DRUG ENDANGERED CHILDREN

Guide for Law Enforcement

Key insights for partnering with child welfare, medical providers, treatment providers, prosecutors, and civil attorneys

COPS
Community Oriented Policing Services
U.S. Department of Justice

NATIONAL ALLIANCE
FOR DRUG ENDANGERED CHILDREN
Rescue. Defend. Shelter. Support.

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Letter from the COPS Office Director

Dear colleagues,

It is estimated that more than 9 million children live in homes where a parent or other adult use illegal drugs. The impact on children growing up while surrounded by illegal drugs is devastating. They are three times more likely to be verbally, physically, or sexually abused and four times more likely to be neglected. Finding and protecting these children is not easy.

Fortunately, organizations like the National Alliance for Drug Endangered Children have made great strides in establishing training and resources that help law enforcement, social workers, teachers, community groups, and others track and assist children growing up within such tragic circumstances. We can provide a powerfully visible alternative to the neglect and violence that are part of the daily lives of too many children. We can reduce the incidence of children's exposure to violence and neglect. We can intervene more effectively to help mitigate the long-term negative effects children face when they are exposed to this kind of trauma.

Identifying and responding to drug endangered children through trauma-informed approaches has not yet become a central part of law enforcement's mission to serve and protect. The better the availability of training opportunities and tools focused on identifying and helping drug endangered children, the better chance we have of making this a central part of law enforcement's mission to serve and protect. It needs to be clear that there is an alternative to the neglect, violence, and fear that are part of the daily lives of these children.

This guide is a companion to the successful *Drug Endangered Children Guide for Law Enforcement*, which we released in 2013. This new guide is designed to help you and your agency in collaborating with other professions that have roles to play in identifying and serving these children at risk by helping all stakeholders better understand each other. Every child deserves to grow up in a home that is free from abuse and neglect. Together, we can make that a reality.

Sincerely,

Ronald L. Davis, Director
Office of Community Oriented Policing Services

Letter from the National DEC President

Dear law enforcement leaders,

Various aspects of law enforcement work bring you into contact with drug endangered children—children whose well-being is threatened because of their caregivers' involvement in the illicit drug trade or in substance abuse. These children are at significant risk of abuse and neglect, and they often experience exposure to violence and other trauma. These children may be on their own destructive path to involvement with drugs and substance abuse. As you arrest their parents for criminal drug activity, you probably assume you will arrest the children some day for similar behavior.

But these children deserve a chance to a better path and our best efforts to help create better outcomes for them and their families. We all share the responsibility to try to break these multigenerational cycles of abuse and neglect. The mission of the National Alliance for Drug Endangered Children (National DEC) is to raise awareness about the risks faced by drug endangered children, to help practitioners implement a collaborative multidisciplinary approach to help these children, and to institutionalize this collaborative approach so that it becomes the standard way of doing business.

This second DEC Guide for Law Enforcement builds on the concepts, tools, and resources outlined in the first DEC Guide for Law Enforcement, both of which are available from the COPS Office and National DEC. This latest guide focuses on implementing the DEC Approach—the collaborative approach between various practitioners that is essential to trying to improve outcomes for drug endangered children. This guide provides insights about how various practitioners—including child welfare professionals, prosecutors, medical personnel, and treatment providers—are in a position to help drug endangered children and how they do their jobs. This guide also provides insights about how collaboration among these practitioners leads to better communication, to much more information about these children and their families, and to more informed decisions that can lead to better outcomes.

The DEC Approach is an example of community policing—collaboration between community partners to identify and solve problems and implement effective organizational changes. Law enforcement plays a critical leadership role in the DEC Approach, and it is our hope that this guide will be a useful tool for law enforcement and other practitioners who want to get involved in the DEC mission.

Thank you for taking the time to read this guide. Please don't hesitate to contact any of us at National DEC if we can be of assistance with your work.

Sincerely,

Chuck Noerenberg, President
National Alliance for Drug Endangered Children

Acknowledgments

The National Alliance for Drug Endangered Children (National DEC) is grateful to the U.S. Department of Justice for its continuous support of the work we are doing to strengthen drug endangered children efforts across the nation. We would like to thank the Office of Community Oriented Policing Services (COPS Office), which helped create the vision of a more effective law enforcement response to drug endangered children. As seen throughout this document, the collaborative DEC approach is inherently a community policing strategy to solve problems, create community partnerships, and enhance public safety. We are particularly grateful to Deborah Spence of the COPS Office for her ongoing support and guidance to National DEC throughout the course of this project.

In addition to the support of the COPS Office, National DEC would like to acknowledge and express its deep gratitude for the contributions of the many professionals across the nation who provided their perspective, advice, and personal experience for the contents of this document. The goal of making this resource useful to the practitioners in the field would have suffered without the many contributions of National DEC's network of professionals. Their insight and experience have been critical to making this guide a practical and useful document. To them we are indebted.

About National DEC

The National Alliance for Drug Endangered Children (National DEC) is a national nonprofit whose mission is to break the cycle of abuse and neglect of children by empowering practitioners who work to change the trajectory of the lives of children and families living in drug environments. We provide training and technical assistance to state, tribal, and international DEC alliances and all those in the community who assist and care for drug endangered children.

National DEC has two fundamental components. The first is the Drug Endangered Children Organizations—the state, tribal, provincial, and local DEC alliances—that provide support, training, resources, and connections for local DEC efforts. The second component is the Drug Endangered Children Effort—the professionals in the field who develop promising practices that support the implementation and institutionalization of the DEC Approach.

Advocates throughout the United States and Canada have worked hard to create effective collaborations at the national, state, provincial, tribal, and local levels and to institutionalize the DEC Approach for the benefit of drug endangered children. We believe that being part of the DEC movement makes you part of a larger solution, connects you to other professionals working on the same challenges, and helps you advocate more effectively on behalf of children and families.

We believe that success begins with identifying children at risk. Recognizing children as victims gives us all an opportunity to provide intervention. By working together and leveraging resources, we can provide drug endangered children opportunities to live in safe and nurturing environments free from abuse and neglect.

Definition: Drug Endangered Child

The National Alliance for Drug Endangered Children defines *drug endangered children* as those at risk of suffering physical or emotional harm as a result of illegal drug use, possession, manufacturing, cultivation, or distribution.

They may also be children whose caretaker's substance misuse interferes with the caretaker's ability to parent and provide a safe and nurturing environment.

The essence of this definition is that "Children + Drugs = Risk." The DEC movement challenges all of us to recognize these risks and to work together using the DEC Approach to protect children from neglect and abuse, which all too often occurs across generations.

About This Guide

In 2013, the National Alliance for Drug Endangered Children (National DEC) and the Office of Community Oriented Policing Services Office produced the first *Drug Endangered Children Guide for Law Enforcement*, which details the core elements, benefits, and challenges of the DEC Approach. That guide also provides a basic blueprint for building and participating in a DEC alliance. We recommend that, if possible, you start with the first guide for an overview of these topics. You can order or download that guide from the COPS Office website (www.cops.usdoj.gov) and the National DEC website (www.nationaldec.org) free of charge.

For this second guide, *Drug Endangered Children Guide for Law Enforcement: Key Insights for Partnering with Child Welfare, Medical Providers, Treatment Providers, Prosecutors, and Civil Attorneys*, which builds on the information and strategies outlined in the first publication, National DEC reached out to professionals representing law enforcement, child welfare, prosecution, civil attorneys, medical, behavioral health, and treatment to learn from their experiences to gain a deeper awareness of DEC efforts on two levels:

1. What are the overall roles and responsibilities of child welfare, prosecutors, civil attorneys, and treatment providers?
2. How did their response to drug endangered children transform after they learned about the DEC Approach?

This guide highlights how multiple disciplines have a critical and overlapping role in protecting children from maltreatment and offers an overview of the roles and responsibilities of these key professionals. To be more specific, this guide

- presents a question and answer format;
- discusses the seriousness of the DEC problem;
- provides a deeper awareness of the roles and responsibilities of partners in the DEC mission;
- highlights why changing our current standards of practice is critical;
- explores how the collaborative DEC Approach changes professionals' perspective of and response to drug endangered children.

The Seriousness of the DEC Issue and How the DEC Approach Makes a Difference

"During the lifetime of a child that is endangered, he/she may have only a few opportunities to 'escape' from the dangerous environment they live in. If this opportunity comes in the form of contact with law enforcement, we have a duty to act . . . . If we do NOT act, how long will it be until the next 'chance' for that child comes along?!"

– Courtney Pero, Drug Task Force Sergeant, Plano Texas Police Department

Consider these six scenarios:

1. **Undercover detectives** observe a suspect bringing an infant to a drug deal. They complete the drug transaction, the detectives arrest the suspect, and the child is left with a relative. Later, the detectives talk about the case and how they can't believe the suspect brought an infant to the deal.
2. **Child welfare** is investigating a report of neglect after a neighbor calls in to say three children (an infant, a toddler, and a small child) live in a home where there is only limited adult supervision. When contacted by child welfare, the mother says "she had to go to the store, so she took the infant with her and left the other two children with a friend who must have left."
3. A **doctor** who has just finished setting a broken arm of a small child notices the child has lice and bed bug bites. The mom tells the doctor that she and her family recently went on a trip and stayed in a dirty hotel. She also says the child fell down the stairs at home and broke her arm.
4. A **probation officer** has a client who has failed several urine screens, so the officers complete the paperwork to revoke the client's probation. When they go contact the client at home, they notice three children there as well; however, the client is not at home.
5. A**prosecutor** is reviewing an affidavit for an arrest warrant and notices the suspect has a previous arrest for the same charges, drug distribution, and is currently on probation. The prosecutor also notices that the suspect brought an infant to the drug deal in question.
6. A **teacher** notices one of her students, who has been late to school on numerous occasions, has now come to school with a broken arm. This same student falls asleep in class and is quiet and withdrawn.

On the surface, these specific incidents may seem to be independent of each other, involving different professionals and different families. However, without additional information, we don't know if these incidents involve one family, two families, or six families. It is quite plausible that these seemingly separate incidents all involve one family—one family with children. Imagine how much more effective each of these professionals could be in responding to the children at risk if they had the complete picture—the information from all of the professionals involved. That is a key component of the DEC Approach, sharing information so all involved practitioners can make more informed decisions about helping drug endangered children.

Each of the disciplines discussed in this guide has authority and responsibility for protecting children. It is a part of their daily work. In most jurisdictions, all of these

professionals are mandatory reporters of suspected child maltreatment. However, current systems and working relationships among these skillful practitioners do not maximize the opportunities to identify drug endangered children or to work together for the benefit of children and families. Given the extensive illicit drug trade in this country, the pervasiveness of substance abuse, and their direct impact on the well-being of children, we cannot afford to take a piecemeal approach to these issues.

Let's look at a few facts about the seriousness of this issue and why it compels us to look for a better approach—a collaborative drug endangered children approach that puts not only the short-term but also the long-term interest of children at the top of our priority list. The following sections demonstrate what using the DEC Approach means to the professionals who were a part of creating it.

Law enforcement

For law enforcement, illegal substances and the illegal drug trade continue to present significant challenges for the criminal justice system. In the United States in 2012, an illegal drug arrest was made every 20 seconds—an estimated total of 1,552,432 drug abuse violations. In addition, there were an estimated 1,282,957 DUI arrests that same year.[1] One-third of inmates in 2011 reported using drugs at the time of their arrest.[2]

The number of drug arrests by themselves tells a serious story about the impact of drug abuse in the United States. But these arrest numbers don't reveal the full extent and impact of drug abuse. Many arrests for nondrug crimes involve offenders who are substance abusers. The DEC Approach raises the question as to how many of these crimes involve children, either directly or indirectly. There is no doubt that a significant number of the adults arrested for both drug crimes and nondrug offenses that may have a connection to substance abuse also have children. Did law enforcement inform child welfare about these arrest cases in which children were involved?

Child welfare

For child welfare, in 2012 Child Protective Services agencies received an estimated 3.4 million referrals involving approximately 6.3 million children. Among the 46 states that reported both screened-in and screened-out referrals, 62 percent of referrals were screened in, and 38 percent were screened out. In short, a report of child abuse and neglect was made every 10 seconds in 2012. Out of the more than 2.1 million referrals that received a child welfare response via an investigation, 13 percent (686,000 children) were found to be victims of child abuse and/or neglect.[3]

Child Protective Service (CPS) investigations or assessments determined that, as in previous years, among children who suffered from neglect, physical abuse, and sexual abuse, the greatest percentage suffered from neglect (see figure 1).

It is also estimated 1,640 children nationwide died from abuse and neglect in 2012.[4] It is generally known that children of parents with prior allegations of abuse and/or neglect are five times more likely to die from subsequent maltreatment.

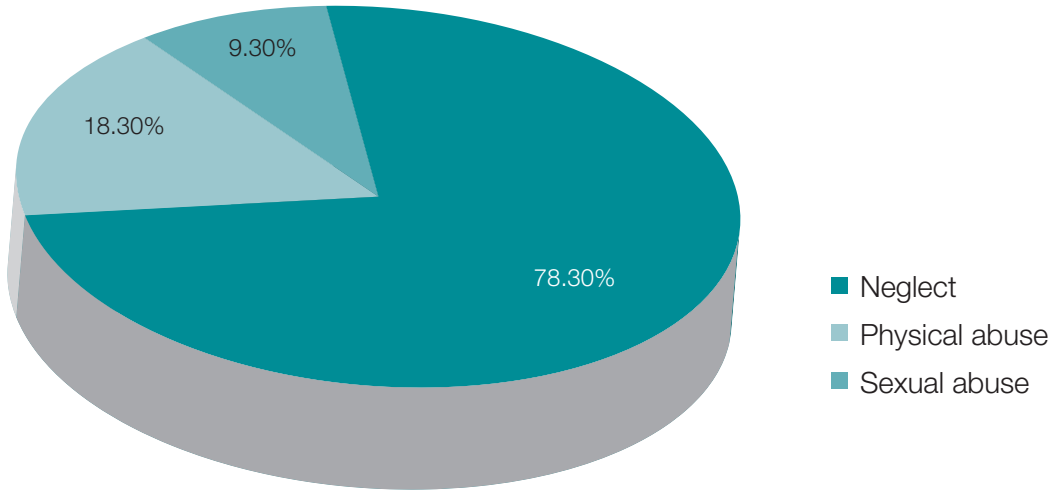
1. "Table 29. Estimated Number of Arrests, United States, 2012," in *Crime in the United States, 2012*, Uniform Crime Reports (Washington, DC: Federal Bureau of Investigation, 2013), http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2012/crime-in-the-u.s.-2012/tables/29tabledatadecpdf.

2. Office of National Drug Control Policy, "2011 National Drug Control Strategy: Executive Summary" (Washington, DC: Executive Office of the President of the United States, 2011), http://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/2011strategyexecutivesummary_0.pdf.

3. *Child Maltreatment 2012* (Washington, DC: Children's Bureau, 2013), http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf.

