Second Look Commission
2020 Annual Report

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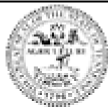


Tennessee Commission on Children and Youth authorization number 316627. December 2020. 45 copies. This public document was promulgated at a cost of $4.65 each.

Purpose

The future of any society depends on its ability to foster the health and well-being of the next generation. When Tennessee invests wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship. 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. Science tells us children's futures are undermined when stress, like the stress that is often produced by severe child abuse, damages early brain architecture. As Tennesseans understand the impact of adverse childhood experiences (ACEs), such as severe child abuse, we realize the importance of preventing and mitigating the effects of these experiences whenever possible.

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."

A variety of systems impact severe child abuse response, reduction and prevention. Undoubtedly, all the systems and stakeholders are working hard to respond, reduce and prevent severe child abuse. The best outcomes will occur when the various systems and stakeholders work collaboratively and inform the work of each other with the best interest of the child always being paramount. In continued efforts to facilitate collaboration and information sharing, the SLC sent its 2020 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:

- 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 Human Services
- Tennessee Department of Mental Health and Substance Abuse Services
- Tennessee Sheriff’s Association

Additional key system representatives and child abuse prevention stakeholders are statutory members of the SLC. SLC membership includes the following: 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 (CAC), 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.

It is heart-breaking to know Tennessee’s children continue to be subjected to second or subsequent incidents of severe child abuse despite the hard work of the various systems and child abuse prevention stakeholders. These same terrible acts drive the various systems and child abuse prevention stakeholders to continue and improve efforts to protect Tennessee’s children. The ongoing efforts to address this public health problem must be coordinated and systemic in nature.

Reporting Requirements

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 website of the Tennessee Commission on Children and Youth.

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.

Process for Reviewing Cases

This is the seventh 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 2019 list. In addition to the abuse and neglect abuse cases, the SLC also decided to concentrate on Drug Exposed Child cases. Excluding the abuse and neglect death cases, the first substantiated incident of child abuse occurred during or after calendar year 2017 in cases reviewed from the FY 2019 list of cases. Narrowing the reviews to more recent cases allows SLC members to review current practices and procedures.

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, 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.

The list of cases provided by DCS for fiscal year 2018-2019 (FY 2019) reported 517 children experienced a second or subsequent incident of severe child abuse. As illustrated by graphs later in this report, the FY 2019 number of children who experienced a second or subsequent incident of severe child abuse is 38 children fewer than FY 2018. Similar to previous years, sexual abuse was the most prevalent second or subsequent incident of listed severe child abuse during FY 2019. Sexual abuse accounted for approximately 72 percent of the second or subsequent incident of severe child abuse in FY 2019. However, sexual abuse accounted for approximately 25 percent of the combined maltreatment type set forth in the FY 2019 list of cases. The most prevalent type of child abuse on the FY 2019 list of cases was Drug Exposed Child/Infant. Drug exposure accounted for approximately 43 percent of the combined maltreatment type set forth in the FY 2019 list of cases. At least 43 percent of all the children represented in the FY 2019 list were exposed to drugs. That is approximately a six percent increase from the FY 2018 list of cases.

Although child prevention stakeholders are making improvements in their practices and procedures, SLC members identified missed opportunities that might have prevented repeat child abuse. The following findings and recommendations are based primarily on the severe child abuse cases reviewed by the SLC during the 2020 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 report also includes responses from DCS and observations from several child abuse prevention stakeholders who are not members of the SLC. 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. The findings, recommendations and observations are discussed below.

Second Look Commission 2020 Preliminary Findings and Recommendations

Investigations

FINDING: During investigations, SLC members suggest that hair follicle drug testing should be the preferred method of drug screening outside the setting of acute ingestion since it can detect drug usage for longer periods of time than urine tests.
RECOMMENDATION: DCS should consider using hair follicle drug tests in place of or in addition to urine tests as hair follicle drug tests can detect drug use in the previous 4-6 months as opposed to the previous 2-4 days for urine tests. Some pros of urine tests include low cost, most accurate results across drug testing options, flexibility for testing different types of drugs, and most likely to withstand legal challenge. However, with urine testing it is easier for specimen to be altered, and requires confirmatory testing for legal purposes. Hair follicle testing has the following pros: collection can be monitored, more difficult to alter, and does not deteriorate. However, hair follicle testing is of moderate to high cost, not effective for compliance monitoring, and cannot detect drug use from the 1-7 day window prior to testing. In some situations, it may be appropriate to use both forms of tests. (https://ncsacw.samhsa.gov/files/DrugTestinginChildWelfare.pdf)

In general, the length of time it takes to receive the results from a hair follicle drug test depends on several factors. Once a hair sample is obtained, it is sent from the collection site to the lab. The distance between the collection site and the lab varies as well as the method of getting the hair sample to the lab. Sending the hair sample overnight is an option and can be relatively expensive. Testing the sample can be done within 24 hours of the lab receiving it. If the test is negative, the results can be provided to the appropriate party the same day. If the results are positive, the sample is usually tested again to rule out any false positives. The retesting can take 24 to 72 hours.

With a urine drug test, the results of the test can available within 15 minutes. If the results are contested and require confirmation by a lab, confirmation can take several days based on the location and workflow of the lab.

A child abuse prevention stakeholder recommends using both forms of drug tests because they cover different timeframes. This is standard practice in hospital settings when evaluating newborns for drug exposure, using urine drug screening and meconium drug screening, for shorter and longer timeframes, respectively. Additionally, urine drug screening is low cost, quick turnaround, and can be used for rapid decision-making in the field, which could lead to protecting children sooner than having to order, collect, and wait on results of a hair follicle screen.

