically would result in an act of physical force (for example, charging to hit him/her) and ends when the use of force is no longer imminent.
- B. Sole function of act(s) was to stop other's use of physical force.
- C. Act(s) used minimally sufficient force to stop other's use of physical force

Criteria for Protection of Self from Imminent Physical Harm Because of Partner's Threat

Acts of physical force were committed to protect self from imminent physical harm because of a credible threat, as evidenced by both of the following:

- A. Act followed partner's threat (verbal or nonverbal) to imminently inflict more than inconsequential physical injury (see p. 13).
- B. At least one previous incident of partner inflicting more than inconsequential physical injury (see p. 13).

Criteria for Sex Act

A sex act involves any of the following behaviors:

- A. Contact between the penis and the vulva or the penis and the anus involving penetration, however slight.
- B. Contact between the mouth and the penis, vulva, or anus.
- C. Penetration of the anal or genital opening by a hand, finger, or other object