4. Ibid.

Figure 1. Children who suffer from neglect, physical abuse, and sexual abuse



Source: *Child Maltreatment 2012* (Washington, DC: Children's Bureau, 2013), 20.

The most recent comprehensive survey of the numbers of children living with adults who abused drugs was compiled over five years and released in 2009. This special report under the National Survey on Drug Use and Health indicates the following:

- During the past year, 8.3 million children lived with at least one parent who abused or was dependent on alcohol or an illicit drug.
- More than two million children lived with at least one parent who abused or was dependent on an illicit drug.
- More than 26 percent were under the age of six and thus were considered the most vulnerable.
- One in ten children lives in a household with a "substance-dependent or substance-abusing parent."[5]

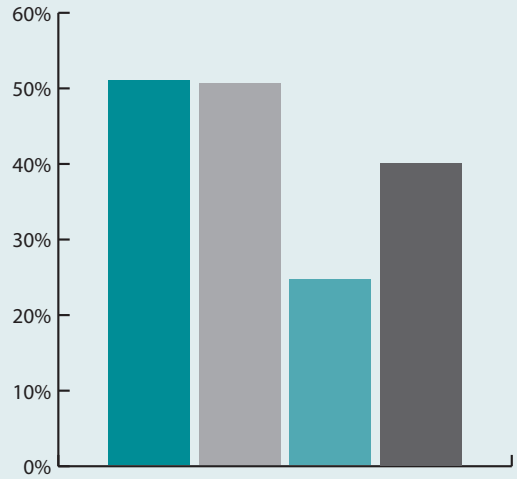
Child welfare investigators base their findings on all the information they have available. If other professionals have information that may reveal more details about what is happening in the life of a child, they can make a difference in the response. This increased information results in more informed decision making. Using the DEC Approach gives all professionals a common starting point for their investigations, and the information that is shared with other disciplines helps determine if there is abuse or neglect.

Medical community

For the medical community, let's look at the most recent Drug Abuse Warning Network (DAWN) data from 2011. This network is managed by the Substance Abuse and Mental Health Services Administration, which reports that approximately 2.5 million hospital emergency department visits in 2011 were due to drug misuse or abuse across the nation (see figure 2). "DAWN is a public health surveillance system that monitors patients' medical

5. "Children Living with Substance-Dependent or Substance-Abusing Parents: 2002 to 2007," The NSDUH Report. (Rockville, MD: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, 2009).

Figure 2. Percentage of drug-related emergency room visits by type of drug abuse



Out of these 2.5 million drug-related emergency room visits:

- 50.9% involved illicit drugs, with the highest rates being for marijuana and cocaine
- 50.5% involved non-medical use of pharmaceuticals
- 24.6% involved drugs and alcohol combined
- 40% resulted in some type of follow-up including hospital admission (24%)

Source: RTI International, *Drug Abuse Warning Network, 2011* (see note 6).

records of emergency department visits from the nation to identify those visits that are related to drugs use, misuse, and abuse."[6]

According to the same report, of the 113,000 emergency department visits for accidental ingestion of drugs, 77,000 involved children that were age five and under, which is 25 times higher than the rate for adults.[7] Using the DEC Approach helps medical professionals align with the other systems involved, and together they identify children associated with these incidents as drug endangered children so proper services can be provided to the child and their family at the earliest point possible.

With substance abuse being a major contributing factor to child abuse and neglect, it is critical that we collaborate across disciplines and agencies under the DEC Approach and start looking at all of these statistics in combination to understand their true significance.

Behavioral health

Behavioral health treatment providers know that children growing up in drug environments are denied the fundamental developmental experiences required to self-regulate, relate, communicate, and think. They may also experience neglect, daily chaos, a lack of safety, poor communication, violence, and disorganization. These can lead to emotional, behavioral, and cognitive problems.[8]

Children whose parents abuse alcohol or drugs are three times more likely to be verbally, physically, or sexually abused and four times more likely than other children to be neglected.[9] Recognizing that these children are in need of earlier identification and intervention is the first step in assisting these children and changing the trajectory of their lives. Under the DEC Approach, when treatment providers learn more about what is going on in households where children are being maltreated, they can address the full range of issues facing these children.

6. RTI International, *Drug Abuse Warning Network, 2011: National Estimates of Drug Related Emergency Department Visits* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013).

7. Ibid.

8. Kiti Freier Randall, "Drug Endangered Children: Risk Factors and Neuropsychological and Psychosocial Development" (unpublished white paper), http://www.nationaldec-conference.org/goopages/pages_downloadgallery/downloadget.php?filename=17712.pdf.

9. *No Safe Haven: Children of Substance Abusing Parents* (New York: National Center on Addiction and Substance Abuse at Columbia University, 1999).

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Working Together Under the DEC Approach: How We Make Change Happen

Using the DEC Approach, professionals around the nation and across disciplines have found common ground. Together they are working toward breaking the cycle of abuse and neglect and creating healthier communities by building stronger families where children can be safe and thrive.

The DEC Approach is a comprehensive strategy that focuses on the formation of community-based partnerships that engage professionals from multiple disciplines in developing a collaborative response to rescue, defend, shelter, and support children living in drug environments. This joint approach allows various disciplines to perform their job duties while also assisting in meeting the needs of these children.

National DEC's "Children + Drugs = Risk" perspective and trainings recognize that law enforcement performs a critical role in every investigation by identifying children at risk, gathering and sharing evidence, and bringing criminal charges for filing by prosecution. Upon completion of the DEC Approach trainings, law enforcement officers have the necessary tools to paint a more complete picture of the child's life and the potential risks that he or she is facing. The information and evidence obtained during a DEC police investigation can be effectively used by child welfare and other disciplines involved in parallel investigations. The information gathered further serves to enhance and streamline the identification of services available for children at risk.

The DEC Approach is based on collaboration and changing the status quo of how we respond to the needs of drug endangered children. In order to achieve this, we must have a common vision, a willingness to gain insight about our partners, and a commitment to change our practices.

We also need to recognize that there will be controversy as we learn new perspectives, craft new working relationships, and take greater responsibility for the well-being of children.

It seems clear that it is time to change so, what is change?

Change means we change the status quo or the way we have done business for years: for example, changing our mindset from "children are child welfare's responsibilities" to "children are everyone's responsibility." When we change our mindset, "DEC" becomes common terminology, and our response to drug endangered children becomes a part of our everyday professional practice and is institutionalized in our agencies.

The Higher Education Research Institute suggests that inherent in "change" is a belief in the importance of making a better world and a better society for oneself and others—belief that "individuals, groups and communities have the ability to work together to make that change."[10]

The common elements for change include the following:

- Recognition of an unacceptable situation
- Shared vision for a desired outcome
- Strong leadership
- Guided activities of many
- Persistence

10. *A Social Change Model of Leadership Development Guidebook*, version 3 (Los Angeles, CA: Higher Education Research Institute, 1996), quoted in Wendy Wagner, "The Social Change Model of Leadership: A Brief Overview," *Concepts & Connections* 15, no. 1 (2006).

What happens if we don't change?

- Children may receive no intervention or a delayed intervention.
- Children may receive the wrong type of or insufficient services.
- Children may receive no services or a delay in services.
- Abuse and/or neglect may continue.
- Children may suffer long-term effects from abuse and/or neglect.
- Serious injury or fatality may occur to the child.

Practical example: An undercover drug task force member observes a mother blowing pot smoke into her two-year-old son's face to get him to stop crying. This officer has not only identified a drug endangered child but also observed an act of child endangerment. What happens in this situation if the officer does not call child welfare, as he or she may be afraid of compromising the undercover investigation?

What happens if we do change?

- Earlier intervention and services provided for children because of earlier identification
- Expanded knowledge of and access to other disciplines
- Greater willingness of other agencies to provide information to law enforcement investigations
- Enhanced knowledge of evidence gathering, increasing law enforcement's ability to file all applicable charges
- Improved crime reporting by painting a more detailed picture of the problem
- Increased crime prevention by breaking the cycle of abuse and neglect
- Heightened morale and job satisfaction by identifying and protecting children

Practical example: A patrol officer responds to a call of a small child wandering around in the neighborhood. The week prior, the officer arrested the mother of the child for possession of paraphernalia. In using the DEC Approach, the officer would look into the underlying cause of the situation and not just return the child back home. The officer would investigate whether substance abuse might be a significant factor and that the "lack of supervision" is due to the incapacitation of the caregiver.

Practical example: Upon arrival to the hospital, law enforcement professionals tell the emergency department doctor that the three-year-old child was found wandering the street with only a diaper on while the temperature was only 45 degrees. In using the DEC Approach, law enforcement would relay additional information to the doctor. For example, the mother appeared to be high, there was no food in the house, the house was filthy with garbage and feces on the floor, and there was a white powdery substance on the kitchen table that tested positive for cocaine. With this information, the doctor would add a blood test to the exam to determine whether the child had ingested any drugs.

Practical example: It is often common practice for paramedics, EMTs, and fire personnel on scene to look for any medication a person may be taking. This may include going into bedrooms, bathrooms, and kitchens and looking in places where there are possible medications. This enables them to see parts of the residence and provide others with information regarding drugs, risks, and safety issues in the house.

Gaining Deeper Awareness and Key Insights about DEC Partners

"The DEC program in general and the WIDEC [Wisconsin Drug Endangered Children] Alliance have created many changes in the way we handle children from a law enforcement perspective when located at a drug investigation scene. Our own agency allows more documentation of the conditions the drug endangered child is found in. Cooperation between agencies continues to increase and makes things run more smoothly. Finally, the children are receiving the services that they are entitled to, and we hope that will help to make changes in their lives."

– Cynthia Giese, Special Agent in Charge, Division of Criminal Investigation, Wisconsin Department of Justice

The DEC Approach is a collaborative effort that works across disciplines, agencies, and jurisdictions. Among the key partners that law enforcement can work closely with to identify, protect, and serve drug endangered children are the local child welfare professionals and the local prosecutors. In addition, having knowledge from medical, behavioral health, and treatment professionals assists law enforcement officers in their response. This chapter provides information about the roles and responsibilities of these practitioners as well as insights about how each discipline can provide leadership in enhanced working relationships and effective collaborative efforts—DEC Alliances—with these key partners.

Even though each of the professionals discussed in this guide is a mandatory reporter (including law enforcement) and is required to call child welfare when abuse or neglect is known or suspected, many states struggle with underreporting or lack of reporting for various reasons. These can include a lack of awareness of who is a mandatory reporter, fear of unnecessary removal of children, fear of being involved in a lengthy court case, the uncertainty of what information to report or how to report it, stigma in smaller communities as the "snitch," and a history of perceived lack of response.

However, the underreporting of child maltreatment is a serious problem. What is not reported cannot be investigated; therefore, children may continue to be at risk or unsafe. Furthermore, what is not reported reduces child welfare's knowledge for future interventions with the family.[11]

Mandatory reporting is one vital component of identifying and protecting children who are maltreated, but collaboration on a broader scale between law enforcement, child welfare, and other professionals is just as important.

Understanding the basic roles and responsibilities of each discipline is a key component in building a collaborative relationship. Having a basic understanding about why an

11. *Family Matters: Substance Abuse and the American Family* (New York: National Center on Addiction and Substance Abuse at Columbia University, 2005).

"Children and families involved with child welfare often are involved concurrently with other systems. The absence of effective collaboration among these systems minimizes the ability to view the child and family as a whole, limiting the potential to make informed case planning decisions. The DEC Approach, which brings together systems and utilizes the knowledge of many, maximizes opportunities to intervene and plan to support the child and family and improve the likelihood of breaking the cycle of abuse and neglect resulting from drug abuse."

–Sara Wilhelm, Social Work Supervisor, Connecticut Department of Children and Families

agency responds the way it does eliminates frustration. This is definitely true with the complexity of the child welfare system.

Child welfare: roles and responsibilities

Child Welfare is the name of the governmental agency that responds to reports of child abuse or neglect. Some states use other names such as Department of Children & Family Services, Social Services, Human Services, Family Services, and many more. Child welfare agencies often include related social service departments such as food stamp programs, financial assistance and aid, and housing programs.

Child welfare workers have substantial responsibilities, which include the following:

- Investigate child abuse and neglect.
- Identify and assess the safety of children.
- Identify and assess the risks to children.
- Gather and analyze information and evidence on children and families.
- Provide services to children and families.
- Ensure child safety and well-being.
- Provide permanency to children.

Initial calls to child welfare

Why do some calls to child welfare get a response and others do not?

When law enforcement calls child welfare because of concerns about the well-being of a child, it is easy to imagine that action will be taken quickly by child welfare and that, at a minimum, there will be an investigation. After all, law enforcement is used to investigating incidents and circumstances in which it is not certain that a crime has occurred.

Citizens are encouraged to call law enforcement with any concerns about suspicious behavior or potential criminal activity, and law enforcement usually investigates to determine what is taking place. Some law enforcement agencies might assume that a call to child welfare with a brief description of their concerns is sufficient information for child welfare to immediately open an investigation. Law enforcement has a lot of authority and stature in its role and thus is able to respond to calls for service quickly. Because of this experience, law enforcement might expect that child welfare would or should be able to respond to law enforcement's calls in a similar manner. Thus, when child welfare doesn't automatically open an investigation when called about potential child

maltreatment, law enforcement—using its own standards for taking action—may become frustrated and conclude that child welfare isn't doing its job.

However, child welfare does something with every report of alleged child abuse or neglect. Child welfare evaluates and considers each piece of information provided during the initial call and uses it to determine if the case will be assigned to a child welfare worker for a response. This usually involves a supervisor or manager and possibly a group of child welfare professionals. Child welfare intake workers often refer to a list of questions to obtain information from the caller, including law enforcement. Table 1 on page 12 lists the types of information a child welfare intake worker may ask about during the intake call. The exact questions will vary from jurisdiction to jurisdiction.

KEY DEC INSIGHT: Regarding Calls to Child Welfare

Under the DEC Approach, law enforcement learns that child welfare needs a certain threshold of information from a call before it can open an investigation. Child welfare agencies often use an information-gathering sheet to assist in determining whether it has enough evidence to meet state law requirements for initiating an investigation into the affairs of a family. Rather than providing brief information, law enforcement shifts its focus to providing as much evidence as possible to aid child welfare in determining whether it can and should investigate. In some jurisdictions, law enforcement uses the child welfare intake information sheet as a guide for providing the most useful and comprehensive information that child welfare needs. This insight about the standards that child welfare must use to open an investigation eliminates frustration, and law enforcement becomes a collaborative partner with child welfare in identifying children who have been abused or neglected or are at significant risk.

The information obtained by a child welfare intake worker must rise to the level that meets a state's laws and policies regarding abuse or neglect in order for child welfare to legally begin an investigation. If there is not sufficient evidence of harm or risk to a child, there will likely be no investigation, and the information gathered from the call is added to a child welfare database for future reference in the event of additional calls. This collection of information may eventually lead to child welfare opening an investigation.

