Second Look Commission
2015 Annual Report

Tennessee Commission on Children and Youth

502 Deaderick Street

Nashville, TN 37243-0800

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Introduction

The Second Look Commission (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 make findings and recommendations regarding whether severe abuse cases are handled in a manner that provides adequate protection for the children of Tennessee. The SLC is the only entity designed by statute to bring together representatives of all 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, and also to compel participants in the investigation and disposition of the cases reviewed to appear before it to discuss issues and answer questions. The SLC is the vehicle for representatives of these key groups to meet together to review cases and identify strategies for improving child protection in Tennessee.

The SLC reviews some of the worst incidents of child abuse and neglect in Tennessee. Only the Second Look Commission reviews cases of children from all 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 child abuse. The composition of the SLC includes representatives of all key stakeholders and disciplines and members of the General Assembly, and it has facilitated much needed communication and collaboration.

Many departments, agencies, entities and community members are involved in a wide range of efforts to protect Tennessee's children from child abuse and neglect and properly respond to such abuse when it occurs. In various degrees and manners, all these child advocates collaborate to provide better protection for our children. Despite their ongoing efforts, Tennessee's children are still traumatized by the horrific experiences of repeated incidents of severe child abuse. The issues regarding severe child abuse cannot be adequately addressed by DCS, TCCY, Child Advocacy Centers, law enforcement or any one organization, or community agency or individual. All stakeholders must come together to address this societal problem in a coordinated and concerted manner. The 1980s brought a dramatic increase in acknowledgement of child sexual abuse and a growing awareness that child protective services, law enforcement, and the criminal justice system were not working together in response to child abuse allegations. In 1985, the Tennessee General Assembly recognized the complex nature of these cases and enacted legislation that established Child Protective Investigative Teams (CPIT). CPITs across

the state are composed of professionals who bring a diversity of skills, backgrounds and training to the investigation. Team members include representatives of child protective services, law enforcement, child advocacy center staff, district attorneys, mental health and juvenile court. In 1990, Children's Advocacy Centers (CACs) developed in Tennessee as child-focused, facility-based programs where representatives from CPITs work together to conduct investigations and make team decisions regarding severe child abuse cases.

As a result of these reforms, most sexually and severely abused children are interviewed in child-friendly environments by professionals skilled in conducting these interviews. The investigation and prosecution of these cases has also improved tremendously in recent decades. Despite these and other reforms, more remains to be done. It is our hope that 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.

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. 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 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, 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. Interventions 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 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.

In what is reportedly the first major study of child abuse and neglect in 20 years, Petersen, A. (2012). *New directions in child abuse and neglect research*, researchers with the National Academy of Sciences reported on September 12, 2013, the damaging consequences of abuse can not only reshape a child's brain but also last a lifetime. "The committee sees as hopeful is the evidence of changing environments can change brain development, health, and behavioral outcomes. There is a window of opportunity, with developmental tasks becoming increasingly more challenging to negotiate with continued abuse and neglect over time." (Petersen, 2012, p. 155).

> As reported by the Centers for Disease Control and Prevention in "The Effects of Childhood Stress Across the Lifespan," researchers have identified a link between Adverse Childhood Experiences (ACE) and adult health. Research identified particularly strong links between exposure to violence, especially child abuse, neglect and domestic violence, with risky behaviors and health problems in adulthood (Middlebrooks, 2008).
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> The study demonstrated that Adverse Childhood Experiences are common, with two-thirds of the over 17,000 participants reporting at least one ACE, and one in five reporting three or more. ACEs were associated with increased risky health

behaviors in childhood and adolescence, including increased sexual activity and unintended pregnancies, suicide attempts, smoking and illicit drug and underage alcohol abuse. As the number of ACEs increased, so did the likelihood of adult health problems, such as alcoholism and drug abuse, depression, chronic obstructive pulmonary disease, heart disease, liver disease, as well as increased risk of intimate partner violence, multiple sexual partners, sexually transmitted diseases and unintended pregnancies. Smoking and suicide attempts also went up.

Those experiencing child sexual abuse were more likely to experience multiple other ACEs, increasing as the severity, duration and frequency of the sexual abuse increased or as the age of first occurrence decreased. Both men (one in six) and women (one in four) experiencing child sexual abuse were twice as likely to report suicide attempts. Female victims who reported four or more types of abuse were one and a half times more likely to have an unintended pregnancy, and men experiencing physical abuse, sexual abuse or domestic violence were more likely to be involved in a teenage pregnancy.

Additionally, the authors of the study found that adverse childhood experiences affected health throughout the lifespan, first in health risks during childhood and adolescence, then in disease during young adulthood and then in death. Over a lifetime, across the population, medical visits generally fall into a pattern of fewer visits by younger adults in their 20s and 30s, increasing proportionally with age, with the most medical visits occurring in the over 65 age group. That was the pattern of the study among those with an ACE score of 0. Among those with an ACE score of two, the pattern is reversed: the youngest age group had the most medical visits, decreasing proportionally with age, and those in the over 65 age group, the least. At an ACE score of four, those over 65, who would be expected to have greatest number of visits, had almost disappeared. Although research is ongoing, the investigators believe that those participants with two or more ACEs die at a younger age.

Clearly the ACE study demonstrates the importance of prevention and early intervention and support for children suffering adverse childhood experiences in order for them to live longer, healthier, happier, more productive lives.

KIDS COUNT: *The state of the child in Tennessee.* (p. 4, 5). (2012). Tennessee Commission on Children and Youth.

Preventing child abuse and intervening effectively when it first occurs are keys to avoiding lifelong negative consequences from child abuse. Cases reviewed by the Second Look Commission make it abundantly clear that there are holes in 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 Adverse Childhood Experiences, 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. There will be better collaboration across disciplines, departments, agencies and communities, and focus on the infrastructure of services and supports that 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.

In 2012, Tennessee included an ACEs module in the Behavioral Risk Factor Surveillance System, a telephone survey conducted by the Centers for Disease Control and Prevention. The ACEs module was included to get a better understanding of how ACEs affect Tennessee's general population. The Tennessee Department of Health analyzed data from 7,056 adults. The data indicates ACEs are found throughout Tennessee. Of the 7,056 adults, 6,918 answered at least one question on the ACEs module. Statistical weights were applied to make the sample representative of all adult Tennesseans, resulting in a weighted total sample of 4.8 million (4,789,134) with an answer to at least one of the ACEs questions. Using weighted values, 33.1% percent of Tennesseans experienced two or more ACEs, a weighted n of 1,587,714 (unweighted n=2,038). The report, *Adverse Childhood Experiences in Tennessee*, is available on the Tennessee Department of Health's website at https://tn.gov/health/topic/MCH-reports.

Studies have found abused and neglected children to be at least 25 percent more likely to experience problems such as delinquency, teen pregnancy and low academic achievement. (Kelley et al. 1997). Children who experience maltreatment are at increased risk for smoking, alcoholism and drug abuse as adults. (Felitti et al., 1998; Runyan et al., 2002.) One case reviewed by the SLC provided a prime example of how dependency and neglect of a child can lead to contact with the juvenile justice system for the child.

