

The Center for Community Criminology and Research (CCCR)
The Department of Criminology and Criminal Justice
The University of Memphis, Lambuth Campus

*Protecting Children of Arrested Parents
Using a Trauma Informed Approach*

2019 Report



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Mission of The Center for Community Criminology and Research (CCCR)

The Center for Community Criminology and Research (CCCR) is housed within the Department of Criminology & Criminal Justice at The University of Memphis, Lambuth Campus, Jackson, TN. The mission of the CCCR is threefold. First, the CCCR serves as a clearinghouse for the dissemination of information to those interested in achieving a reduction in crime and delinquency. Second, the CCCR provides sound statistical information to improve the efficiency and effectiveness of local, county, and state social justice/criminal justice systems. Finally, the CCCR facilitates low cost professional development workshops and conferences benefiting social justice/criminal justice agencies at the local, county, state, and region.

For more information regarding The Center for Community Criminology and Research (CCCR), please contact Dr. Sheri Jenkins Keenan, Coordinator, The University of Memphis, Lambuth, 705 Lambuth Boulevard, Varnell-Jones Hall, Suite 200, Jackson, Tennessee 38301, (731) 425-1921. Sheri.Jenkins.Keenan@memphis.edu

Abstract

Many law enforcement agencies do not have policy, procedures, or training that specifically address actions that should be taken to reduce and prevent trauma associated with the arrest of a parent. In addition, there is no accurate statistics on the number of children who are negatively affected when their parent is arrested since these numbers are not routinely captured in arrest reports. Finally, for law enforcement agencies there typically is a lack of awareness concerning the process surrounding, and sufficiency of, the care that should be provided when the primary caregiver, in most cases the mother, is arrested. Given that there were limited prior studies specifically looking at the negative effects on children when a parent is arrested this project was exploratory. This project collected data on several levels. Discussion and recommendations for policy, procedures, training, and future programing and research are offered.

Keywords: ACEs, Parental Arrest Policies, Trauma Informed Policing

The arrest of a parent has a significant impact on children of all ages. Research indicates that such events often have a negative impact on a child's immediate and long-term emotional, mental, social, and physical health. There is little research on how the arrest of a parent can affect a child; however, the effects of trauma in general on children are well-documented.

Trauma interrupts a child's brain development, whether it is experienced first-hand, through videos, news reports, and/or through vicarious trauma exposure. Children who have experienced trauma are more likely to suffer from mental health disorders, such as depression or anxiety, attempt suicide, abuse drugs and alcohol, develop chronic illness, have trouble paying attention at school, display anti-social behavior, and be justice involved.

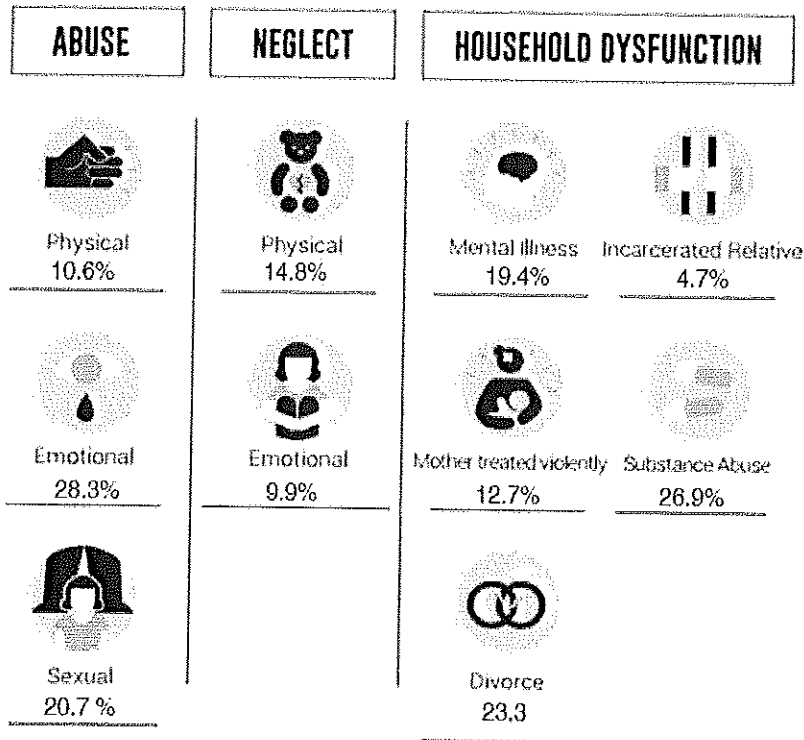
In recent years, increasing emphasis has been placed on safeguarding children of arrested parents and mitigating the negative impact that having a parent arrested can cause a child. The Law Enforcement Community has explored ways in which they can make sure that an involved child doesn't "fall through the cracks" without interrupting law enforcement's primary mission as an agency.