Table 1. Sample information to obtain from reporter during intake

Demographic information			
Child: • Name • Age (date of birth) • Sex • Race • Permanent address • Current location • School or daycare attending	*Parents or caregivers:* • Name • Age (date of birth) • Race • Relationship to the child • Permanent address • Current location • Place of employment • Telephone number(s) * If the person alleged to have maltreated the child is a caregiver other than the child's parents, the above information should be gathered about both the parents and caregiver.	*Family composition:* • Names • Ages (dates of birth) • Sex • Race • Location of all children in the family • Names, ages, and location(s) of other children in the alleged maltreater's care • Names of other relatives and nonrelatives living in the home, if the maltreater is not the birth parent (e.g., a babysitter, boyfriend, stepparent) • Names, addresses, and telephone numbers of other relatives and their relationship to the child • Names, addresses, telephone numbers, and other sources of information about the family	*Reporter:* • Name • Address • Telephone number • Relationship to the child or family • How they learned of alleged maltreatment
Information regarding the alleged maltreatment			
Type(s): • Physical abuse • Sexual abuse • Neglect • Emotional maltreatment	*Nature of maltreatment:* (Specific characteristics and parental acts or omissions) • Physical abuse: burning, beating, kicking, biting, and other physical abuse • Neglect: abandonment, withholding of needed medical care, lack of supervision, lack of adequate food or shelter, emotional deprivation, failure to register or send to school, and the effects of exposure to partner abuse • Sexual abuse or exploitation: fondling, masturbation, oral or anal sex, sexual intercourse, viewing or involved in pornography or forced prostitution • Emotional maltreatment: constant berating or rejecting treatment, scapegoating, and bizarre/cruel/ritualistic forms of punishment	*Severity* • Extent of the physical injury (e.g., second- and third-degree burns on half of the child's body) • Location of the injury on the child's body • Extent of the emotional injury to the child (e.g., suicidal behavior, excessive fear of the parents or caregivers) *Chronicity:* • Prior incidents of abuse or neglect • How long the abuse or neglect has been occurring • Whether abuse or neglect has increased in frequency or remained relatively constant	*Location* • Setting where abuse or neglect occurred (e.g., home, school, supermarket)

Examples of information regarding the parents or caregivers		
Emotional and physical condition: • Expresses feelings in positive and healthy ways • Misuses drugs or alcohol • Suffers from physical illness • Suffers from mental illness *Behavior:* • Good impulse control • Awareness of triggers that cause them to be angry • Engagement in violent outbursts • Engagement in bizarre or irrational behavior • Possession of weapons in the home • Abuse of pets	*View of the child:* • Empathizes with the child • Views the child as bad or evil • Blames the child for the child's condition *Relationships outside the home:* • Friends and the quality of those friendships • Social and emotional isolation	*Child-rearing practices:* • Realistic and age-appropriate expectations of the child • Extent to which use of inappropriate verbal or physical punishment as the first response to misbehavior • Knowledge of different disciplinary techniques appropriate for the child's age and developmental status

Examples of information regarding the child	
Child's condition: • Physical condition • Emotional condition • Disabilities or impairments • Strengths	*Child's behavior:* • Extremes in behavior • Appropriateness of behavior given child's age and developmental level

Examples of information regarding the family		
Family characteristics: • Single parent or blended family • Adequate family income • Parents employed • Flow of strangers in and out of home • Evidence of drug dealing in the home	*Family dynamics:* • Serious marital conflict • Partner abuse • Disorganization and chaos	*Family supports:* • Extended family members who are accessible and available • Relationships with others outside the family • Connections in the community, such as houses of worship

Source: Reprinted with permission from the Child Welfare Information Gateway: Diane DePanfilis and Marsha K. Salus, "Exhibit 5-1. Sample Information to Obtain from Reporter during Intake," in *Child Protective Services: A Guide for Caseworkers* (Washington, DC: Office on Child Abuse and Neglect, 2003), 31–34.

KEY DEC INSIGHT: Regarding Law Enforcement's Perspective on the Life of a Child

Under the DEC Approach, law enforcement learns that it has unique information and evidence about the harm experienced by a child and the risks faced by a child. With this information, law enforcement can greatly supplement what child welfare may know about a family. As trained observers and criminal investigators, law enforcement may notice different evidence and have a different understanding of the nature of the risks to children than a child welfare investigator. This can include an understanding of what types of drug paraphernalia and drugs may be present, how the drugs are ingested, and what their effects may be on users or those exposed. With repeated visits, and perhaps repeated arrests, over the course of days, weeks, or months, law enforcement gains knowledge over time that paints a more detailed picture of a child's life. Law enforcement can also gain information through normal police work, surveillance, undercover work, or informants that child welfare wouldn't normally have access to. Law enforcement may conclude early on that drug endangered children are crime victims. These observations and experiences are invaluable to child welfare for understanding the nature of the risks faced by drug endangered children.

Child welfare can respond in several ways to the initial call:

- **Screened in:** This means there is enough information to suggest possible abuse or neglect and the need for intervention involving an investigation by child welfare of the allegations.
- **Screened out:** This means there is not enough information regarding abuse or neglect for child welfare to respond. In most states, this screened out information is put into the child welfare database and can be looked at as needed for future reference.
- **Provision of information or resources:** Child welfare can also provide resources or information to the caller at this point. This can include a phone number to another department, information to other programs such as a homeless shelter, or other community or program information.

When there is enough information for a case to be screened in, child welfare opens an investigation.

Why is law enforcement's perspective of the child's life so significant?

Although it may seem obvious that a child is in danger to a law enforcement officer making a call, child welfare intake workers must consider a wide array of factors to determine whether the information is sufficient under each state's laws to initiate an investigation. Generally, the more information law enforcement can provide about the suspected child abuse or neglect, the better. Providing as much information as possible is extremely valuable for child welfare intake workers during their screening process.

Law enforcement officers often have unique opportunities to see children and families unannounced during routine police work, tactical entries, surveillance, and undercover activities. Information may be gathered through the eyes of informants, video cameras, or listening devices. This allows law enforcement to witness activities or circumstances other professionals might not have the opportunity to see, such as a parent exposing a child to illicit drugs. This in turn means that law enforcement has the unique opportunity to report information to child welfare that others are not aware of. In addition, law enforcement has unique training, skills, and

experience that provide perspectives and details about the circumstances in a home involving children and drugs that no other professional might have.

How can law enforcement prepare for making an effective call to child welfare?

Law enforcement officers might think they do not have a lot of information to provide during the initial call to child welfare, but they may very well have quite a bit of useful information. The questions that child welfare intake workers ask during the call can vary from state to state and jurisdiction to jurisdiction, but there are many similarities.

To help prepare law enforcement officers for their initial call to child welfare, National DEC's network of professionals created the following list of information officers may be able to provide:

- **Reason for the call:** What is the basis for law enforcement's call to child welfare? What did law enforcement observe, hear, or discover that led to the call?
- **First-hand observations** (e.g., pictures or videos, if possible): Describe the risks to the children, and provide information that shows the impact the environment has on the children. (If possible, follow up with pictures of the residence or environment that show risk and safety concerns for children).
- **Description and chronology of events:** Paint a picture of the life of the child; provide any information during the initial call that might demonstrate what has happened to the child and what might happen in this child's life on a daily basis.
- **Statements:** These can include statements made by the child, parent/caretaker, or others, such as a neighbor.
- **Actions observed of the child or caretaker:** For example, describe if a child appears fearful of a caretaker (e.g., the child cowers when a caretaker talks to the child); if a child is "parentified," that is he or she appears to be the adult in the household (e.g. makes adult decisions or takes care of siblings); or if a child is not developmentally on target.
- **History known by law enforcement:** This can include criminal history, pending charges, call history, and family history.
- **Current resources, services, or supports of family or child:** Inform child welfare if a family is connected with a church or has relatives willing to help.
- **Attitude of family members or caretakers:** Describe if the parents are defensive, do not understand the risk to the children, or refuse to cooperate.
- **The alleged perpetrator's access to the child:** For example, has the alleged perpetrator moved out or gone to jail? Are the children going back to their mom's house today, which may put them at risk? Do the children have nowhere else to go?
- **Child's current medical, mental, social, and cognitive abilities/levels:** These can include noticing that a three-year-old child is not walking yet, that child is difficult to understand, or that a child appears ill.
- **Current family stressors:** These can include a parent losing a job, a family being evicted or moving, a death occurring in the family, a mother being pregnant, or a boyfriend or girlfriend moving out or in.
- **Possible consequences:** This includes any impact on the children from any of the above scenarios.

State mandatory reporting laws may also delineate the type of information that should be included in a report to child welfare. According to the U.S. Department of Health and Human Services, Administration for Children and Families, these reports typically include the following:

- The name, age, sex, and address of the child
- The nature and extent of the child's injuries or condition

- The name and address of the parent or other person(s) responsible for the child's care
- Any other information relevant to the investigation[12]

Furthermore, reporters must provide as much detailed information as possible about the following:

- The child, the child's condition, and the child's whereabouts
- The parents and their whereabouts
- The person alleged to have caused the child's condition and his or her location
- The family, including other children in the home
- The type and nature of the maltreatment, such as the length of time it has been occurring, whether the maltreatment has increased in severity or frequency, and whether objects or weapons were used[13]

The information law enforcement provides to child welfare can help paint a picture for child welfare about potential child maltreatment. Detailed information from law enforcement may be critical in enabling child welfare to open an investigation. The more information law enforcement can provide, the better equipped child welfare is to make decisions about the children and families involved.

Child welfare time frames and investigations

Why is the response to some calls immediate while others take days?

When law enforcement officers make a call to child welfare about potential child abuse or neglect, they may expect an immediate response and that every call results in an investigation. In addition, law enforcement might assume that the investigation commences immediately. When child welfare doesn't immediately begin an investigation and when the time frames for completing the investigation aren't clear or aren't communicated to law enforcement, frustration and misunderstanding can occur.

The time frame to see the alleged child victim can be anywhere from immediate to 24 hours to up to five working days (and in some states even longer), depending on the circumstances of the alleged maltreatment, the current safety concerns, and the risk of harm to the children.

Depending on the requirements under state laws, child welfare time frames to see the alleged child victims may include:

- **Immediate response:** The child is in imminent danger/risk of harm or has already been harmed.
- **24-hour response:** The child is not in imminent danger/risk of serious harm, or the child is at moderate risk.
- **Multiple-day response:** There are no current safety threats; there is low risk to the child.
- **No response:** There is not enough information regarding abuse or neglect.

This method of triaging the information allows child welfare to send an investigator to the most at-risk and unsafe children while allowing more time to deal with other lower risk calls. For law enforcement, this can be compared to calls coming into dispatch that are triaged and responded to depending on the information provided. Those cases appearing to be the most serious and urgent get attention first.

A similar process may take place during undercover drug investigations; law enforcement might receive numerous tips of illegal drug activity taking place, and each called is screened and placed on a priority list. The screening

12. Jill Goldman, Marsha K. Salus, Deborah Wolcott, and Kristie Y. Kennedy, "Chapter Nine: What Does the Child Protection Process Look Like?" in *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice* (Washington, DC: U.S. Department of Health and Human Services, 2003), https://www.childwelfare.gov/pubs/usermanuals/foundation/foundationi.cfm.

13. Ibid.

process for determining the type of response to these tips can include identifying proper jurisdiction, type of drug activity reported, credibility of the caller, details of the alleged activity, history at that location, and other calls about that location. Each piece of information is evaluated and is factored into the decisions made about the case.

How long does child welfare have to complete its investigation?

The short answer is that child welfare often does not have a lot of time to complete a child abuse and neglect investigation. Again, law and policy guide time frames. The time frames to close an investigation vary from 30 days to six months or more, all of which depends on state law and policy.

Knowing the time frames for their jurisdictions will guide law enforcement agencies in assisting child welfare in a timely manner. Remember, the more information law enforcement agencies can provide to child welfare within their time frames, the greater the likelihood of better outcomes for children.

More information = more informed decisions = better outcomes.

What happens during a child welfare investigation?

During a child abuse and neglect investigation, child welfare does the following:

- Gather information and evidence
- Talk to and interview collateral contacts and family members
- Interview the children, their caretakers, and the alleged perpetrators
- Assess the information and evidence to make decisions on the best course of action

KEY DEC INSIGHT: Regarding Child Welfare Time Frames

Under the DEC Approach, law enforcement learns that if child welfare "screens in" a case for investigation, there are certain time frames that guide when child welfare initiates the investigation and visits with the child, depending on the level of danger to the child. The more serious or imminent the danger to the child, the quicker the response. This is similar to the decisions that a law enforcement dispatcher has to make in deciding how quickly an officer must be dispatched to a potential crime scene or public safety incident. This makes the information provided to child welfare all the more critical, so they can make an accurate assessment of the urgency of their response.

Once an investigation is initiated by child welfare, there are also time frames within which the investigation must be completed. This can be as short as thirty days or as long as many months. This is somewhat similar to the time frames that law enforcement must meet to provide sufficient evidence in a criminal case for a suspect to be held or the requirements for a speedy trial.

The time frames for both initiating an investigation and for completing an investigation vary from jurisdiction to jurisdiction, depending on state and local laws and policies. But when law enforcement understands the process and time constraints of its local child welfare agency, frustration is reduced. Law enforcement can be helpful by providing their reports to child welfare and sharing information to child welfare within those time constraints. This partnership in sharing information ultimately benefits the children because more informed decisions can be made.

If law enforcement and child welfare are both investigating abuse and neglect, who should interview the child?

Child welfare has special training in interviewing children and families just as law enforcement is trained to interview suspects and witnesses for building a criminal case. Sometimes it makes sense for child welfare to interview children at school to gather information at a neutral location for the child. Other times, it may make sense for child welfare and law enforcement to interview a parent together at the hospital. Other times it may make sense for law enforcement to interview the child at a police station while the parents are being interrogated. Multiple interviews of a child causes trauma, and they may also diminish the value of the evidence and damage an investigation. Many child welfare and law enforcement agencies have access to a Child Advocacy Center (CAC) or Child Protection Center (CPC). These places are usually used for child sex abuse cases but may sometimes be used for other cases involving severe physical abuse, human trafficking, and other severe or unusual incidents. When children are interviewed at child advocacy centers, they are forensically interviewed, and the interviews are recorded to use later for prosecution if needed.

In the DEC Approach, child welfare and law enforcement work together to determine the best approach regarding interviews. It all depends on the circumstances of a particular case, which is why the collaboration between these two disciplines is so crucial.

What does child welfare do with its investigation?