According to a report released by the Centers for Disease Control and Prevention in 2012, and published in *Child Abuse and Neglect, The International Journal*, the lifetime cost for each victim of child maltreatment who lived was approximately $210,012. By comparison, the estimated lifetime cost per person for someone who has a stroke is $159,846, and is between

$181,000 and $253,000 for a person with type 2 diabetes. The report provides the following estimates:

- The average lifetime cost per victim of nonfatal child maltreatment:
    - $32,648 in short-term health care costs;
    - $10,530 in long-term health care costs;
    - $144,360 in productivity losses;
    - $7,728 in child welfare costs;
    - $6,747 in criminal justice costs; and
    - $7,999 in special education costs.
- The average lifetime cost per victim of fatal child maltreatment:
    - $14,100 in medical costs and
    - $1,258,800 in productivity losses.

These estimates are provided in 2010 dollars. Fang, X., Brown, D., Florencem C., Mercy, J. (2012). The Economic Burden of Child Maltreatment in the United States and Implications for Prevention. *Child Abuse & Neglect, 36(2), 156-165*.

2015 FINDINGS AND RECOMMENDATIONS

This is the second year the list of cases provided by DCS contains cases involving abuse and neglect deaths. The SLC decided to review all the abuse and neglect death cases on the FY 2014 list, as well as a sampling of cases representative of the higher maltreatment type percentages, sexual abuse and drug exposure. The SLC also considered the time between the first and second incident of abuse. To maximize its efforts and make the case reviews more relevant, the SLC decided to review only cases in which the first and second incident of abuse occurred within three years of FY 2014.

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. The director of the SLC reviews all of 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. The average number of pages of the summaries for the cases reviewed by the SLC during 2015 is approximately 40. Members of the SLC read the summaries prior to the investigatory meetings and arrive at the meetings prepared to thoroughly analyze each case.

The list of cases provided by DCS for fiscal year 2013-2014 (FY 2014) reported 664 children experienced a second or subsequent incident of severe child abuse. Similar to the year before,

sexual abuse was the most prevalent type of severe child abuse. Sexual abuse accounted for approximately 71 percent of the severe abuse represented in the FY 2014 list of cases. The second most prevalent type of severe abuse was drug exposed child. Drug exposed child maltreatment accounted for approximately 15 percent of the severe abuse represented in the FY 2014 list of cases.

As in previous years, the review process was often painful as members considered the horrific experiences endured by the children whose cases were reviewed, and through the review process could see missed opportunities that might have prevented repeat abuse. Although there continues to be opportunities to improve the manner in which severe child abuse cases are handled in Tennessee, changes continue to occur that will likely have a positive impact on reducing the rate and consequences of severe child abuse.

2015 Findings and Recommendations

The following findings and recommendations are primarily based on the cases reviewed during the 2015 calendar year:

- The failure or inability to fully address substance abuse and mental health issues and the lack of adequate treatment resources have an adverse impact on the safety and wellbeing of Tennessee's children.
- Child abuse prevention and intervention stakeholders, including law enforcement and schools, failed to contact DCS when a child was potentially in danger.
- DCS should review and potentially revise its policies and procedures regarding drug exposed child investigations.
- Child Protective Services Investigators do not always maximize the use of collateral interviews.
- While there have been improvements, proper supervision of CPS investigators continues to be an issue in some cases.
- Appropriate case file documentation continues to be an issue.
- In a number of cases reviewed by the SLC this year and in previous years, kinship placements have a history of failing to adhere to No Contact orders.
- There is a continued need to stress the importance of issue-driven investigations as opposed to incident-driven investigations.

- Tennessee state agencies must continue to collaborate with internal and external stakeholders to educate parents and other caregivers regarding safe sleeping environments for infants. In one of the death cases reviewed by the SLC in 2015, a child died of asphyxia due to being "folded" in a beanbag chair.

The report will now address these findings and recommendations in greater detail.

Mental Health and Substance Abuse

There is a need for additional resources to provide treatment and support for children and adults suffering from the effects of mental illness and substance abuse in Tennessee. One of the Department of Mental Health and Substance Abuse Services FY 17 agency priorities is to support and strengthen their community network of providers and ensure Tennesseans have access to quality mental health and substance abuse services that are cost effective and efficient. Children suffer from the effects of untreated parental mental illness and substance abuse. Parents with untreated mental health and substance abuse issues are often unable to provide a safe environment for their children. Providing access to services for parents with mental health and substance abuse issues helps keep children safe.

Many of the caregivers in the cases reviewed had mental health and/or substance abuse issues. Of the 12 cases reviewed by the SLC in 2015, nine of them definitely involved substance/alcohol abuse and/or mental health issues of a caregiver. This fact caused SLC members to wonder whether the caregivers involved in DCS matters are receiving appropriate mental health and substance abuse assessments and necessary services.

In one of the child death cases, a caregiver's probation was conditioned upon the caregiver seeking and maintaining mental health treatment. DCS received a referral involving the caregiver less than a month after an order requiring the caregiver to seek and maintain mental health treatment was entered. Documentation provided did not indicate the CPS investigator had knowledge of required mental health treatment of the caregiver. The same caregiver killed the subject child within 12 months after the order was entered requiring the caregiver to seek and maintain mental health treatment. SLC members recommend DCS engage in a collaborative effort with the necessary parties to determine whether the adults subject to a DCS investigation are on probation.

SLC members encourage the continued and additional education of DCS employees to help them recognize when it is appropriate to request a mental health or alcohol and drug assessment. The CPS Training Academy provides training to help DCS employees in these matters. Additionally, law enforcement should contact DCS or an appropriate behavioral health service provider when law enforcement investigates a matter involving substantiated behavioral health issues of a caregiver of a minor. Once the initial referral is made, an increased emphasis on follow-through should be made to ensure that not only a successful connection is made, but services are continued as needed.

In a case illustrating challenges accessing adequate mental services and medication, the caregiver was not able to afford the medicine to help manage the caregiver's mental health. The caregiver was off the medication for approximately one month. An individual helped the caregiver obtain the medicine days before the caregiver negligently killed the caregiver's child.

Collaboration

Families in which severe child abuse occur will often benefit from a variety of agencies and the coordination of services. The collaboration of agencies and services is at the heart of Tennessee's child advocacy centers and child protective investigative teams. The same collaboration must extend to all child abuse prevention stakeholders.

In one matter, a mother came to pick up her child from school. The mother appeared to be under the influence of alcohol or a drug. The school contacted law enforcement. Law enforcement agreed with the education professional, so the father was called to the school to get the mother and child. No one contacted DCS at the time of this incident. Although this factual situation may not meet the statutory elements of TCA 37-1-403, DCS should have been notified.

Less than two months after the school incident, DCS was called to the parent's home for Drug Exposed Child due to mother's erratic behavior at a hospital. The family reported law enforcement allowed them to leave the hospital so the family did not see why DCS was involved. The family refused to cooperate with DCS. During the course of investigating the matter above, DCS received another drug exposed child referral on the same family.

In one matter, a mother and boyfriend overdosed on prescription medication. Law enforcement and emergency services were called to the scene. Both individuals appeared sick from the overdose, but they refused to go to the emergency room. Law enforcement and the paramedic knew children would soon arrive at the home of the individuals who overdosed. Law enforcement and EMS left the scene. Nothing in the provided documentation indicates DCS was contacted. Approximately one month later, the mother and her child are found dead from a murder suicide. The autopsy/toxicology report states the mother tested positive for illegal drugs and potentially prescription medication. Professionals need to be reminded to contact DCS when children are potentially in danger.