Currently, many law enforcement agencies do not have policy, procedures, or training that specifically address actions that should be taken to reduce and prevent trauma associated with the arrest of a parent. In addition, there is no accurate statistics on the number of children who are present when their parent is arrested since these numbers are not routinely captured in arrest reports. Because there are no accurate statistics the statistics that are being used are statistics on incarcerated parents, collected by the U.S. Department of Justice, Bureau of Justice Statics (BJS); however, this is using backend systems data for a front-end systems issue. Finally, for law enforcement agencies there typically is a lack of awareness concerning the process surrounding, and sufficiency of, the care that should be provided when the primary caregiver, in most cases the mother, is arrested.

Adverse Childhood Experiences (ACEs): The Original Study

The Adverse Childhood Experiences study was conducted in the mid-90s by Kaiser Permanente and the Centers for Disease Control (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, & Marks, 1998). The researchers wanted to understand the common denominator for many of the health risk behaviors and preventable diseases observed in their practice. They hypothesized that childhood adversity may be the root cause of these diseases. They administered a survey to over 17,000 Kaiser Permanente members asking about 10 types of childhood adversity (see Appendix A). The ten questions included five types of child abuse or neglect (physical abuse, physical neglect, emotional abuse, emotional neglect and sexual abuse) and five types of household dysfunction (parent with mental illness, divorce, incarceration, substance abuse or mother treated violently) that occurred before age 18. At the end, you got a score between zero and ten. The researchers then compared the scores to the members' medical records. The participants were privately insured, middle class, Caucasian, and mostly a college-educated population. The people studied were not the individuals you expect to have traumatic life experiences.

Figure 1
Adverse Childhood Experiences



The original ACEs study found that in every category except incarceration, at least 10% of the population experienced the adversity (See Figure 1). Furthermore, the majority of the people (64%) had at least 1 ACE; about 12% of the population had an ACE score of 4 or more. Four (4) or more ACEs is the tipping point for a significantly increased risk of poor social, emotional, and physical health outcomes. In addition, they found that the higher someone's ACEs score, the more types of childhood adversity a person experienced; thus, the higher their risk of chronic disease, mental illness, violence, being a victim of violence, and a bunch of other consequences.

The study found that people with an ACEs score of 4 are twice as likely to be smokers and seven times more likely to be alcoholic. Having an ACEs score of 4 increases the risk of emphysema or chronic bronchitis by nearly 400% and suicide by 1,200%. An ACE score above 6 was associated with a 3,000% increase in attempted suicide. Compared to an ACE score of

zero, having 4 adverse childhood experiences was associated with a doubling of risk of being diagnosed with cancer. People with an ACE score of 5 or higher are seven to ten times more likely to use illegal drugs, to report addiction and to inject illegal drugs. People with high ACE scores are more likely to be violent, to have more marriages, more broken bones, more drug prescriptions, more depression and more autoimmune diseases. ACEs are responsible for a big chunk of workplace absenteeism, and for costs in health care, emergency response, mental health services, and criminal justice response.

The major finding from the ACEs Study was that childhood adversity contributes to most of our major chronic health, mental health, economic health, and social health issues. Regardless of socio-economic class or other demographics, people who have adverse childhood experiences use more health and medical services through their lifetime.

Our knowledge of ACEs has expanded since the original study was published and continues to evolve. Since the original ACEs study was published, additional ACEs have been added to newer, validated versions of the questionnaire. We know that multiple types of childhood adversity can produce toxic stress in a child. The accumulated burdens of family economic hardship, witnessing violence, living in unsafe neighborhood, experiencing racism and bullying, and living in foster care are some of the types of childhood adversity that have been studied and shown to increase poor social, emotional, and physical health outcomes.

Although new ACEs questionnaires are including these questions, the original study and many of the replicated studies, including those in Tennessee, only include the original ten questions, suggesting that prevalence of childhood adversity could be even higher.

Adverse Childhood Experience (ACEs)

There are four concepts of development created by the Harvard Center for the Developing Child (2009):

- **Brain architecture**, which is established early in life and supports lifelong learning, behavior, and healthy, stable, caring relationships,
- **Serve and return**, which are interaction that shape brain architecture,
- **Toxic stress** in the early years of life can derail healthy development; and,
- **Resilience** can be built through “serve and return” relationships, improving self-regulation and building executive functions.

