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Second Look Commission Annual Report

Commission on Children and Youth

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### Second Look Commission 2019 Annual Report

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# **Second Look Commission 2019 Annual Report**

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**Tennessee Commission on Children and Youth  
502 Deaderick Street  
Nashville, TN 37243-0800**



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## **Purpose**

All children in Tennessee deserve to be safe, healthy, educated, nurtured and supported, and engaged in activities that provide them opportunities to achieve their fullest potential. However, every year in Tennessee, hundreds of children experience a second or subsequent incident of severe child abuse as defined by TCA §37-3-802. While each case is uniquely tragic, many of the cases share similar fact patterns and present similar opportunities to improve how Tennessee handles severe child abuse cases. Tennessee has a rich history of responding to and addressing issues of the state and its citizens no matter the difficulty. The Second Look Commission (SLC) was created in response to the need to review and improve how Tennessee handles severe child abuse cases, including child fatalities that are the result of a second or subsequent incident of severe abuse. The SLC was created in 2010 by Public Chapter 1060 (codified as TCA §37-3-801 et seq.) as a unique entity with a single purpose: to “review an appropriate sampling of cases involving a second or subsequent incident of severe child abuse in order to provide recommendations and findings to the general assembly regarding whether or not severe child abuse cases are handled in a manner that provides adequate protection to the children of this state.”

More than preparing an annual report, the SLC strives to inform the practices and policies of child abuse prevention stakeholders to provide the best protection and mitigation services available. In 2019, the SLC sent its preliminary findings and recommendations to the following entities and departments to give them an opportunity to review the issues and have input into the solutions:

- Children’s Advocacy Centers of Tennessee
- Family and Children’s Service
- Joint Task Force on Children’s Justice
- Our Kids Center
- TennCare
- Tennessee Association of Chiefs of Police
- Tennessee Department of Education
- Tennessee Department of Health
- Tennessee Department of Mental Health and Substance Abuse Services
- Tennessee Sheriff’s Association

The SLC is designed by statute to bring together professionally diverse representatives of key stakeholders in the child protection system in Tennessee with representatives from all three branches of state government: members of the General Assembly, Department of Children's Services (DCS), the Administrative Office of the Courts (AOC), law enforcement (including the Tennessee Bureau of Investigation and officers from urban and rural areas), district attorneys general, public defenders, child advocacy centers, a physician who specializes in child abuse detection, and other children's advocates. The SLC is the only entity with statutory authority to hold closed meetings to critically analyze confidential information in individual cases. The SLC is the vehicle for representatives of these key groups to meet to review cases and identify strategies for improving child protection in Tennessee. The SLC continues to facilitate much needed communication and collaboration.

The SLC reviews cases of children from across Tennessee who have experienced a second or subsequent incidence of severe abuse to identify ways to improve the system and help other children avoid a similar fate. Special, concentrated efforts must also be devoted to analyzing and responding to the tragedy of child abuse. The SLC was created as a catalyst to facilitate improved response to severe child abuse.

Despite the best efforts of an array of child abuse prevention stakeholders, including DCS, AOC, law enforcement district attorneys, child advocacy centers, physicians, mental health providers and educators, Tennessee's children continue to be subjected to and traumatized by horrifying experiences of repeated incidents of severe child abuse. These issues cannot be adequately addressed by any one organization, or community agency or individual. All stakeholders must come together to address this public health problem in a coordinated and concerted manner.

It is our hope the proposed recommendations of the SLC will be embraced and implemented and will spur child protection professionals to engage in meaningful dialogue that will produce additional ideas for reducing repeat abuse of our children.

### **Reporting Requirements**

In part, TCA§ 37-3-803(a) states, "The commission shall review an appropriate sampling of cases involving a second or subsequent incident of severe child abuse in order to provide recommendations and findings to the general assembly regarding whether or not severe child abuse cases are handled in a manner that provides adequate protection to the children of this state." The SLC reviews an appropriate sampling of cases involving a second or subsequent incident of severe child abuse in order to provide recommendations and findings to the General Assembly regarding whether or not severe child abuse cases are handled in a manner that provides adequate protection to the children of this state. In part, TCA§ 37-3-803(b) states, "The commission's findings and recommendations shall address all stages of investigating and attempting to remedy severe child abuse." The findings and recommendations included in SLC annual reports address all stages of investigating and attempting to remedy severe child abuse in Tennessee, including DCS and law

enforcement investigations, provision of services and the prevention and mitigation of harm. TCA§ 37-3-803(d)(2) states, “The commission shall provide a report detailing the commission's findings and recommendations from a review of the appropriate sampling no later than January 1, 2012, and annually thereafter, to the general assembly. Such report shall be submitted to the governor, the judiciary and health and welfare committees of the senate and the civil justice committee of the house of representatives.” The SLC has submitted the statutorily mandated report to the entire General Assembly, the Governor’s Office and SLC members in a timely manner every year the SLC has been in existence. Additionally, the report is posted on the websites of the Tennessee Commission on Children and Youth and the Administrative Office of the Courts. TCA§ 37-3-808 requires the SLC to meet at least quarterly. Throughout the years, the SLC has generally met every other month and sometimes more often as needed.

### **Impact of Child Abuse**

The future prosperity of any society depends on its ability to foster the health and well-being of the next generation. Child development is important for community and economic development. When a society invests wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship. The wise investment in children and families becomes the basis of a prosperous and sustainable society.

The basic architecture of the human brain is constructed through an ongoing process that begins before birth and continues into adulthood. Like the construction of a home, the building process begins with laying the foundation, framing the rooms and wiring the electrical system in a predictable sequence. Early experiences literally shape how the brain gets built; a sturdy foundation in the early years increases the probability of positive outcomes. In the first few years of life, more than one million new neural connections form every second, which means every second counts for brain development. A fragile foundation increases the odds of later difficulties.

The interactive influences of genes and experience shape the developing brain. The active ingredient is the “serve and return” relationships of children with their parents and other caregivers in their family or community. Like the process of serve and return in games such as tennis and volleyball, young children naturally reach out for interaction through babbling and facial expressions. If adults do not respond by getting in sync and doing the same kind of vocalizing and gesturing back at them, the child’s learning process is incomplete. This has negative implications for later learning.

When a young child experiences excessive stress, such as Adverse Childhood Experiences (ACEs), extreme poverty, abuse or severe maternal depression – what scientists now call “toxic stress” – it can disrupt the architecture of the developing brain. This can lead to lifelong difficulties in learning, memory and self-regulation. Severe or chronic stress releases harmful chemicals in the brain that impair cell growth and make it harder for neurons to form healthy connections, damage

the brain's developing architecture and increasing the probability of poor outcomes. Intervention in the lives of children who are experiencing toxic stress should not be delayed.

Children who experience the trauma of child abuse are more likely to have difficulty developing trusting relationships. They are less likely to be successful in school and more likely to exhibit behavior problems. They are more likely to have mental health and substance abuse treatment needs. Even in adulthood, they are more likely to experience challenges in maintaining stable relationships and employment. Too frequently, child abuse is intergenerational, and effective responses to first instances of abuse are more likely to reduce future abuse not only to that individual child, but to future generations.

Science tells us that many children's futures are undermined when stress damages the early brain architecture. Trying to change behavior or build new skills on a foundation of brain circuits that were not wired properly when they were first formed requires more work and is less effective. Later interventions are more costly and produce less desirable outcomes than the provision of nurturing, protective relationships and appropriate experiences earlier in life. We know that children who are exposed to serious early stress develop an exaggerated stress response that, over time, weakens their defense system against diseases from heart disease to diabetes and depression.

## Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



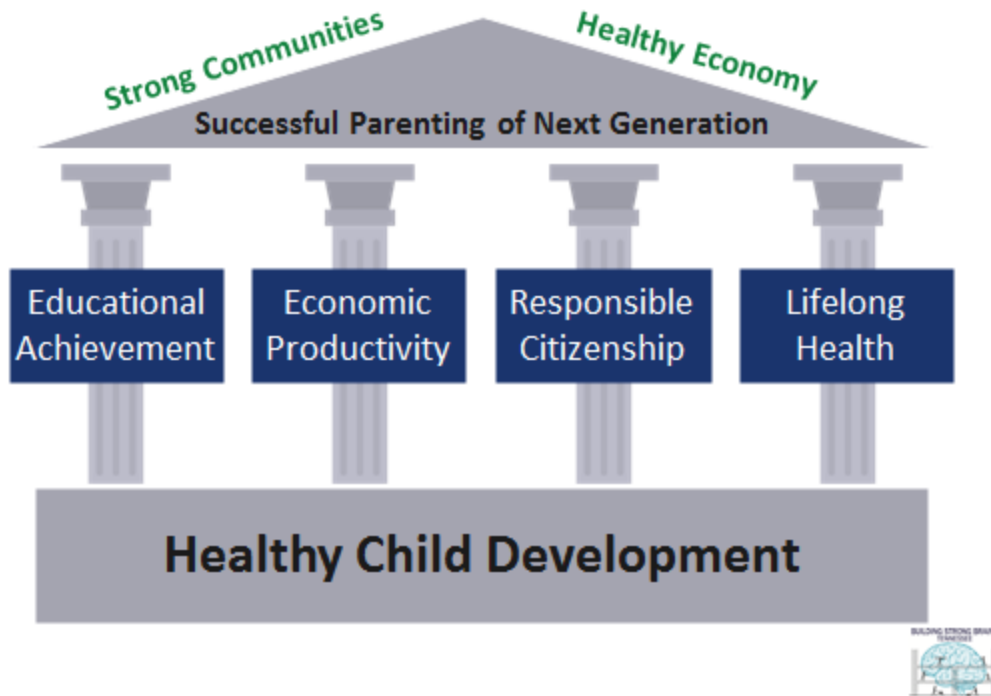
This pyramid was developed to explain the relationship between ACEs and the rates of disease and disability associated with a higher score. When children and families do not have policies and community supports to prevent high ACE scores, higher ACEs leads to disrupted brain development through a lack of serve and return interactions. Science has shown higher ACE scores compromise social, emotional and cognitive development. When communities do not provide safe, stable and nurturing relationships to support strong brain architecture and buffer constant stress, children and adolescents with high ACE scores are at a greater risk to adopt health risk behaviors to cope such as substance and alcohol abuse. Disease, disability and social problems logically follow the adoption of these unhealthy coping skills. One of the most astounding findings from the study from which the pyramid is based is the study showed when a person has four or more ACEs, they tend to die 5-10 years earlier than people who have low or no ACEs. A subsequent study conducted by the National Institute of Health found that when a person has six or more ACEs, their life is cut short by 20 years on average.

The left side of the pyramid depicts the epigenetic mechanisms changing across the lifespan. The right side of the pyramid going down depicts intergenerational transmission of ACEs. Parents with high ACE scores who have children have a much higher likelihood of passing ACEs onto their children. Communities and supports that provide safe, stable and nurturing relationships and environments can disrupt this cycle and positively impact epigenetics.

Preventing child abuse and intervening effectively when it first occurs are keys to avoiding lifelong negative consequences from child abuse. Cases reviewed by the SLC continue to make it abundantly clear that there are opportunities to strengthen the systems responding to child maltreatment in Tennessee. As a state, we can and we must identify and implement strategies to ensure children who experience severe abuse, who are among the most vulnerable Tennesseans, receive the protection and remediation assistance they deserve. It will take a concerted and sustained effort to peel away the many layers of this complex issue to get to the core.

As Tennesseans understand the impact of ACEs, they will realize the future economic development and prosperity of the state depends on what we do to prevent these experiences whenever possible and to wrap services around children and families when they cannot be prevented. The picture below illustrates how healthy child development ultimately leads to strong communities and a healthy economy.





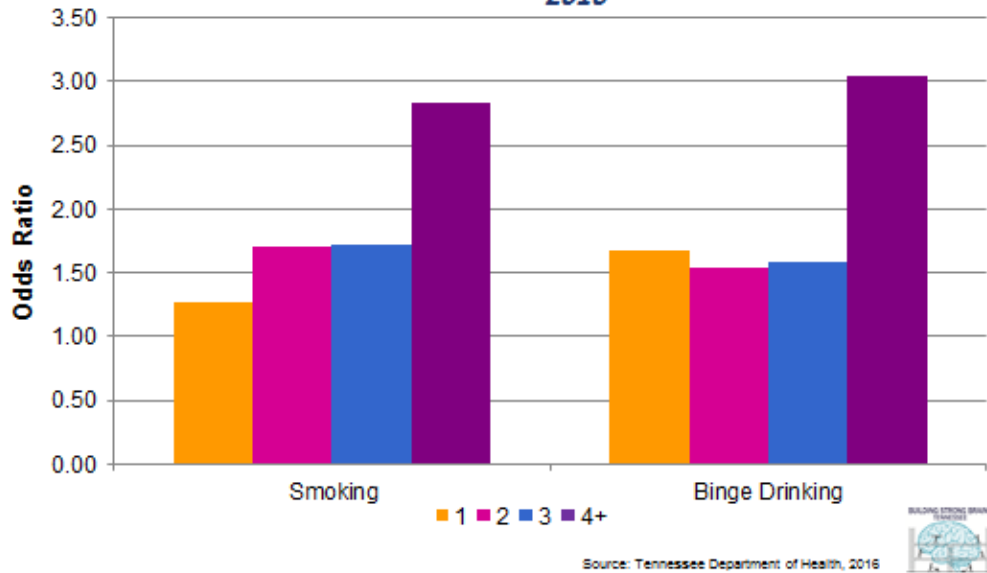
Better collaboration across disciplines, departments, agencies and communities, and focus on the infrastructure of services and supports make a difference. When child abuse and domestic violence prevention, home visiting, mental health and substance abuse services for parents, and a variety of other services and supports are available for early intervention, they put in place a preventive system that catches children before they fall. This kind of sound investment in our society’s future is confirmed by brain science. It improves outcomes for children now and is a significant foundation for solutions to many of the long-standing and nagging challenges we face as a state in our health, mental health, social services, child protection, and juvenile and criminal justice systems.

Based on data provided by the Tennessee Department of Health, Tennesseans with higher ACE scores have a greater risk of engaging in health risk behaviors. Four or more ACEs dramatically increase the risks of smoking and binge drinking.



## Tennesseans with Higher ACE Scores Have a Greater Risk of Engaging in Health Risk Behaviors

2016

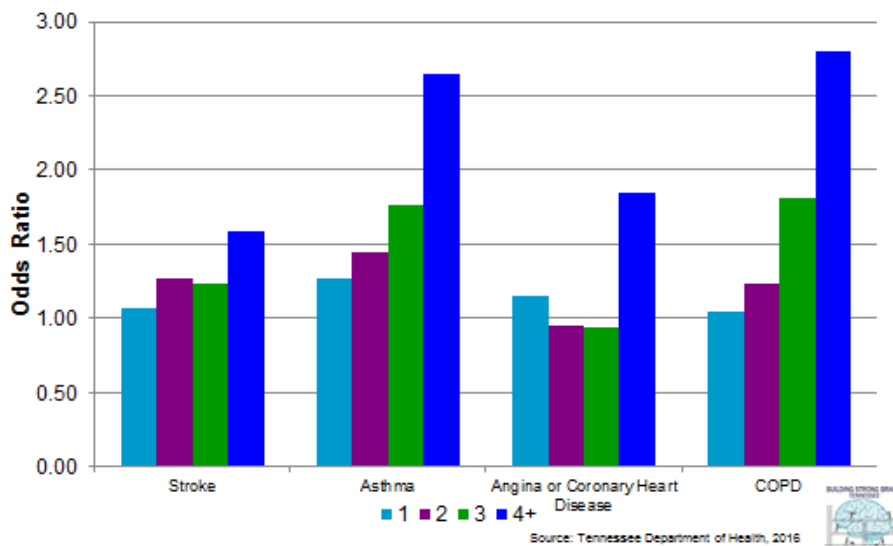


Based on data provided by the Tennessee Department of Health, Tennesseans with higher ACE scores have a greater risk of disease. Four or more ACEs dramatically increase the risks of having asthma, Chronic Obstructive Pulmonary Disease, a stroke and coronary heart disease.