DCS RESPONSE: A workgroup composed of subject matter experts, program directors, and DCS legal has developed recommendations for a comprehensive protocol that address the issue of drug testing and includes the nuances of various forms of testing including hair follicle and urine panels. Due to the impact of drug screening on private citizens, the changes will be in the form of Rules and will be promulgated through the rule making hearing process.

FINDING: SLC members questioned when potential perpetrators should be drug tested in drug exposure cases. SLC members favor testing as early as reasonably possible without violating the rights of the potential perpetrator.
RECOMMENDATION: As outlined in US Department of Health and Human Services report Drug Testing in Child Welfare: Practice and Policy Consideration drug testing should align with a comprehensive, collaborative approach and a clear purpose for using drug testing should be identified. In the following situations drug testing is not recommended: when the individual is engaged in treatment for substance use and when the individual relapses and informs the case manager (in which case safety of the child should be assessed).
(https://ncsacw.samhsa.gov/files/DrugTestinginChildWelfare.pdf)

FINDING: In what appears to be an isolated incident, law enforcement left children in a potentially dangerous environment because law enforcement was short staffed. Under no circumstance should children be left alone by child abuse

prevention stakeholders in a potentially dangerous environment. Law enforcement and DCS responded to residence of the alleged perpetrator later the same day.
RECOMMENDATION: In all child abuse training provided to law enforcement, the mandatory duty to report should be emphasized. Additionally, extraordinary efforts must be made to never knowingly leave a child in a potentially dangerous environment.

FINDING: Looking for parents who do not want to be found can tax DCS and law enforcement resources.
RECOMMENDATION: In cases when parents do not want to be found, DCS and law enforcement should explore all leads, interview friends and family members, and connect with other law enforcement teams as needed. DCS already has a Conducting Diligent Searches policy in place (Administrative Policies and Procedures 31.9). DCS Administrative Policy and Procedure 14.5, CPS: Locating the Child and Family, also provides specific procedures to follow when attempting to locate a child or family to make sure the child is safe. Based on cases reviewed by SLC members, DCS, law enforcement and other child abuse prevention stakeholders generally make reasonable efforts to locate alleged perpetrators.

FINDING: The violation of an Immediate Protection Agreement for supervised contact resulted in the death of a child.
RECOMMENDATION: Compliance to Immediate Protection Agreements are a priority in helping keep children safe. DCS should make every reasonable effort to be aware of changes in child's location and supervision to ensure safety. This can be accomplished by monitoring the home, conducting unannounced home visits, visiting the child both inside and outside of the home setting (e.g., school and/or daycare), and by reaching out to collateral contacts.

Caregivers should have the responsibility to immediately notify DCS or law enforcement if the terms of an Immediate Protection Agreement are violated. Willful or negligent violation of an Immediate Protections Agreement should result in an immediate change of placement or modification of the Immediate Protection Agreement.

RECOMMENDATION: DCS case workers must continue to clearly explain, orally and in written word, the scope and duration of Immediate Protection Agreements. Courts, DCS and law enforcement must take violations of Immediate Protection Agreements orders very seriously and monitor and enforce the provisions of these Orders with the full weight of the law.

SLC members suggest DCS, with its legal counsel, review current IPA policies and procedures to strengthen the agreements and operation of the agreements. See attachment for the recommended form to help strengthen the terms of an Immediate Protection Agreement.

DCS Administrative Policy and Procedure 14.9, Non-Custodial Immediate Protection Agreements, requires a Child and Family Team Meeting (CFTM) prior to implementation of an Immediate Protection Agreement if possible. If holding a CFTM is not possible prior to implementation of the Immediate Protection Agreement, the CFTM must be held within three business days of implementing the Immediate Protection Agreement. The terms of the agreement and consequences of violating the agreement should be discussed during the CFTM. The policy requires the DCS worker and supervisor/designee to consult with DCS legal within three business days of implementing an Immediate Protection Agreement to determine whether to dissolve the agreement or to file a petition in the matter. If the decision is made to file a petition, the petition must be filed within three to ten business days of implementing the Immediate Protection Agreement. This gives DCS and the court opportunity to check the status of the agreement and reiterate the terms and consequences of violating the agreement. The policy also requires the Immediate Protection Agreement to dissolve if a petition has not been filed with the appropriate court within ten days of implementing the agreement.

DCS RESPONSE: The department will review current DCS policy regarding Immediate Protection Agreement and the recommended form included in this report, in efforts to further clarify and strengthen the implementation of an IPA.

FINDING: Relatives continue to fail to report child abuse.
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 recognized the need to better identify and report suspected child abuse as evidenced by the 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.

RECOMMENDATION: Along with education about Tennessee's mandatory reporting requirements, educate family members on the importance of reporting abuse, and the negative potential outcomes associated with child abuse and neglect.

A child abuse prevention stakeholder recommends acknowledging that fear of retribution from family members is a primary barrier to family member reporting. Accordingly, the education should reinforce the ability to report anonymously.

The need for additional training and education about reporting child abuse extends beyond the general public. Chapter 708 of the Public Acts of 2020 (PC708) became effective August 1, 2020. PC708 amends the procedures for school personnel to report suspected child abuse and child sexual abuse. In part, PC708 requires each local education agency (LEA) and each public chapter school to designate a child abuse coordinator and an alternate child abuse coordinator for each school within the LEA or public charter school. PC708 also provides procedures to follow when school personnel suspects child abuse. DCS, the Tennessee Department of Education and child advocacy centers collaborated to make resources and training available to the child abuse coordinators through a website: https://www.tn.gov/dcs/program-areas/child-safety/reporting/child-abuse-coordinator-training-resources.html. Moreover, local agencies and organizations, such as housing authorities, after-school programs, recreational centers and faith-based entities, should receive training on child abuse prevention and reporting.