Improve Drug Exposed Child Investigations

In two instances, parents submitted drug screens the day after the screens were requested by DCS.

When warranted, DCS should consider using more sophisticated drug screens than the 5 or 7 panel urine drug screens often used. DCS has access to 9 panel drug screens that provide a greater scope of testing. DCS has access to more reliable drug screening tools than the often used 5 or 7 panel drug screens. Examples of situations of when additional or more advanced

screening tools should be used include when the party is not able to complete the drug screen when requested (for whatever reason) and when the results are invalid.

In several matters reviewed by the SLC, members had concerns regarding why drug or alcohol screens were not pursued. SLC members were also concerned whether drug or alcohol abuse history was given the appropriate consideration during the course of an investigation. In severe child abuse cases in general and child death cases in particular, child abuse prevention and intervention stakeholders, including DCS and law enforcement, are encouraged to be more proactive in drug and alcohol testing potential perpetrators when there is a significant history of drug or alcohol abuse. SLC members are not advocating blindly testing each parent or caregiver of a child in every child death or child severe abuse investigation if the parent or caregiver has any history of drug or alcohol abuse. However, SLC members are advocating for child abuse prevention and intervention stakeholders to be more sensitive to the potential need to drug or alcohol screen parents and caregivers with a significant history of drug or alcohol abuse, especially when the lives of children are potentially in danger. Significant history of drug or alcohol abuse includes the indication of drug or alcohol abuse at the scene of the alleged abuse even if there is not a long history of abuse.

In two matters reviewed during 2015 and several matters in the past, the SLC noted a long history of abuse and neglect before appropriate intervention occurred. In one matter reviewed during 2015, law enforcement was called regarding the juvenile's behavior or otherwise had contact with the juvenile at least seven times during an approximately 3.5 year period of time. DCS was involved with the family in one case for years due to drug abuse. SLC members agreed the children should have been removed from the family before the removal took place.

Collateral Witnesses

In some instances, SLC members identified potential collateral witnesses not interviewed by CPS investigators. Talking to the child and parents only may not be enough to gather information to make an informed decision about the safety of the child. Additionally, CPS Investigators should make additional efforts to interview collateral witnesses when alleged perpetrators are not cooperative. As noted earlier, the SLC has reviewed several matters in which alleged perpetrators refuse to submit to drug screens without any consequences or requirements for compliance. Additional staff may provide CPS investigators the additional time needed to more aggressively pursue collateral witnesses.

Finding and interviewing collateral witnesses is also important for trial purposes. Attorneys for parents and defense counsel will often use the lack of collateral witnesses to their client's advantage. Counsel will often argue the "bias" investigator only interviewed people the investigator thought would support the state's case.

Proper DCS Employee Supervision

DCS has assessments, structured decision making, training and other tools to help make the best decisions to keep children safe. Despite all of these tools, it is still often difficult to balance the need to place or keep a child in state's custody and the legal obligation to maintain the child in the home, use a relative placement or return home. Proper supervision is a key factor in making the right decisions in most of these matters, especially when the family has a long history with DCS. In a matter SLC members believed DCS waited too long to remove a child, the case lacked documentation of proper supervision of the CPS investigator. The SLC believes the current DCS policies and procedures regarding supervision are adequate if they are strictly followed. It was not clear from the documentation whether the investigator failed to consult with his/her supervisor or whether the supervisor failed to properly manage his/her staff.

In another matter, DCS was working toward reunification. However, when the matter was presented to the Commissioner's designee, the Commissioner's designee advised against returning the child. The court returned the child to the parent and the child was subsequently killed by the parent. Arguably, return to the parent should not have been pursued due to the severity of the injuries and the inability to identify a perpetrator. Additional training to help DCS employees balance the need to remove a child from his/her home versus maintaining a relative placement may also be helpful.

Case File Documentation

Tennessee Family and Child Tracking System (TFACTS) entries often document that a medical exam was conducted, but not much more. Additional information such as what sort of medical exam, who conducted the exam and the qualifications of the examiner would be useful and is needed by others who may review or take over the investigation. For example, it would be useful know if the person conducting the exam is board certified in an area, a pediatrician, a nurse, etc. Additionally, a complete copy of the medical records provided to CPS should be kept in the CPS file.

Kinship Placements' Failure to Comply with No Contact and Supervised Visitation Orders

In two matters reviewed by SLC members this year, the parties knowingly and repeatedly violated the court's order regarding supervised visitation. In one matter, the parties violated the order even after being reminded by the DCS employee of the court's order. Inappropriate contact with the child in one matter not only involved unsupervised contact, but also contact with a parent under the influence of drugs or alcohol. Courts should very specifically explain to those designated as supervisors their responsibilities and encourage other non-supervising family members to report violations of No Contact and Supervised Visitation Orders; DCS should be very proactive in bringing violations to the attention of the Court; and Courts should take such violations very seriously and be proactive in enforcing these provisions in their Orders.

Issue-Driven Investigations vs. Incident-Driven Investigations

In one matter, SLC members found DCS employees failed to address a discrepancy about how a child was injured. During the investigation of the initial injury to the child, the parents stated the child broke her leg when she fell on it between a chair and a love seat. During a subsequent and unrelated physical abuse investigation more than five years later, the child stated she received the previous injury by falling out of a shopping cart. SLC members hypothesized the discrepancy was not noted or further investigated because the investigation was incident-driven. The failure to note the discrepancy also may have been the result of failing to thoroughly review previous investigations. Additionally, the first matter was not substantiated

Medical Examinations in Sexual Abuse Investigations

The SLC determined a decision to conduct a medical forensic exam in an alleged child sexual abuse matter should be based on the individual facts of each case. One case reviewed by the SLC involved three allegations of sexual abuse. One incident of sexual abuse was substantiated. During the investigation of one of the sexual abuse allegations, a medical examination was not conducted because the child did not disclose. SLC members recognize the lack of disclosure does not always mean the absence of abuse. SLC members discussed when medical forensic exams are appropriate in cases involving child sexual abuse allegations.

ACTION STEPS TAKEN BY DCS

Documentation

Training specific to quality documentation is embedded by DCS in their Pre-Service, CPS Investigator Academy and in Specialty Trainings. Additionally in 2015, specialized documentation training was delivered across CPS investigations teams.

Technology to support timely and accurate documentation has been provided to all CPS. Tablets have been distributed to frontline staff to ensure information can be documented and recalled with greater ease and accuracy. Improvements to TFACTS have allowed for increased efficiency in documentation for staff.

Quality Improvement

Supervision:

Additional supervisors have been added to reduce the number of staff per team and to allow for more opportunities to provide intensive supervision and coaching. This also allows for promotional opportunities for staff and has resulted in reduced turnover and increased retention rates. Additionally, specialized trainings and leadership programs are provided to supervisors.

Quality Review Process:

A robust quality review system for CPS cases is in place statewide and the results are being coordinated with practice improvements such as documentation and supervision training efforts. Remediation is a component of this quality review process and data is collected and shared with leadership from the frontline to the Deputy Commissioner. Action plans are then developed to assist in improving individual performance.

Issue driven investigations have been addressed in the POST Academy curriculum and also identified through the quality review process and are being imbedded into pre-service training.

Revisions to the drug exposed child policy were made and implemented in 2015.

Safe Measures, a data dashboard, was developed and is being implemented statewide. This dashboard provides accurate and timely data that assists frontline staff and supervisors. It is particularly useful for reviewing past DCS history on a child or family.