Brains are built over time, starting in the earliest years of life. Simple skills come first; more complex skills build on top of them. Cognitive, emotional, and social capabilities are inextricably intertwined throughout the life of a child. Brain architecture establishes either a sturdy or a fragile foundation for all the learning, health, and behavior that follow. A strong foundation in the early years improves the odds for positive outcomes and a weak foundation increases the odds of later difficulties. So how is healthy brain architecture derailed? Toxic levels of stress ultimately disrupt the pathways for healthy development. When we are stressed, we experience increases in heart rate, blood pressure, serum glucose and a release of stress hormones for the “fight or flight” response. Excessive or prolonged activation of stress response systems can lead to long-term disruptions in the brain architecture, immune and metabolic systems and cardiovascular function.

Not all stress is toxic. Some stress is positive for children and helps them prepare for life’s future challenges. *Positive stress* is short and includes stressful events like starting the first day of school or getting an immunization. They are healthy for brain development and prepare the brain and body for stressful situations later in life. *Tolerable stress* is tragic and often unavoidable. It includes events like losing a loved one or experiencing a frightening injury. The key here is that the child has supportive caregivers to buffer the stress response. This keeps these

events from doing lasting damage to the brain and body. *Toxic stress* is ongoing, repeated exposure to abuse, neglect, and/or household dysfunction. It is bad for brain development. If no supportive adults are present to help buffer the stress response, stress chemicals will damage developing structures in the child's brain and harm the body. The result is an increased vulnerability to lifelong physical and mental health problems. As stated before, 4 or more ACEs is the tipping point for a significantly increased risk of poor social, emotional, and physical health outcomes.

Tennessee Commission on Children and Youth

Vision. All children in Tennessee are safe, healthy, educated, nurtured and supported, and engaged in activities that provide them opportunities to achieve their fullest potential.

Mission. The Tennessee Commission on Children and Youth (TCCY) advocates to improve the quality of life for children and families and provides leadership and support for child advocates.

Commission. The policy-making body of TCCY is a 21-member commission whose members are appointed by the governor. At least one member is appointed from each of Tennessee's nine development districts. Four youth advisory members meet the federally mandated composition required for a Juvenile Justice and Delinquency Prevention Act state advisory group.

ACEs - Building Strong Brains Tennessee

Building Strong Brains Tennessee is a statewide public-private partnership attempting to reduce Adverse Childhood Experiences (ACEs). They work to change the culture of Tennessee, so the state's overarching early childhood philosophy, policies, programs, and practices utilize the latest brain science to prevent and mitigate the impact of ACEs.

International Chiefs of Police

The International Association of Chiefs of Police (IACP) is the world's largest and most influential professional association for police leaders. With more than 30,000 members in 150 countries, the IACP is a recognized leader in global policing, committed to advancing safer communities through thoughtful, progressive police leadership.

Since 1893, the association has been serving communities worldwide by speaking out on behalf of law enforcement and advancing leadership and professionalism in policing worldwide.

The IACP is known for its commitment to enhancing community safety by shaping the future of the police profession. Through timely research, programming, and unparalleled training opportunities, the IACP is preparing current and emerging police leaders—and the agencies and communities they serve—to succeed in addressing the most pressing issues, threats, and challenges of the day.

The IACP is a not-for-profit 501c (3) organization headquartered in Alexandria, Virginia. The IACP is the publisher of *The Police Chief* magazine, the leading periodical for law enforcement executives, and the host of the IACP Annual Conference, the largest police educational and technology exposition in the world. IACP membership is open to law enforcement professionals of all ranks, as well as non-sworn leaders across the criminal justice system.

Safe Guarding Children of Arrested Parents

On June 12, 2013, the Deputy Attorney General of the United States James M. Cole delivered remarks at the White House where he announced that the IACP, with funding support from the Department of Justice (DOJ) was developing a model protocol and training on protecting the physical and emotional well-being of children when their parents are arrested. The

IACP project was part of an overarching White House Domestic Policy Council justice initiative focused on reducing trauma experienced by children who have parents in prison or jail.

On September 10, 2013, the Department of Justice, Office of Justice Program's Bureau of Justice Assistance (BJA) awarded supplemental funding to IACP to engage its National Law Enforcement Policy Center in the development of a Model Policy and Concepts and issues Paper that would assist law enforcement agencies in developing measures to safeguard children when a parent is arrested. Instrumental to this process was the use of a focus group comprised of federal, state, local, and tribal practitioners with expertise in child welfare, law enforcement, children's mental health, and children with incarcerated parents. In addition, the IACP developed training to assist agencies with implementing the policy

In 2014 the IACP hosted a national symposium on the subject, and the product of that meetings was a "Concepts and Issues Paper:, "Model Policy" and "Toolkit", (See Appendix B) for law enforcement agencies across the county to use as a guide.