FINDING: SLC members are concerned about the requirements or qualifications necessary to homeschool a child, or lack thereof.
RECOMMENDATION: The Tennessee Department of Education outlines three different options for homeschooling (independent homeschool, church-related

umbrella school, and accredited online school) and the requirements for each. Case managers should be aware of these options and requirements to verify caregiver compliance when homeschooling is chosen. It should also be noted that for the purposes of withdrawing a student from school, legal guardianship is required and power of attorney is not sufficient.
https://www.tn.gov/education/school-options/home-schooling-in-tn.html

OBSERVATION: There was some concern about the lack of prosecution in one of the cases reviewed this year. It appears available information was not used collaboratively to inform the potential prosecution of the case. However, the manner of death [in this case] was determined to be an accident. Accordingly, the matter was not prosecuted.

Despite this being an isolated concern in the FY2019 cases, SLC members have had similar concerns in previous years.

In the 2011 SLC report, SLC members questioned why child abuse cases may not be prosecuted. No recommendations were provided because SLC members did not have sufficient data and information to determine if an opportunity for improvement existed.

In the 2014 SLC report, SLC members again saw a need for data regarding the prosecution of child abuse cases. In addition to other recommendations, SLC members urged the General Assembly to form a committee to research and analyze data and issues related to prosecution of child abuse cases, in part to determine if district attorneys and assistant district attorneys had the resources to pursue and prosecute child abuse cases.

In the 2018 SLC report, SLC members noted the need to track child abuse prosecution data, particularly when the matter is referred for prosecution through Child Protective Investigative Team (CPIT) process.

Tennessee Code Annotated §37-1-607 in part states DCS will coordinate the services of the child protective teams. The district attorney general of each judicial

district shall, by January 15 of each year, report to the judiciary committee of the senate and the committee of the house of representatives having oversight over children and families on the status of the teams in the district attorney general's district, and the progress of the child protective teams that have been organized in the district attorney general's district. DCS with members of the CPIT shall establish a procedure for collection of data. At a minimum, the following information shall be included:

- The number of reports received for investigation by type (i.e., sexual abuse, serious physical abuse, life-threatening neglect);
- The number of investigations initiated by type;
- The number of final dispositions of cases obtained in the current reporting year by type of disposition as follows:
  - Unsubstantiated, closed, no service;
  - Unsubstantiated, referred for non-custodial support services;
  - Substantiated, closed, no service;
  - Substantiated, service provided, no prosecution;
  - Substantiated, service provided, prosecution, acquittal; or
  - Substantiated, service provided, prosecution, conviction;
- Age, race, gender, and relationship to the victim of perpetrators identified in cases that reach final disposition in the current reporting year; and
- The type and amount of community-based support received by child protective teams through linkages with other local agencies and organizations and through monetary or in-kind, or both, donations.

The data collected pursuant to T.C.A. §37-1-607 is required to be reported by January 15 of each year to the judiciary committee of the senate and the committee of the house of representatives having oversight over children and families, along with a progress report on the teams and any recommendations for enhancement of the child sexual abuse plan and program.

As a result of the CPIT investigation, the team may recommend that criminal charges be filed against the alleged offender. Within fifteen (15) days of the completion of the district attorney general's investigation, the district attorney general shall advise DCS and the team whether or not prosecution is justified and

appropriate in the district attorney general's opinion in view of the circumstances of the specific case.

DCS policy 14.6 identifies the composition of CPIT and established the role and responsibilities of DCS in the CPIT process. Much of the policy is consistent with T.C.A. §37-1-607. The policy goes further than the statute and sets forth CPIT strategies and the classification process.

In 2016, the Tennessee Joint Task Force on Children's Justice and Child Sexual Abuse prepared a Child Protective Investigative Team manual. The purpose of the manual is to assist CPITs in addressing the child protection needs of their communities. The manual is a tool CPITs throughout the state may use as guidance to help them do the best job possible to protect the children they serve. The manual goes into detail about the role of each CPIT member. Among other topics, the manual provides guidance about how to conduct a CPIT meeting, data collection and reporting and the importance of training for members of a multidisciplinary team.

Based on the available information, the SLC recommends the General Assembly form a committee to review the information provided to the judiciary committee of the senate and the committee of the house of representatives having oversight over children and families, along with the progress reports on the teams and any recommendations for enhancement of the child sexual abuse plan and program as mandated by T.C.A. §37-1-607. The primary purposes of the committee would be to look for ways to provide additional consistency in the CPIT process throughout Tennessee and determine whether additional resources are needed by the CPIT representative agencies to adequately protect children in Tennessee.

Additionally, there continues to be opportunity to thoroughly review previous history from all child abuse prevention stakeholders and appropriately use it in current investigations. Child abuse prevention stakeholders must collaborate to make sure children and families are protected.

OBSERVATION: SLC members have concerns regarding medical assessments in severe child abuse cases. In one case, there was some concern about how long it took to get a medical assessment regarding the potential classification of the

alleged abuse. Members note the perception of safety while hospitalized may add to the delay. The delay in the assessment resulted in the delay of classifying the case.