The Family Advocacy Support Tool (FAST) was implemented statewide to assist CPS by identifying the need for services, which includes mental health and substance abuse issues. Additionally, this tool has an integrated safety assessment to determine child safety at the onset of a CPS case and to reassess safety and risk prior to case closure.

The DCS Child Death and Near Death Review Process includes a robust protocol to review investigations and identify systemic or practice issues. This process includes participation from external partners and DCS staff.

Safe Sleep Initiative

In partnership with the Tennessee Department of Health, all 12 DCS regions have implemented a Safe Sleep initiative that involves home visitation, information sharing with parents about safe sleep, distribution of Pack and Plays as needed, and coordinated efforts with community partners to ensure caregivers are properly informed.

State CPIT Advisory Board

The State CPIT Advisory Board has provided expertise and feedback on the creation of a guide for staff when requesting a medical examination. This information will be incorporated into training, policy and practice when finalized.

SLC NEXT STEPS

SLC members identified several issues requiring further consideration and actions steps necessary to gain a better understanding of the issues. SLC members found DCS may not have an adequate recourse when DCS disagrees with a juvenile court's ruling at a preliminary hearing. The SLC discussed the possibility of addressing this issue through proposed legislation.

SLC members questioned whether juvenile courts routinely have sufficient facts to make informed decisions regarding the best interest of the children in their jurisdiction. The SLC discussed juvenile court providing DCS notice when a child is brought before the court through a private petition. SLC members agreed DCS would likely need additional resources if DCS received notification every time a child was initially brought before the court through a private petition. The SLC agreed to further investigate the feasibility of this potential recommendation.

Sometimes in severe child abuse cases, despite the best efforts of DCS and law enforcement, the perpetrator cannot be identified. When the perpetrator cannot be identified in these cases, the result may be no prosecution, return the child to an abusing parent, etc. The inability to identify a perpetrator should not force DCS or the courts to potentially put the child in an environment that has proven to be harmful to the child.

Improving drug exposed child investigations may be challenging for several reasons. The more reliable drug screening tools are often more expensive than the 5 or 7 panel urine drug screens. Even when the cost of the drug screening tool is not an issue, DCS and law enforcement sometimes must consider what is acceptable to the court in their jurisdiction. Sometimes the court will order the use of a specific type of drug screening tool.

SLC members recommend the AOC host sessions at future Juvenile and Family Court Judges conferences to gain input and insight from juvenile court judges regarding these issues and potential recommendations. The SLC also plans to engage the judges and other child abuse prevention and intervention stakeholders regarding non-compliance with no contact and supervised visitation orders. Additionally, the SLC will identify and work with other child abuse prevention and intervention stakeholders to gain further input and insight regarding these and other issues.

Repeat Child Abuse Data

The reported number of children who experienced a second or subsequent incident of severe child abuse for fiscal year 2013-2014 is 644.

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

- Female: 72 percent;
- Male: 28 percent.

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

- White: 64 percent;
- Black: 18 percent;
- Unable to determine: 18 percent.

The age range composition of the children at the time of the incidents of abuse are as follows:

- 0-4 years old: 11 percent;
- 5-9 years old: 27 percent;
- 10-13 years old: 32 percent;
- 14-17 years old: 30 percent.

The types of maltreatment in the total population for FY 2014 are as follows:

- Abuse Death: less than 1 percent;
- Drug Exposed Infant: 2 percent;
- Drug Exposed Child: 15 percent;
- Lack of Supervision: 2 percent;
- Medical Maltreatment: less than 1 percent;
- Neglect Death: less than 1 percent;
- Physical Abuse: 8 percent;
- Psychological Harm: less than 1 percent;
- Sexual Abuse: 71 percent.

Number of individual children who experienced a second or subsequent incident of severe child abuse for fiscal year 2013-2014 reported in each county by judicial districts:

1st Judicial District

Carter	7
Johnson	2
Unicoi	0
Washington	12

2nd Judicial District

Sullivan	20

3rd Judicial District

Greene	2
Hamblen	5
Hancock	2
Hawkins	5

4th Judicial District

Cocke	10
Grainger	4
Jefferson	12
Sevier	20

5th Judicial District

Blount	13

6th Judicial District

Knox	19

7th Judicial District

Anderson	10

8th Judicial District

Campbell	5
Claiborne	7
Fentress	4
Scott	2
Union	4

9th Judicial District

Loudon	3
Meigs	2
Morgan	7
Roane	5

10th Judicial District

Bradley	4
McMinn	3
Monroe	6
Polk	2

11th Judicial District

Hamilton	14

12th Judicial District

Bledsoe	3
Franklin	1
Grundy	0
Marion	2
Rhea	8
Sequatchie	0

13th Judicial District

Clay	2
Cumberland	11
DeKalb	5
Overton	2
Pickett	0
Putnam	8
White	3

14th Judicial District

Coffee	6

15th Judicial District

Jackson	4
Macon	7
Smith	4
Trousdale	0
Wilson	7

16th Judicial District

Cannon	3
Rutherford	12

17th Judicial District

Bedford	3
Lincoln	8
Marshall	3
Moore	3

18th Judicial District

Sumner	15

19th Judicial District

Montgomery	31
Robertson	15

20th Judicial District

Davidson	62

21st Judicial District

Hickman	3
Lewis	1
Perry	1
Williamson	1

22nd Judicial District

Giles	9
Lawrence	3
Maury	8
Wayne	2

23rd Judicial District

Cheatham	4
Dickson	8
Houston	2
Humphreys	3
Stewart	4

24th Judicial District	
Benton	4
Carroll	7
Decatur	3
Hardin	10
Henry	3

25th Judicial District	
Fayette	3
Hardeman	0
Lauderdale	10
McNairy	5
Tipton	10

26th Judicial District	
Chester	3
Henderson	4
Madison	11

27th Judicial District	
Obion	4
Weakley	1

28th Judicial District	
Crockett	0
Gibson	6
Haywood	2

29th Judicial District	
Dyer	3
Lake	1

30th Judicial District	
Shelby	82

31st Judicial District	
Van Buren	1
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

Since the SLC was created and started receiving its lists of cases, the number of victims has fluctuated, probably due to different formulas being used to produce the lists. The lists of cases for fiscal years 2010, 2011 and 2012 were produced by using different formulas for each year. The use of different formulas to produce the list of cases may have also impacted the percentages and types of maltreatment. The same formula was used to produce the list of cases for fiscal years 2013 and 2014.

Despite the fluctuation in the number of victims over the years, the SLC has seen reoccurring themes and issues. The most consistent findings over the years address the following: the need to have issue-driven investigations; insufficient communication and collaboration among child abuse prevention stakeholders; the prevalence of mental health issues and substance abuse of the caregivers; DCS record maintenance and documentation; the number of contacts the family has with DCS before a child is placed in state's custody or otherwise removed from the home; the failure to timely enter information in TFACTS; the failure of relative placements to adhere to No Contact Orders of the court; and the lack of adequate supervision and guidance for frontline staff. The SLC is looking forward to working with the General Assembly and other child abuse prevention and intervention stakeholders to address these and other issues to improve how Tennessee handles severe child abuse cases.