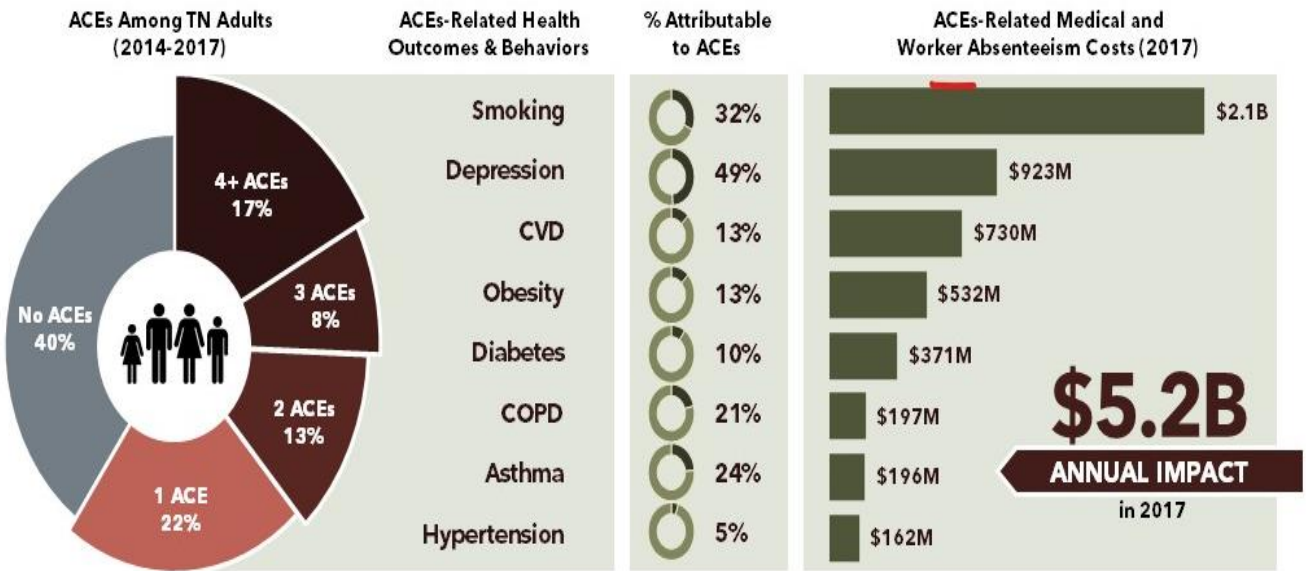


## Tennesseans with Higher ACE Scores Have a Greater Risk of Disease

2016



Research shows a correlation between the number of ACEs a person has and the risk of disease and the risk of engaging in health risk behaviors. Every child on the list of profiled cases provided to the SLC has experienced at least two ACEs. Many of them have experienced more than two ACEs.



Source: Sycamore Institute 2019

The Sycamore Institute determined that ACEs among Tennessee adults led to an estimated \$5.2 billion in direct medical costs and lost productivity from employees missing work. These costs are associated with eight ACEs-related health outcomes and behaviors. These estimates begin to shed light on how ACEs shape Tennesseans' health and influence our state's economy. By affecting our health outcomes and behaviors, ACEs increase health care costs in taxpayer-funded programs like TennCare, raise employers' costs for health care and productivity loss, and shrink earnings for employees who miss work. Efforts to prevent ACEs such as severe child abuse and mitigate their effects could potentially reduce those expenses.

## 2019 FINDINGS AND RECOMMENDATIONS

### Process for Reviewing Cases

This is the sixth year the list of cases provided by DCS contains cases involving abuse and neglect deaths. The SLC decided to review both abuse and neglect death cases on the FY 2018 list. The SLC also decided to concentrate on Drug Exposed Child cases in which the child is five years of age or younger.

For each case reviewed, the SLC gathers information from various individuals, departments and agencies. The documentation gathered by the SLC typically includes records from the following, when applicable: DCS, medical service providers, juvenile courts, law enforcement, criminal courts, educational systems, child advocacy centers and various service provider records. In addition to gathering documentation, the SLC obtains additional information through email requests, telephone calls and site visits, when appropriate. The director of the SLC reviews all the gathered information and provides a written case summary of the cases the SLC will review one week prior to the investigatory meeting of the SLC. Members of the SLC read the summaries prior to the investigatory meetings and arrive at the meetings prepared to analyze each case thoroughly. This calendar year, 2019, the case summaries averaged approximately 48 pages each.

The list of cases provided by DCS for fiscal year 2017-2018 (FY 2018) reported 555 children experienced a second or subsequent incident of severe child abuse. As illustrated by graphs later in this report, the FY 2018 number of children who experienced a second or subsequent incident of severe child abuse is 33 children fewer than FY 2017. Similar to previous years, sexual abuse was the most prevalent second or subsequent incident of listed severe child abuse during FY 2018. Sexual abuse accounted for approximately 82 percent of the second or subsequent incident of severe child abuse in FY 2018. However, sexual abuse accounted for approximately 30 percent of the combined maltreatment type set forth in the FY 2018 list of cases. The most prevalent type of child abuse on the FY 2018 list of cases was Drug Exposed Child/Infant. Drug exposure accounted for approximately 37 percent of the combined maltreatment type set forth in the FY 2018 list of cases. More than one-third of all the children represented in the FY 2018 list were exposed to drugs.

Reviewing cases of a second or subsequent incident of severe child abuse continues to be painful, yet necessary. As SLC members reviewed cases involving severe child abuse during calendar year 2019, SLC members identified missed opportunities that might have prevented repeat child abuse. The impact of trauma caused by severe child abuse often disrupts the developing brain of the child. Although there continues to be a need for a concentrated and concerted review of these cases by the SLC, changes continue to occur that will likely have a positive impact on reducing the rate and consequences of severe child abuse.

The following findings and recommendations are based primarily on the child death and severe abuse cases reviewed by the SLC during the 2018 calendar year. The recommendations recommend specific action steps to help resolve a finding in some instances and further research and investigation in other instances. The findings and recommendations are discussed below.

### **Findings and Recommendations**

The findings and recommendations are grouped in four focus areas: Investigations, Compliance, Education and Services.

## **Investigations:**

FINDING – SLC members found fathers who are not in the home are sometimes not sufficiently engaged during investigations. Members found additional investigative actions can often be taken to identify and locate fathers. By failing to identify and locate these fathers, Tennessee may be missing an opportunity to provide a safe, stable nurturing environment for the subject child. Additional efforts and resources are warranted. Moreover, SLC members found paramours were often not given the proper attention during investigations. As a result of the investigation, the paramour may be ordered to have no or restricted contact with the subject child. In those instances in which the paramour is allowed to have contact with the subject child, restricted or otherwise, it appears additional protective responses are often necessary. Court orders alone do not always provide the intended protection. The mothers of the subject children often continue their relationship with the paramour.

RECOMMENDATION – In line with a multidisciplinary approach, SLC members recommend DCS and law enforcement need to do more work with and provide greater scrutiny to paramours and fathers generally. More specifically, when a mother states a father is not a part of the child's life, child abuse prevention stakeholders should ask additional questions to better ascertain what the mother means. Child abuse prevention stakeholders should check child support records and other resources that may be able to identify and locate fathers. Other resources include other family members and friends of the mother. If the child is old enough, the child may be able to provide some information. If the paramour is likely to continue to be a part of the mother's life, child abuse prevention stakeholders must determine whether the paramour should participate in services provided to the family.

FINDING – SLC members sometimes noted mental health issues of caregivers do not appear to be adequately addressed during investigations. The failure to expeditiously and adequately address underlying mental health issues may unnecessarily leave children in unsafe environments.

RECOMMENDATION – SLC members stated evidence-based global assessments may be appropriate in all investigations. Additionally, parties should be reassessed during investigations as circumstances change. DCS and other child abuse prevention stakeholders must give assessment results the necessary consideration and help provide services accordingly.

DCS Response: The need to improve the assessment process to ensure a more thorough or global assessment is conducted with a family is a strategy that is outlined in the department's Child and Family Services Review Program Improvement Plan. These efforts are being tracked and monitored quarterly. This monitoring will also incorporate the expectation that reassessments occur regularly and address changes in circumstances within the family.

FINDING – During the course of reviewing cases, SLC members stated defense attorneys are using the Unsubstantiated DCS investigation classification to bolster their cases. SLC members noted a classification of Unsubstantiated does not mean nothing happened or there is absolutely no evidence of child abuse.

