Community Attitudes and Perceptions Towards Child Maltreatment: Analysis and Recommendations for Action

MASTER OF PUBLIC ADMINISTRATION

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Executive Summary

Child maltreatment and the trauma it inflicts is a great concern in Arkansas, where over half of all children have experienced at least one adverse childhood experience (ACE), the highest rate in the nation. Research has alerted us to the long-term social and physical effects of trauma caused by ACEs. The State of Arkansas and community partners recently announced their commitment to combating child maltreatment, defined as child abuse and/or neglect. The Department of Human Services (DHS) has contracted with Predict Align Prevent (PAP), a non-profit organization, to provide data to enhance prevention efforts.

PAP aims to prevent future child maltreatment events using an innovative data-driven approach and geospatial machine learning. Through the development of this data, PAP aims to streamline interventions and leverage resources to prevent child maltreatment and fatalities. This report lays the foundation for an analysis of child maltreatment in Little Rock through focus groups and interviews among community members, social service and child care providers in Little Rock's University District, as well as local Dependency Neglect attorneys. This study analyzes the community's knowledge of child maltreatment and available resources and provides recommendations for targeted interventions by answering the following three research questions:

Research Question 1: What are the local perceptions and general knowledge level of child abuse and neglect?

Research Question 2: What are the best practices to raise community awareness on child maltreatment in Little Rock, Arkansas?

Research Question 3: What policy recommendations can be developed to help build community resilience to reduce the risk of child abuse and neglect?

The focus groups, interviews, and subject-matter research led to the following findings:

1. While most interviewees had a concept of child maltreatment, there was little consistency in its definition. Clear guidance and education is needed so that parents understand basic expectations for parental care.

2. All four groups were unanimous in recommending parental education, partnership with social support services, and community interconnectivity to alert parents and service providers more quickly to potential maltreatment and offer interventions.

3. Respondents agreed that social services such as food/utility assistance, income supports, and child care should be made more accessible to at-risk families. Maltreatment prevention should be framed as a community issue, with at-risk families seen not as a group to be ostracized, but as neighbors in need of support. This includes expanding an alternative program within the legal system that intervenes when maltreatment is suspected by first supporting parents instead of penalizing them.

Introduction

Child maltreatment is a problem universal to all nations, cultures, races, and socioeconomic groups. While children in certain communities find themselves at higher risk of maltreatment, no one is immune. Child maltreatment is defined as child neglect and/or child abuse. The Arkansas Department of Human Services states that child maltreatment occurs when "the caretaker harms the child, lets harm come to the child, or fails to meet the child's basic needs. Child maltreatment can also include sexual abuse and exploitation of a child whether by a caretaker or by another person" (Arkansas Department of Human Services, 2019). In the U.S., neglect and physical abuse are the most common, with 75% of maltreatment cases confirmed by Child Protective Services attributed to neglect and 18% attributed to physical abuse (Kids Count, 2017).

Child maltreatment of any kind can lead to compromised physical or mental well-being, or even death. In 2017, an estimated 1,720 U.S. children died due to maltreatment. This estimate puts child maltreatment fatalities at a rate of 2.32 per 100,000 children, and nearly five child fatalities per day (Children's Bureau, 2019a). Adding to the alarming nature of this statistic is the fact that experts believe the number of fatalities is chronically under-reported across all 50 states, and that the true number is likely twice as high (Commission to Eliminate Child Abuse and Neglect Fatalities, 2016). This underreporting is driven in part by variation in how states report and record fatalities.

Dr. Dyann Daley, founder and CEO of the non-profit organization Predict Align Prevent, Inc. (PAP), has experienced the consequences of child maltreatment on her own operating room table. As a pediatric anesthesiologist, Dr. Daley witnessed a physically abused toddler bleed to death while in surgery. This experience catapulted Dr. Daley into child maltreatment prevention work, ultimately leading her to found PAP, which uses "geospatial risk analysis, strategic alignment of community initiatives, and implementation of accountable prevention programs" to stop child maltreatment before it occurs (Predict Align Prevent, 2019).

In 2019, Dr. Daley partnered with the Arkansas Department of Human Services and the University of Arkansas at Little Rock to apply PAP's groundbreaking data analysis method to Little Rock. Dr. Daley's stated goal is to reduce the time between identification of high-risk areas and the provision of effective resources and proactive efforts to prevent maltreatment.

In order to begin designing preventative measures, Dr. Daley has partnered with a student research team at the University of Arkansas at Little Rock's Master of Public Administration program to record and analyze resident and service provider attitudes and perceptions around child maltreatment in target areas identified as high-risk by PAP. The student team will use its research findings and review of past literature on the subject to recommend both program and

policy interventions for proactive child maltreatment prevention. With this information, PAP can develop a comprehensive strategy with state agencies to best distribute services and work with city leaders and community service providers to leverage resources.

This report will first elucidate the gravity of child maltreatment through a study of its association with trauma and Adverse Childhood Experiences (ACEs), including its long-term effects on victims' physical, social, and even neurobiological health. It will investigate new approaches to child maltreatment prevention focusing on community factors that create resilience against child maltreatment that extends beyond individual families. The concept of positive deviance will inform this report's recommendations for prevention strategies.