It is important to remember that child welfare investigates only the allegations of child abuse and neglect; that is the basis of its authority. By the end of its investigation, child welfare makes a decision regarding whether it has enough information to determine if abuse or neglect occurred according to its' state statutes. In most states, the burden of proof is less for child welfare findings than for criminal prosecutions. For most states, there are two main possible findings:

- **Substantiated/founded:** "A finding of substantiated typically means that an incident of child abuse or neglect, as defined by state law, is believed to have occurred."[14]
- **Unsubstantiated/unfounded:** "A finding of unsubstantiated means there is insufficient evidence for the worker to conclude that a child was abused or neglected, or what happened does not meet the legal definition of child abuse or neglect."[15]

Information regarding the findings of the child welfare investigation is usually stored in a database or on a registry so that child welfare can reference this information at any time.

What does child welfare do when it closes an investigation?

Before closuring a child abuse and neglect investigation, child welfare decides what is in the best interests of the children and families. Child welfare generally has the choice to do one of the following:

- Close the investigation with no further action
- Close the investigation while also making referrals for services (e.g., parenting classes, housing, or food stamps)
- Close the investigation and open a voluntary service case
- Close the investigation and open an involuntary service case (which means court involvement)

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14. Child Welfare Information Gateway, *How the Child Welfare System Works* (Washington, DC: U.S. Department of Health and Human Services, Children's Bureau, 2013).

15. Ibid.

Child welfare mandates and children removal

Why does child welfare leave children at home or return them to their home?

This is one of the most frequently asked questions from law enforcement officers. When law enforcement is involved with a household because of illicit drugs, substance abuse, or other criminal activity and observes conditions that are unsafe for the children living there, the fact that child welfare leaves the children in the household or returns them to the home may be both frustrating and confusing. If the goal is protecting children, removal would seem to ensure their well-being much better than allowing them to stay in a risky situation. Over a period of time, law enforcement officers may have made multiple arrests of the same adults in the household, observed the same unsafe conditions, and even assumed that they would someday be arresting the children in the home as part of a multi-generational pattern of substance abuse and criminal behavior. When law enforcement discovers situations involving drugs and crime and children, removing the children seems like an effective solution.

However, child welfare professionals, like law enforcement professionals, are bound by laws and policies set forth by federal, state, and local jurisdictions. For starters, the federal government has taken a keen interest in child abuse and neglect issues and, through laws enacted by Congress, has put key laws in place that child welfare agencies are required to follow. The following partial listing of child welfare-related federal laws, enacted over a 40-year period, help explain some of the activities and responses of child welfare professionals:

- **Child Abuse Prevention and Treatment Act (42 U.S.C. §5101) of 1974**
  - Provides assistance and guidance to states in the development of programs around prevention, treatment, and identification of child abuse and neglect[16]
  - Establishes requirements and guidelines for states and child welfare agencies regarding child abuse and neglect and requires mandatory reporting
  - Establishes a minimum definition of child abuse and neglect as "any recent act or failure to act on the part of a parent or caregiver, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm"
- **Indian Child Welfare Act (25 U.S.C. §1901) of 1978**
  - Governs the removal and out-of-home placement of American-Indian children
  - Establishes standards for placing American-Indian children in foster and adoptive homes
  - Enables American-Indian tribes and families to be involved in child welfare cases
- **Adoption Assistance and Child Welfare Act (PL96-272) of 1980**
  - Requires states to make reasonable efforts to prevent the removal of children from their homes
  - Requires states to make reasonable efforts to reunify children and families
  - Requires states to place children in the least restrictive setting possible if a removal was unpreventable
- **Adoption and Safe Families Act (PL105-89) of 1997**
  - Promotes adoptions of children
  - Ensure health and safety concerns are addressed when child welfare is determining placement of children
  - Clarifies "reasonable efforts" to include emphasizing children's health and safety
  - Requires the U.S. Department of Health and Human Services to report on the scope of substance abuse in the child welfare population

16. See "Child Welfare Information Gateway," www.childwelfare.gov.

KEY DEC INSIGHT: Regarding Child Welfare Mandates and Removal of Children

Under the DEC Approach, law enforcement learns that the laws and regulations that give child welfare the authority to investigate child abuse and neglect include certain requirements for using that authority. The laws reflect the public policies put in place by policy makers as to when child welfare – a government agency – can intervene and get involved with a family – often against the wishes of the adult family members. Just as the constitution and federal and state laws determine the circumstances under which law enforcement can arrest and incarcerate a person who may have committed a crime, laws governing child welfare determine when a child can be removed. This may vary from jurisdiction to jurisdiction as each location interprets the requirements and adds their own policies and procedures.

Among the key components in child welfare law is the requirement that States make "reasonable efforts to prevent the removal of children from their homes" and that they make "reasonable efforts to reunify children and families." If a removal is unpreventable, the law requires that the child be placed in the "least restrictive setting possible." Essentially this means that child welfare must work diligently to keep families together, even if there may be risks to children, as long as those risks can be mitigated. Within the parameters of these laws, child welfare must make complex judgments and decisions about how best to protect children. Although a drug house with children involved may look inherently unsafe to law enforcement, child welfare is obligated by law to make reasonable efforts to keep the family together. Using the collaborative DEC Approach, law enforcement becomes a partner with child welfare by providing information about activities and evidence of risks at the home so that child welfare can determine whether the children are safe and to make sure all identified risks are mitigated.

It is important for all involved with protecting children to know who in a state is allowed to remove children.

These federal laws assist in guiding child welfare policy and practice in order to achieve safety and permanency for children within the child welfare system. For a more complete list and summary of federal laws related to child welfare, see the Children's Bureau publication "Major Federal Legislation Concerned with Child Protection, Child Welfare, and Adoption," which is downloadable at https://www.childwelfare.gov/pubs/otherpubs/majorfedlegis.pdf.

In addition to this array of federal laws related to child welfare, each state has its own set of laws and policies that define the role and authority of child welfare agencies. To review the state laws in a specific jurisdiction, see the Children's Bureau searchable database "State Statues Search," which is accessible at https://www.childwelfare.gov/systemwide/laws_policies/state/.

When does child welfare remove children?

To remove a child, child welfare generally must make two determinations: (1) a child is not safe, and (2) a safety plan cannot immediately control for the threats to the child. If both of these circumstances exist, removal may be necessary. The process of removal varies depending on the state. Judges in all states are able to approve child welfare removing a child via a court order or emergency action. In some states, law enforcement, child welfare, or medical personnel can remove the child without prior contact with a judge, although a hearing before a judge is usually required shortly after removal.

It is important for all involved with protecting children to know who in a state is allowed to remove children.

Where are children placed when they are removed?

If removal is necessary to ensure the child's safety, child welfare is responsible for placing the child with a foster home, a kin or family home, a group home, a shelter home, or an emergency placement home. The availability and type of placement options vary per state and per area.

Facilities or families certified or licensed by child welfare have previously been looked at and approved to make sure they are safe options for the placement of children. Some of these placements may have restrictions or preferences in regards to the number of children, the sex of the children, or the difficulty/needs of the children.

When placing with kin or family who are not certified or licensed, child welfare has policies as to what is needed prior to placement. These requirements vary from state to state and can include a criminal background check, a child welfare background check, a medical check of the children, a home check of the kin or family's home, a drug screen of the kin or family placement, etc.

Keep in mind that each placement, even with family, can cause trauma to a child. But child welfare's job is trying to find the best fit for the child.

Does it make sense for law enforcement to place children without notifying child welfare?

In some jurisdictions, law enforcement has the authority to remove children from a home because they are not safe or because the parents have been arrested. To stay on task and move on to the next case, law enforcement all too often may leave the child with another family member or a neighbor without notifying child welfare. Law enforcement may have contacted child welfare for past cases only to experience frustration at how long the response takes. And law enforcement may incorrectly assume that placement with a family member or a neighbor is an automatically safe placement.

Child welfare risk and safety assessments

What is the function of child welfare risk and safety assessments?

Information screened in during the intake process results in an investigation by child welfare to determine whether the children have been harmed or are at risk of harm. Although it may or may not be obvious that a child has been abused or neglected or is at risk of being mistreated, child welfare has to examine the harm caused, the current safety of the child, and the risks of future harm.

If there is a child abuse and neglect investigation, child welfare gathers information and evidence to complete a risk assessment and a safety assessment. Both assessments are tools designed to help child welfare make decisions about the well-being of the children, including whether to remove the child or to provide services to the family as part of a reasonable effort to keep the family unified.

In order to complete risk and safety assessments, child welfare relies on information and evidence that has been observed, gathered, or provided to them. This is a great area for law enforcement and child welfare to share information freely. Child welfare makes decisions with the information it has, whether that's a little or a lot, but the more information child welfare has, the more informed decisions it can make.

The risk assessment evaluates the likelihood of maltreatment in the future. Risk is assessed on a continuum from low to high and has an open-ended time frame.

The safety assessment is more focused on the immediate threats to the child. Safety is not assessed on a continuum; rather, a child is either safe or not. The safety assessment is mainly used to assist in decisions around the immediate

KEY DEC INSIGHT: Notifying Child Welfare for Safe Placement

Under the DEC Approach, law enforcement gains knowledge about child welfare's placement process and the value of making sure child welfare is involved in any placements. With the primary focus on the safety of children, a quick placement becomes less important than a safe placement. Law enforcement becomes a critical partner in helping child welfare determine whether a placement with a relative or neighbor is a safe placement by running names through law enforcement data bases and intelligence records. Having knowledge about child welfare's removal and placement process and using the DEC Approach have decreased frustration and changed law enforcement's response. Collaboration between the disciplines reduces misunderstandings and ultimately better serves the children.

needs and issues of the children, including whether removal is necessary. When child welfare assesses safety, it looks at three areas:

1. Threats of danger to the child
2. Vulnerability of the child
3. Protective capacity of the parents/caregivers

To be more specific, child welfare determines children are unsafe when there are "threats of danger" within the family or home, when "children are vulnerable to such threats," and when the caregivers have "insufficient protective capacities to manage or control the threats," making outside intervention necessary.[17] All three of these conditions must occur for a child to be considered unsafe to child welfare.

KEY DEC INSIGHT: Identifying Risks and Ensuring Safety

Under the DEC Approach, law enforcement learns more about why child welfare must determine not only whether a child has been harmed but also whether the child is currently safe and what level of risk exists for future maltreatment. In addition, child welfare must determine how vulnerable the children are, how well the adults in the home can protect the children from harm, and whether providing services to the family and monitoring their progress and compliance will assist the caretakers in keeping the children safe. Under a DEC collaborative partnership, child welfare can share with law enforcement the risk and safety assessment tools child welfare uses to make its decisions, and law enforcement can help provide the evidence and observations that reveal more about the entire life of the children involved. This insight into the complexities of the work of child welfare reduces frustration for law enforcement and empowers it to be extremely valuable partners in helping child welfare make a series of difficult decisions about what will keep children safe and what, if at all possible, will keep families together.

Child welfare takes steps to keep families together as long as child safety is maintained. This effort is part of the laws that govern this practice, such as the Adoption Assistance and Child Welfare Act of 1980 that requires states to make reasonable efforts to prevent the removal of children from their homes or to place children in the least restrictive setting possible if removal is unpreventable.

17. Therese Roe Lund and Jennifer Renne, *Child Safety: A Guide for Judges and Attorneys* (Washington, DC: ABA Center on Children and the Law, 2009).

What does "vulnerability of the child" mean?

When assessing a child's vulnerability, child welfare looks at the following factors:

- Age
- Developmental level and mental disabilities
- Physical disability and illness
- Provocative, irritating, or non-assertive behaviors
- Powerlessness and defenselessness
- Visibility at school and in the community in general
- Ability to communicate
- Ability to meet basic needs
- Being used as a scapegoat
- Accessibility by perpetrator
- Perpetrator's relationship to the child[18]

Under the DEC Approach, understanding the signs of a vulnerable child gives law enforcement a better understanding of what to look for and document. This makes law enforcement officers better investigators and better in their role of protecting public safety.

Practical example: While doing a trash pull, a drug task force officer is looking for signs of drugs and children. The officer notices in the trash marijuana seeds and stems, aluminum foil with burn marks, and uncovered used hypodermic needles, as well as an infant's diapers. The identification of this evidence raises the level of child welfare's investigation to a high priority because of the increased risk to the child.

18. *Framework for Safety in Child Welfare* (Washington, DC: National Association of Public Child Welfare Administrators, 2009).

What does "protective capacity of the parent" mean?

Protective capacity refers to whether a caregiver can and will protect a child. When assessing this capacity, child welfare takes into account whether the caregiver

- demonstrates that his or her first priority is the well-being of the child;
- has adequate knowledge and skills to fulfill his or her responsibilities and tasks;
- has a positive attachment to the child;
- is physically able;
- understands his or her protective role;
- demonstrates impulse control;
- is tolerant as a parent;
- has a strong bond with the child;
- sets aside his or her own needs for the child's;
- expresses love, empathy, and sensitivity toward the child;
- provides for the child via income, employment, housing, etc.[19]

Law enforcement officers can also help child welfare determine the protective capacity of the parents by recording and sharing their observations and experiences with the family during their police work. This gives child welfare more information to work with and professional insights to consider when trying to determine what is best for the children.

Practical example: Drug task force officers doing surveillance on a home observe cameras on the exterior of the house, tin foil covering the windows, and multiple individuals going in and out of the house at all hours of the night and into the morning while small children are standing in the doorway. Providing this evidence to child welfare raises the level of investigation to a high priority because of the increased risk to the child.

19. Lund and Renne, *Child Safety* (see note 17).

What does "threat of danger" mean?

Threats of danger include conditions, behaviors, and attitudes present that make a child unsafe. The following list provides 15 examples of such types of threats:

1. No adult in the home is routinely performing basic and essential parenting duties and responsibilities.
2. The family lacks sufficient resources, such as food and shelter, to meet the child's needs.
3. The caregivers lack the parenting knowledge, skills, and motivation necessary to ensure a child's basic needs are met.
4. The caregivers' behavior is violent, or they are behaving dangerously.
5. The caregivers' behavior is dangerously impulsive, or they will not/cannot control their behavior.
6. The caregivers' perceptions of a child are extremely negative.
7. The caregivers are threatening to severely harm a child, are fearful they will maltreat the child, and/or request placement.
8. The caregivers intend(ed) to seriously hurt the child.
9. The caregivers largely reject child protective services intervention, refuse access to a child, and/or may flee.
10. The caregivers refuse and/or fail to meet a child's exceptional needs that do/can result in severe consequences to the child.
11. The child's living arrangements seriously endanger the child's physical health.
12. A child has serious physical injuries or serious physical symptoms from maltreatment, and the caregivers are unwilling or unable to arrange or provide care.
13. A child shows serious emotional symptoms requiring immediate help, lacks behavioral control, or exhibits self-destructive behavior, and the caregivers are unwilling or unable to arrange or provide care.

14. A child is profoundly fearful of the home situation or people within the home.
15. The caregivers cannot, will not, or do not explain a child's injuries or threatening family conditions.[20]

By developing and sustaining a working partnership with child welfare, law enforcement can look more broadly at the evidence in a home—beyond evidence that would prove a criminal offense—to look for threats of danger to children.