RECOMMENDATION – SLC members recommends CPIT training regarding the meaning of the various DCS investigation classifications.

DCS Response: The Office of Child Safety provides training several times throughout the year specific to CPIT investigations and invites CPIT members to participate. Also, the Child Advocacy Centers TN in partnership with the National Children’s Advocacy Center in Huntsville, AL provides technical assistance to facilitate trainings with CPIT members.

FINDING – Provided documentation indicates case histories may not be thoroughly reviewed or may not be given the proper weight in determining child safety. Case histories often contain information that should influence decisions in current investigations.

RECOMMENDATION – Case histories must be thoroughly reviewed and given the appropriate consideration.

DCS Response: As noted in prior reports from the Second Look Commission, improving documentation has been an area of focus. Trainings specifically on documentation are delivered regularly and have been incorporated into the CPS Academy. One component of this training outlines the importance of researching for prior DCS history with the family and this is often documented in the opening summary at the initiation of a CPS investigation.

FINDING – SLC members noted some case note entries into TFACTS were delayed. Delays inputting case notes into TFACTS means vital information may not be available to DCS employees working on the matter when needed.

RECOMMENDATION – Continued emphasis and monitoring regarding the timely entering information into TFACTS. SLC acknowledge DCS has shown substantial improvement in this area over time.

DCS Response: Timely and accurate documentation continues to be addressed in training and case file reviews and as noted in the recommendation, this has resulted in noted improvements.

FINDING/RECOMMENDATION – Child abuse prevention stakeholders with a duty to investigate allegations of child abuse must interview all appropriate collateral witnesses.

OBSERVATION – When a pill count does not align with the prescription during a DCS investigation, DCS and other child abuse prevention stakeholders need to take appropriate action to ensure the subject child is safe. The pill count results may be an indication of additional child safety issues.

DCS Response: The Office of Child Safety collaborated with substance abuse experts and community partners to create training opportunities for staff specifically related to addiction and substance abuse. Training has been delivered in numerous counties across the state and in conjunction with the on-going support of the specialized drug teams. Additionally, the department is focusing efforts to create training opportunities for DCS and community partners on addiction in the Governor’s Executive Order 1 underserved counties.

**Compliance:**

FINDING – SLC members observed a lack of compliance with and enforcement of No Contact orders primarily by family members.

RECOMMENDATION – Courts must continue to clearly explain, orally and in written word, the scope and duration of No Contact Orders. Courts, DCS and law enforcement must take violations of No Contact orders very seriously, monitor and enforce the provisions of these Orders with the full weight of the law.

FINDING – SLC members observed a lack of understanding of the mandatory child abuse/neglect reporting statute. For example, SLC members found a landlord or caretaker of the property in which a family resided knew or should have known about the conditions of the property and should have reported the unsafe conditions to law enforcement or DCS as a child abuse or neglect referral.

RECOMMENDATION – The general public needs to be educated about Tennessee’s mandatory reporting requirements. Tennessee has one of the strongest child abuse reporting statutes in the nation. Despite the strength of Tennessee’s mandatory reporting laws, the Tennessee General Assembly has recently recognized the need to better identify and report suspected child abuse as evidenced by the recent enactment of TCA §37-1-408, which requires DCS to develop guidelines on the best practices for identifying and reporting signs of child abuse, child sexual abuse, and human trafficking in which the victim is a child. The Department of Education (DOE) is required to use the guidelines to identify child abuse training programs appropriate for teachers. Each LEA and each public charter school is required to ensure teachers complete a child abuse training program identified by DOE or a training program that meets the guidelines established by DCS, as part of the teacher's annual in-service training.

The guidelines developed by DCS pursuant to TCA §37-1-408 could be used to develop additional resources to educate the general public.

DCS Response: Training materials were created by the Children’s Justice Task Force and are available on the following website: <https://children.sworpswebapp.sworps.utk.edu/child-abuse-training-and-resources/>. The DCS website also offers a section on reporting child abuse and staff are often requested as presenters for schools or community meetings on the topic of reporting child abuse.

FINDING – SLC members found obtaining alcohol and drug assessments and monitoring compliance with the recommendations present an opportunity to better handle severe child abuse cases in Tennessee. Alcohol and drug assessments are not always easily obtained. Sometimes rural areas present unique challenges to obtaining and monitoring drug and alcohol assessments and results. Obtaining timely and accurate information regarding a person’s compliance with the recommendations of an alcohol and drug assessment is also an issue.

RECOMMENDATION – Child abuse prevention stakeholders and behavioral health specialist need to have greater coordination. The coordination needs to occur at all levels, but particularly with the frontline workers. The SLC invited a representative of the Tennessee Department of Mental Health and Substance Abuse Services (TMHSAS) to a meeting to help develop solutions for greater coordination. TMHSAS sent a representative to one of the SLC meetings and the SLC is exploring ways to improve the coordination of behavioral health services during severe child abuse investigations.

DCS Response: In 2017, specialized drug teams were created and now are located in four (4) regions in the east Tennessee. A newly created drug team will be implemented in Shelby County in January 2020. The coordination between the drug team members and the treatment specialists is a strength that is noted with this specialization and will be expanded into other areas as resources are available. Recent funding to DCS from Victims of Crime Act (VOCA) will provide the opportunity for Sobriety Treatment and Recovery Teams (START) to be implemented in several regions, which will add family mentors and addiction specialists to supplement the work in the counties with drug teams and Safe Baby Courts. This will also create opportunities to identify gaps in services and increase resources for families and young children.

**Education:**

FINDING – Caregivers with drug or alcohol issues often relapse while their children are in their custody.



RECOMMENDATION – SLC members saw the need to provide ongoing education to all child abuse prevention stakeholders about developing and implementing contingency plans for when caregivers relapse.

DCS Response: The specialized drug teams include the ability to provide long term case management to those families with infants impacted by substance abuse. After an investigation is concluded, the case can be transitioned to a Family Support Services (FSS) case manager for on-going services and monitoring. With the addition of addiction specialists and family mentors, it is anticipated that contingency planning and resource availability will be stronger and more effective.

FINDING – Drug exposed children and infants often present a variety of health and behavioral issues for caregivers, to include relative caregivers, foster parents and safety placements. Sometimes drug exposed children and infants are placed with individuals who underestimate and do not have the resources to appropriately respond to the needs of the children.

RECOMMENDATION – Caregivers need the appropriate training to a safe, stable and nurturing environment to drug exposed children and infants.

FINDING – Sometimes well-meaning foster parents encourage children to disclose their abuse in ways that could interfere with the investigation.

RECOMMENDATION – Foster parents would benefit from ongoing training, to include training to help prevent foster parents from coaching disclosures from foster children.

FINDING – During the course of investigations and providing services, individuals sometimes continued to produce babies. Several of the pregnancies did not appear to be planned.

RECOMMENDATION – Tennessee needs to continue to educate families about the use of long-acting reversible contraception.

OBSERVATION – SLC members concluded child abuse prevention stakeholders would benefit from participating in a child abuse simulation lab. SLC members stated there should be a child abuse simulation lab in every DCS region. This observation is consistent with DCS’ budget increase request to enhance training services provided to new frontline employees through simulation labs designed to provide realistic scenarios.

**Services:**

FINDING – SLC members noted the recommendations from drug and alcohol assessments often did not produce positive results for the involved children and families.

RECOMMENDATION – Child abuse prevention stakeholders and behavioral health specialists need to ensure caregivers with drug and alcohol use issues are receiving evidence-based assessments and following the recommendations. SLC members acknowledge an appropriate recovery plan may fail for a variety of reasons that have nothing to do with the accuracy of the assessment and the sufficiency of the recommendations.

FINDING – Child abuse prevention stakeholders need to follow drug abuse cases longer to provide the necessary supports to the caregivers and children involved.

RECOMMENDATION – Child abuse prevention stakeholders need to collaborate to develop a system to extend services for a reasonable time during rehabilitation of the perpetrator when appropriate.

DCS Response: The FSS teams that were created with the specialized drug teams provide on-going case management to families impacted by substance abuse. As resources are available, these teams can be expanded to serve other counties.