Since this report has a local application, it will describe child maltreatment statistics in Arkansas and the legal framework around child maltreatment in the state. Arkansas's high rates of child maltreatment and number of ACEs per capita, along with the reactionary nature of the justice system, will lead to the report's problem statement regarding the relative lack of resources and policies geared towards preventing child maltreatment compared to the amount of reactionary measures that seek to rehabilitate children and parents after child maltreatment has been discovered.

In order to recommend proactive prevention strategies, the research will first assess local perceptions and attitudes surrounding child maltreatment since an understanding of these factors is integral to creating effective interventions. Second, since Predict Align Prevent is developing ground-breaking data analysis and insights into child maltreatment throughout Little Rock, Arkansas, the team will research best practices for raising community awareness of child maltreatment. Finally, the team will add its findings to the growing body of research and case studies to develop policy recommendations that will help build community resilience and reduce the risk of child abuse and neglect.

Literature Review

A Local Perspective on Child Maltreatment

Arkansas has the highest prevalence of children (56%) in the nation who have experienced at least one Adverse Childhood Experience (ACE), and is in the top five for percentage of children having three or more ACEs (one in seven children). The national average is one in ten (Sacks & Murphey, 2018). In 2016, the state's child maltreatment victim rate was the 13th highest in the nation at 14 victims per 1,000 children. The national rate was 9.1. Most striking, however, was Arkansas's child fatality rate, which in 2016 was the highest in the nation at almost 6 children per 1,000, over double the national rate of 2.36 per 1,000 (Children's Bureau, 2019b).

Arkansas's alarming statistics have driven state officials into action and attracted the attention of national non-profits such as Predict Align Prevent, Inc. (PAP). PAP employs an innovative approach using location-based data collection and predictive modeling to identify areas within cities where children are most at risk of experiencing child maltreatment. This knowledge has the capacity to target and transform agency and community action to better prevent, instead of only react to, child maltreatment.

Little Rock residents have not yet been exposed to the PAP data regarding which community characteristics increase neighborhoods' risk for child maltreatment. There may be a lack of awareness of the prevalence and seriousness of the problem in the community. Organizations that could help identify the signs of child maltreatment or provide resources to prevent it may not know where to focus their efforts or how to intervene most effectively. By investigating local perceptions of child maltreatment, the research team aims to increase community awareness of, and provide information to, service providers for the targeted distribution of resources to prevent child maltreatment. The data collected through community focus groups and interviews will be instrumental for PAP to develop best practices for better resource distribution and targeted educational materials based on levels of knowledge and awareness of child maltreatment.

Additionally, the student research team will apply the same methods to investigate the perceptions around child abuse with attorneys who specialize in dependency neglect in the Little Rock area. The parent counsel attorneys represent individual community members and have a front line view of what the responses and outcomes are to child maltreatment from all levels. In conducting focus groups and interviews with these attorneys, the research team hopes to identify the differences between perceived needs from the community and self-reported needs. Specifically, the research team hopes to identify the issues perceived by the community, in comparison to the documented reasons for removal, specific grounds for the dependency neglect

petition for removal of custody, and the issues surrounding the grounds for termination of parental rights.

Child Maltreatment Legal Process in Arkansas

The current policies, procedures, and laws in Arkansas are reactionary versus preventative in nature when it comes to child maltreatment. The following section outlines the official procedures followed by the state when child abuse or neglect is suspected. There are several programs in place to help prevent child maltreatment, however, it is unclear how effective these efforts actually are.

Current Ways to Prevent Removal

The Child Abuse Prevention Program provides "information and resources to help prevent child abuse and neglect. The Arkansas Children's Trust Fund is housed within the DCFS Child Abuse Prevention Program and is responsible for several initiatives such as All Babies Cry, the DCFS Parent Advisory Council, and the Baby and Me WIC Clinic Project" (Arkansas Department of Human Services, 2019).

The Differential Response (DR) Program "responds to allegations of low-risk child maltreatment. Families that have allegations that are diverted from the traditional investigative pathway to the DR Program are provided with short-term services designed to keep children from entering foster care" (Arkansas Department of Human Services, 2019).

Team Decision Making (TDM) is a "collaborative teaming process with families, their informal and formal supports, and DCFS to come up with a plan to safely keep children in the home. TDM is designed to help build on families' strengths, protective factors, and community supports to keep children safely in the home when immediate safety may be mitigated" (Arkansas Department of Human Services, 2019).

The In Home Services Unit provides "oversight and programmatic planning for DCFS protective service cases (PS cases) and supportive service cases (SS cases) throughout the State of Arkansas. This unit is responsible for contracts that are community-based and designed to increase the strength and stability of families. There are several services/programs offered to DCFS clients through the In Home Unit including counseling, Intensive Family Services, Nurturing Families of Arkansas (in home parenting), language interpreters, and SafeCare in some counties. The main goals of the In Home Services Unit are to improve the practice of front line workers, strengthen and expand services throughout the state of Arkansas that allow children to remain safely at home and improve the lives of the families with whom we work, and increase support for families during and after reunification if removal occurred" (Arkansas Department of Human Services, 2019).