For roll call training videos, classroom training resources, online training, and other resources related to safe guarding children of arrested parents please go to <https://www.theiacp.org/resources/safeguarding-children-of-arrested-parents-toolkit>).

The Current Study

Currently, many law enforcement agencies do not have policy, procedures, or training that specifically address actions that should be taken to reduce and prevent trauma associated with the arrest of a parent. In addition, there is no accurate statistics on the number of children who are present when their parent is arrested since these numbers are not routinely captured in arrest reports. Because there are no accurate statistics, the statistics that are being used are statistics on incarcerated parents, collected by the U.S. Department of Justice, Bureau of Justice

Statics (BJS); however, this is using backend systems data for a front-end systems issue. Finally, for law enforcement agencies there typically is a lack of awareness concerning the process surrounding, and sufficiency of, the care that should be provided when the primary caregiver, in most cases the mother, is arrested. The Jackson Police Department, in community partnership with The Center for Community Criminology and Research, The University of Memphis, Lambuth Campus aims to address these issues for The City of Jackson, Jackson, Tennessee.

The City of Jackson. The estimated number of persons served, trained, or otherwise impacted by the current study are as follows. According to the United States Census Bureau (2016) the population demographics for Jackson, Tennessee as of July 1, 2016 was 67,005. The Jackson Police Department estimates this number increases to 138,000 during the day due to employment and retail. Of the 67,005 residents living inside the city limits of Jackson, the United States Census Bureau (2016) reports that roughly 25% (24.7%) are persons under the age of eighteen (16, 751). In addition, the Jackson Police Department employs approximately 200 officers who are tasked with enforcing laws while keeping the community safe.

Methods

Many law enforcement agencies do not have policy, procedures, or training that specifically address actions that should be taken to reduce and prevent trauma associated with the arrest of a parent. In addition, there is no accurate statistics on the number of children who are negatively affected when their parent is arrested since these numbers are not routinely captured in arrest reports. Finally, for law enforcement agencies there typically is a lack of awareness concerning the process surrounding, and sufficiency of, the care that should be provided when the primary caregiver, in most cases the mother, is arrested.

Given that there is limited prior studies specifically looking at the negative effects on children when a parent is arrested this project will be exploratory. This project will be collecting data on several levels.

First, given that there are no accurate statistics on the number of children affected negatively by the arrest of a parent, this was our starting point. On July 1, 2018 the State of Tennessee revised law TCA 38-3-116 (see Appendix C). To document compliance with this law, the Jackson Police Department created a new block to the arrest report for both field reporting and the RMS system which asks whether any children will be left unattended because of the person's arrest. If the checkbox is marked "yes" then the officer shall detail in the arrest report narrative the steps which were taken to ensure the child's welfare, to include any relevant notification made, i.e., SIU, DCS, etc., and, if applicable, who took custody of the child. The police reports marked "yes" from July 1, 2018 through June 30, 2019 were used for this portion of the data collection.

Second, the Jackson Police Department asked state certified ACEs Trainer, Dr. Sheri Jenkins Keenan, Coordinator, The Center for Community Criminology and Research (CCCR) to

conduct ACEs training for all POST certified officers. Dr. Keenan provided 2 hours per week of ACEs training during JPD's 2019 in-service training block (March 11, 2019 – May 9, 2019) (See Appendix D). There was a total of 202 JPD POST certified officers in attendance to include command staff. Dr. Keenan used ACEs materials and the CEV Toolkit to conduct these trainings. A pre-survey (See Appendix E) and post-survey (See Appendix F), POST Training Test (See Appendix G), and modified ACEs questionnaire (See Appendix H) were administered to the 202 JPD officers. The modified ACEs questionnaire did not allow participants to tally their results.

In addition, at the time of this training each officer was provided with valuable resources from the CEV Toolkit to use during the commission of their duties:

1. What To do When Your Child Is Exposed To Violence (tri-fold pamphlet) (See Appendix I).
2. Questions Commonly Asked by Children when Police are on-scene and Examples of Police Response (See Appendix J).
3. What Traumatic Stress Reactions May Look Like On-Scene (See Appendix K)
4. Reactions That Police May Observe from Children and Youth (See Appendix L)
5. Effective Police Responses to Traumatic Stress in Children of Different Ages (See Appendix M)
6. The Serve and Return Origami Game (See Appendix N)

Next, the Jackson Police Department established a Community Advisory Board for Safeguarding Children of Arrested Parents. This board met once a quarter. The board was given three mandates. First, to review already existing Command Bulletins (See Appendix O) and letters of agreement (See Appendix P) with partnering organization responsible for safeguarding children from harm when a parent is arrested. Second, to create a “pocket” size resource/reference card (See Appendix Q) of participant partnership organizations and contact information to distribute to all POST certified officers to use or leave on-scene. Third, to explore strategies and ways to engage community resources to promote resilience, alleviate toxic stress,

and reduce the accumulation of ACEs in children, youth, and young adults in the City of Jackson. Advisory board agenda and meeting minutes can be found in Appendix R.

