



Second Look Commission 2021 Annual Report

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Purpose

Tennessee's continued prosperity requires that we support healthy child development. The link between adverse childhood experiences (ACEs), and a broad range of negative outcomes is well documented. Data accumulated over the past two decades provides strong evidence that toxic stress and early childhood adversities can derail optimal health and development (CDC, 2019; Merrick et al., 2019). Moreover, the resulting financial toll is estimated to cost hundreds of billions of dollars every year (CDC, 2019). These adversities often build upon one another producing a cascade of issues which ultimately place the next generation at risk (CDC, 2019). With thoughtful reflection and strategic planning, it is possible to break this devastating cycle of trauma and provide the necessary supports to families across the state. Each child in Tennessee deserves to live in a safe, stable, supportive, and nurturing environment. Holding that ideal in mind, child abuse prevention stakeholders must acknowledge the severity of the present situation to take meaningful steps towards alleviating the burden on children and their families.

The ongoing COVID-19 pandemic has augmented the prevalence and impact of ACEs in several ways. First, increased caregiver stress is known to be associated with increases in child maltreatment (Brown et al., 2020; Rapp et al., 2021). Available data shows that rates of anxiety and depression in adult Tennesseans reached peak levels in June 2020 and January 2021. Nationwide, symptoms of anxiety and depression more than tripled from pre-pandemic levels (Pellegrin, 2021). These symptoms were especially common among parents, children attending virtual school and their parents, and family caregivers (Pellegrin, 2021). Boundaries between occupational and familial responsibilities have blurred and the responsibilities weigh on caregivers more than ever.

Furthermore, physical distancing measures, although vital to prevent community spread, detach overwhelmed families from important supports and resources. Humans rely on relationships to thrive; as such, decreased health and well-being is an inherent consequence of social isolation (Brooks et al., 2020; Brown et al., 2020; Garner & Yogman, 2021). This is particularly true when a caregiver lacks childcare

support. Studies show that continual close contact under stress is associated with an increased risk in aggressive behaviors and violence (Brown et al., 2020).

Additionally, when schools are closed, youth are unable to receive critical physical, emotional, behavioral, nutritional, and educational services. This disproportionately impacts economically disadvantaged children, who are already at a higher risk of ACEs (Vanderbilt Center for Child Health Policy, 2021). According to a Vanderbilt Child Health Poll (Vanderbilt Center for Child Health Policy, 2021), conducted in the fall of 2020 on a statewide sample of Tennessee families:

- One in five children lost insurance coverage
- More than 40% of parents could not consistently afford nutritious meals for their families
- Roughly 22% of parents are concerned their child has an undiagnosed anxiety disorder
- Approximately 48% of parents with household incomes less than \$25,000 annually, report being concerned about their child's mental health
- Less than 40% of Tennessee children were attending school exclusively in-person

Federal and state-led efforts have had positive impact, but more is needed to sufficiently address the problem.

Finally, "safer at home" initiatives are effective at reducing risk of infection with COVID, but for families where domestic violence is a concern, it is important to weigh the risk of abuse against the risk of infection (Kofman & Garfin, 2020). Moreover, many children are not encountering the individuals central to identifying child abuse (i.e., teachers, healthcare workers) as consistently; consequently, incidents of abuse are potentially going unnoticed (Salt et al., 2021). In Kentucky, for instance, rates of reports to the Cabinet for Health and Family Services dropped by more than 40% from Spring 2019 to Spring 2020. As noted, this decrease coincides with an increase in identified risks of maltreatment, including financial insecurity, social isolation, and stress, as well as an increase in maladaptive coping mechanisms such as drugs and alcohol (Salt et al., 2021). In a study looking at the rates of abuse and neglect before and after pandemic-related school closures, Salt

et al. (2021), documented an 85% increase in incidents of both child sexual abuse and abuse requiring an inpatient encounter.

Even now, the coronavirus pandemic continues to serve as a major source of stress for all families as it jeopardizes our health, safety, and economic well-being. The present situation is so dire the American Academy of Pediatrics (AAP), American Academy of Child and Adolescent Psychiatry (AACAP), and Children's Hospital Association (CHA) were compelled to declare the child and adolescent mental health crisis a national emergency in October 2021. In their joint declaration, they acknowledge more than 140,000 children in the United States have lost a caregiver and racial/ethnically minoritized populations were disproportionately impacted. The devastating short and long-term effects of living with this level of toxic stress are clear, and concerted efforts from child abuse prevention stakeholders are urgently needed.

Research shows healing from ACEs and toxic stress occurs in the presence of safe, stable, and nurturing relationships (SSNRs) (Garner & Yogman, 2021). SSNRs buffer adversity and help build resilience. Through thoughtful interventions aimed at fostering SSNRs, Tennessee children can live healthier and more productive lives. Utilizing a public health approach, as recommended by a multitude of reputable organizations such as the CDC and the AAP, resources should be employed for prevention, mitigation, and intervention. For maximal impact, universal prevention remains a key objective, but more intensive efforts are necessary for individuals known to be at a higher risk of ACEs (Garner & Yogman, 2021). Furthermore, effective implementation will require coordination across public service sectors, including health care, behavioral health, education, social services, justice, and faith communities (Garner & Yogman, 2021).