FINDING – Children in several cases reviewed had multiple placements during the investigations. Reducing the number of placements while keeping the children safe is an opportunity to improve how Tennessee handles severe child abuse cases.

RECOMMENDATION – Relative caregivers are a valuable resource. One way to potentially reduce placements is to provide the necessary financial and child care support to relative caregiver placements. While acknowledging the preference to safely place a child with family, another way to potentially reduce placements is to strategically consider placement with individuals who have a relationship with a child even though they are not related by blood or marriage.

DCS Response: This finding highlights the complexity of the cases and the desire to reduce trauma while ensuring children are safely placed outside their home. More than a third of CPS investigations involve substance abuse or addiction, which can often result in juvenile court intervention or oversight which can impact placement decisions.

GENERAL RECOMMENDATION – The State of Tennessee should research specialized approaches adopted in Tennessee designed to improve child safety in child abuse cases and build upon the successful approaches.

For example, DCS developed and implemented specialized drug teams in 2017 which are still operational. They were created to expedite and modify the response to families with substance abuse issues due to the increase of substance affected children. The specialty team, which was piloted in collaboration with the University of Tennessee (UT) Hospital in Knox County, investigates drug exposed infants born or hospitalized at the UT Hospital who reside in Knox, Smoky or East regions. The need for additional specialization for drug exposed children, and families impacted by addiction, was identified soon after this implementation and two additional teams were created in February 2018, to cover the eight counties in the Northeast region and a second team was assigned to the Knox, Smoky and East regions working with infants from other regional hospitals. DCS will create another drug team January 2020 in Shelby County. If there is data showing increased safety for children and better outcomes for children and families, the specialized drug teams should be supported so they can serve additional jurisdictions.

DCS Response: In collaboration with the TDMHSAS and the AOC, Safe Baby Courts will expand into 5 additional counties by January 2020, which will result in a total of 12 courts located across the state. With the new VOCA funding, opportunities for expanding and stronger collaboration will occur to increase resources and provide a more robust service delivery system for families impacted by substance abuse and involved in the Safe Baby Courts.

OBSERVATION – SLC members noted the importance of prenatal care to the health of all children and particularly drug exposed infants. SLC members stated barriers to such care must be reduced or eliminated.

OBSERVATION – SLC members discussed the need to ensure all involved parties, particularly children and caregivers, receive the appropriate behavioral health and medical services. Appropriate and easily accessible behavioral health services for pregnant mothers and caregivers with children is necessary. When it can be done safely, SLC members encourage addiction recovery efforts that keep caregivers and children together.

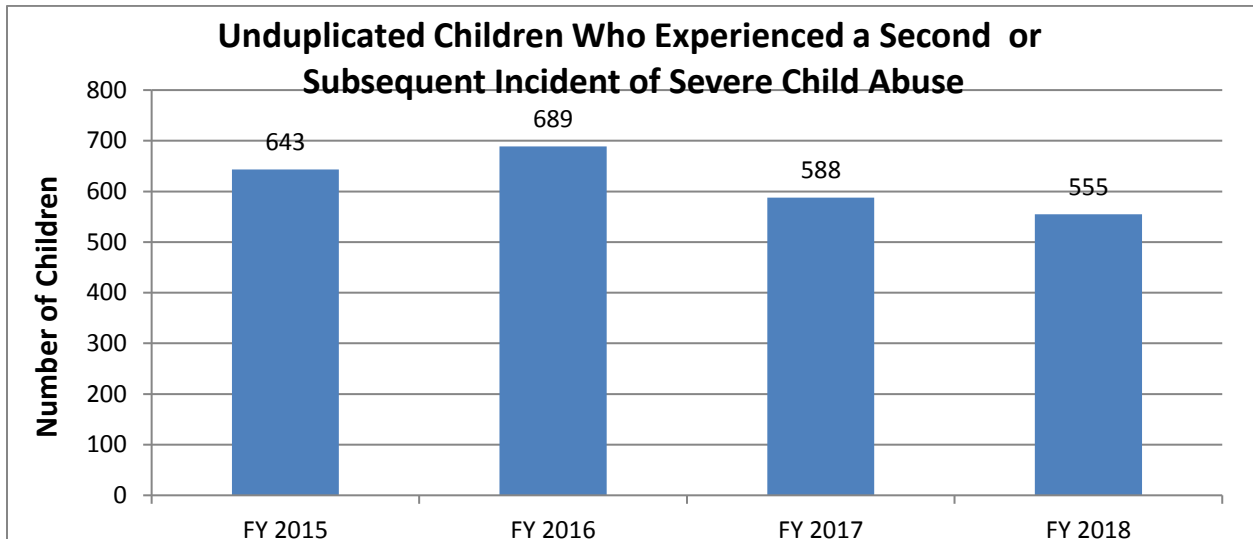
OBSERVATION – In several cases, SLC members believed if the Safe Babies Court Team (SBCT) approach had been available in that county it would probably have yielded better results and additional protection for the children. Safe Baby Courts are one of the best practices to help reduce repeat child abuse. According to the *Final Evaluation Report of the Quality Improvement Center for Research-Based Infant-Toddler Court Teams* (December 2017), SBCTs dramatically increase the safety of children. The Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-ITCT) provides training and technical assistance to fully develop research-based infant-toddler court teams based on the Safe Babies Court Team (SBCT)

approach. The report states recurrence of child abuse “among children involved with QIC-ITCT sites was 1.2%. This finding is in line with the first evaluation of the SBCT approach that reported 0.5% recurrence within the next 6 months among 186 children (Hafford & DeSantis, 2009). This is lower than the current 12 months national standard of 9.1%, and also lower than the child welfare outcomes’ 2014 national median of 4.9% for recurrence of maltreatment that uses a 6-month period instead of 12 months (Administration for Children and Families, 2017b).”

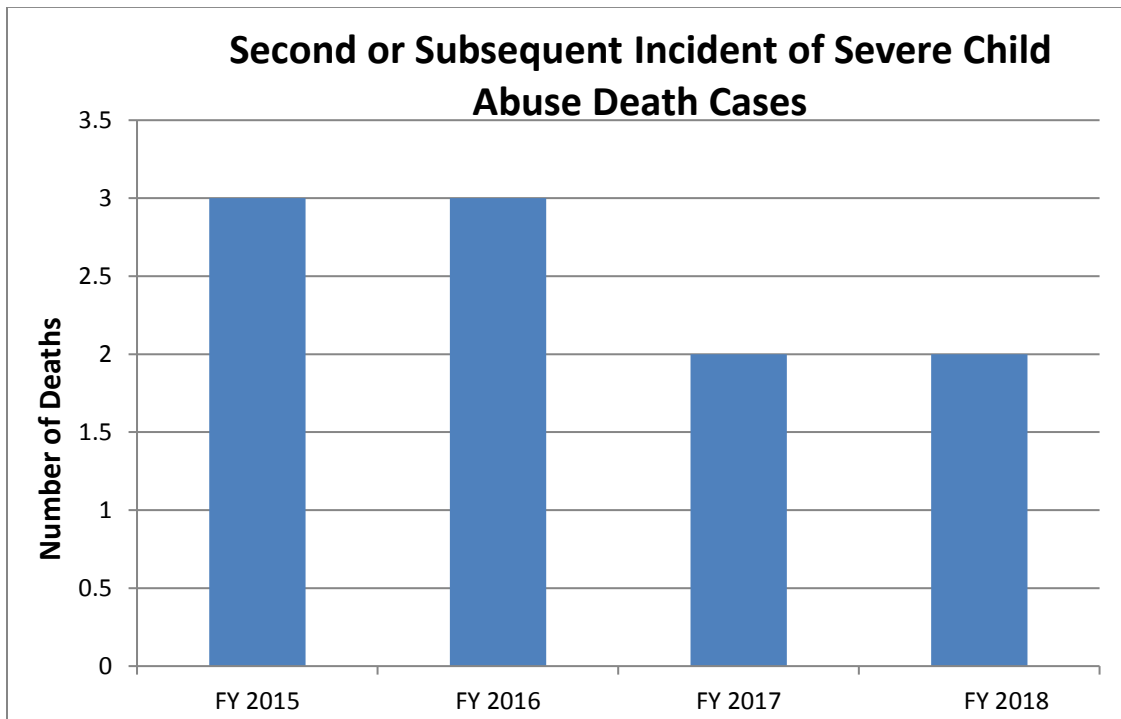
<http://qicct.org/sites/default/files/QIC-ITCT%20Final%20Evaluation%20Report%202017%20%28Full%20Report%29.compressed.pdf>

### Repeat Child Abuse Data

The reported number of children who experienced a second or subsequent incident of severe child abuse for FY 2018 is 555. The number of children who were subjected to a second or subsequent incident of severe child abuse declined in FY 2018 from the previous year. In fact, the data from FY 2016, 2017 and 2018 shows a downward trend.