Practical example: A drug task force officer conducting an undercover drug deal is inside a suspect's residence when the officer observes the suspect screaming and

20. Lund and Renne, *Child Safety* (see note 17).

yelling at two small children, who cower away when the suspect raises his hand. The children are dressed only in their underwear. In addition, the officer observes holes in several walls and doors inside the residence. Identification of this evidence raises the level of child welfare's investigation to a high priority because of to the increased risk to the child.

What is a safety plan?

Child welfare puts a safety plan into place to prevent removal, if possible. Safety plans incorporate interventions and actions to control and resolve safety threats that, if they were to continue, would leave the child in danger of ongoing or immediate harm. The safety plan outlines "strategies and services developed by the agency and family with the explicit goal of ensuring the child's immediate safety."[21] Specifically, safety plans describe the following:

- The specific actions to resolve the threats
- The way the plan will be implemented
- The way the plan will be monitored
- The family's involvement and reliability in the plan

Child welfare closes the safety plan first to ensure the child's well-being has been protected prior to closing a child abuse and neglect investigation. This is because child welfare is unable to monitor safety plans after closing the investigation.

Child welfare service cases

What is a service case, and when does it happen?

Often child welfare opens service cases so it can provide families and children services, usually to address child safety and risk of harm, while the long-term law enforcement investigation is ongoing. Service cases generally open when child welfare closes investigations. According to the U.S. Department of Health and Human Services, the reasons for providing services to children and their families include (1) "preventing future instances of child maltreatment" and (2) "remedying conditions that brought the children and their family to the attention of the agency."[22] These service cases are different than child welfare investigations, as the cases are generally longer term and provide services to assist in stabilizing the family structure as well as in preventing any further or future maltreatment.

What services can child welfare provide families?

After opening a service case, child welfare either directly provides the services, makes referrals for services with contracted agencies, or does a combination of both. Services can include the following:

- Parenting classes
- Substance use assessments and treatment
- Mental health assessments and treatment
- Financial assistance (food stamps, bus passes, etc.)
- Therapy
- Supervised visitation
- Therapeutic visitation
- Employment assistance
- Housing assistance
- Domestic violence services

The type and amount of services depends on the needs of the children and family as well as the availability of services within the community.

What is the difference between voluntary and involuntary service cases?

It is helpful for law enforcement to know the difference between voluntary and involuntary service cases to better understand the family involved and the gravity of the

21. *A Framework for Safety in Child Welfare* (see note 18).

22. *Child Maltreatment 2011* (Washington, DC: Children's Bureau, 2012), http://www.acf.hhs.gov/sites/default/files/cb/cm11.pdf.

family's circumstances. Whether a family is involved with child welfare via a voluntary or involuntary case depends on many factors, including the type, severity, and length of maltreatment; parental capacity; risk to the children; level of parental cooperation; vulnerability of the children; and family need. Generally, the more severe the circumstances and maltreatment, the more likely child welfare will open an involuntary service case.

Voluntary service cases are based on the following factors:

- Risk to the children is lower.
- Safety concerns to the children are fewer and less severe.
- The court is not involved.
- The case is meant to be preventative.
- The case has the agreement of the family.
- The family has ability to withdraw at any time.

At any point in a voluntary service case, child welfare can file a petition for court involvement, thus making the case involuntary.

Involuntary service cases are based on the following factors:

- The children are at a higher risk.
- More child safety concerns need to be addressed than in a voluntary case.
- The court is involved.
- Often, the case involves the removal of children, placement of children, protective orders, and an increased amount of services and monitoring.
- The case includes specific services identified in the initial filing.
- The court monitors the case.

Having a collaborative relationship with child welfare can be extremely beneficial to law enforcement because knowing the difference between these two types of services helps law enforcement to understand that the circumstances around abuse and neglect are more severe for involuntary cases, that there may be protective orders in place, and that the court monitors families who are involved in an involuntary case. This information may lead to a more heightened response and closer monitoring by law enforcement officers when they have contact with families.

When does a service case close?

Service cases can be open for short periods of time, such as three to five months, or for longer periods of time, perhaps three to five years. Closing a service case depends on many factors, mainly the safety of the children, the risk for future maltreatment, and the progress of the family. If the family is not cooperating in services and the children can be placed only in foster care or an adoptive home, the service case remains open for a longer period of time. If the family is cooperative and works hard to correct the problems that brought them to the attention of child welfare, then the service case may be open for a shorter period of time.

As long as child welfare has a service case open, child welfare monitors and provides services to the family and children. Also, as long as a service case is open, child welfare gathers information on the family to assess the safety of and risk to the children.

Law enforcement and child welfare as DEC partners

How can law enforcement and child welfare help each other under the DEC Approach?

Law enforcement traditionally focuses on public safety and criminal activity, including drug arrests, drug seizures, and asset forfeiture. This often means arresting a parent. Child welfare traditionally focuses on determining the safety of and level of risk for children. Child welfare is also required by law to keep family units together if at all possible. On the surface, these may seem like divergent organizational priorities, but that's not true.

Generally, the more severe the circumstances and maltreatment, the more likely child welfare will open an involuntary service case.

Under the DEC Approach, the safety and well-being of children is top priority. In working more closely with child welfare, law enforcement fully understands its key role in child safety, that ensuring a child's well-being is also law enforcement's responsibility and not something handed over to child welfare. Law enforcement's key role is its ability to determine whether a child has been harmed. The evidence officers share can help child welfare make decisions about whether the child's safety can be ensured and whether a family can remain unified or be re-unified.

For many law enforcement officers, these priorities take on equal or even greater significance than the number of drug offenders arrested, of drugs seized, and of drug assets forfeited because of the officers' strong desire to protect children. In some law enforcement agencies, the criteria for success have expanded to include identifying drug endangered children and providing evidence to child welfare so it can determine what needs to be done to protect the safety of those children. Each profession brings its own authority, standards, and obligations to the collaborative working partnership for the benefit of children.

Are there specific benefits to law enforcement using the DEC Approach? Are there specific benefits to child welfare using the DEC Approach?

Yes, there are identifiable and specific benefits to both law enforcement and child welfare in their respective areas of responsibility under the DEC Approach. Examples of how the DEC Approach benefits law enforcement include the following:

- Helps to prevent crime and break the generational cycle of abuse and neglect by helping law enforcement to recognize that identifying and protecting children is a key component of every drug case
- Enhances law enforcement's evidence collection, documentation, and testimony for child endangerment, child maltreatment, or child abuse cases because child welfare informs law enforcement about risk assessments, safety assessments, and overall child abuse and neglect
- Assists law enforcement in putting together operation plans because child welfare shares its knowledge about the children and families associated with the subjects of criminal investigations
- Increases officer safety because child welfare shares information about household members, associates, family composition, residence layout, weapons, and dangerous animals in residence
- Enhances law enforcement's investigations because child welfare provides additional information gathered through its interviewing skills and experience with children and families
- Assists law enforcement with the criminal investigation because child welfare shares its knowledge about prior substance use, drugs, paraphernalia, and other items associated with drug activity in the residence (hide cans, surveillance cameras, potential booby traps, precursor chemicals, weapons, etc.) because of its prior contact with the family

Examples of how the DEC Approach benefits child welfare include the following:

- Assists child welfare with risk and safety assessments because law enforcement officers share what they see and hear during search warrant executions, undercover investigations, surveillance, and trash pulls, such as the following:
  - Parents using drugs in front of infants and children
  - Parents leaving infants and children unattended to deal drugs

- Parents leaving infants and children with inappropriate people
- Drugs and paraphernalia present within the residence
- Parents allowing children to use drugs with them
- Parents blowing smoke during drug use in infants' mouths or faces
- Parents transporting children without proper safety seats
- Domestic violence occurring in front of children
- Parents using inappropriate and irrational discipline with their children
- Parents providing an unsafe living environment because of drug trafficking, manufacturing, and cultivation

- Assists child welfare in assessing the risk and safety of children by providing access to information from various law enforcement contact with the following:
  - Patrol officers
  - Detectives
  - SWAT officers
  - School resource officers
  - DARE officers/instructors
  - Drug and other task forces members
  - Informants
  - Concerned citizens
  - Neighbors
- Assists child welfare in determining targeted services for the child and family by having information, such as the following, from law enforcement:
  - Substance use in the home
  - Criminal activity in the home
  - Violence in the home
  - Evidence gathered during law enforcement investigations
- Increases the safety of child welfare workers when dealing with dangerous people or criminal activity during a child abuse and neglect investigation or a service case by having the above information and a positive working relationship with law enforcement

These benefits to both law enforcement and child welfare serve the primary goal of protecting children. With child safety as a priority, both professions can work together in a fashion that does not compromise their respective missions but that has significant benefits for identifying, protecting, and serving drug endangered children. This relationship builds trust, facilitates collaboration, and results in mutually beneficial information sharing. This means law enforcement can contact child welfare without having to worry that child welfare will compromise the criminal investigation. Child welfare can take the information and assistance law enforcement provides and use them to paint a more realistic picture of what drug endangered children and families are facing. By helping each other, each profession becomes more effective, and children and families are the beneficiaries.

Child welfare civil attorneys: roles and responsibilities

What is the relationship between civil attorneys and child welfare?

Child welfare civil attorneys generally represent the interests and process cases for local child welfare agencies. Their duties may be summarized as follows:

- Advising child welfare agencies as to whether they have sufficient grounds to be involved with families with children
- Representing the child welfare agency in court proceedings related to child maltreatment cases
- Helping to enforce conditions imposed on parents in child maltreatment cases to protect the safety of children
- Working with criminal prosecutors when there is an overlapping criminal case

"When implemented, the DEC Approach allows child welfare to intervene earlier in children's lives at a time when services still have a measurable impact. Without the DEC Approach, child welfare is often involved only after protective custody is deemed appropriate, which then introduces out of home placements, more trauma for the child, and more challenges in our efforts toward family reunification."

– Jennifer Neely, District Manager, State of Wyoming, Department of Family Services

Although the child welfare system in each state is different, and they are all complex, Marilee M. McWilliams, a civil attorney who works for a child welfare agency in Arapahoe County, Colorado, said the following when describing her job:

> It is my job to advise the department on the legal sufficiency of our involvement with families. I am assigned a case from its inception to the time it closes. The first hearing is a temporary custody hearing where I have to show there is a legal reason for the child to be removed from the parent or for us to be involved in the family's life. The next hearing is a plea dispositional hearing where the parent has the legal right to ask for an adjudicatory hearing to a jury or a judge. I have the duty to prove by a preponderance of the evidence that the statutory criteria for being involved with the family are true. We review proposed treatment plans for legal sufficiency and handle hearings on what is an appropriate treatment plan. We make sure that legal timelines are complied with, such as permanency for children pursuant to the statute. We also handle any motions for termination of parental rights, and we also handle any appeals that are filed in the dependency and neglect as a result of either adjudications or termination of parental rights. We also handle allocation of parental responsibility motions where custody is given to one or both parents who are successful in our cases. We give legal advice to case workers on both court-involved and non-court-involved cases.

What is the role of child welfare civil court hearings?

Civil court hearings during a child abuse and neglect investigation occur within a couple of days of child welfare removing an unsafe child or after child welfare has asked the court for intervention. This first hearing determines what is in the child's best interest around safety and risk, removal, placement, returning home, placement with kin/family, etc. The judge ultimately makes decisions based on the information and evidence provided by each party at this initial hearing, as well as any testimony heard. The civil attorney representing child welfare agencies pursues the course of action requested by child welfare before the court.

For this initial civil hearing, it is important that child welfare provide the court with all relevant information and evidence that supports the removal of the children. This includes any law enforcement information and evidence that pertains to the child and family. If requested, it may also be necessary for law enforcement to attend this initial hearing to testify or to provide any clarification to the law enforcement investigation. Information and evidence provided by law enforcement makes child welfare's case to the court and advocacy for child safety stronger.

Under the DEC Approach, civil attorneys work closely with additional partners such as criminal prosecutors and treatment providers. If the common goal of all involved is breaking cycles of neglect and abuse, a wider array of alternative sanctions and services may be available.

Criminal prosecutors: roles and responsibilities

Criminal prosecutors are attorneys who are in a position to file and prosecute criminal charges when criminal statutes or other statutory provisions involving criminal sanctions are violated. Criminal prosecutors are referred to as district attorneys, county attorneys, state's attorneys, city attorneys, or other names, depending on the state involved.

The main duties of criminal prosecutors include the following:

- Enforce federal, state, tribal, and local criminal laws
- Determine whether law enforcement has collected enough evidence to file charges against an individual for committing a crime
- Determine exactly what criminal charges to file for violation of particular criminal statutes
- Decide whether to offer or accept a plea bargain from defendants or to take the charges to trial
- Represent the public safety and justice interests of the community and state when prosecuting individual offenders
- Make sentencing recommendations to the presiding judges related to criminal convictions
- Initiate probation revocation hearings when a convicted offender violates terms of probation

A prosecutor's role is to be just and to exercise his or her discretion so it reflects a high degree of fairness. A prosecutor's decision on whether or not to undertake prosecutions can affect the whole system of justice. Each decision made has tremendous potential to impact on the lives of the individuals involved if not on the entire community.[23]

Law enforcement professionals work hand in hand on criminal cases with prosecutors. Law enforcement responds to incidents of criminal behavior, investigates the facts and circumstances, and collects the evidence that the prosecutor includes in the criminal filing. The prosecutor decides whether there is sufficient evidence to file criminal charges.

Prosecutorial discretion is governed by professional, ethical, and legal standards. State statutes may give prosecutors the authority to decide whether a particular accused defendant is eligible for alternate dispositions such as a diversion program or specialized courts (drug, family, mental health, etc.). Prosecutors also have the discretion to charge, prosecute before a jury or judge, or engage in plea negotiations.

Prosecutors make sentencing recommendations to judges for cases they prosecute. Sanctions for particular criminal offenses are defined by statutes. A possible sentence may or may not include incarceration in jail or prison. Even if some jail time is involved, the majority of criminal offenses rely on community supervision in the form of probation.

The prosecutorial phase is perhaps the most critical stage of the criminal justice process; at this point, many of the alleged offender's and the crime victims' rights are brought into play. The criminal justice system offers prosecutors a lot of influence and flexibility in deciding whether a case will be prosecuted, plead out, or be dismissed. The more information and evidence the prosecutor has about a case, the more comprehensive the decision making can be about how to move a case forward. The criminal justice

23. *The Prosecutor's Deskbook,* ed. Patrick F. Healy (Chicago: National District Attorneys Association, 1971), 3–5.

"As a prosecutor, I have a responsibility to 'do justice' for the community I serve. The DEC Approach changed my perspective on what that justice looks like. With the DEC Approach, prosecutors have the ability to use the powers of the office to look at the bigger problem and work together with other disciplines to create a healthier community by building stronger families' homes where children are safe."