Supporting children, particularly those serving as the basis of this report who have already endured substantial hardships, should be uncontroversial. They deserve to live fulfilling and productive lives. This can be realized by working together on three evidence-based principles: 1) support nurturing relationships, 2) reduce external sources of stress on families, and 3) strengthening core life skills in children and their caregivers.

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.”

The best outcomes will occur when the various child-impacting 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 2021 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

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.

The following observation, findings and recommendations of this report are based primarily on the severe child abuse cases reviewed by the SLC during the 2021 calendar year. 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 observations, findings, recommendations and observations are discussed below.

2021 Second Look Commission Preliminary Findings, Observations and Recommendations

- **Finding:** There remains opportunities to pursue services for caregivers and children more aggressively.
 - Additional resources are needed for pre-teen youth dealing with substance abuse issues.
 - Witnessing abuse and neglect is traumatic. The trauma needs to be addressed regardless of whether the child is the alleged victim.

- Child abuse prevention stakeholders need to consider the potential impact of domestic violence on a child even when the violence is not directed toward the child.
 - DCS Response: The Domestic Violence Partnership Model is a multidisciplinary approach between DCS and community agencies for the prevention and intervention of domestic violence. A liaison, who is employed by the Domestic Violence Shelter, is co-located at both the Domestic Violence Shelter and the local DCS office to assist families and community agencies supporting and seeking assistance for victims of domestic violence. In 2018, WRAP in Madison County became the first implementation site. In 2019, YWCA in Anderson/Loudon/Roane Counties and Partnership in Hamilton County also became official sites. In 2020, four additional sites were added including the Domestic Violence Program in Rutherford County, YWCA in Knox County, YWCA in Shelby County, and Women are Safe in Hickman/Perry/Lewis Counties.

To strengthen the Department's response to domestic violence, the Office of Child Safety finalized a domestic violence allegation and work-aid in Q4 2021 to provide clear case direction to staff who are working cases that may involve domestic violence. This policy incorporates federal guidance from the Children's Bureau, which is an Office of the Administration on Children and Families, on domestic violence into Tennessee specific policies. All staff in Child Protective Services and the Child Abuse Hotline have been required to complete domestic violence and child welfare training. Additionally, the Department is collaborating with Batterers Intervention Programs to increase knowledge related to perpetrator behaviors and identify services available to help strengthen families who are experiencing domestic violence.

- Severe psychological abuse may be present in physical abuse and neglect cases. Services and treatment for both types of abuse may be necessary even when severe psychological abuse is not alleged.
- Appropriate mental health services need to be provided to abuse and neglected youth.

COVID has intensified the need for service to Tennessee’s children and families. According to the Centers for Disease Control and Prevention, COVID can directly and indirectly affect youth. “Beyond getting sick, many young people’s social, emotional, and mental well-being has been impacted by the pandemic. Trauma faced at this developmental stage can continue to affect them across their lifespan. Some of the challenges children and young people face during the COVID-19 pandemic relate to changes in their routines . . . breaks in continuity of learning . . . breaks in continuity of health care . . . missed significant life events and lost security and safety.”

<https://www.wgnradio.com/index.php/article/71559/dcs-boosts-the-number-of-children-adopted-from-state-care>

- **Finding:** There is a need to provide greater effort to place children in homes that can appropriately meet their needs.
 - SLC members question whether family placements were properly scrutinized prior to placement, and whether they received the appropriate support after placement.

Recommendation: Safety and stability need to be prioritized when placing children. All stakeholders who impact placement decisions of abused and neglected children should receive information and training on how multiple placements affect children.

Recommendation: In part, the SLC repeats a recommendation from the 2020 SLC Report: In line with best-practice, child abuse prevention stakeholders should utilize community resources to connect relative caregivers and foster caregivers with adequate supports. Additional training and other resources need to be available for relative placements.

- **Finding:** Non-family members who have been substantiated for child abuse or neglect should not have access to other non-biological children unless appropriate protective measures are put in place.
- **Finding:** The response to the violation of no contact orders continues to be an opportunity for improvement.
- **Finding:** When a protective order is entered, child abuse prevention stakeholders need explicit follow-up procedures to ensure parties are complying with the order or determine whether the order has been terminated. Additionally, violations of the orders need to be reported to the proper individuals.
 - SLC members acknowledge that TCA 36-6-201 *et seq.* may impact the enforcement of orders from other states.
- **Recommendation:** Before determining a drug test is a true or false positive, confirmatory, or alternative drug testing should occur. Additionally, child abuse prevention stakeholders should consider whether confirmatory testing is necessary if there is a drug test that impacts custody or safety of a child.
- **Recommendation:** The General Assembly and the Administration need to make funding for resident training opportunities aimed at expanding and improving medical and behavioral health services to medically underserved areas and rural counties recurring and substantial.
 - PC0587, codified in TCA 49-9-703(e), creates additional resident training opportunities focusing on family medicine, general pediatrics, primary care medicine pediatrics, and psychiatry to provide medical and behavioral health services in medically underserved areas and rural counties, distributed across all three (3) grand divisions of this state. The recurring funding should not be less than \$4,000,000, and should increase based on identified needs of children and youth for medical and behavioral health services in medically underserved areas and rural counties. Services to children and youth who have been severely abused must be a priority.