For cases in which immediate medical assessment is not feasible, the appropriate child abuse prevention stakeholder should ensure safety of child while in the hospital with supervision of caregivers. SLC members also noted the potential demand on doctors with special training and experience in various regions of the state. There are nine doctors in Tennessee who are board-certified Child Abuse Pediatrics specialists. Two practice the specialty primarily in the evaluation of sexual maltreatment in child advocacy centers and one works in DCS. The others practice within major children's hospitals: two in Nashville, two in Memphis, and two in Knoxville. Tennessee should consider ways to increase the number of specialized doctors across the state and prioritize medical assessments with potential classification of alleged abuse. The SLC will explore collaborative opportunities with the Children's Hospital Alliance of Tennessee and the American Academy of Pediatrics, Tennessee Chapter on Child Abuse and Neglect to consider ways to increase the availability of specialized examinations to children in need.

While not disagreeing with considering ways to increase the number of specialized doctors, a child abuse prevention stakeholder noted a barrier to accomplishing this goal. In addition to the difficult emotional work, a primary barrier is the intense time commitment (both for medical evaluations and for court proceedings) in the context of very low reimbursement.

OBSERVATION: In some instances, the exact mechanism of how the child was abused and perpetrator of physical abuse cannot be identified. It is difficult for DCS, the court and other child abuse prevention stakeholders to make safety decisions when the mechanism and perpetrator of the abuse cannot be identified.

Another concern is conflicting medical reports can make it difficult for DCS and other child abuse prevention stakeholders to protect the alleged victims. It is unknown how frequently this occurs. However, the impact can be significant based

on cases reviewed by the SLC. When a case has incompatible medical reports, CPIT should consider consulting with a third-party representative from the medical field.

A child abuse prevention stakeholder noted most conflicting reports are between child abuse specialists and general family practice/pediatrics providers. it is rare for child abuse pediatricians to disagree on findings, but it does happen occasionally. The stakeholder also noted a third-party representative is needed only when the two medical providers who disagree have equal levels of training and experience in evaluating cases of suspected abuse.

OBSERVATION: SLC members questioned whether it was appropriate to transport children to a family placement prior to receiving final approval of the placement, including the walkthrough. For child safety and in the case that the placement is not approved, children should not be transported to family placement prior to the placement being approved. If the placement is not approved, this could be confusing to the child and be disruptive to existing routines.

DCS RESPONSE: It is a general practice that case managers from other counties or regions collaborate when possible to assist in making family placements. This can include a home visit and interviewing potential placements prior to transporting the child and inflicting further trauma or disruption. However, placements are voluntary, and a family could change their mind prior to the arrival of the child.

OBSERVATION: As a professional courtesy and when feasible and appropriate, DCS should notify the principal when interviewing a child at school. Additionally, DCS should attempt to cause the least amount of disruption as possible to the child's school day. Based on cases reviewed by the SLC over the years, DCS and educators typically work well together.

DCS RESPONSE: In collaboration with Chapter 708 of the Public Acts of 2020 (PC708), DCS has identified liaisons from child protective services to partner with the designated child abuse coordinators that will offer assistance and support. Formalizing the relationships for frontline staff to collaborate with school officials will strengthen this partnership. Additionally, CPS is in the process of implementing the statewide practice of responding within a 4-hour timeframe to educational, day

care, medical, and mental health professionals when they report physical abuse on children age 8 years and younger.

Services & Supports

FINDING: The need to provide relative caregivers the proper resources continues to be an opportunity for improvement. There is still an opportunity to provide additional and needed resources to family placements. The lack of resources may result in a change in placement.
RECOMMENDATION: In line with best-practice, child abuse prevention stakeholders should utilize community resources to connect relative caregivers with adequate supports. DCS should maintain open communication with relative caregivers about where they may need extra support. Additional resources should be provided to DCS to help support relative caregivers.

A child abuse prevention stakeholder stated the Relative Caregiver program appears to be underutilized throughout Tennessee. "Children and relative caregivers enrolled in the state program can receive supportive services such as information and referral, access to support groups, respite care, and family advocacy assistance. DCS does not have oversight and the caregiver family does not receive a monthly stipend through the program." https://www.tn.gov/dcs/program-areas/foster-care-and-adoption/relative-caregiver.html

Sometimes, families are denied services through the relative caregiver program based on their income even though their income may not be enough to adequately care for the child. In determining eligibility, the state should consider using the child's income, $0.00. This will allow relatives to receive the appropriate services that they need in order to care for the child(ren).

FINDING: DCS, law enforcement, service providers and other child abuse prevention stakeholders often need additional resources to adequately work with parents and children with behavioral health issues.
RECOMMENDATION: Consistent with a multidisciplinary approach, child abuse prevention stakeholders should make referrals to behavioral health specialists when these issues arise. Once the referral is made, all parties must continue to

coordinate services and follow-up to make sure the recipient of the services is participating.
RECOMMENDATION: Funding from the Family First Prevention Services Act (FFSPA) could also be utilized for programs such as Sobriety Treatment and Recovery Teams (START).

OBSERVATION: There continues to be an opportunity to share family planning information with parents involved with DCS. When appropriate, child abuse prevention stakeholders should be familiar with community resources and help parents access family planning.

OBSERVATION: In one case, a child around 6 years of age was diagnosed with certain mental health issues such as attention deficit disorder, obsessive compulsive disorder, oppositional defiant disorder and attention deficit hyperactivity disorder. SLC members questioned the appropriateness of diagnosing with those mental health issues at such a young age. If children are diagnosed this young, they should receive counseling/behavioral services first and medication as needed.

OBSERVATION: SLC members questioned at what point should DCS ask the court to order parents to comply with recommended services. When DCS case managers believe noncompliance with recommended services is putting the child at risk for harm, DCS should ask the court to order parents to comply with recommended services. Additionally, training is needed for child abuse prevention stakeholders regarding coordination of services, to include court involvement, and information sharing to ensure children are safe.