Finally, the primary investigator entered the various levels of data from the survey instruments into SPSS. The data collected for this study was analyzed using version 21 of SPSS for windows. Descriptive statistics will be used to calculate the means, frequency, and standard deviations for the demographic information collected from all the participants in this study.

Results

Children Left Unattended by Arrest

On July 1, 2018 the State of Tennessee revised law TCA 38-3-116. Inquiry regarding arrested person's children and whether they will be left unattended by 'arrest – Policies and procedures for conducting welfare checks – Liability.

To document compliance with this law, the Jackson Police Department created a new block to the arrest report for both field reporting and the RMS system which asks whether any children will be left unattended because of the person's arrest. If the checkbox is marked "yes" then the officer shall detail in the arrest report narrative the steps which were taken to ensure the child's welfare, to include any relevant notification made, i.e., SIU, DCS, etc., and, if applicable, who took custody of the child. The police reports marked "yes" from July 1, 2018 through June 30, 2019 were used for this portion of the data collection.

There were a total of 18 police reports marked "yes" from July 1, 2018 through June 30, 2019. Of the total reports (N = 18) only 14 reports had mention of any children (77.77%). These 14 police reports represented 25 children under the age of 18. There was one individual listed as a witness that was 18 years old. They are not included in the 25.

Of the total population (N = 25), the age ranged from 3 weeks old to 17 years of age. The average age was 8 years old (7.88). Twelve (12) of the 25 children were male (48%); however, there were 7 missing data elements for gender. Twenty (20) of the 25 children were African American. Eleven (11) of the 25 children were placed in DCS custody (44%). Six (6) were placed with the other parent, aunts, and maternal grandmothers (24%). Four (4) were left with the parent, who was given a citation and released, because children would have been unattended

(16%). One (1) child was the victim of the incident reported to police and later died. There were 3 missing data elements for outcome of the child.

Officers' ACEs Scores

Of the total population (N=202), 184 police officers returned usable ACEs questionnaires for an overall response rate of 91.08 percent. Sixty percent (59.78%, 110) of the officers had one or more ACEs. In 2016, a study (<https://www.tn.gov/tccy>) on adverse childhood experiences in Tennessee found 61% of the participants had at least one ACEs; 27% reported having three or more. The Jackson Police Department is statistically in line with the State data. The ACEs question that had the greatest response was separation or divorce at 44.6% (n = 82). In the 2016 study, emotional abuse, separation/divorce and substance abuse were most commonly reported. The ACEs question that had the lowest response was physical neglect at 4.9% (n = 9). (See Table 1).

Table 1
Officers' ACEs Results (N = 184)

ACEs	n	%
ABUSE		
Physical Abuse	46	25.0%
Verbal/Emotional Abuse	36	19.6%
Sexual Abuse	11	6%
NEGLECT		
Physical Neglect	9	4.9%
Emotional Neglect	21	11.4%
HOUSEHOLD DYSFUNCTION		
Mental Illness	24	13.0%
Domestic Violence	16	8.7%
Separation/Divorce	82	44.6%
Incarceration	12	6.5%
Substance Abuse	28	15.2%

Officers' Pre-Survey

Of the total population (N=202), 193 police officers returned usable Pre-Survey questionnaires for an overall response rate of 95.04%. The officers were asked prior to in-service ACEs training the following six (6) question.

1. Are you familiar with Adverse Childhood Experiences (ACEs)?
2. Are you familiar with Building Strong Brains Tennessee (BSB)?
3. Have you participated in any ACEs training prior to today?
4. Have you participated in any BSB training prior to today?
5. Do you think ACEs plays a role in your job as a law enforcement officer?
6. Do you think BSB Tennessee plays a role in your job as a law enforcement officer?

Prior to the ACEs in-service training only 19 officers (9.8%) had heard of ACEs; only 6 had heard of BSB Tennessee (3.1%). On the pre-test ninety-nine (51.3%) of the officers thought ACEs played a role in their job as a law enforcement officer compared to 169 officers (89.4%) at the time of post-survey. See table 2 for individual pre-survey results.