- **Observation:** Tennessee should consider restructuring CPITs to appropriately include medical professionals. Child abuse cases, particularly severe child abuse cases, often involve complex investigations, responses and prosecution. TCA 37-1-601 *et seq.* recognizes these complexities in child sexual abuse cases and mandates a comprehensive, multi-disciplinary team approach for the detection, intervention, prevention and treatment of child sexual abuse.

TCA 37-1-607 creates a child protection team to investigate child sexual abuse allegations. TCA 37-1-607(a)(2) mandates “each team shall be composed of one (1) person from the department, one (1) representative from the office of the district attorney general, one (1) juvenile court officer or investigator from a court of competent jurisdiction, and one (1) properly trained law enforcement officer with countywide jurisdiction from the county where the child resides or where the alleged offense occurred.” The statute goes on to state “the team may also include a representative from one (1) of the mental health disciplines.” Medical professionals are not included in the language regarding the required or permissive team members. However, in many cases, a professional medical examination and conclusion regarding the mechanism and extent of injuries are critical.

Recommendation: TCA 37-1-607(a)(2) should be amended to include properly trained medical professionals as permissive members of CPIT. Careful consideration must be given when determining which medical professionals join CPIT. The statutory amendment should include a definition specifying what types of medical professionals are permitted to CPIT members. As noted in a previous recommendation, SLC members acknowledge the lack of appropriately certified physicians and the low reimbursement rates for their services in these matters. **Tennessee must address these barriers to provide increased protection to Tennessee’s children.**

- **Observation:** There was concern regarding failure to bring a child with injuries for an evaluation by a medical professional.

Recommendation: Tennessee needs to invest in the medical evaluation of children who are believed to be abused and neglected to make sure every child receives necessary and appropriate medical care. The medical provider conducting evaluation should be available to DCS, defense counsel, prosecuting attorneys, law enforcement and the guardian ad litem. To implement this recommendation, Tennessee needs additional medical professionals trained in the field of child abuse.

In the 2020 Second Look Commission Report, SLC members noted the potential demand on doctors with special training and experience in various regions of the state. The SLC recommended Tennessee consider ways to increase the number of specialized doctors across the state in addition to prioritizing medical assessments with potential classification of alleged abuse. A child abuse prevention stakeholder noted the intense time commitment (both for medical evaluations and for court proceedings) paired with a very low reimbursement rate as a barrier. Tennessee can address this barrier by allocating dollars for the medical evaluation of children believed to have been abused or neglected, particularly in the context of severe child abuse investigations.

The Children's Justice Task Force Child Protective Investigation Team (CPIT) subcommittee is revising the CPIT Guide, which will update the medical section of the document and offer guidance to CPIT partners. Once this is finalized, it will be shared with statewide CPIT partners.

Recommendation: Child abuse prevention stakeholders should work to determine the cause of injuries to a child when there is physical evidence and other indications of abuse, regardless of whether the child discloses abuse. Such efforts could include a forensic interview at a child advocacy center. Tennessee should consider the feasibility and utility of developing a list of injuries that would mandate a child be examined by a medical professional.

Recommendation: Tennessee needs legislation that provides a clearer definition of the type of abuse that must be considered by the child protective teams defined in TCA 37-1-607, also known as Child Protective Investigation Teams (CPIT). TCA 37-1-607(b)(1) states DCS shall convene CPIT

when a report of child sexual abuse has been received. TCA 37-1-602 goes into explicit detail regarding what constitutes child sexual abuse.

TCA 37-1-607 does not specifically mandate CPIT review severe child abuse cases, although this is the prevailing practice. It is implied in TCA 37-1-607(a)(1)(A)(i), that CPITs are expected to review severe child abuse cases because collecting data on the number of reports received for investigation by type of abuse is mandated and “serious physical abuse” and “life-threatening neglect” are provided as examples.

TCA 37-1-601 *et seq.* does not provide substantive guidance regarding what constitutes serious physical abuse and life-threatening neglect. The vague implications and lack of guidance contribute to confusion within CPITs and child advocacy centers regarding which severe child abuse cases require CPIT reviews and forensic interviews.

TCA 37-1-102(b)(27) and TCA 39-15-402(c) may provide guidance for developing a more explicit definition for severe child abuse as it relates to TCA 37-1-601 *et seq.*

TCA 37-1-607 should clearly state CPIT must be convened for all severe child abuse investigations.

DCS response: The Office of Child Safety in partnership with the Office of Child Health created a Sentinel Injury Pilot Project in Q4 2021. The project incorporates training for frontline staff and collaboration between CPS and DCS Safety Nurses to provide initial consultation and guidance for allegations involving sentinel injuries. Additionally, the Children’s Advisory Board has established a workgroup to pursue opportunities to create and provide sentinel injury training to law enforcement.