– Chris Corken, Assistant County Attorney, Dubuque, Iowa

and child welfare systems effectively collaborating via the DEC Approach can significantly impact the lives of drug endangered children.

Why do prosecutors sometimes drop misdemeanor charges filed with felony drug charges?

When law enforcement brings evidence of criminal behavior that fits within certain criminal offenses, the prosecutor must decide the full array of possible charges he or she can bring against the defendant. Serving justice requires that the prosecutor include the most serious charges possible in response to the defendant's criminal behavior. Clear evidence to charge a major criminal offense may be the prosecutor's priority. Lesser charges, such as misdemeanor child endangerment, may be secondary to the overriding goal of getting convictions for the highest charges possible.

Should prosecutors pursue charges of child abuse and neglect along with charging drug offenses?

The goals of getting convictions for the highest charge possible and convicting drug offenders as part of the enforcement component of the war against drugs might suggest that it is less important to pursue charges of child maltreatment, which may have lower penalties. Sentences for multiple convictions are often served concurrently, so convictions for lesser offenses wouldn't automatically result in longer incarceration or an increase in overall sanctions. Thus, it may seem most efficient to pursue only the most serious charges. However, pursuing child abuse and neglect charges is a key component of the DEC Approach. To facilitate this, prosecutors who are part of the DEC Approach review the evidence gathered by law enforcement and the information provided by child welfare. As a result, the prosecutor knows more about the defendant as a parent and the dynamics of the family, and this knowledge plays a key role in helping the prosecutor to determine the most appropriate charges.

Identifying that children are associated with the suspect of a criminal investigation creates a record of how the children were harmed and identifies them as crime victims (see "Key DEC Insights" sidebar on page 32). Thus, gathering evidence and filing charges related to child abuse and neglect gives prosecutors the ability to influence terms of pretrial release, sentencing, probation, or parole. When the criminal justice system files criminal charges of child abuse and neglect, it may impact what happens in child welfare dependency/civil court. When these two systems work together, they strengthen each other's response.

The benefit of this to the criminal justice system is that as a condition of pretrial release, once the defendant is charged, he or she can be ordered to comply with the requirements of the child welfare agency that may be running a civil proceeding parallel to the criminal justice proceeding. If the parent or guardian fails to comply with the service plan ordered through the child welfare agency,

KEY DEC INSIGHT: The Value of Pursuing Child Abuse and Neglect Charges Along with Drug Offenses

Under the DEC Approach, prosecutors and law enforcement learn that filing and pursuing convictions for child abuse and neglect is critical in helping to identify, protect, and serve drug endangered children. With a focus on child safety, it is important to ensure that those who harm children or put children at risk are held accountable. Potential criminal sanctions can provide leverage to change the behavior of parents and make them comply with requirements to keep children safe, such as abstaining from drug use.

Without filing and pursuing child abuse or neglect charges, there may be no record of the behavior that harmed these children. Child abuse and neglect charges also serve to identify drug endangered children as crime victims, which helps to create a record that may be relevant to establish subsequent child maltreatment. It also makes these children eligible for services paid for by crime victim services funding. These services may be a vital part of helping drug endangered children recover from the harms they have faced. Filing child abuse and neglect charges also becomes part of the mix of options when the prosecutor is balancing both the criminal aspects of the case with the goals of child welfare to provide services and keep a family together.

he or she may be in violation of bond requirements. Bond violations could result in the defendant being incarcerated until such time as the trial is conducted.

Why do prosecutors plea bargain so many cases?

Only a small fraction of all criminal cases charged result in a trial. Although the right to a jury trial is in the Constitution, a defendant can waive that right. With the tremendous quantify of cases that criminal prosecutors must handle, decisions must be made as to which cases can be plea bargained and still serve justice and the public interest. Plea bargaining is an inherent part of managing the flow of criminal cases through the court system. Plea bargaining is arguably a reasonable trade-off that allows a defendant to plead guilty in exchange for perhaps a conviction on a lesser charge while the prosecutor avoids a full-fledged trial. The plea bargain may include significant conditions imposed during probation and may also include restitution for the victim of the offense.

KEY DEC INSIGHT: Plea Bargaining Can Be an Effective Tool

Under the DEC Approach, plea bargaining can be an effective way to impose conditions that are in the best interests of the defendant's children during a probationary period. School attendance, regular medical attention, treatment for addiction, and other conditions may be included in the plea bargain that benefit drug endangered children.

What options do prosecutors have when filing charges using the DEC Approach?

In any criminal matter, prosecutors can initially charge, add a charge, or design a plea-negotiated disposition that he or she can recommend to the presiding judge. The DEC Approach combines prosecutors, law enforcement, and child welfare's goals to ensure the safety of the public and the children involved, to hold parents accountable, and to enable reunification and recovery of the family involved. Moreover, the DEC Approach enables prosecutors, law enforcement, and child welfare to share information. These shared goals and information give prosecutors a range of options to assist drug endangered children. Although the law varies from state to state, the options can include diversion programs, deferred prosecution, plea

KEY DEC INSIGHT: Sentencing to Support Being a Good Parent

The DEC Approach signals to probation and the court that a key objective of the sentence should be to support the defendant's ability to be a fit and appropriate parent. As part of the terms of the deferred judgment and sentence, the prosecutor can specifically require (as a written term of the deferred contract) that the defendant must comply with all court orders in the child welfare case and must support and complete all terms and conditions of the child welfare treatment plan. The practical result of a violation of the deferred contract is a felony conviction.

bargains that include conditions on the parents, sentences of probation that incorporate requirements related to child safety and well-being, and deferred judgments.

For example, under a deferred judgment and with the consent of the prosecutor, a court may give an offender the opportunity to complete a period of probation that occurs before a conviction is finalized and a sentence imposed. The probationary period may include requirements such as substance abuse treatment, school attendance, counseling, and other restrictions that facilitate recovery and reunification of the family. If the offender successfully complies with these requirements, the court has the option of dismissing the charges. Failure to comply may result in a conviction and sentence that may include incarceration. A child endangerment charge may be an appropriate case for a deferred judgment.

If neither the prosecutor nor the court requires the defendant to cooperate and successfully complete the terms and conditions of the child welfare treatment plan, the probation department still has the discretion to require compliance with the child welfare matter. If this term is included in the criminal sentence, it eliminates the current obstacles experienced by parallel judicial proceedings. These obstacles relate to privacy requirements and the need for specific written releases of information by respondent parents before child welfare professionals can speak with criminal professionals. This authorization by the respondent parent can be a condition of the criminal court sentence, thus enhancing information sharing and collaboration.

Criminal and civil prosecutors all agree that a fit and appropriate parent does not use drugs, commit new offenses, or waste community resources. Most important, fit parents can help break the cycle of abuse and neglect and personally benefit by avoiding criminal sanctions. If the DEC Approach is understood and used in criminal plea bargaining, children immediately have status and the consideration of the court, probation, and post-conviction service providers (e.g., mental health, medical, rehabilitation, and supervision professionals) in criminal proceedings.

What does the DEC Approach offer prosecutors?

Under the DEC Approach, prosecutors use a multidisciplinary collaborative approach and investigation that allows information sharing before the prosecution makes its decisions. The DEC Approach requires communication between prosecution, law enforcement, child protection, probation, and others, such as treatment providers. The approach also allows them to discuss a variety of outcomes, which might include pursing all criminal charges, but the approach can also include other strategies, such as the potential to reunify the family after services and monitoring. If the professionals involved agree reunification is the prime goal, that agreement impacts decisions about the length of recommended criminal sentences, conditions placed on offenders during pretrial release and probation, and the types of treatment or other services that may be provided. Based on the information gathered upfront, if

the outcome requires extended placement, termination, or extended incarceration, that outcome would also impact the prosecution decision.

When the parents or guardians are charged with a crime, the state (prosecutor) can also ask that the judge require the defendant to cooperate with any already opened juvenile case, substance abuse evaluation and treatment plan, etc., as a condition of pretrial release. This upfront leverage is often valuable, particularly with substance abuse issues, because it adds compulsion to the requirement that the defendant complete substance abuse treatment. According to a report from the Bureau of Justice Statistics, from state court arrests in 2006, "the median time from arrest to sentencing for all felony convictions was 265 days."[24] The period between the arrest and conviction provides the defendant time to comply with treatment requirements and have his or her behavior and actions observed and recorded. If at the end of the process the defendant appears compliant and willing to work toward the successful, anticipated outcome, the state and defendant can enter a plea negotiation, which allows the defendant to remain on probation with the same requirements of cooperation with child welfare and with receiving mental health treatment, substance abuse treatment, medical treatment for children, etc. These then can all be made mandatory conditions of probation.

How does the community prosecution model support the DEC Approach and help children and families?

In response to the scourge of drug-related crime in the 1980s, which drastically increased U.S. prison incarceration rates, "community prosecution" grew out of the efforts of a handful of innovative prosecutors who began to question the notion of merely locking up offenders. These prosecutors believed that processing their cases efficiently and fairly was not a panacea for crime reduction. Originally working under the radar and often in isolation from each other, these prosecutors began to experiment with and incorporate many of the techniques of community policing. Just as community policing and problem-oriented policing challenged the status quo for the dominant paradigm of policing, community prosecution represented and continues to represent a similar evolution from the traditional case processing and sanction setting paradigm of criminal prosecution.[25]

That effort produced the following formal definition:

> Community prosecution focuses on targeted areas and involves a long-term, proactive partnership among the prosecutor's office, law enforcement, the community and public and private organizations, whereby the authority of the prosecutor's office is used to solve problems, improve public safety and enhance quality of life in the community.[26]

The community prosecution model supports the DEC Approach by encouraging prosecutors to think holistically about the quality of life in their community in addition to traditional sanctioning. Prosecutors can also take the well-being of children and families into consideration as part of this prosecutorial approach.

24. Matthew R. Durose, Donald J. Farole Jr., and Sean P. Rosenmerkel, *Felony Sentences in State Courts, 2006: Statistical Tables*, Felony Sentences in State Courts Series (Washington, DC: Bureau of Justice Statistics, 2009 [revised 2010]), http://bjs.ojp.usdoj.gov/content/pub/pdf/fssc06st.pdf.

25. Susan P. Weinstein, John T. Chisholm, David LaBahn, and Steven Jansen, *Community Prosecution: A Decade into the 21st Century* (Washington, DC: Association of Prosecuting Attorneys, 2011).

26. *Community Prosecution Implementation Manual* (Alexandria, VA: American Prosecutors Research Institute, 1995), 1.

Medical professionals: roles and responsibilities

The job responsibilities of medical professionals are vast. Caretakers, like doctors and nurses, work directly with patients to heal maladies, ease pain, and provide preventative care. This can include physical examinations, radiology work, administering medicine or injections, and long-term care in a hospital or out-patient facility. Also, non-professional caretakers, like practical nurses and ambulance workers, work directly with patients in different capacities, taking vital signs, monitoring conditions, and reporting directly to doctors and nurses.

Medical professionals, regardless of their specific title or discipline, provide assessment and care to patients by obtaining information from the client and studying his or her vital statistics. Medical professionals may be consumed with identifying and treating the immediately present medical issues that they may not focus on other factors related to the patient's family, on indications of substance abuse, and on the patients' capacity to care for themselves or their children upon exiting the care of the medical professional.

However, medical professionals have the opportunity to identify drug endangered children; treat children and families exposed to substance use; and collect evidence regarding child abuse, neglect, and substance use. Like law enforcement, medical professionals gather and document evidence during the course of their job duties, evidence that is used in the care of the child as well as in a law enforcement investigation.

In some circumstances, medical professionals may be the first or even the only discipline to come in contact with a particular drug endangered child, especially if the child is pre-school age. Medical professionals may observe interactions between the caretaker and the child, treat a child for suspicious injuries, see a child for an initial foster care examination, or assess a parent for substance abuse treatment.

Medical professionals perform primary roles in identifying children who have been neglected or abused, diagnosing the harm caused, and providing curative measures. When a child who is found needs immediate medical treatment, information about what happened to that child is critical to a proper diagnosis and treatment. In emergency situations, a prompt understanding of what happened may be crucial. Medical professionals benefit greatly from having the most information possible about the children involved, the other family members, and the circumstances that led to a child needing diagnosis and treatment.

Law enforcement can provide key information and perspective on the children's lives that may aid in the examination, diagnosis, and treatment. If illicit drugs or other controlled substances or abuse of legal substances is involved, providing details about those substances may be essential for medical professionals.

A detailed understanding of the roles and responsibilities of the various medical professionals involved, as well as the types of information most helpful in the performance of their duties, fulfills the goals of the DEC Approach to reduce neglect and abuse of children.

Are there specialized medical personnel that can assist in child abuse and neglect cases?

There are specialized medical professionals with experience and training in areas such as child abuse and neglect and child sexual abuse/assault. These professionals often work in conjunction with both emergency and non-emergency medical personnel, or they may work in child advocacy centers or child protection centers. They often work closely with law enforcement and child welfare services to ensure the child is safely examined and interviewed in a child-friendly environment.

In 2005, the American Board of Pediatrics established child abuse pediatricians as a subspecialty to increase education on and attention to the issue of child abuse and neglect. As

"Medical professionals are key in the evaluation and treatment of drug endangered children and need to be educated in the DEC Approach so they are aware of the problems these kids face. Medical professionals should be integral in the diagnosis of these kids' developmental problems as well as psychological problems. They [drug endangered children] need to be followed for years in a stable medical home so all their needs are addressed. Trauma is rampant with these children and is at the core of the pathology they suffer from."

– Michael F. Stratton, DO, FAAP, FACOP, Children's Clinic, Muskogee, Oklahoma

a result, child abuse pediatricians have specialized training and focus around this issue.

Forensically trained nurses are also specially trained in child abuse and neglect. They are registered nurses who have successfully completed a Sexual Assault Nurse Examiner (SANE) course or a Sexual Assault Forensic Examiner (SAFE) course. Their job duties can include the following:

- Collecting forensic evidence
- Providing crisis counseling to victims
- Evaluating adult or child sexual assault victims
- Conducting forensic medical examinations of children
- Assisting in providing information for the prosecution of cases
- Testifying in legal proceedings related to examinations
- Ensuring the proper chain of custody and integrity of the samples so they are admissible in court

Do coroners and medical examiners fit in the DEC Approach?

Approximately five children die every day in the United States because of abuse and neglect. Thus, medical examiners and coroners—who are best known for performing autopsies—can provide evidence and information that can assist law enforcement in criminal investigations.[27] This evidence and information might include the following:

- Cause and manner of death
- Trauma and injuries to the body
- Harm to the body
- Child abuse and neglect
- Substance use through toxicology reports
- Death records
- Data and community trends

Practical example: Upon the death of an 8-month-old child whose mother rolled over on him while they both slept on the bed, the medical examiner consults with law enforcement regarding parental substance use as a possible reason for the death.

How do medical data privacy laws such as HIPAA affect law enforcement in the DEC Approach?