Table 2
Officers' Pre-Survey Results (N = 193)

Question	n	%
ACEs Familiar	19	9.8%
BSB Familiar	6	3.1%
ACEs Training	5	2.6%
BSB Training	2	1.0%
ACEs Role	99	51.3%
BSB Role	89	46.1%

Officers' Post-Survey

Of the total population (N=202), 188 police officers returned usable Post-Survey questionnaires for an overall response rate of 93.06%. The officers were asked after their two hours in-service ACEs training the following three (3) question. (See Table 3 and 4).

1. Do you think Adverse Childhood Experiences (ACEs) plays a role in your job as a law enforcement officer?
2. Do you think Building Strong Brains Tennessee (BSB) plays a role in your job as a law enforcement officer?
3. How likely are you to include the ACEs/BSB training into your daily activities as a law enforcement officer?

Table 3
Question 1 and 2 of Officers' Post-Survey Results (N = 188)

Questions	n	%
ACE Role	169	89.4%
BSB Role	157	83.1%

Question 3 of the Post-Survey was on a scale of 1 to 10; 1 being least likely and 10 being most likely to include ACEs/BSB training into their daily activities as a law enforcement officer. The researches code the results as 1/2 Strongly Disagree, 3/4 Disagree, 5/6 Somewhat Agree, 7/8 Agree, and 9/10 Strongly Agree (See Table 4).

Table 4
Question 3 Officers' Post-Survey Results (N = 188)

Scale	n	%
Strongly Agree	35	18.61%
Agree	54	28.72%
Somewhat Agree	54	28.72%
Disagree	25	13.29%
Strongly Disagree	19	10.10%

One hundred forty-three officers (76.06%) agreed on some level that they likely would include ACEs/BSB into their daily activities as law enforcement officers. Several officers felt comfortable enough to leave comments on their post-surveys. We thank them for their willingness to share. Based on their comments the officers may have been in the minority population (23.40%) who was not likely to include ACEs/BSB into their daily activities.

- Police are not a welfare/provider agency. We enforce laws. We do not raise parents or children. We do not distribute welfare.
- In 20 years of patrol-based police work, I have never witnessed a police officer not be mindful of their actions towards kids when arresting parents in such cases.
- Just being a caring police Officer, a child's well-being and safety has ALWAYS been a PRIORITY.
- It's true that things need to be implemented in many ways, but if a hard look at the Departments that have more hands on with the families and what happens to the children for the long run has go to quit seeing these children as case numbers or stats and whether or not they will get a bonus depending on how many cases are successful (at least on paper).

Advisory Board Meetings

The Jackson Police Department established a Community Advisory Board for Safeguarding Children of Arrested Parents. This board met once a quarter. The board was given three mandates. First, to review already existing Command Bulletins (See Appendix O) and letters of agreement (See Appendix P) with partnering organization responsible for safeguarding children from harm when a parent is arrested. The advisory board, based on the current laws wording, felt JPD had an adequate existing letter of agreement and command bulleting. Please see the next section, Discussion and Recommendations, for discussion/recommendations regarding this law.

Second, the advisory board created a "pocket" size resource/reference card (See Appendix Q) of Jackson community organizations with contact information to be used as a resource for the officers while on-scene. Four hundred (400) of these resource cards, (500) tri-fold pamphlets (What To do When Your Child Is Exposed To Violence (See Appendix I), and 10 pad of 50 (500) The Serve and Return Origami Game (See Appendix N) were provided to JPD for officer use on-scene.

Finally, the Jackson Police Department (JPD) and The Center for Community Criminology and Research (CCCR) would like to thank those who took time out of their busy schedules to serve on this Safeguarding Children of Arrested Parents Advisory Board. Your love

for JPD, the University of Memphis, Lambuth Campus, the City of Jackson, and its residents, especially its children, is inspiring.

Discussion and Recommendations

State of Tennessee revised law TCA 38-3-116.

On July 1, 2018 the State of Tennessee revised law TCA 38-3-116. Inquiry regarding arrested person's children and whether they will be *left unattended* by 'arrest – Policies and procedures for conducting welfare checks – Liability. (See Appendix C). As the title of the law alludes to, there are three parts to this law: inquiry about children being left unattended due to an arrest; thus endangered, the development of policies and procedures for conducting welfare checks on any child identified left unattended/endangered due to an arrest, and agency liability if lied to by arrestee.