Stakeholder response: TCA 37-1-406(b) allows each individual CPIT to investigate “other cases of child abuse” as opposed to child sexual abuse cases only. This provision gives CPITs the ability to have some control over the volume of their caseloads. Additionally, TCA 37-1-406(m)(1) may provide

guidance regarding which cases, other than child sexual abuse cases, CPIT should investigate.

- **Observation:** A leasing agent refused to provide address information about a family being investigated by DCS.
 - SLC members questioned whether there was a law allowing the leasing agent to withhold information. One option may be to call the police for a welfare check.
 - There are several Tennessee statutes that require individuals to provide the information withheld by the leasing agent. TCA 37-1-406(c) states, “all private schools, as defined by § 49-6-3001, church-related schools, as defined by § 49-50-801, and state, county and local agencies shall give the team access to records in their custody pertaining to the child and shall otherwise cooperate fully with the investigation.” This statute is referring to investigations of child abuse by DCS.

In part, TCA 37-1-406(e) states, “If admission to the home, school, or any place where the child may be, or permission of the parents or persons responsible for the child's care for the physical and psychological or psychiatric examinations cannot be obtained, the juvenile court, upon cause shown, shall order the parents or person responsible for the care of the child or the person in charge of any place where the child may be, to allow entrance for the interview, examination, and investigation.” This language gives DCS the option to file a motion or appropriate pleadings in court to gain access to a child who is the subject of an investigation when refused by a person responsible for the care of the child or a person in charge of **any** place where the child may be.

Based on the cited language, the leasing agent and similarly situated individuals should have provided the requested information or should have been ordered to provide the information.

Recommendation: This observation presents an opportunity to train and teach DCS employees as well as those who refuse to provide necessary information to DCS. In partnership with DCS legal, the Office of Child Safety should consider providing training to help DCS staff better understand their options when they are met with opposition to providing information to help locate a potentially abused or neglected child. This training can be incorporated into the CPS Academy and the interactive SIM Labs.

- **Observation:** There is opportunity to provide law enforcement with additional training to help them identify and respond to child abuse cases.
 - SLC members recognize some law enforcement departments do not have the resources needed for officers who specialize in investigating child abuse. In many jurisdictions, the same law enforcement officer may be required to respond to an assault, investigate a theft and respond to a child sexual abuse call in the same day. Tennessee must make sure law enforcement has the necessary training to help protect Tennessee’s children.

Recommendation: TCA 37-1-603(b)(4)(A) requires the Jerry F. Agee Tennessee Law Enforcement Academy, the Tennessee peace officer standards and training commission, and DCS to “work together in developing ways to inform and instruct appropriate local law enforcement personnel in the detection of child sexual abuse and in the proper action that should be taken in a suspected case of child sexual abuse.” The additional training can be incorporated into existing training provided to law enforcement.

- **Observation:** The use of extension of foster care could help provide much needed services to abused and neglected children aging out of custody.
 - Currently, DCS can provide extension of foster care services to young adults who meet the following criteria:
 - Young adults completing high school or GED/HiSET.
 - Young adults who are enrolled in an institution which provides postsecondary or vocational education.
 - Young adults who have a serious disability that prevents them from pursuing education or full-time employment.

- **Recommendation:** DCS should expand eligibility criteria for Extension of Foster Care under the Federal Fostering Connections legislation to include young adults participating in a program or activity designed to promote, or remove barriers to, employment; and young adults employed for at least 80 hours per month.
- **Observation:** Engaging fathers is an opportunity for improvement.
 - In some cases, fathers can provide additional safety placement or permanency options. The SLC made a similar finding in 2017 and 2019.
- **Observation:** CASA provides an invaluable service in dependent and neglect cases, and should be appointed when available, as early as possible.
- **Observation:** Sometimes there is a substantial period between the entry of a permanency plan and the adjudication in child abuse and neglect cases, particularly severe abuse cases.
 - Many decisions impacting the child’s health and safety may be made pre-adjudication. Child abuse prevention stakeholders, including the court, law enforcement, and DCS, may not have all the necessary evidence to determine what is in the best interest of the child until after the adjudication. These delays may be the result of the volume of cases and scheduling issues in the jurisdiction.
 - The mental health and physical safety of the child are paramount.
- **Observation:** When a child’s nondisclosure appears to be inconsistent with other evidence, consideration to the child’s relationships and what they say should be considered when determining additional investigative actions.
 - Investigating severe child abuse allegations is a complex process. If, for example, there is physical evidence of abuse, but the child does not disclose physical abuse, consideration should be given to potential impact the child’s relationships may have on the nondisclosure.

Disclosures and nondisclosures are a piece of the body of evidence that must be considered; they are not determinative.