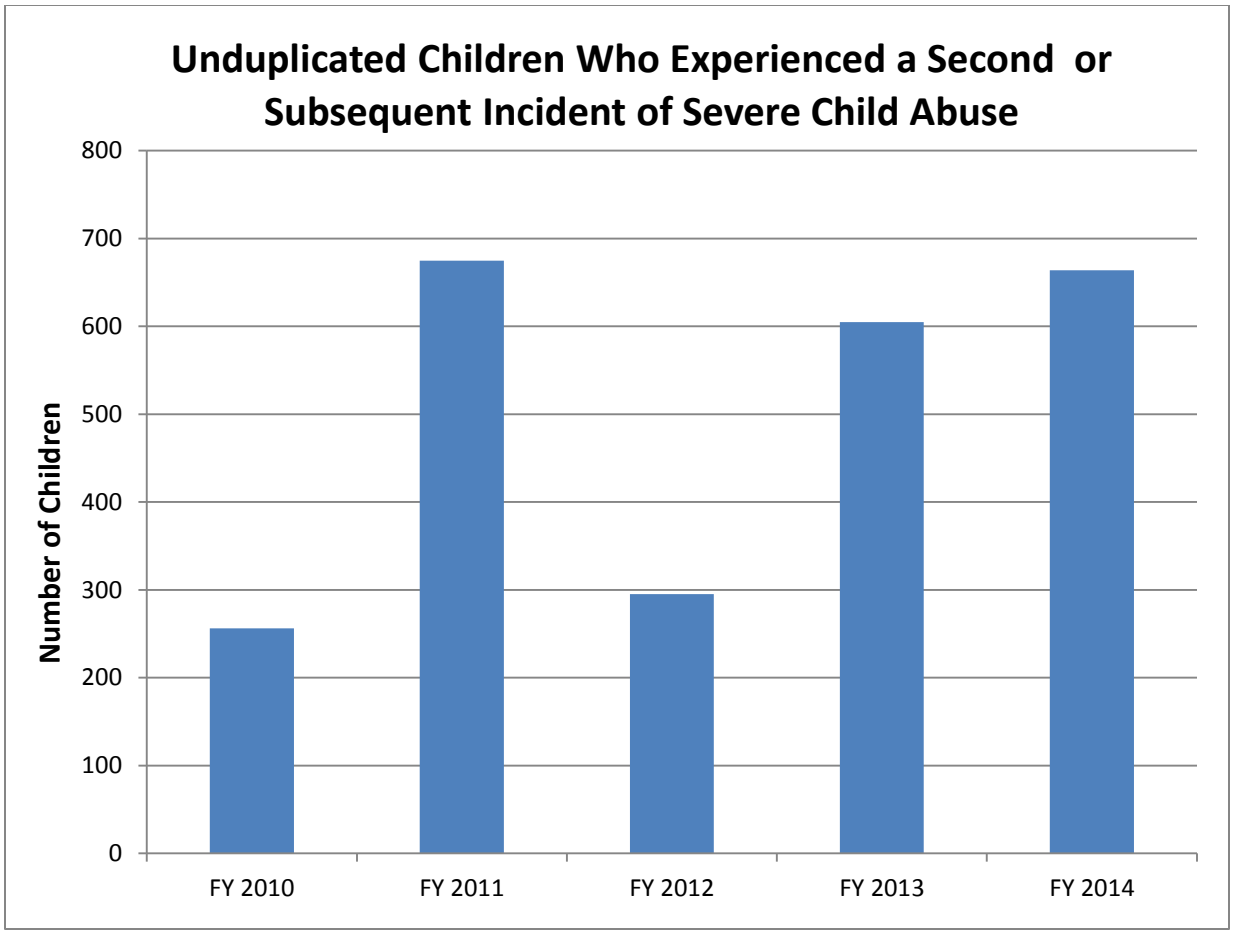
Unduplicated Children Who Experienced a Second or Subsequent Incident of Severe Child Abuse
Number of Children
800
700
600
500
400
300
200
100
0
FY 2010
FY 2011
FY 2012
FY 2013
FY 2014

Chart 1

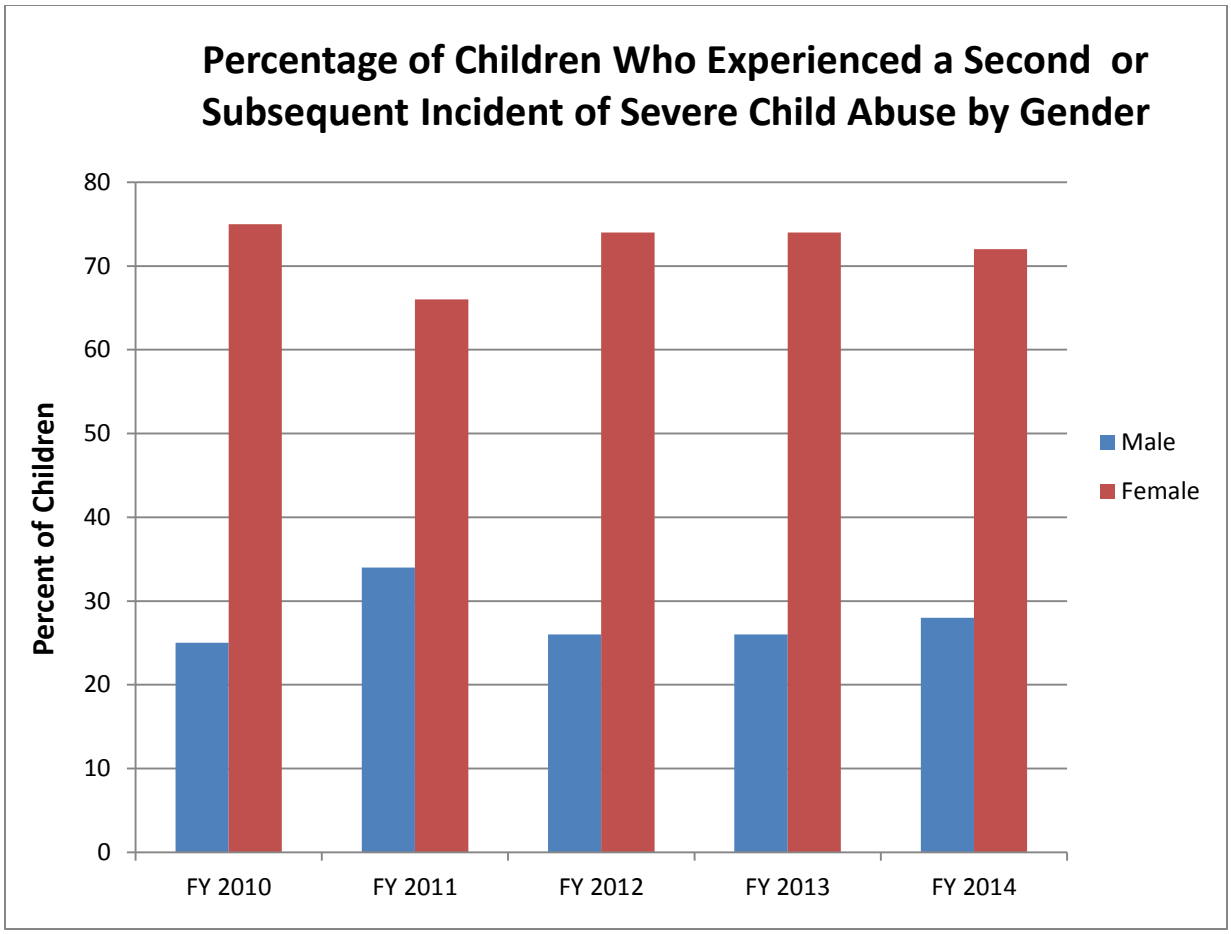

Chart 2

For fiscal years 2010 through 2014, male children were approximately 28 percent and female children were approximately 72 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 2010 through 2014, 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 in children who have experienced a second or subsequent incident of severe child abuse.