DCS RESPONSE: There are several DCS policies that provide guidance and direction to staff related to non-custodial case planning and providing services to include the involvement of court oversight when appropriate. The policies include: 14.7 *Child Protective Services Investigation Track*, 14.9 *Non-Custodial Immediate Protection Agreement*, 14.12 *Removal, Safety and Permanency Considerations,* and Work Aid 3 *Child Protective Services Investigation Tasks and Activities.*

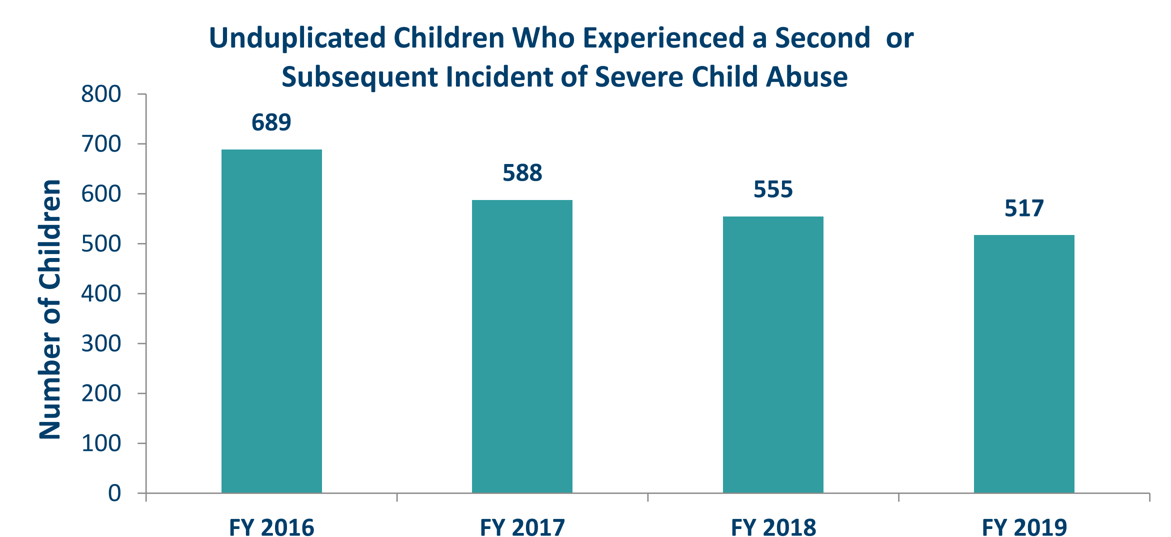
DCS Improvements and Best Practices

FINDINGS: SLC members observed the following improvement and best practices in cases reviewed during 2020 –

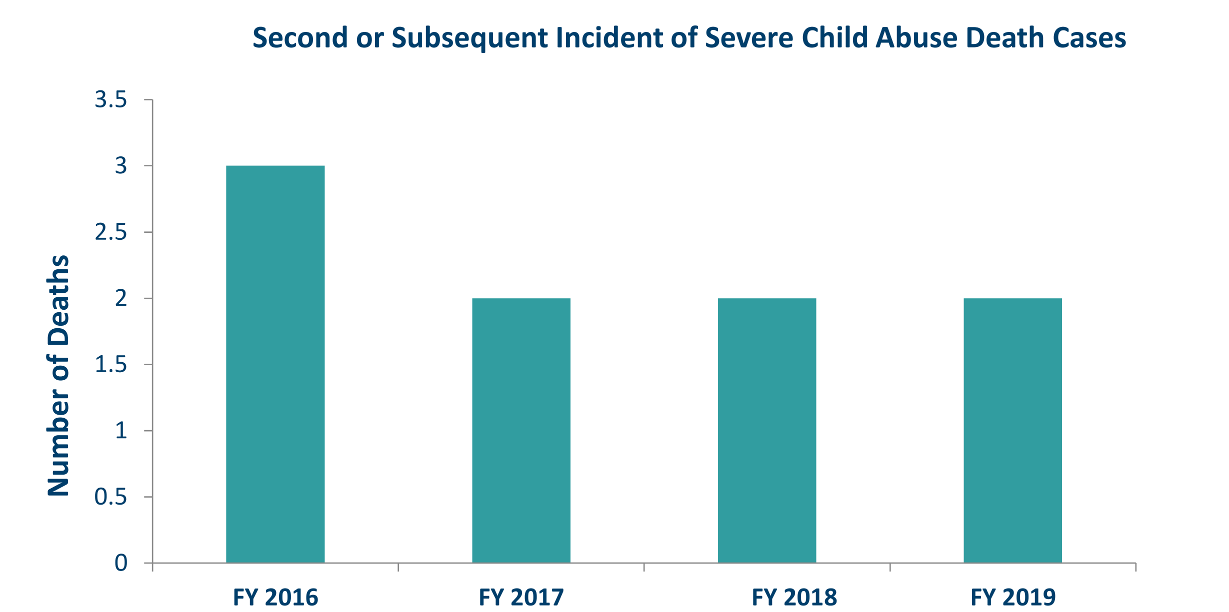
- DCS did a good job in making needed services available to the perpetrators and children.
- DCS representatives provided good case work and coordination with other agencies and entities.
- DCS case management and investigations continue to improve.
- In general, DCS made excellent efforts to locate and engage the parents.
- In general, DCS and law enforcement continue to work together well.
- DCS continues to improve in the area of case documentation.

Repeat Child Abuse Data

The reported number of children who experienced a second or subsequent incident of severe child abuse for FY 2019 is 517. The number of children who were subjected to a second or subsequent incident of severe child abuse declined in FY 2019 from the previous year. In fact, the data from FY 2016, 2017, 2018 and 2019 shows a downward trend.