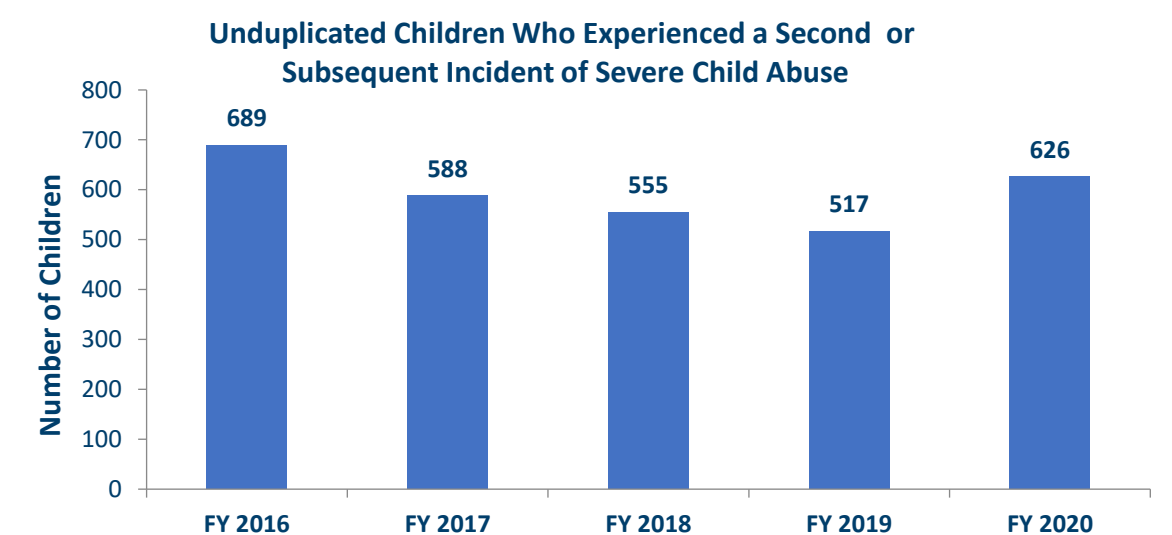
- **Observation:** There were opportunities for higher levels of intervention earlier in the cases.
 - Two examples include involving attorneys or filing a petition earlier in a case.
 - Child abuse prevention stakeholders need to take additional steps to determine the facts of the case and provide safety for children when alleged perpetrators refuse to cooperate with the investigation. When caregivers refuse services, child abuse prevention stakeholders need to consider requesting court ordered services.

- **Observation:** All decision makers should provide clear rationale for removing one child from a home and leaving other children in the same home.

- **Observation:** The Department of Children’s Service (DCS) continues to improve its case management and documentation.

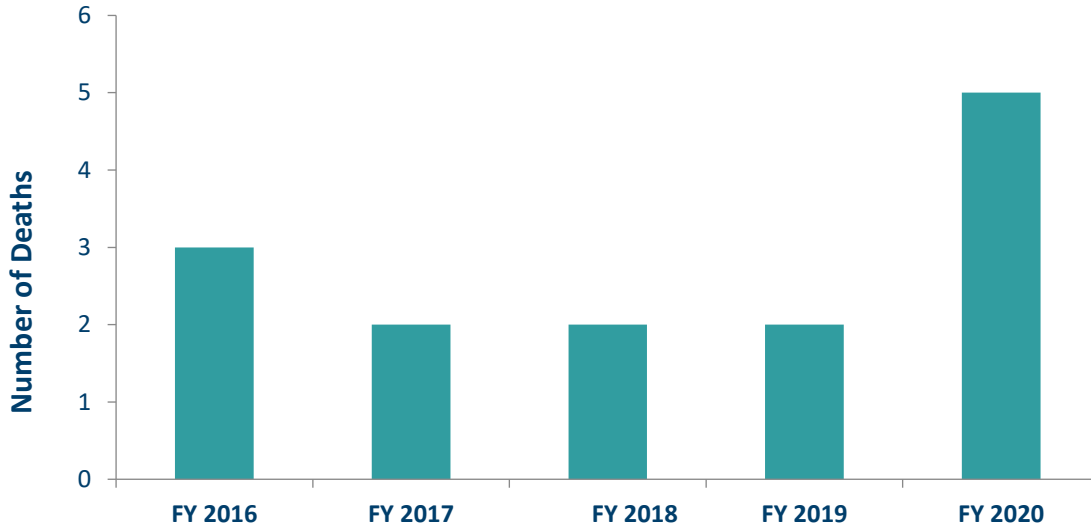
Repeat Child Abuse Data

The reported number of children who experienced a second or subsequent incident of severe child abuse for FY 2020 is 626. The number of children who were subjected to a second or subsequent incident of severe child abuse increased in FY 2020 from the previous years. The data from FY 2016, 2017, 2018 and 2019 shows a downward trend. FY 2020 shows a substantial increase.