Data privacy laws such as personal health data protection under the Health Insurance Portability and Accountability Act (HIPAA) are complex and may impact law enforcement's ability to obtain information about a suspect or victim. But HIPAA has exceptions, and there are

27. *Child Maltreatment: Strengthening National Data on Child Fatalities Could Aid in Prevention* (Washington, DC: U.S. Government Accountability Office, 2011), GAO-11-599.

circumstances under which law enforcement can obtain or receive medical and health information—particularly if there is an active investigation or when the information is needed to prevent injury or harm to others. If a doctor's information and documentation are in conjunction with a criminal case or if a criminal act has been discovered during an exam, this information and documentation could be critical for prosecuting a criminal case and identifying the person or child as a victim; thus, this information could then be provided to law enforcement. However, if the information is not relevant to a criminal case or a criminal act, then law enforcement most likely cannot obtain the information.

Data privacy laws are designed to protect personal information about individuals, but in some instances, they seem to inhibit criminal investigations or full cooperative relationships between law enforcement and child welfare or medical personnel. However, because there are circumstances under which law enforcement can and should obtain information, medical professionals should work with legal advisors and help foster the notion that sharing information is a key component to the collaborative DEC Approach.

For more about disclosing information to law enforcement under HIPAA, visit the U.S. Department of Health and Human Services web page, "When Does the Privacy Rule Allow Covered Entities to Disclose Protected Health Information to Law Enforcement Officials?" at www.hhs.gov/ocr/privacy/hipaa/faq/disclosures_for_law_enforcement_purposes/505.html.

How can law enforcement assist medical professionals in the DEC Approach?

Law enforcement can provide medical professionals documentation, education, and consultation regarding drug endangered children. The documentation can be through photographs, evidence sheets, videos, and reports. The education can include information regarding the following:

- Drug identification
- Current drug trends law enforcement is seeing within the community: e.g. an increase in synthetic or prescription drug use
- New methods of places for injection: e.g., in between the toes
- New methods of transporting drugs: e.g., concealing drugs in body cavities

Consultation can be as simple as law enforcement's availability to answer questions with which medical professionals may need assistance.

Practical example: A person comes into the emergency department of a hospital with redness on his face that appears to be a burn. The person also appears to be high. Medical professionals have never seen this type of injury before, and the explanation from the patient does not seem to fit. Medical professionals also notice the patient has white pellets imbedded in his hair. The nurse practitioner contacts law enforcement to discuss the situation, and law enforcement advises the nurse practitioner that the redness and white pellets are evidence that the patient was involved with manufacturing meth and may have used meth.

What documentation from law enforcement can benefit medical professionals?

In the DEC Approach, it is beneficial for law enforcement to share its evidence and information with medical professionals regarding children and their living environment. Medical professionals then have a better understanding of

the children's lives, including their potential risk to various types of exposures. This evidence and information can include the following:

- Types and quantity of drugs present along with the location
- Chemicals and substances used in the cultivation or manufacturing of drugs
- Other chemicals and other substances present and their location
- Ways in which the drugs were stored or found, such as crushed or in syringes, uncapped bottles, tin cans, or baggies
- Condition of the home, such as whether filth, feces, garbage, bugs, or rodents are present
- Other risks to the children, such as accessible insulation, make-shift wiring, odd smells, or unknown substances
- Photos or videos of the scene, home, or life of the child
- Statements made by children and others
- Observations of children and parents, such as abnormal behavior, developmental delays, possible intoxication, reaction to police involvement, bizarre behaviors, or possible medical conditions
- Medication at the scene or within the residence

With this additional information, medical professionals can then decide, for example, whether to test for infectious diseases because of needle exposure, whether to test for drugs in the child's system because drugs were found in the house and because of the child's behavior, and whether to look for further signs of abuse and neglect. Without this shared information, medical professionals may not have reason to look for or treat these items.

How can law enforcement benefit from medical professionals in the DEC Approach?

From a law enforcement perspective, medical professionals' documentation and evidence collection can assist with a criminal investigation and, more important, with any necessary intervention in the child's life. Law enforcement officers often have the opportunity to observe obvious injuries to the children, but they are not always able to see, observe, or understand every injury or condition. Medical professionals are able to assist with some of the injuries or conditions that while unseen or unknown, are important to both the child and any criminal investigation. These can include the following:

- Broken bones
- Ear infections
- Tooth decay
- Odd or unusual injuries
- Injuries with odd shapes
- Genital area injuries
- Untreated injuries and illnesses
- Internal injuries
- Previous injuries, such as previous fractures
- Rashes
- Burns
- Lice and bed bugs

Medical professionals can also educate law enforcement on current trends emerging among the medical community, such as illicit drugs, new methods of ingestions, and new compounds of drugs that are causing visits to the emergency department. This information can give law enforcement additional intelligence about what is happening in the community.

Furthermore, medical professionals can provide law enforcement the following:

- Medical diagnosis of injuries
- Medical observations and opinions
- Medical concerns
- Pictures and documentation of injuries
- Blood and urine drug screen results
- X-rays, diagnostic testing, and labs as they pertain to drug endangered children
- Results of interviews conducted by medical staff
- Expert testimony
- Knowledge from a medical perspective of how drugs effect children and adults
- Medical consultation for law enforcement around drug endangered children

Medical professionals can also provide consultation to law enforcement officers for situations in which they are unsure or need medical information. Access to medical personnel without institutionalized obstacles allows law enforcement to gather needed information, possibly even while on the scene.

Practical example: Law enforcement officers enter a home in which the children are exposed to and play in insulation on the floor. The officers, feeling comfortable consulting with medical professionals, contact them regarding the risks to the children. As a result, the officers learn that if the children ingested the insulation, it could cause serious harm or even death.

Behavioral health and treatment providers: roles and responsibilities

What is behavioral health?

The Substance Abuse and Mental Health Services Administration defines behavioral health as

> a state of mental/emotional being and/or choices and actions that affect wellness. Substance abuse and misuse are one set of behavioral health problems. Others include (but are not limited to) serious psychological distress, suicide, and mental illness . . . . Such problems are far-reaching and exact an enormous toll on individuals, their families and communities, and the broader society.[28]

28. "A Behavior Health Lens for Prevention: What is Behavioral Health?" Substance Abuse and Mental Health Services Administration, http://captus.samhsa.gov/prevention-practice/prevention-and-behavioral-health/behavioral-health-lens-prevention/1.

"Protecting children at risk from a caregiver's mental health or drug abuse problems is a more complex issue than one agency can effectively handle alone. The best possible option to protect children is a multifaceted, streamlined, collaboration of dedicated agencies working together toward the common good of the child. What the child needs to hear are many voices with one message: 'We will not fail you!'"

– Ron Griffin, MSW, MSA, CRPS, Human Services Program Coordinator / Instructor, Longview Community College—Social Science Division, Lee's Summit, Missouri

Thus, for the purposes of this guide, behavioral health refers to substance abuse and mental health treatment and services.

Behavioral health professionals may have medical, addiction treatment, or counseling/therapy training. They can be psychiatrists who are medical doctors with a focus on treating mental health issues, psychologists who are trained in psychology and behavior issues, therapists who are trained to deal with trauma and other issues, or treatment counselors who are trained in addiction and recovery issues. These professionals have their own set of laws, regulations, and policies under which they work. Any or all of them may be involved with a family that has engaged in drug trafficking or substance abuse and may be called on as part of a service or treatment plan to try to move the family and the children involved to successful recovery.

In fact, treatment for and recovery from substance abuse or addiction are two other aspects of behavioral health, both of which are needed for breaking the cycles of neglect and abuse. To achieve these goals, the DEC Approach encourages partnering with different disciplines in a way that supports the best interest of the children; thus, behavioral health professionals are a natural part of the DEC collaboration. One aspect of breaking these cycles is getting the children the necessary care needed to help change the trajectory of their lives.

How does behavioral health treatment help law enforcement in the DEC Approach?

Because behavioral health treatment information is confidential, law enforcement can benefit from these providers in other ways. Behavioral health professionals can assist law enforcement by educating officers on the signs and symptoms of trauma, substance abuse, and mental illness; clarifying what information/evidence may be beneficial to behavioral health professionals in treating children; and consulting with officers about specific cases involving substance abuse or mental health and treatment options.

Practical example: A therapist from a local mental health and substance abuse treatment center makes a presentation at a law enforcement in-service training to help officers understand the impact of addiction and related behavior.

What is addiction?

According to the National Institute on Drug Addiction, "addiction is a chronic disease, just as diabetes and cancer are diseases."[29] As with these other chronic diseases, lifelong treatment may be necessary, and setbacks are common. However, "addiction is not simply a weakness. People

29. "What Is Addiction?" National Institute on Drug Addiction, http://easyread.drugabuse.gov/what-is-addiction.php.

How Addiction Changes a Brain

- Addiction is a brain disease.
- Drugs change how the brain works.
- These brain changes can last for a long time.
- They can cause problems like mood swings, memory loss, and even trouble thinking and making decisions.

from all backgrounds, rich or poor, can get an addiction. Addiction can happen at any age, but it usually starts when a person is young."[30]

Another common judgment or assumption is that a person can just quit using drugs. Law enforcement officers across the nation arrest people every day who are struggling with addiction because of their criminal behavior, but officers receive little training on addiction and addictive behavior. Having this knowledge can help offices to understand some of the causes of destructive behavior and the types of responses that can help change a family's circumstances and protect children from harm.

When addicted, a drug user can't stop taking a drug even if he wants to. The urge is too strong to control, even if he knows the drug is causing harm. When people start taking drugs, they don't plan to get addicted. They like how the drug makes them feel. They believe they can control how much and how often they take the drug. However, drugs change the brain. Drug users start to need the drug just to feel normal, and that addiction can quickly take over a person's life.

Addiction can become more important than the need to eat or sleep. The urge to get and use the drug can fill every moment of a person's life. The addiction replaces everything the person used to enjoy. An addict might do almost anything—lying, stealing, or hurting people—to keep taking the drug, which could get the person arrested.

KEY DEC INSIGHT: The Impact of Addiction and the Role of Recovery

Under the DEC Approach, law enforcement and others learn about the nature of addiction, that it is a chronic disease and not just the result of poor choices by weak people. Addiction changes the brain chemistry and the way the brain functions. An addict's priorities often shift to a compelling need to recreate the feelings and state of mind caused by the ingested drug. It's not necessarily true that addicted parents don't care about their children; rather, the disease of addiction has displaced the parents' priorities. Treating addiction involves far more than convincing a person to make better choices—it is a lifelong journey for the addict to avoid those substances that have altered his or her physiology.

Under the DEC Approach, the well-being of children is the top priority, which means addicted parents need to recover from their addiction to be the best parents possible. Despite skepticism about recovery, law enforcement must accept the fact that recovery is possible in order to believe that families can be successfully reunited. Without an understanding of addiction and a belief in recovery, the DEC Approach may seem at best like wishful thinking and at worst a conspiracy of pretending to help drug endangered children.

Why are law enforcement officers so skeptical of recovery?

Law enforcement can be skeptical about treatment and recovery. After multiple visits to drug environments, sometimes across years and generations, many law enforcement officers believe recovery is not possible, and when the repeat calls stop, they generally assume the person died, moved, or is in jail. Officers usually don't think, "Wow, I haven't seen that person I arrested in months. He must be in recovery!"

30. Ibid.

"It is not that the person is in treatment for 28, 45, or even 60 days . . . . No, the more important question is what the person is actually doing in treatment that shows their success. A client can provide a judge a piece of paper that says they completed 28 days of treatment, and the judge should be asking follow-up questions that demonstrated the clients change in behavior."

– Nicolas Taylor, PhD, Taylor Behavioral Health, Montrose, Colorado

Yet learning about addiction, treatment, and recovery is an important component of the DEC Approach. When law enforcement officers arrest someone struggling with addiction, they need to know they are seeing that person in his or her darkest hour.

The DEC Approach gives law enforcement a new perspective. Knowing that the person being arrested might be an addict as well as a parent can change the way officers look at the situation. In addition, knowing that the drug arrest might be the event that pushes the arrestee to change his or her life for the better can also give officers hope that they will be able to change for the better the lives of any involved children.

Is court-ordered treatment effective?

A lot of debate surrounds this topic, and a significant factor of success depends on the actual treatment provided and the person's progress in the treatment program. Not everyone pressured into treatment by the legal system succeeds in treatment, and some participants may be "going through the motions"—perhaps long enough to regain custody of their children. But with addiction being a chronic disease and recovery a life-long journey, court-ordered treatment can be an important step.

According to the National Institute on Drug Abuse,

> Often, the criminal justice system can apply legal pressure to encourage offenders to participate in drug abuse treatment; or treatment can be mandated through a drug court or as a condition of pretrial release, probation, or parole. A large percentage of those admitted to drug abuse treatment cite legal pressure as an important reason for seeking treatment. Most studies suggest that outcomes for those who are legally pressured to enter treatment are as good as or better than outcomes for those who entered treatment without legal pressure. Individuals under legal pressure also tend to have higher attendance rates and remain in treatment for longer periods, which can also have a positive impact on treatment outcomes.[31]

There are other reasons why court-ordered treatment can benefit the DEC Approach. First, the parents are not in prison and potentially have the opportunity to be reunified with their children if they are in compliance with court orders. Second, court-ordered treatment might also provide the person with the means to receive treatment that might have otherwise been unaffordable.

31. National Institute on Drug Abuse, "Is Legally Mandated Treatment Effective?" in *Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide* (Bethesda, MD: National Institute of Health, 2006).

Trauma and long-term impacts

What is trauma?

The word "trauma" is used to describe experiences or situations that

- are emotionally painful and distressing;
- overwhelm people's ability to cope;
- leave people feeling powerless;
- create substantial and lasting damage to the psychological development of the individual.

Traumatic experiences can include situations that are dehumanizing, shocking, or terrifying. They can be singular or multiple compounding events over time. They can include the betrayal of a person or institution and a loss of one's safety.

What are the long-term impacts of trauma?

Children growing up in drug environments are denied the fundamental developmental experiences required to self-regulate, relate, communicate, and think. They may also experience neglect, daily chaos, lack of safety, poor communication, violence, and disorganization. These can lead to emotional, behavioral, and cognitive problems.[32]

The Adverse Childhood Experiences (ACE) study[33] is "one of the largest scientific research studies addressing the relationship between childhood trauma with mental and

KEY DEC INSIGHT: Trauma and Drug Endangered Children

Under the DEC Approach, law enforcement officers learns that in addition to the immediate harms and risks faced by drug endangered children living in homes involved in the drug trade or substance abuse, there are likely to be long-term impacts on these children that need to be addressed. Children with parents focused on drugs may experience neglect, lack of parental support, exposure to criminal activity, domestic violence, irregular school attendance, and erratic and hurtful behavior from the adults in the household. Any one of these circumstances can be traumatic to a child, and as multiple factors are often at work, drug endangered children face the challenge of overcoming the adverse impact of their experiences.