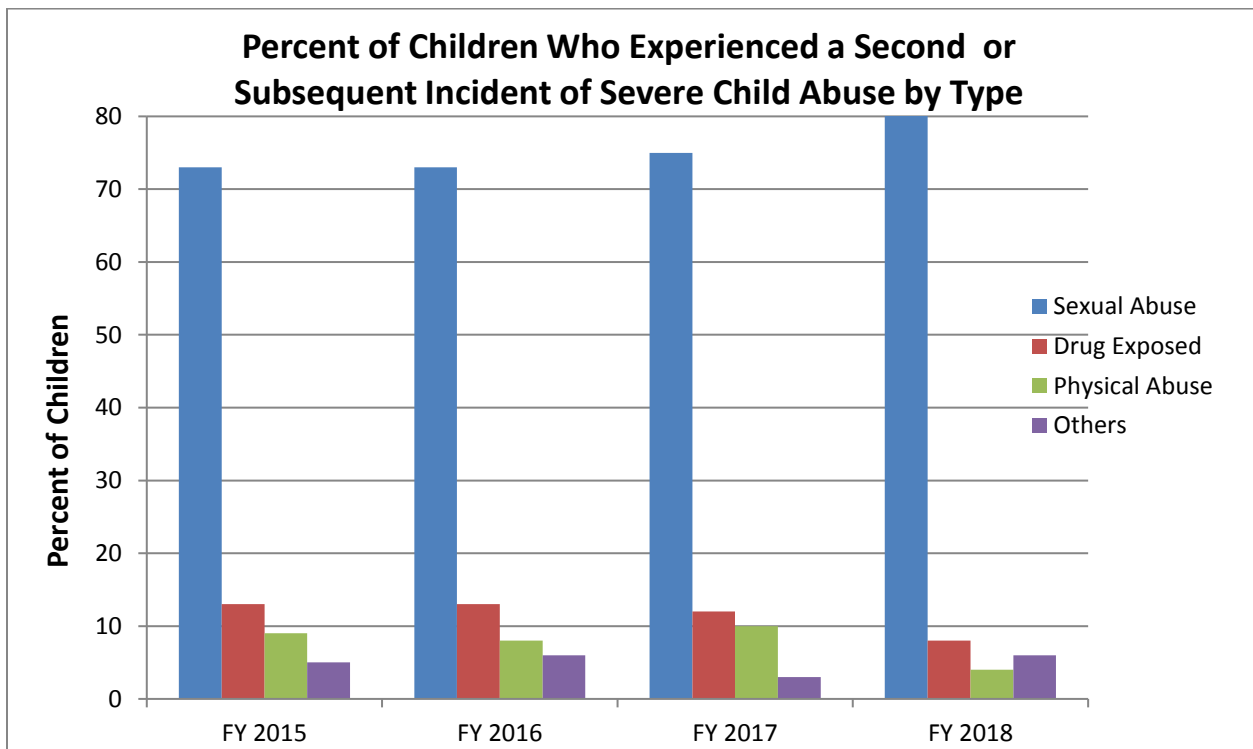


The number of second or subsequent incident of severe child abuse death cases for FY 2018 is 2.



The types of maltreatment for FY 2018 (the second or subsequent incident) are as follows:

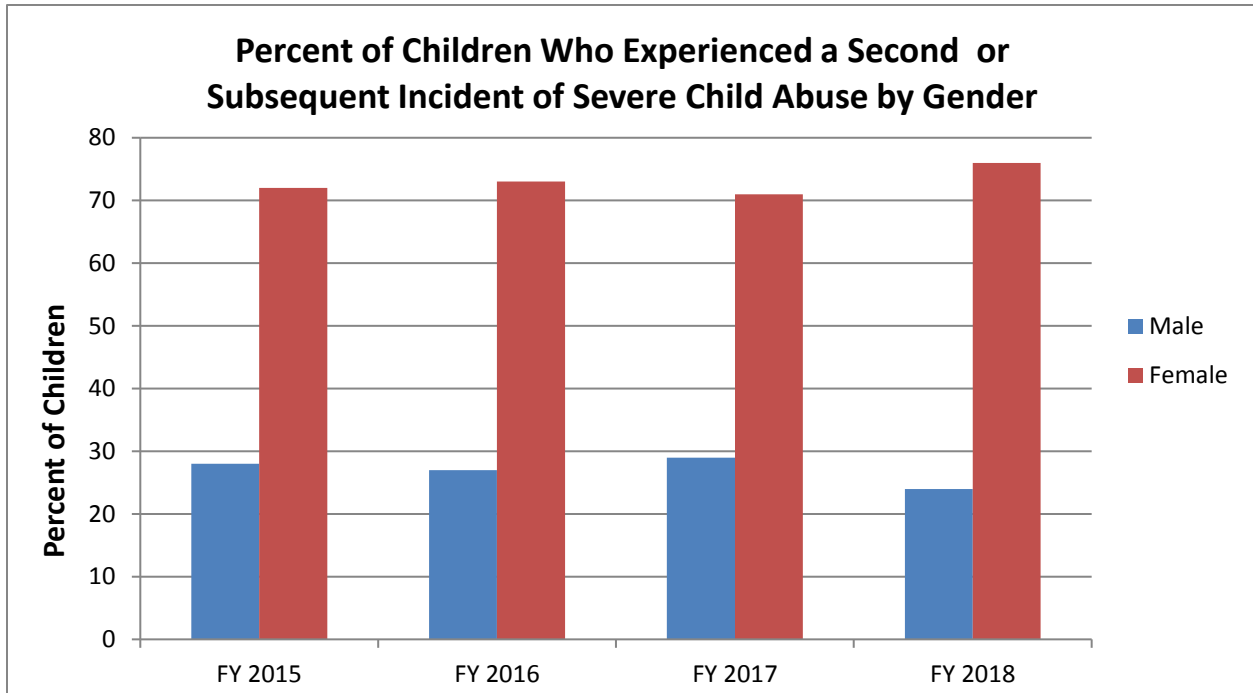
- Abandonment: less than 1 percent;
- Abuse Death: less than 1 percent;
- Drug Exposed Child: 8 percent;
- Lack of Supervision: 4 percent;
- Medical Maltreatment: less than 1 percent;
- Physical Abuse: 4 percent;
- Psychological Harm: less than 1 percent;
- Sexual Abuse: 82 percent.



Again, it is important to note sexual abuse accounted for approximately 30 percent of the combined maltreatment type set forth in the FY 2018 list of cases. The most prevalent type of child abuse, including the first and second incidents, on the FY 2018 list of cases was Drug Exposed Child/Infant. Drug exposure accounted for approximately 37 percent of the combined maltreatment type set forth in the FY 2018 list of cases.