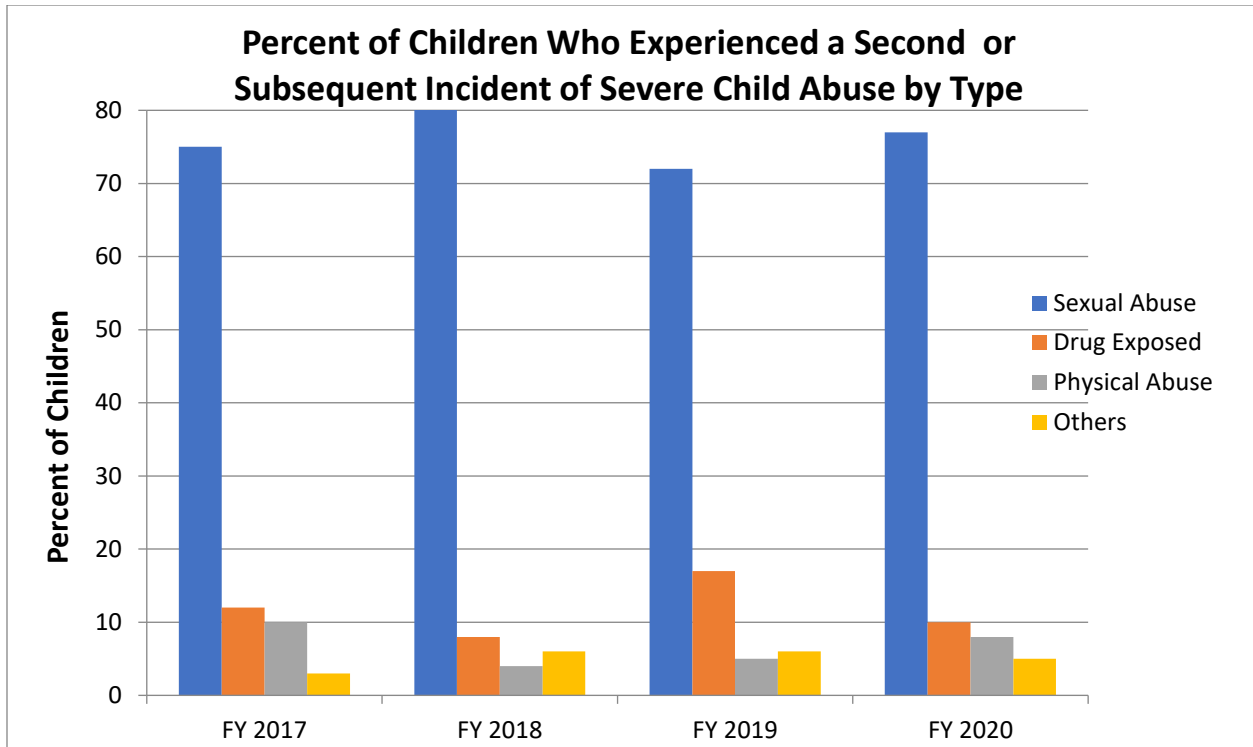
The number of second or subsequent incident of severe child abuse death cases for FY 2020 is 5. This represents an increase from previous years.

Second or Subsequent Incident of Severe Child Abuse Death Cases



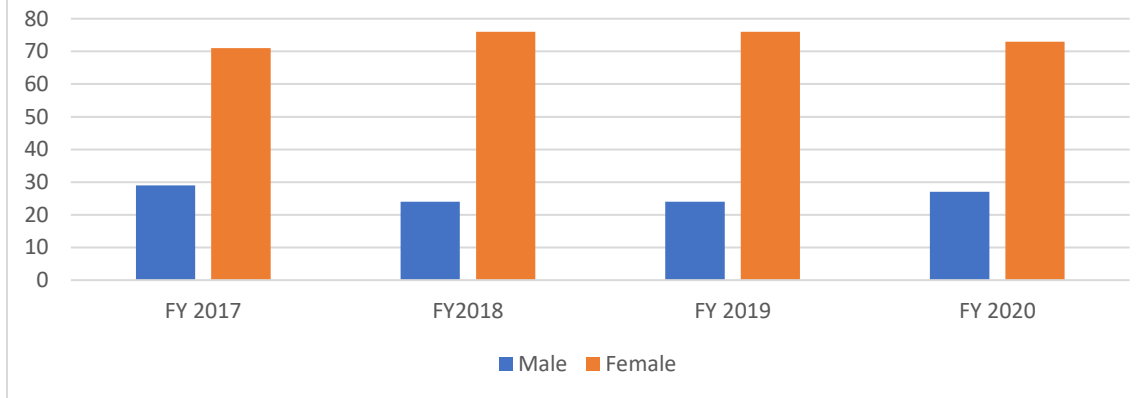
The types of maltreatment for FY 2020 (the second or subsequent incident) are as follows:

Abuse Death	0.8%
Drug Exposed Child	10.4%
Environmental Neglect	0.1%
Lack of Supervision	3.2%
Medical Maltreatment	0.3%
Physical Abuse	7.7%
Psychological Harm	0.5%
Sexual Abuse	77.0%



This chart is solely based on the second or subsequent incident of severe child abuse. It is important to note sexual abuse accounted for approximately 27 percent of the combined maltreatment type set forth in the FY 2020 list of cases. The most prevalent type of child abuse, including the first and second incidents, on the FY 2020 list of cases was Drug Exposed Child/Infant. Drug exposure accounted for approximately 34 percent of the combined maltreatment type set forth in the FY 2020 list of cases.