The number of second or subsequent incident of severe child abuse death cases for FY 2019 is 2.



The types of maltreatment for FY 2019 (the second or subsequent incident) are as follows:

Abandonment
0.8%

Abuse Death
0.4%

Drug Exposed Child
16.6%

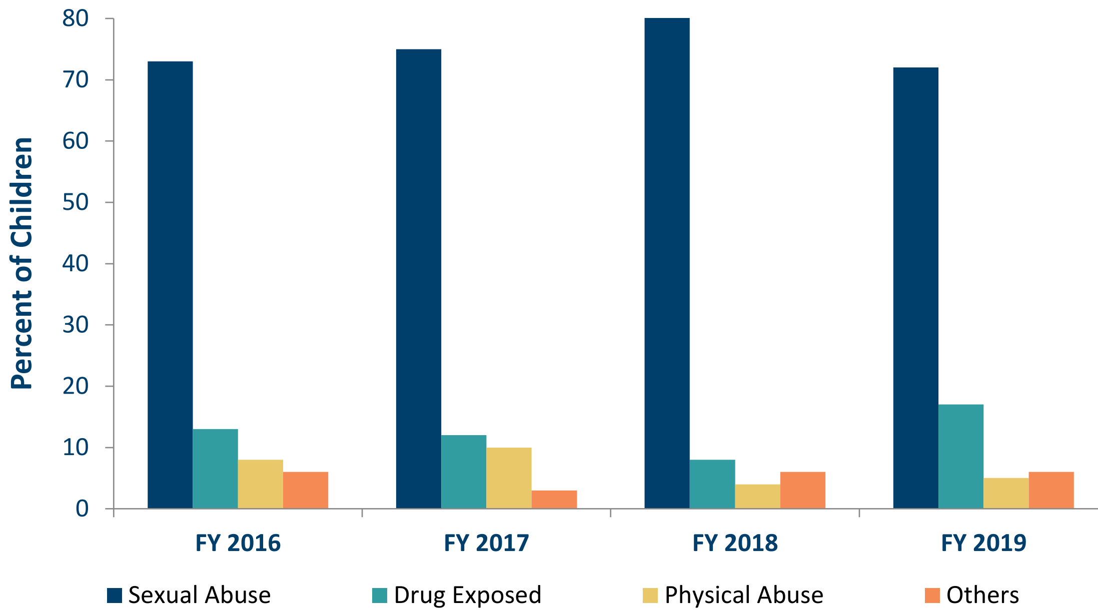
Lack of Supervision
3.5%

Medical Maltreatment
0.2%

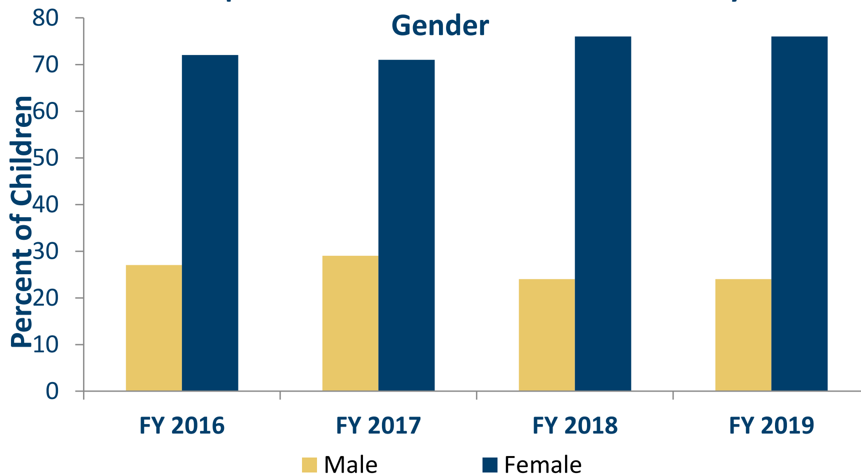
Physical Abuse
5.4%

Psychological Harm
1.0%

Sexual Abuse
72.1%



This chart is solely based on the second or subsequent incident of severe child abuse. Again, it is important to note sexual abuse accounted for approximately 25 percent of the combined maltreatment type set forth in the FY 2019 list of cases. The most prevalent type of child abuse, including the first and second incidents, on the FY 2019 list of cases was Drug Exposed Child/Infant. Drug exposure accounted for approximately 43 percent of the combined maltreatment type set forth in the FY 2019 list of cases.



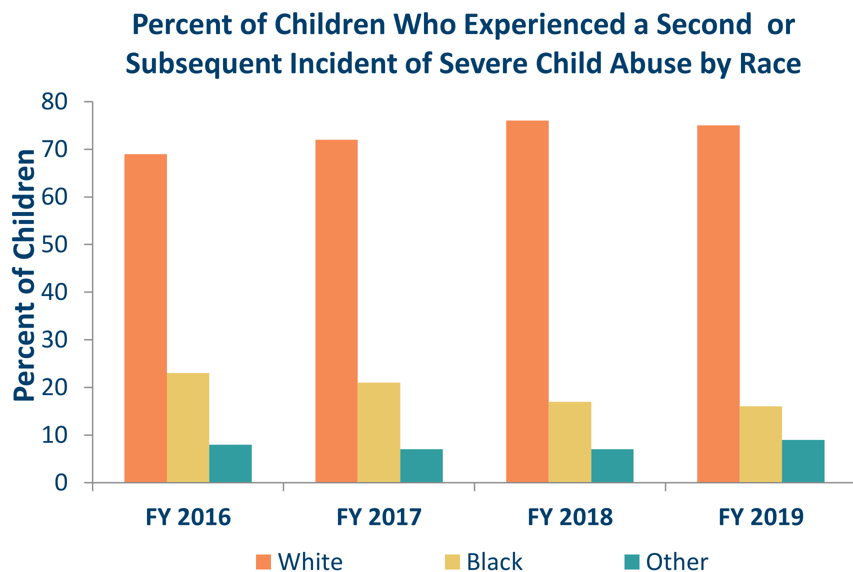
The gender composition of the victims of the total population of cases for FY 2018 is as follows:

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

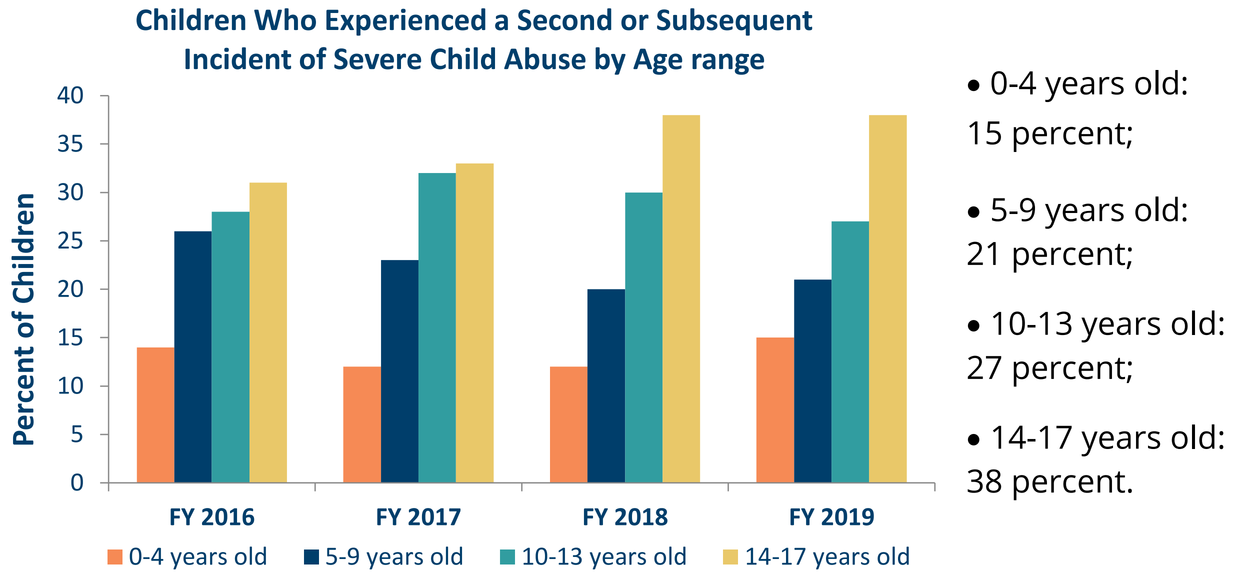
For fiscal years 2016 through 2019, male children were approximately 26 percent and female children were approximately 74 percent of the total population of the children who experienced a second or subsequent incident of severe child abuse in Tennessee based on data provided by DCS. However, for the calendar years 2016 through 2019, 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 2019 is as follows:

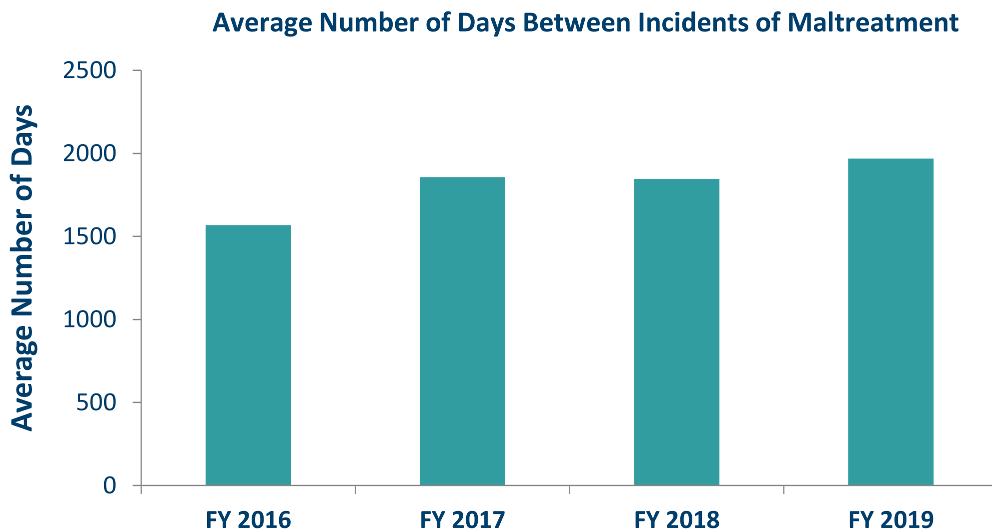
- White: 75 percent;
- Black: 16 percent;
- Multiple/Unable to determine: 9 percent.