The State of Tennessee revised law TCA 38-3-116 does not begin to address the nature and extent of the negative impact that having a parent arrested has on a child's physical, mental, social, and emotional well-being. Being left unattended is but one, although important and immediate, negative outcome that impacts a child of an arrested parents. However, making sure a child is not left unattended is just the tip of the iceberg. First, the law only requires law enforcement in the State of Tennessee to identify children who will be left unattended because of the person's arrest. There are children who are affected by the arrest of the parent who are not present (on-scene) at the time of arrest because they have access to the other parent, daycare and school setting, and/or extended family, family friend, or caring neighbor. Furthermore, the revised law gives law enforcement minimal guidance on their role in mitigating the negative effects of ACEs, i.e. parental arrest. Next, it does not provide law enforcement a guide for what policies and procedures should look like, what compliance with the law should include, and what data should be collected in tracking such efforts. Finally, it does not address the financial burden to law enforcement agencies as they try to comply with the law.

Recommendation. It is recommended that the law reflect the research conducted in the area of safeguarding children of arrested parents (see examples below).

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Jackson Police Department Reports

To document compliance with this law as it is currently written, the Jackson Police Department created a new block to the arrest report for both field reporting and the RMS system which asks whether any children will be left unattended because of the person's arrest. If the checkbox is marked "yes" then the officer shall detail in the arrest report narrative the steps which were taken to ensure the child's welfare, to include any relevant notification made, i.e., SIU, DCS, etc., and, if applicable, who took custody of the child.

There were a total of 18 police reports marked "yes" from July 1, 2018 through June 30, 2019. Of the total reports (N = 18) only 14 reports (77.77%) had mention of any children. If there were 4 police reports marked "yes" without involved children, it is safe to assume there

were police reports not marked “yes” that did. In addition, on the 14 police reports that did mention children there was missing data in the narrative; 7 missing data elements for gender and 3 missing data elements for outcome of the child.

Recommendation. It is recommended that the Jackson Police Department review research conducted in the area of safeguarding children of arrested parents (see examples above). Similarly, it is recommended that JPD review the model policy and procedure on safeguarding children of arrested parents developed by IACP National Law Enforcement Policy Center for not only recommendation for policies and procedures, but suggestions for data collection (See Appendix S). In addition, all JPD officers are encouraged to participate in FREE webinars like, The Developmentally Informed and Trauma-Informed Police Officers, hosted by The Office of Juvenile Justice and Delinquency Prevention in collaboration with the IACP. Finally, reviewing similar parental arrest policies from other departments, such as the Baltimore Police Department (See Appendix T) might also be beneficial. Once department policy and procedures are reviewed and agreed upon, it is recommended that all POST certified officers be trained on the new policy and procedures and strongly encouraged to follow required arrest report documentation efforts consistently.

Limitations

There were several limitations to this study. Each of the limitations are addressed below.

RMS Software. The financial burden to the Jackson Police Department to make any major changes to their police report management system (RMS) was outrageous. The Jackson Police Department maintains a yearly license for their RMS through Central Square at the cost of \$200,000.00 annually. This includes upgrades and minor changes but does not include major changes to the product. Originally, this study was to collect data at parental arrest about the

existence of a child, *present or not*; however, the additional expense to JPD prevented this from happening.

Police Officers' Comfort Levels. There were 202 JPD officers involved in the 2019 in-service training; however, not all the ACEs, Pre-Surveys, and Post Surveys were returned. Although we are very grateful for the high return rates, we suspect that some officers did not feel comfortable returning these items for fear of being identified by those in authority.

ACEs Questionnaire. This study utilized the original ACEs questionnaire that included 5 forms of abuse and neglect and 5 types of household dysfunction. Our knowledge of ACEs has expanded since the original study was published and continues to evolve. Since the original ACEs study was published, additional ACEs has been added to new, validated versions of the questionnaire; witnessing violence, living in unsafe neighborhoods, experiencing racism, living in foster care, and experiencing bullying. However, because 30 states, including Tennessee, have examined the rates of ACEs using the original questionnaire, this study did as well for comparison purposes. The results using the newer version of the questionnaire would have been informative. In addition, it would have been interesting to see the demographic information of the participants; age, gender, and tenure on the job, against ACEs scores.

Finally, some of the officers had issues with the first part of question number one of the ACEs questionnaire, "Did a parent or other adult in the household often...Swear at you, insult you, put you down, or humiliate you? **or** Act in a way that made you afraid that you might be physically hurt? Older officers and those who severed or grew up in military homes made a verbal distinction between cursing *at* a child vs. using curse words while talking to a child and/or talking to friends and family when children might be present. There were conversations and various views about at what point the cursing turned to abuse.

Future Research and Program Recommendation

Program Recommendations

There are some good programs being used and research being conducted nationwide to help safeguard children of arrested parents, create trauma informed social justice agencies and schools; including law enforcement systems, and build and support resiliency within communities. The examples below are not exhaustive and various version of the examples below can be found across the Nation.