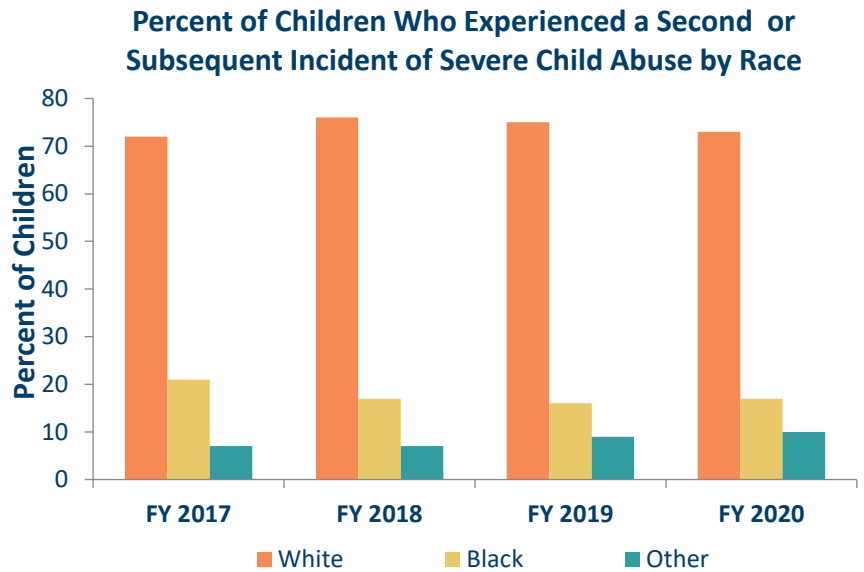
Percent of Children Who Experienced a Second or Subsequent Incident of Severe Child Abuse by Gender



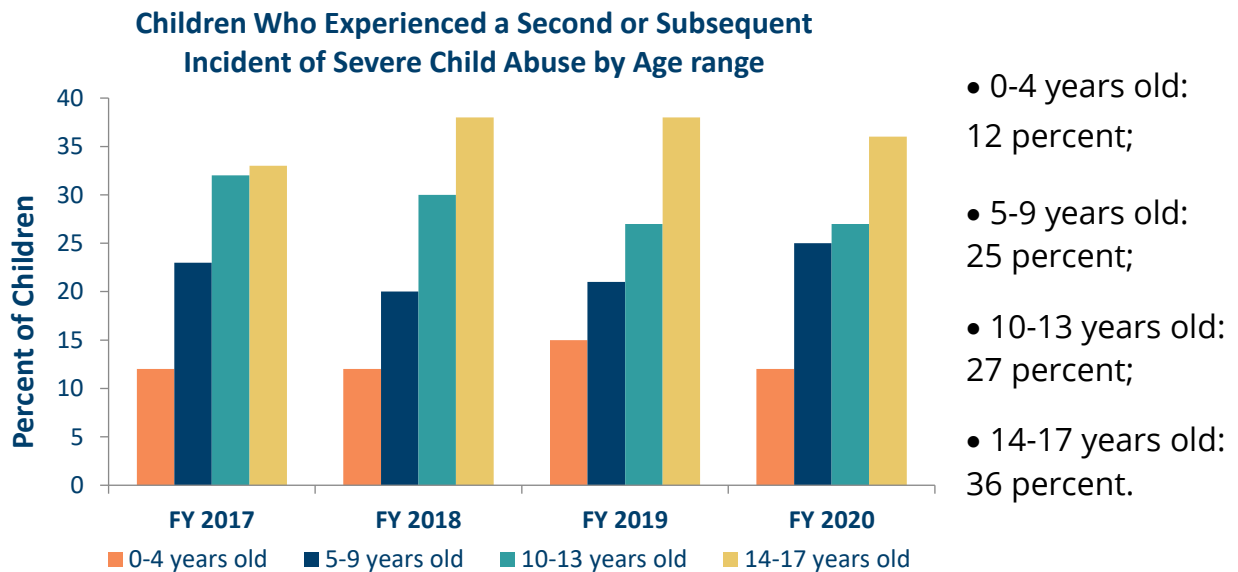
The gender composition of the victims of the total population of cases for FY 2020 is as follows: female: 73 percent; male: 27 percent. For the calendar years 2017 through 2020, male children were approximately 51 percent and female children were approximately 49 percent of the total population of children 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:

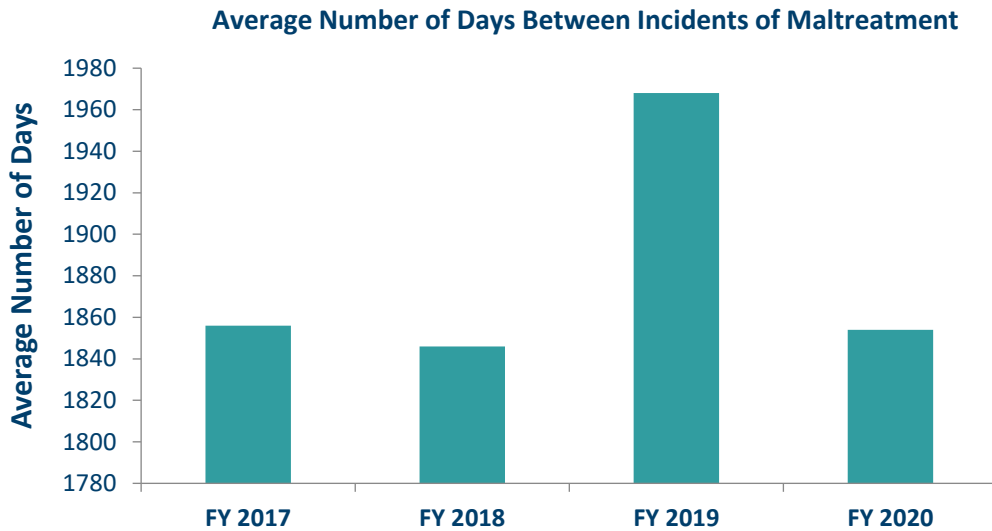
- White: 73 percent;
- Black: 17 percent;
- Multiple/Unable to determine: 10 percent.



The age range composition of the children at the time of the incidents of abuse for FY 2020 is as follows:



The average number of days between incidents of maltreatment for FY 2020 is 1,854.



Number of individual children who experienced a second or subsequent incident of severe child abuse for fiscal year 2020 reported in each county by judicial districts based on the list of cases provided by DCS:

1st Judicial District

Carter	4
Johnson	4
Unicoi	0
Washington	7

4th Judicial District

Cocke	7
Grainger	2
Jefferson	5
Sevier	5

2nd Judicial District

Sullivan	16
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5th Judicial District

Blount	7
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3rd Judicial District

Greene	3
Hamblen	3
Hancock	0
Hawkins	4

6th Judicial District

Knox	33
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7th Judicial District

Anderson	23
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8th Judicial District

Campbell 2
Claiborne 8
Fentress 8
Scott 3
Union 3

9th Judicial District

Loudon 5
Meigs 1
Morgan 2
Roane 11

10th Judicial District

Bradley 8
McMinn 6
Monroe 5
Polk 0

11th Judicial District

Hamilton 6

12th Judicial District

Bledsoe 1
Franklin 4
Grundy 5
Marion 4
Rhea 5
Sequatchie 2

13th Judicial District

Clay 1
Cumberland 8
DeKalb 7
Overton 1
Pickett 0
Putnam 9

White 8

14th Judicial District

Coffee 12

15th Judicial District

Jackson 1
Macon 7
Smith 5
Trousdale 0
Wilson 10

16th Judicial District

Cannon 3
Rutherford 19

17th Judicial District

Bedford 13
Lincoln 3
Marshall 3
Moore 0

18th Judicial District

Sumner 13

19th Judicial District

Montgomery 27
Robertson 5

20th Judicial District

Davidson 45

21st Judicial District

Hickman 1
Lewis 1
Perry 3
Williamson 4

22nd Judicial District

Giles	4
Lawrence	17
Maury	6
Wayne	3

23rd Judicial District

Cheatham	3
Dickson	7
Houston	1
Humphreys	3
Stewart	6

24th Judicial District

Benton	2
Carroll	9
Decatur	4
Hardin	7
Henry	4

25th Judicial District

Fayette	1
Hardeman	5
Lauderdale	2
McNairy	10
Tipton	4

26th Judicial District

Chester	2
Henderson	7
Madison	6

27th Judicial District

Obion	6
Weakley	4

28th Judicial District

Crockett	1
Gibson	6
Haywood	1

29th Judicial District

Dyer	8
Lake	0

30th Judicial District

Shelby	58
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31st Judicial District

Van Buren	0
Warren	5

Statute Summary

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

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

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

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

Conclusion

The FY2020 data disrupts the declining trend of children who have experienced a second or subsequent incident of severe abuse seen in the FY2016 – FY2019 data. The number of children who suffered a second or subsequent incident of severe child abuse increased from 517 in the FY2019 data to 626 in the FY2020 data. 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. While drug addiction must be addressed, Drug Exposed Child as the second incident of severe child abuse decreased 36.6 percent from FY2019 to FY2020. Drug Exposed Child combined with the first incident of child abuse decreased 9.3 percent.

Sexual abuse as the second incident of severe child abuse increased 6.8 percent from FY2019 to FY2020, which is approximately 130 more incidents of sexual abuse. Sexual abuse combined with the first incident of child abuse increased 8.3 percent. Physical abuse as the second incident of severe child abuse increased 42.6 percent from FY2019 to FY2020, which is approximately 19 more incidents of physical

abuse. Physical abuse combined with the first incident of child abuse decreased 2.2 percent.

Tennessee must continue to address all forms of child and use data to focus its efforts. The FY2020 data shows an increase from previous years. However, it is too early to determine whether the FY2020 data is the beginning of a trend in the wrong direction or a one-year deviation. The SLC will continue analyze the data over time to help Tennessee focus its resources in areas of greatest needs. The SLC is committed to helping improve the many systems that impact how Tennessee handles severe child abuse.

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