Even law enforcement's or child welfare's engagement with a family can be traumatic for children. For example, children may witness law enforcement officers enter the home in SWAT gear, watch officers arrest their parents and deal with their parents' absence during incarceration, and have child welfare workers confront their parents and perhaps separate them from their parents. All of these situations can have a negative impact on the well-being of children. Under the DEC Approach, law enforcement and others work to minimize the trauma experienced by drug endangered children. Reducing trauma by paying close attention to the needs of these children becomes part of normal police work.

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32. Kiti Freier Randall, "Drug Endangered Children: Risk Factors & Neuropsychological and Psychosocial Development" (unpublished white paper), http://www.nationaldec-conference.org/goopages/pages_downloadgallery/downloadget.php?filename=17712.pdf; see also Marianne L. Barton and Diana Robins, "Regulatory Disorders," in *Handbook of Infant Mental Health*, 2nd ed., ed. Charles H. Zeanah Jr. (New York: Guilford Press, 2000).

33. See V.J. Felitti, R.F. Anda, D. Nordenberg, et. al., "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study," *American Journal of Preventive Medicine* 14 (1998): 245–258.

physical health later in life. The ACE study has demonstrated the broad and profound long-term impact of adverse childhood experiences" on the following: [34]

- Adult mental health[35]
- Disease[36]
- Obesity[37]
- Risk behaviors[38]
- Addiction[39]

In other words, children who endure adverse childhood experiences are much more likely than those who don't to have mental health issues and diseases; to be obese; to engage in risky behaviors themselves; and become addicted. These adverse childhood experiences may include physical, sexual, and emotional abuse and neglect; exposure to violence and domestic abuse; household mental illness; parental separation or divorce; and an incarcerated parent or household member.

The scientific data included in the ACE study emphasizes the importance of understanding, preventing, and addressing adverse experiences in drug endangered children by appropriate awareness, identification, and intervention. The study may also explain why law enforcement often visits the same households for potential criminal behavior across generations. It also highlights the importance of breaking multi-generational cycles of abuse and neglect so children aren't bound by their past.

For further information about the ACE study, visit "Injury Prevention and Control: Adverse Childhood Experiences (ACE) Study," which is available on the Centers for Disease Control and Prevention website at www.cdc.gov/ace

What factors did the ACE study look at?

The ACE study measures 10 types of trauma (see sidebar on page 45), five of which apply directly to the person taking the survey and five of which apply to that person's family. Each category of exposure to child abuse or neglect counts as one point; thus, a person can receive a score of 0 to 10 points. The more points, the greater that person's exposure, which also means he or she has a greater risk of experiencing adult mental health issues, disease, obesity, risk behaviors, and addiction later in life.

Why is trauma and the ACE study relevant to law enforcement?

It is important for law enforcement professionals to understand the trauma associated with drug endangered children. This helps them determine the best approach to a particular situation as well as helps them identify evidence they can collect and document to show any signs of trauma in the child's life. Having knowledge about trauma and the ACE study makes law enforcement officers more aware of how they are responding to calls with children.

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34. Kiti Freier Randall, "Child Abuse: Impact and Action," Adventist Risk Management, Inc., April 9, 2012, http://www.adventistrisk.org/prevention-resources/solutions-newsletter/april-2012/child-abuse-impact-and-action.

35. See V.J. Edwards, G.W. Holden, R.F. Anda, and V.J. Felitti, "Experiencing Multiple Forms of Childhood Maltreatment and Adult Mental Health: Results from the Adverse Childhood Experiences (ACE) Study," *American Journal of Psychiatry* 160, no. 8 (2003): 1453–1460.

36. See R.F. Anda, V.J. Felitti, J.D. Bremner, J.D. Walker, et al., "The Enduring Effects of Abuse and Related Adverse Experiences in Childhood: A Convergence of Evidence from Neurobiology and Epidemiology," *European Archives of Psychiatry and Clinical Neuroscience* 256, no. 3 (2006): 174–186.

37. See D.F. Williamson, T.J. Thompson, R.F. Anda, et al., "Body Weight and Obesity in Adults and Self-Reported Abuse in Childhood," *International Journal of Obesity and Related Disorders* 2002; 26, no. 8 (2002): 1075–1082.

38. See S. Dube, R. Anda, V. Felitti, V. Edwards, and D. Williamson, "Exposure to Abuse, Neglect, and Household Dysfunction Among Adults Who Witnessed Intimate Partner Violence as Children: Implications for Health and Social Services," *Violence and Victims* 17, no. 1 (2002): 3–17.

39. See V.J. Felitti, "Ursprünge des Suchtverhaltens: Evidenzen aus einer Studie zu belastenden Kindheitserfahrungen," *Praxis der Kinderpsychologie und Kinderpsychiatrie* 52 (2003): 547–559.

"Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives."[40] Trauma-informed care promotes the change in mindset from "What is wrong with this person?" to "What happened to this person?" This new mindset is also better when working with children. Because children are not born bad, their behaviors are often indicative of the experiences in their life, including trauma. Thus, trauma-informed care has become an essential part of the behavioral health service system to help reduce trauma's profound and long-term impact on individuals, especially children.

How can law enforcement document trauma to the child?

The following examples are some signs of trauma around the home that law enforcement can look for and document:

- Chaotic environment
- Concerning pictures drawn by the child (e.g., pictures with guns or other weapons or with injured people)
- Holes in walls
- Broken furniture possibly because of violence
- Evidence of domestic violence
- Violent posters or notes in the house

In addition to serious safety and physical health concerns, there are direct mental health consequences from these environments. If law enforcement documents and shares evidence of chaotic environments, abuse and neglect, and violence that are a result of living in a drug environment, behavioral health professionals and other disciplines have a clearer picture of the child's life and living conditions.

Practical example: After executing a search warrant, officers photograph the scene, which is also a child's residence. The photos include holes in the walls,

40. "About NCTIC: NCTIC's Current Framework," Substance Abuse and Mental Health Services Administration, last modified May 20, 2014, http://beta.samhsa.gov/nctic/about.

Measuring Your ACE Score

During your first 18 years of life,

1. Did a parent or other adult in the household often or very often (1) swear at you, insult you, put you down, or humiliate you or (2) act in a way that made you afraid that you might be physically hurt?
   Yes ____ No ___
2. Did a parent or other adult in the household often or very often (1) push, grab, slap, or throw something at you or (2) ever hit you so hard that you had marks or were injured?
   Yes ____ No ___
3. Did an adult or person at least five years older than you ever (1) touch or fondle you or have you touch their body in a sexual way or (2) attempt or actually have oral, anal, or vaginal intercourse with you?
   Yes ____ No ___
4. Did you often or very often feel that (1) no one in your family loved you or thought you were important or special or (2) your family didn't look out for each other, feel close to each other, or support each other?
   Yes ____ No ___
5. Did you often or very often feel that (1) you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you or (2) your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes ____ No ___
6. Were your parents ever separated or divorced?
   Yes ____ No ___
7. Was your mother or stepmother (1) often or very often pushed, grabbed, slapped, or had something thrown at her; (2) sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard; or (3) ever repeatedly hit at least a few minutes or threatened with a gun or knife?
   Yes ____ No ___
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes ____ No ___
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   Yes ____ No ___
10. Did a household member go to prison?
    Yes ____ No ___

Add up your "yes" answers: ____. This is your ACE score.

Source: "What is Your ACE Score," WellCommons, January 9, 2011, http://wellcommons.com/groups/aces/2011/jan/9/whats-your-ace-score/.

a broken lamp on the floor, and weapons on the counter, including a gun and a pair of brass knuckles, to document that there's violence in the home and around the child. The officers also observe and document the child's behavior and any comments the child made during their interactions with him or her.

What are examples of signs of trauma that children may exhibit during interviews or undercover surveillance that law enforcement can document?

Traumatized children may exhibit the following signs that law enforcement can look for and document:

- Being sad or worried
- Being angry
- Being frightened
- Being withdrawn
- Having trouble sleeping
- Having nightmares or unwanted memories or flashbacks
- Having difficulty concentrating
- Having difficulty socializing
- Showing changes in appetite
- Behaving child-like: e.g., bedwetting, clinging to caregiver, thumb sucking, or having problems with eating or using the toilet
- Bursting out
- Showing avoidance
- Being easily startled or alarmed
- Being depressed
- Having problems with school and grades
- Reenacting traumatic events through play
- Displaying physical reactions including stomach aches and headaches

Does law enforcement unknowingly cause trauma, and if so, what can it do differently?

Just the presence of law enforcement can cause trauma to children, but so too can some of the methods and tactics law enforcement commonly uses:

- Wearing balaclava (i.e., a protective hood or face mask) during tactical entries
- Not interacting with the children or interacting with them in a negative way
- Doing late-night or early-morning tactical entries when children are home
- Handcuffing parents in front of the children
- Talking negatively about the children's parent or caregiver

Law enforcement can make situations less traumatic for children by remembering that children need to be handled like children and not adults and that actions, tactics, and events that do not scare adults can scare children. To reduce trauma, law enforcement professionals can interact with children in a positive way, assign a plain clothes officer to interact with the children, and bring games to play with the children. Playing a game such as Tetris can help reduce trauma by engaging the child's brain.[41] Law enforcement can learn other ways to deal with children in traumatic situations from child welfare and behavior health professionals.[42]

Practical example: Law enforcement learns that a child will be present in the home during the execution of a search warrant, so the operational plan regarding a forced entry into a residence will be modified. This knowledge could be the difference between using a flash bang or another distraction device that would be less traumatic to the child on the scene.

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41. Emily A. Holmes, Ella L. James, Thomas Coode-Bate, and Catherine Deeprose, "Can Playing the Computer Game 'Tetris' Reduce the Build-Up of Flashbacks for Trauma? A Proposal from Cognitive Science," *PLoS ONE* 4, no. 1 (2009).

42. Ibid.

Conclusion

This guide covers the three main components of the DEC mission: (1) raising awareness about the risks faced by drug endangered children; (2) implementing a collaborative multidisciplinary approach to address these risks; and (3) changing practices and transforming organizations to change the way cases involving drugs and children are handled on an ongoing basis.

This guide delineates the roles and responsibilities of a number of professionals who all have the authority and the responsibility to identify, protect, and serve drug endangered children. The insights we gain about each of these professions from understanding more about their work empowers us to form true collaborations. And true collaboration is much more than being willing to share information and cooperate somewhat; it is a commitment to making each of the involved stakeholders better at doing what they do.

This call for collaboration across professions isn't new. *The Prosecutor's Deskbook* expressed a similar concept more than 40 years ago:

> No longer can professionals simply deal with other agencies at arm's length or complain about the inefficiencies of the others. It is important each discipline work toward improving their techniques, their standards and where necessary their process. A multidisciplinary approach is uniquely situated to speed a positive trend up if they are willing to spend time on training and awareness. In the true spirit of cooperation and in the interest of getting the job done disciplines must strive to overcome professional jealousies and long standing parochialism (the state of mind, whereby one focuses on small sections of an issue rather than considering its wider context). True leaders must be willing to let others take credit for achievements. But for persons who are dedicated to the cause and who are true leaders, this should present no problem.[43]

The DEC Approach can help breathe new life into this concept by uniting professionals with a common vision: identifying and protecting drug endangered children to help them become happy, healthy, and safe. Such a commitment to teamwork strengthens all involved and enhances the chances for our work to result in better outcomes for drug endangered children and their families.

The concepts inherent in the DEC mission and the collaborative DEC Approach are fairly simple and straight forward. But implementing the DEC Approach has profound ramifications for children and their families. When we make the well-being of children a major focus of our jobs, when we share information to facilitate more informed decision making, and when we recognize that we're the ones who can break the multigenerational cycles of neglect and abuse experienced by so many drug endangered children, we truly can help change the trajectories of these children's lives.

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43. *The Prosecutor's Deskbook*, 6 (see note 23).

About the COPS Office

The Office of Community Oriented Policing Services (COPS Office) is the component of the U.S. Department of Justice responsible for advancing the practice of community policing by the nation's state, local, territory, and tribal law enforcement agencies through information and grant resources.

Community policing is a philosophy that promotes organizational strategies that support the systematic use of partnerships and problem-solving techniques, to proactively address the immediate conditions that give rise to public safety issues such as crime, social disorder, and fear of crime.

Rather than simply responding to crimes once they have been committed, community policing concentrates on preventing crime and eliminating the atmosphere of fear it creates. Earning the trust of the community and making those individuals stakeholders in their own safety enables law enforcement to better understand and address both the needs of the community and the factors that contribute to crime.

The COPS Office awards grants to state, local, territory, and tribal law enforcement agencies to hire and train community policing professionals, acquire and deploy cutting-edge crime fighting technologies, and develop and test innovative policing strategies. COPS Office funding also provides training and technical assistance to community members and local government leaders and all levels of law enforcement. The COPS Office has produced and compiled a broad range of information resources that can help law enforcement better address specific crime and operational issues, and help community leaders better understand how to work cooperatively with their law enforcement agency to reduce crime.

- Since 1994, the COPS Office has invested more than $14 billion to add community policing officers to the nation's streets, enhance crime fighting technology, support crime prevention initiatives, and provide training and technical assistance to help advance community policing.
- To date, the COPS Office has funded approximately 125,000 additional officers to more than 13,000 of the nation's 18,000 law enforcement agencies across the country in small and large jurisdictions alike.
- Nearly 700,000 law enforcement personnel, community members, and government leaders have been trained through COPS Office-funded training organizations.
- To date, the COPS Office has distributed more than 8.57 million topic-specific publications, training curricula, white papers, and resource CDs.

COPS Office resources, covering a wide breadth of community policing topics—from school and campus safety to gang violence—are available, at no cost, through its online Resource Center at www.cops.usdoj.gov. This easy-to-navigate website is also the grant application portal, providing access to online application forms.

Drug Endangered Children Guide for Law Enforcement: Key Insights for Partnering with Child Welfare, Medical Providers, Treatment Providers, Prosecutors, and Civil Attorneys builds on the information and strategies outlined in the first *Drug Endangered Children Guide for Law Enforcement*, which details the core elements, benefits, and challenges of the DEC Approach.

For this second guide, the National Alliance for Drug Endangered Children reached out to professionals representing law enforcement, child welfare, prosecution, civil attorneys, medical, behavioral health, and treatment to learn from their experiences to gain a deeper awareness of DEC efforts. The guide discusses the roles and responsibilities of these profes-sionals as well as the ways in which the DEC Approach can change their response to drug endangered children.

COPS
Community Oriented Policing Services
U.S. Department of Justice

U.S. Department of Justice
Office of Community Oriented Policing Services
145 N Street NE
Washington, DC 20530

To obtain details on COPS Office programs,
call the COPS Office Response Center at 800-421-6770.

Visit the COPS Office online at **www.cops.usdoj.gov**.

NATIONAL ALLIANCE
FOR DRUG ENDANGERED CHILDREN
Rescue. Defend. Shelter. Support.

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