Child Development Community Policing, Child Study Center, Yale School of Medicine. Yale's Child Development Community Policing Program [CDCP] was one of the first collaborations established between law enforcement and mental health professionals. Developed by the Yale Child Study Center and the New Haven Department of Police Services in 1991, CDCP is a comprehensive collaboration that has provided a model replicated in communities across the nation. Its early recognition of the vital role that police can play in the lives of children and families was also influential in the development and growth of other police-mental health partnerships. Through CDCP, clinicians and officers both undergo training focused on child development and trauma. The mental health professionals participating in the program also receive classroom training in police policies and procedures, as well as on-the-ground immersion through ride-alongs with officers. Case review and consultation are conducted jointly, and clinicians also meet separately to cover focused treatment, referral, and planning for each child. Clinicians are on call to their police partners 24 hours a day for consultation and provide immediate intervention when needed. In addition to these core components, the New Haven CDCP Program includes the Domestic Violence Home Visit Intervention, which provides outreach and advocacy for children and families affected by domestic violence; the Death Notification Protocol, which assists officers in providing support to families following the loss of

a loved one; and the Family Intervention Program, which offers case management and monitoring for youth at risk for involvement in violent and delinquent behavior (Marans, Murphy, Casey, Berkowitz, & Berkman, 2006; Marans & Berkman, 2006; Marans, 1995)

Child Witness to Violence Project, Boston Medical Center. Established in 1992, the Child Witness to Violence Project provides mental health and advocacy services to Boston-area children whose lives have been affected by violence in the home and community. Early on, the project's developers realized that the Boston Police Department could play a crucial role in identifying children who would benefit from the program. The referral relationship with the police has been a cornerstone of the project, as has training of police in principles of child development. The project also encourages police to interact with children in the school and community so that children regard them as figures of safety and trust (Groves, 2002).

Handle with Care. "Model" Handle with Care ("HWC") programs promote safe and supportive homes, schools, and communities that protect children, and help traumatized children heal and thrive. HWC promotes school-community partnerships aimed at ensuring that children who are exposed to trauma in their home, school, and/or community receive appropriate interventions to help them achieve academically at their highest levels despite whatever traumatic circumstances they may have endured. The goal of HWC is to help students to succeed in school. Regardless of the source of trauma, the common thread for effective intervention is the school or child care agency. There are several states that have Handle with Care programs:

1. Iowa, https://odcp.iowa.gov/sites/default/files/documents/2019/03/handle_with_care_all_stakeholders_dec.pdf
2. Maryland, <https://handlewithcaremd.org/handle-with-care.php>
3. Michigan, <http://www.handlewithcaremi.org/hwc-model.php>
4. Missouri <https://northlandcoalition.com/what-we-do/handle-with-care/>
5. New York <https://handlewithcare.com/trainings/trainings-schedule>

6. Tennessee,
<https://www.nashville.gov/Portals/0/SiteContent/Police/docs/Domestic%20Violence/HandleWithCareProgramBrochure.pdf>
7. West Virginia <http://handlewithcarewv.org>

Integrative Action for Resilience: Progress through Community-Research

Partnership Grant. The Integrative Action for Resilience initiative is a two-phase opportunity for local community leaders, who are interested in designing and implementing rigorous resilience research to generate evidence that can inform their own decision-making about policies and projects need to build resilience in their community.

Author Note

Sheri Jenkins Keenan, Ph.D. is the Coordinator of The Center for Community Criminology & Research and a Clinical Assistant Professor in the Department of Criminology & Criminal Justice at The University of Memphis. She holds a Ph.D. in Criminal Justice, Master and Bachelor of Science in criminal justice, and a Bachelor of Arts in Sociology. Dr. Keenan has 14 years of experience in law enforcement and corrections. Her research interests focus on policing special populations with an emphasis on juveniles: delinquency, mental illness, gangs, threat groups, and juvenile justice program evaluation. Dr. Keenan's publications deal with such areas as K12 tracking (2019), school violence (2017), zero tolerance policies, nature and extent of mental health moving through the juvenile justice system (2018), juvenile drug courts (2007), transfer/waiver (2017, 2015, 2011, 1998), bullying/cyber-bullying (2014), gang violence (2016), and rational choice theory (2014). Dr. Keenan has an accomplished grant record; 8 of the 9 grant applications funded. She is a member of several state, regional, and national professional organizations, serves on numerous local advisory committees and boards, and is a state certified ACE trainer. Dr. Keenan is a LIFETIME member of SCJA.

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Tennessee Commission on Children and Youth. <https://www.tn.gov/tccy.html>