The age range composition of the children at the time of the incidents of abuse for FY 2019 is as follows:



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 2019 reported in each county by judicial districts based on the list of cases provided by DCS:

1st Judicial District

Carter	8
Johnson	1
Unicoi	4
Washington	14

2nd Judicial District

Sullivan	20

3rd Judicial District

Greene	4
Hamblen	3
Hancock	0
Hawkins	8

4th Judicial District

Cocke	1
Grainger	3
Jefferson	2
Sevier	8

5th Judicial District

Blount	12

6th Judicial District

Knox	31

7th Judicial District

Anderson	11

8th Judicial District

Campbell	2
Claiborne	2
Fentress	0
Scott	6
Union	1

9th Judicial District

Loudon	4
Meigs	2
Morgan	3
Roane	10

10th Judicial District

Bradley	4
McMinn	3
Monroe	3
Polk	0

11th Judicial District

Hamilton	8

12th Judicial District

Bledsoe	0
Franklin	3
Grundy	1
Marion	0
Rhea	5
Sequatchie	4

13th Judicial District

Clay	1
Cumberland	6
DeKalb	3
Overton	3
Pickett	0
Putnam	5
White	4

14th Judicial District

Coffee	16

15th Judicial District
Jackson 1
Macon 10
Smith 7
Trousdale 1
Wilson4

16th Judicial District
Cannon 4
Rutherford 12

17th Judicial District
Bedford 4
Lincoln 6
Marshall 1
Moore0

18th Judicial District
Sumner 12

19th Judicial District
Montgomery 23
Robertson 6

20th Judicial District
Davidson 28

21st Judicial District
Hickman 0
Lewis 0
Perry 1
Williamson 2

22nd Judicial District
Giles 4
Lawrence 10
Maury 5
Wayne 1

23rd Judicial District
Cheatham 2
Dickson 4
Houston 1
Humphreys 5
Stewart 1

24th Judicial District
Benton 4
Carroll4
Decatur 4
Hardin 4
Henry 2

25th Judicial District
Fayette 0
Hardeman 0
Lauderdale 10
McNairy 3
Tipton 10

26th Judicial District
Chester 1
Henderson 7
Madison 9

27th Judicial District
Obion 4
Weakley 9

28th Judicial District
Crockett 2
Gibson 4
Haywood 1

29th Judicial District
Dyer 5
Lake 0

30th Judicial District
Shelby46

31st Judicial District Warren 6
Van Buren 1

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.

Due to the overwhelming number of cases reviewed by the SLC that contains behavioral health issues, the SLC is requesting the addition of another statutorily mandated member. That member shall be required to be a behavioral health professional with experience providing direct services, appointed by the commission’s co-chairs.

Conclusion

This year's report shows a definite declining trend in children who have experienced a second or subsequent incident of severe abuse FY2016 – FY2019 due to the hard work of child abuse prevention stakeholders in Tennessee. However, during the same time period, there has been a steady incline in the percentage of Drug Exposed Child/Infant cases when considering both incidents of abuse: FY2016 – 33 percent; FY2017 – 36 percent; FY2018 – 37 percent; and FY2019 – 43. Drug addiction continues to be a primary contributor to the abuse of children in Tennessee. Continuing to improve how Tennessee responds to and reduces drug exposure of children is imperative.

It is no surprise that despite the many challenges presented during calendar year 2020, the SLC continued its important work of reviewing and analyzing cases to help improve how Tennessee handles severe child abuse cases. The SLC is committed to helping improve the many systems that impact how Tennessee handles severe child abuse. The second or subsequent incident of severe child abuse in cases reviewed during calendar year 2020 occurred between July 1, 2018 and June 30, 2019. Accordingly, cases reviewed by the SLC did not include cases originating during the COVID-19 pandemic. In cases to be reviewed during calendar year 2021, the second or subsequent incident of severe child abuse will have occurred between July 1, 2019 and June 30, 2020. In addition to continuing its work to improve the many systems that impact how Tennessee handles severe child abuse cases, the SLC intends to take a close look at how the pandemic impacted the rate of severe child abuse in Tennessee and how Tennessee responded.

The SLC would like to thank all child abuse prevention stakeholders for their support and the opportunity to work with them to improve the lives of children and families in Tennessee. Additionally, the SLC would like to thank the Tennessee General Assembly the opportunity to continue this vital work.

STATE OF TENNESSEE

SECOND LOOK COMMISSION

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1-800-264-0904

MEMBERSHIP
December 23, 2020

Senator Ed Jackson, Co-Chair
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

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

Representative Harold Love, Jr.
TN General Assembly

Jimmie Jackson
Chief Executive Officer
Professional Care Services of West TN

Danielle Jones, Lieutenant
Jackson Police Department

Sonya Manfred
Executive Director
Sumner County Court Appointed Special Advocates

Mary Palmer, M.D.
Physician
East Tennessee Children's Hospital

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

Marcus Stamps
Executive Director
Tennessee Chapter of Children's Advocacy Centers

J. Christopher Stiles, Esq.
Private Attorney

Matthew Stowe, Esq.
District Attorney General, 24th District
TN District Attorneys General Conference

Deborah Taylor Tate, Executive Director
Administrative Office of the Courts

Patty Tipton, Investigator
Knoxville Police Department

Russ Winkler, Special Agent in Charge
Tennessee Bureau of Investigation

*Senator Vacant
TN General Assembly

* Did not run for re-election

Immediate Protection Agreement Acknowledgment Form

I, _________________________, understand _______________________________ cannot be left alone with the child/ren, _______________________________. Initial ___

I, _________________________, understand supervised visitation means I am in the same room with __________________________ and the child/ren, _______________________________, at all times. Initial ___

I, _________________________, understand the child/ren, _______________________________, must go with me if I leave the room during supervised visitation. Initial ___

I, _________________________, understand _______________________________ cannot have overnight visitation with the child/ren, _______________________________. Initial ___

I, _________________________, understand _______________________________ cannot sleep in the same house with the child/ren, _______________________________, even if the child/ren are in a separate room. Initial ___

I, _________________________, understand No Contact means no sight or sound contact. _______________________________ and the child/ren, _______________________________ can have No Contact with each other. Initial ___

This attached document is incorporated into and is a part of the Immediate Protection Agreement.