The gender composition of the victims of the total population of cases for FY 2018 is as follows:

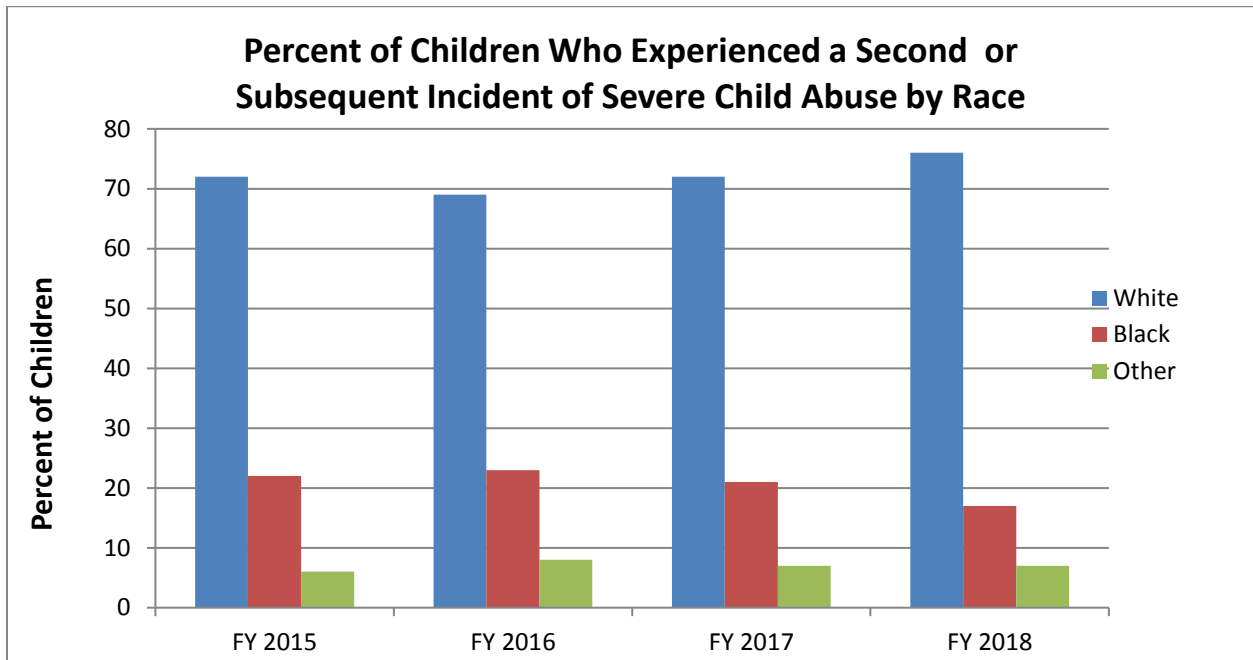
- Female: 76 percent;
- Male: 24 percent.



For fiscal years 2015 through 2018, male children were approximately 27 percent and female children were approximately 73 percent of the total population of the children who experienced a second or subsequent incident of severe child abuse in Tennessee based on data provided by DCS. However, for the calendar years 2015 through 2018, male children were approximately 51 percent and female children were approximately 49 percent of the total population of children in Tennessee. Based on the total population of children, female children are disproportionately represented among children who have a substantiated second or subsequent incident of severe child abuse.

The racial composition of the victims of the total population of cases for FY 2018 is as follows:

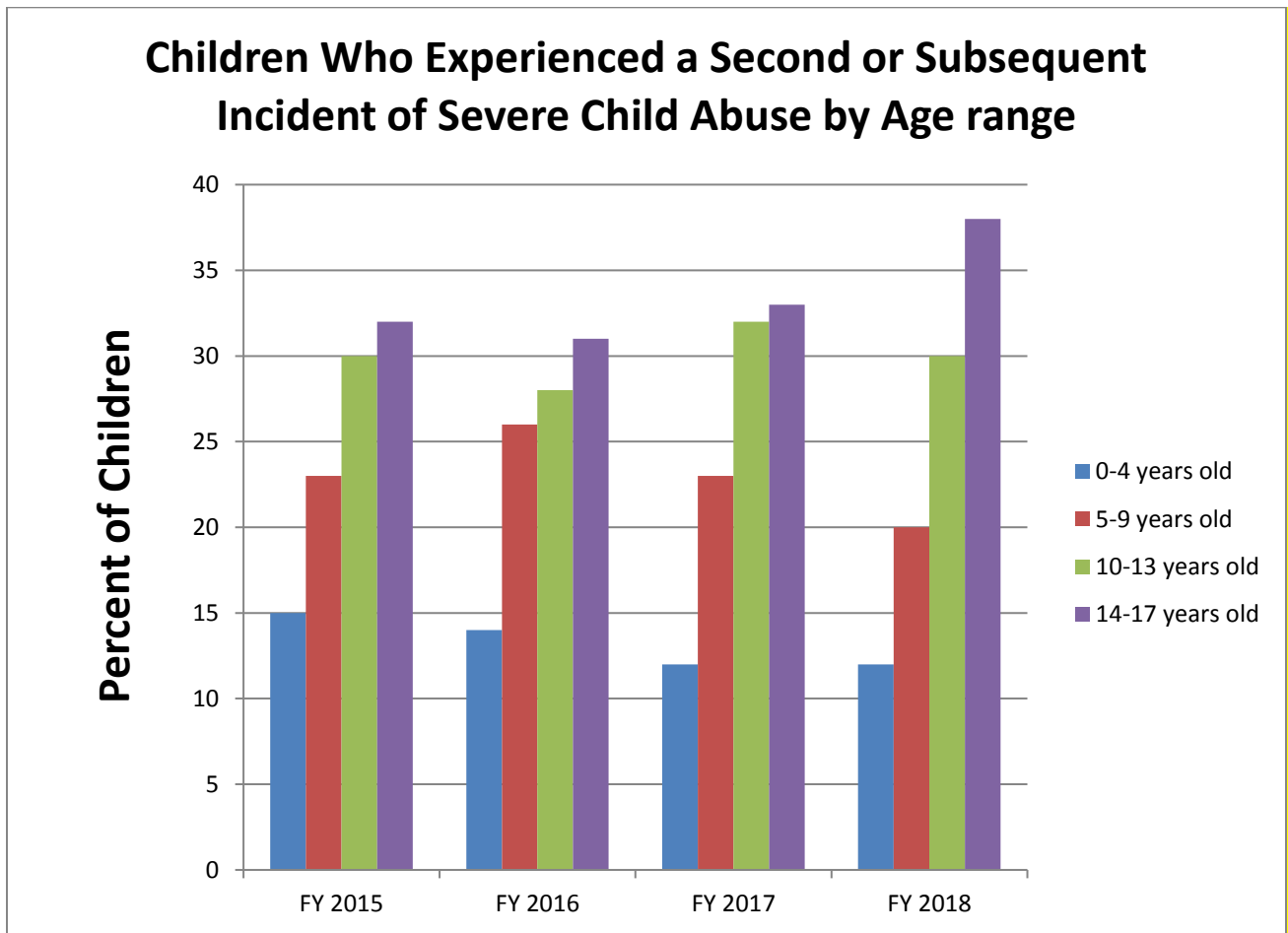
- White: 76 percent;
- Black: 17 percent;
- Multiple/Unable to determine: 7 percent.