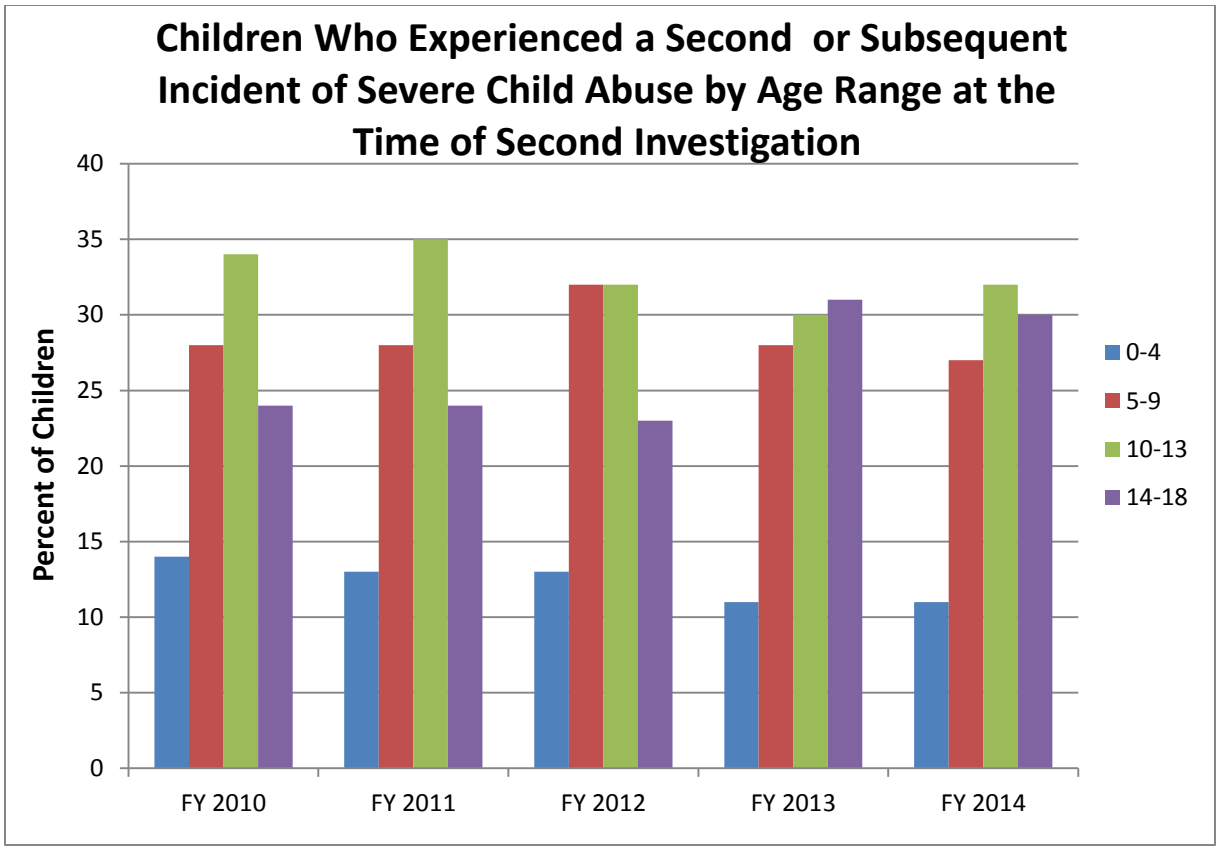

Chart 3

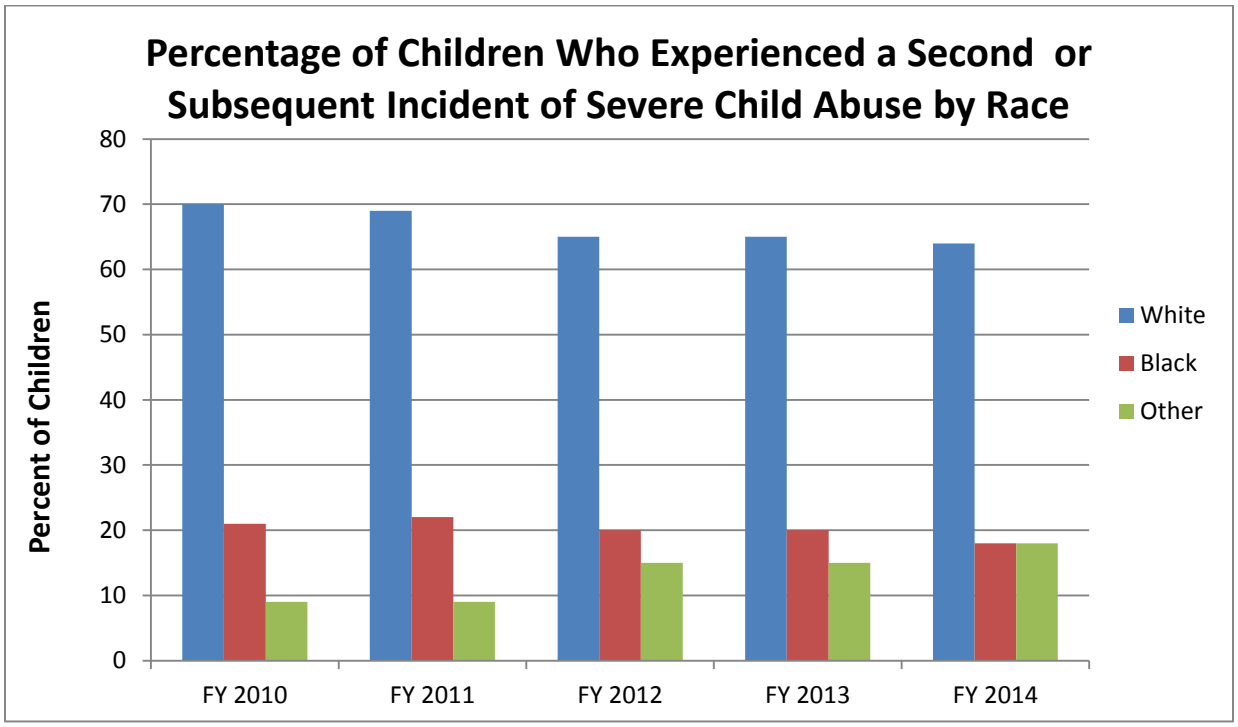

Chart 4

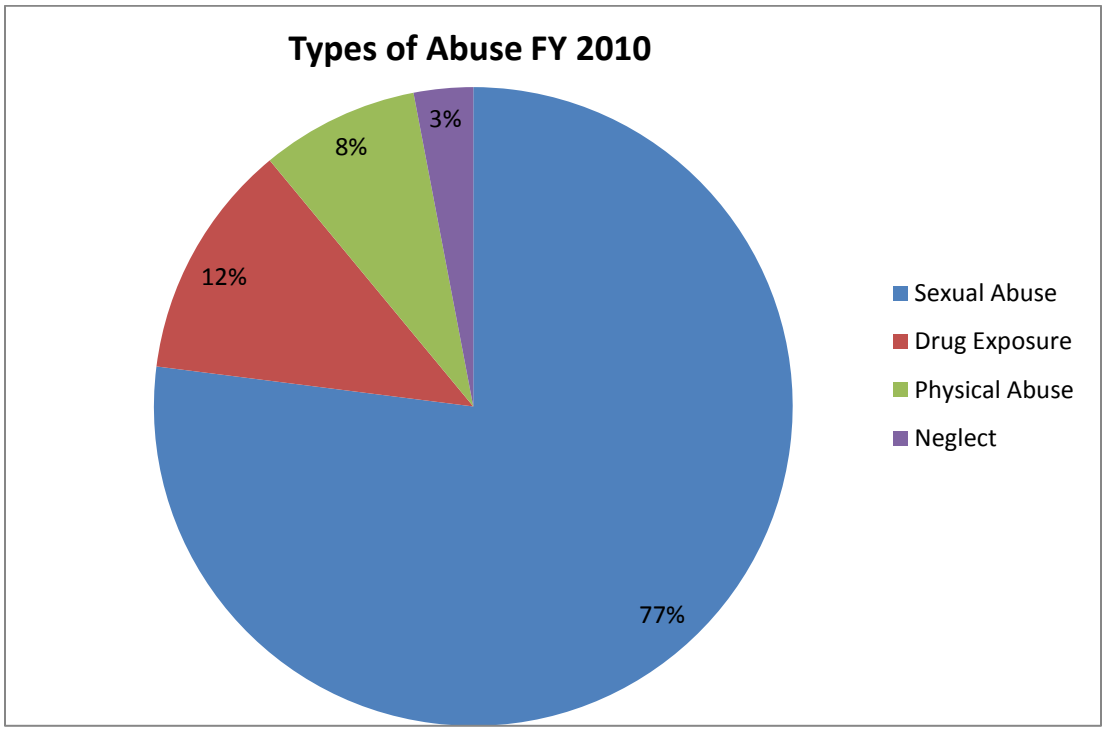

Chart 5

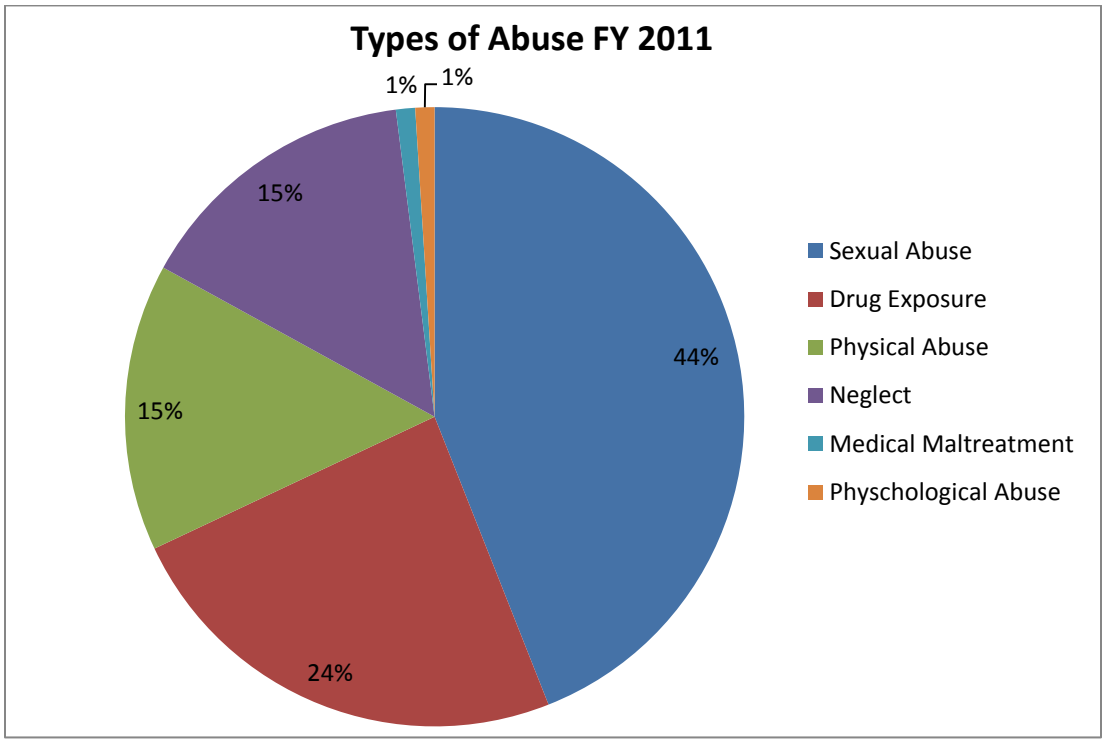

Chart 6

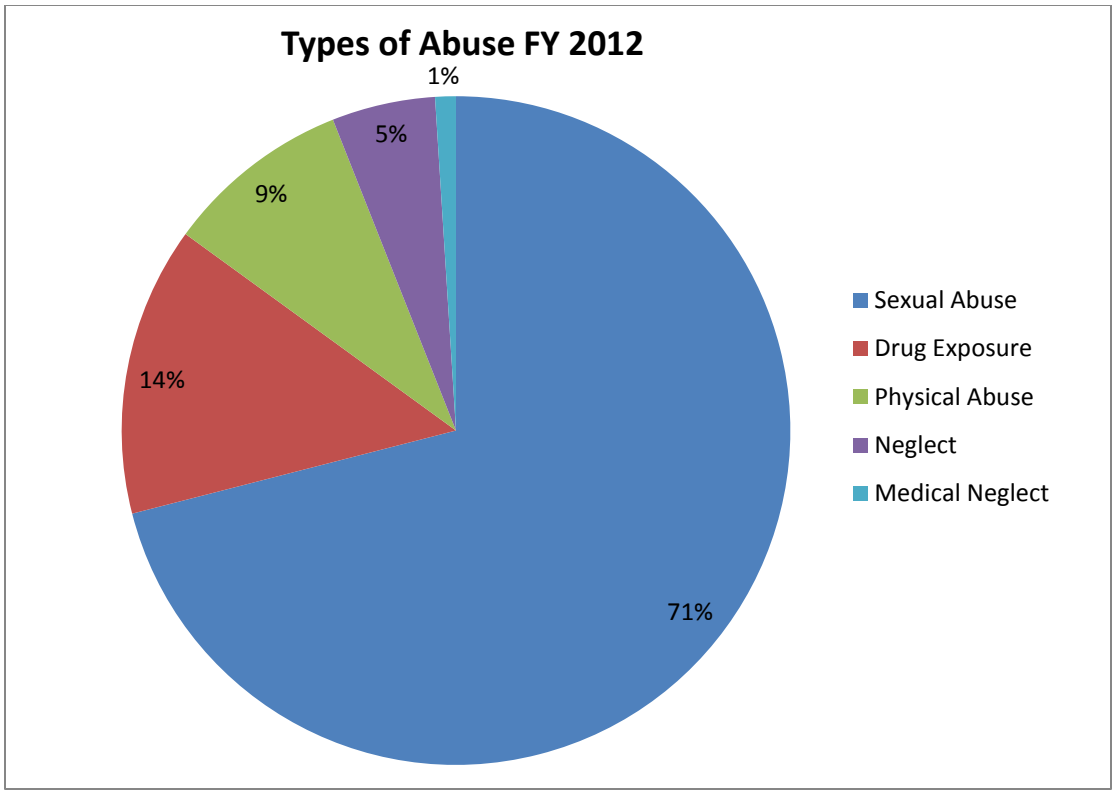

Chart 7

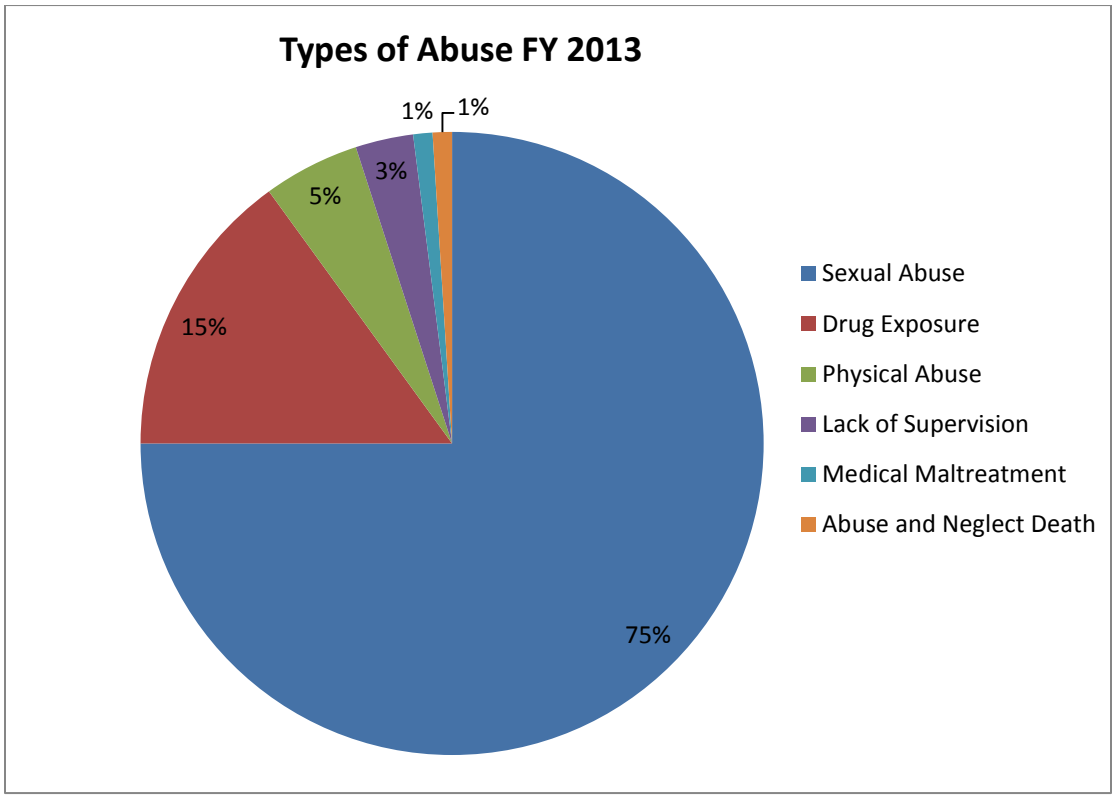

Chart 8

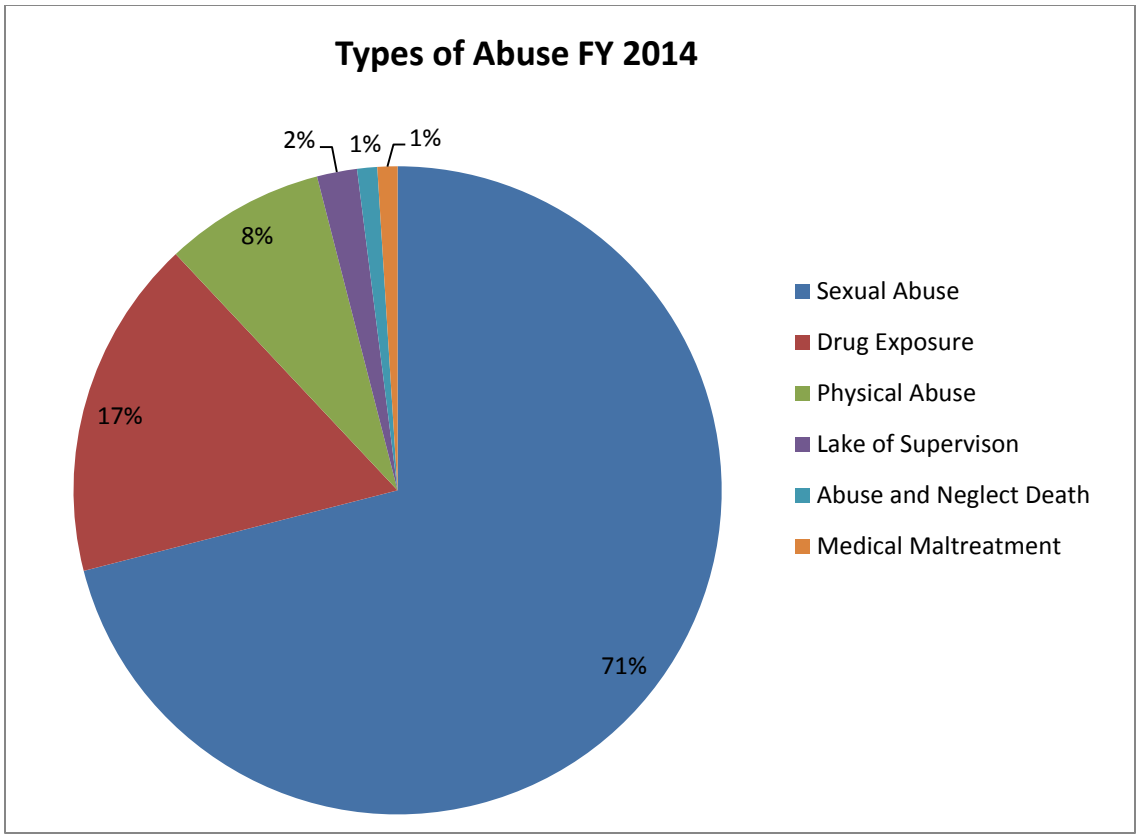

Chart 9

The Tennessee General Assembly should be commended for its proactive stance regarding protecting the children of Tennessee. The SLC has worked 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. As recommendations are implemented, the SLC will continue to monitor the impact of the changes over time to determine whether such changes are actually improving how severe child abuse cases are handled in Tennessee.

STATE OF TENNESSEE
SECOND LOOK COMMISSION
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, Tennessee 37243-0800
(615) 741-2633 (FAX) 741-5956
1-800-264-0904

MEMBERSHIP
December 28, 2015

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TN General Assembly

Representative Mark White, Co-Chair
TN General Assembly

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

Charme Allen
District Attorney General, 6th District
TN District Attorneys General Conference

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District Public Defender, 18th Judicial District
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James H. Quillen College of Medicine
Department of Pediatrics

Linda O'Neal, Executive Director
Tennessee Commission on Children and Youth

John Simmons, Special Agent in Charge
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Administrative Office of the Courts

Patty Tipton, Investigator
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Cynthia Wyrick
Private Attorney