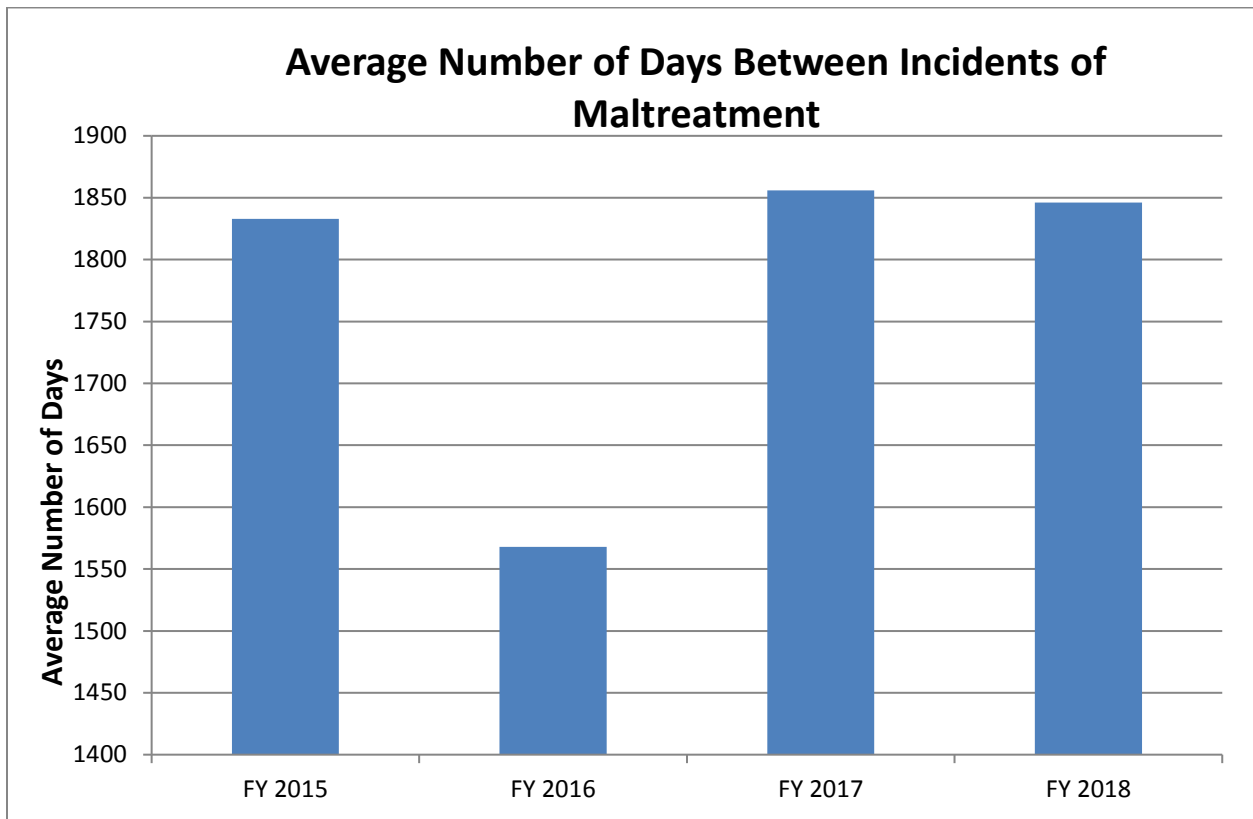


The age range composition of the children at the time of the incidents of abuse for FY 2018 is as follows:

- 0-4 years old: 12 percent;
- 5-9 years old: 20 percent;
- 10-13 years old: 30 percent;
- 14-17 years old: 38 percent.



The average number of days between incidents of maltreatment for FY 2018 is 1,846.



Number of individual children who experienced a second or subsequent incident of severe child abuse for fiscal year 2018 reported in each county by judicial districts:

1<sup>st</sup> Judicial District

Carter	2
Johnson	1
Unicoi	3
Washington	4

2<sup>nd</sup> Judicial District

Sullivan	9
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3<sup>rd</sup> Judicial District

Greene	4
Hamblen	4
Hancock	1
Hawkins	2

4<sup>th</sup> Judicial District

Cocke	9
Grainger	4
Jefferson	4
Sevier	13

5<sup>th</sup> Judicial District

Blount	8
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6<sup>th</sup> Judicial District

Knox	30
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7<sup>th</sup> Judicial District

Anderson	22
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8<sup>th</sup> Judicial District

Campbell	8
Claiborne	1
Fentress	3
Scott	3
Union	4

9<sup>th</sup> Judicial District

Loudon	4
Meigs	1
Morgan	1
Roane	10

10<sup>th</sup> Judicial District

Bradley	5
McMinn	4
Monroe	11
Polk	2

11<sup>th</sup> Judicial District

Hamilton	12
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12<sup>th</sup> Judicial District

Bledsoe	0
Franklin	5
Grundy	0
Marion	2
Rhea	2
Sequatchie	4

13<sup>th</sup> Judicial District

Clay	3
Cumberland	2
DeKalb	3
Overton	1
Pickett	0
Putnam	4
White	4

14<sup>th</sup> Judicial District

Coffee	10
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15<sup>th</sup> Judicial District

Jackson	2
Macon	1
Smith	4
Trousdale	1
Wilson	8

16<sup>th</sup> Judicial District

Cannon	0
Rutherford	15

17<sup>th</sup> Judicial District

Bedford	4
Lincoln	6
Marshall	2
Moore	0

18<sup>th</sup> Judicial District

Sumner	12
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19<sup>th</sup> Judicial District

Montgomery	15
Robertson	7

20<sup>th</sup> Judicial District

Davidson	57
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21<sup>st</sup> Judicial District

Hickman	6
Lewis	3
Perry	1
Williamson	1

22<sup>nd</sup> Judicial District

Giles	3
Lawrence	10
Maury	10
Wayne	2

23<sup>rd</sup> Judicial District

Cheatham	7
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Dickson	11
Houston	0
Humphreys	5
Stewart	3

24<sup>th</sup> Judicial District

Benton	2
Carroll	4
Decatur	3
Hardin	1
Henry	4

25<sup>th</sup> Judicial District

Fayette	1
Hardeman	2
Lauderdale	5
McNairy	1
Tipton	5

26<sup>th</sup> Judicial District

Chester	5
Henderson	6
Madison	9

27<sup>th</sup> Judicial District

Obion	2
Weakley	4

28<sup>th</sup> Judicial District

Crockett	2
Gibson	5
Haywood	4

29<sup>th</sup> Judicial District

Dyer	8
Lake	0

30<sup>th</sup> Judicial District

Shelby	51
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31<sup>st</sup> Judicial District

Van Buren	0
Warren	6

## **Statute Summary**

The Tennessee Second Look Commission is charged with reviewing an appropriate sampling of cases involving a second or subsequent incident of severe child abuse in order to provide recommendations and findings to the General Assembly regarding whether or not severe child abuse cases are handled in a manner that provides adequate protection to the children of this state. The Commission's findings and recommendations shall address all stages of investigating and attempting to remedy severe child abuse.

The Department of Children's Services (DCS) has the statutory obligation to submit to the Commission a table of cases meeting the criteria of the cases set forth in TCA §37-3-803 (severe child abuse). The Commission shall review the table of profiled cases submitted by DCS and submit a list of the cases to DCS after such review, setting out specific cases from the table that the Commission selects to review.

Notwithstanding any provision of law to the contrary, the Commission may access confidential information. Investigatory meetings of the Commission shall not be subject to the open meetings requirement and shall be closed to the public. Any minutes or other confidential information generated during an investigatory meeting shall be sealed from public inspection.

The Commission is administratively attached to the Tennessee Commission on Children and Youth (TCCY), but for all purposes other than administration, is an independent commission. Among other things, TCCY is responsible for providing the Commission members with any relevant information and assisting the Commission in the preparation of reports.

## **Conclusion**

The SLC continues to work with DCS and other stakeholders to provide and help implement findings and recommendations with the goal of Tennessee improving how it handles severe child abuse cases. SLC members have consistently demonstrated the ability, willingness and desire to fulfill the SLC's statutory obligations. Even more than simply fulfilling its statutory obligations, the SLC consistently has gone above and beyond its statutory obligations to function with excellence.

Tennessee has a history of leading the nation in a variety of ways and addressing difficult and complicated issues. For example, Tennessee has emerged as a national model for how a state can promote culture change in early childhood based on a philosophy that preventing and mitigating adverse childhood experiences, and their impact, is one of the most promising approaches to helping children lead productive, healthy lives and ensure the future prosperity of the state.

Unique systemic issues in cases reviewed are becoming less frequent. The addressing the recurring issues will require increased resources, innovation and collaboration among child abuse prevention stakeholders and other potential partners. The SLC is encouraged by the hard work currently being

done by DCS and other child abuse prevention stakeholders and is determined to support and build upon the success of that work to improve how Tennessee handles severe child abuse cases.



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**MEMBERSHIP**  
**December 21, 2019**

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TN General Assembly

Representative Mary Littleton, Co-Chair  
TN General Assembly

Carla Aaron, Executive Director  
TN Dept. of Children's Services  
Office of Child Safety

Mark Davidson, Esq.  
District Attorney General, 25th District  
TN District Attorneys General Conference

Representative John J. DeBerry  
TN General Assembly

Brenda Davis  
Vice Chairperson, Board of Directors  
Dawson House Child Advocacy Center

David Doyle, Esq.  
District Public Defender, 18th Judicial District  
District Public Defenders Conference

Senator Dolores R. Gresham  
TN General Assembly

Danielle Jones, Lieutenant  
Jackson Police Department

Gerald Papica, Ed.D.  
Tennessee Commission on Children and  
Youth

John Simmons, Special Agent in Charge  
Tennessee Bureau of Investigation

Deborah Taylor Tate, Executive Director  
Administrative Office of the Courts

Patty Tipton, Investigator  
Knoxville Police Department

Executive Director\*  
Tennessee Chapter of Children's Advocacy  
Centers

Physician\*

Private Attorney \*

Non-profit Sector Advocate\*

\* Vacancy