DHS also provides parental education classes, but these classes are mostly voluntary, unless parents are court ordered to attend. Only three (voluntary) parental education programs with any sort of accreditation or certification were found in Central Arkansas: the Center for Effective Parenting at Arkansas Children's Hospital, the Center for Youth and Family, and Arkansas Pregnancy Resource Center (Center for Effective Parenting, 2019). The first two centers offered free programs, but not child care for parents. Additionally, there was no schedule of classes available (as of the writing of this report) at the Center for Youth and Families.

Additionally, there are community resources available in the University District that help adults in the areas of developing parenting skills. Classes provided by MidSouth teach childcare techniques to parents, and Children International partners with UA Little Rock to provide resources to children in the area via sponsorships from all over the country. These resources include clothing, toys, gift cards and letters of encouragement and praise to aid in the development of positive self esteem in children. Both of these service providers report a positive change in the communities they serve and an increased need for manpower and resources with each class and event they hold. Increased funding could expand the reach of these organizations, allowing them to lift families out of the cycle of poverty and mitigate child maltreatment.

In Arkansas, the Child Abuse Hotline is usually the first method through which an official is notified of child maltreatment as defined by AR Code § 9-27-303 (see Appendix E). Once a hotline call is made, if there is enough information to suspect abuse or neglect, the hotline staff will "accept" the report. Otherwise, the call will be screened out. By accepting the report the Department of Child and Family Services (DCFS) or Crimes Against Children Division (CACD) must investigate the report. If severe neglect or abuse is suspected, CACD will begin an investigation within 24 hours after the call. In less severe cases, DCFS must begin an investigation within 72 hours. All investigations should be completed within 30 days (AR Code § 12-18-602). The type of abuse reported will be categorized by Priority 1 or Priority 2.

Priority 1 (more severe)	Priority 2
• Abuse with a deadly weapon • Bone fractures • Brain damage/Skull fracture • Burns/Scalding • Failure to thrive • Malnutrition • Anything sexual: oral, penetration, contact, voyeurism, etc	• Educational neglect • Environmental neglect • Inadequate food • Failure to protect

Once DCFS completes their investigation they will make a finding. The list of possible findings are:

A. Unsubstantiated

B. True

C. True, but exempt for:

1) Garrett's Law (as defined by A.C.A. § 12-18-103(14)(B))

2) Religious beliefs

3) Underaged juvenile offenders

D. Inactive.

After the finding is made, then the offender might be placed on the child abuse registry (under 12-18-903). Once the name is on the registry, the offender can either wait until the name is removed automatically or petition to have their name removed. Inclusion on the registry prevents individuals from being able to work at certain jobs including daycares, schools, and some nursing jobs. It can also prevent someone from being able to volunteer at schools or church, and any other place that checks the Child Maltreatment Central Registry.

In some situations, DCFS might determine that they can do differential response. Other times, DCFS or CACD might determine that a parent cannot keep their child safe and the child has to be taken into the custody of the state. This also applies when a parent is arrested and no one can care for the child. DHS will take a hold on a child if one or more of the DHS Safety Factor Applies, such as an imminent threat of danger (see Appendix G). It is important to note that DCFS will take hold if there is a safety factor, but not a risk factor. . There can still be risks when a child is home, but they may not rise to the level of safety.

Once DHS takes a hold on a child, they have 72 hours to file an ex parte petition for emergency custody. The attorney for DHS will do this part, and begin representation of the department going forward. This attorney works for the Office of Chief Counsel County Legal Operations, and is known as the "OCC". The other attorney that is brought into the case at this point is the attorney ad litem. The attorney ad litem is the attorney for the child. The attorney ad litem is employed by the State of Arkansas through the Attorney Ad Litem Program in the Administrative Office of the Courts.

If the judge awards DHS emergency custody, then, according to AR Code § 9-27-315, the circuit court shall hold a probable cause hearing within five (5) business days of the issuance of the ex parte order to determine if probable cause to issue the emergency order continues to exist. This hearing is simply to determine if the children can safely be returned home, or if the children are still in danger. If the safety factor still exists, the children will remain in care, and an adjudication hearing will be set.

The adjudication hearing occurs within 30 days of the probable cause hearing (9-27-327). At this hearing the judge determines if the child is dependent-neglected under 9-27-303 (18). The adjudication hearing looks at the facts of the removal, and is the "trial". This is when parents can argue whether or not the facts of the case presented by DHS are true or not. After this, there is a disposition hearing. The disposition hearing usually occurs right after the adjudication, but it can happen on another day. The disposition hearing is when the parties set the case goal. Usually, the case goal is reunification (unless there is a factor making this impossible). There are always two goals in a case plan, usually reunification and either Another Planned Permanent Living Arrangement (APPLA), (independent living, for children over the age of 14), adoption, guardianship, etc.

Between the probable cause hearing and adjudication, and then in between the following hearings there are meetings called "staffings". In staffings, the parent counsel, parents, attorney ad litem, the department, and the OCC come together to discuss the case plan. The case plan has a list of services to complete in order to remedy the cause of removal and get the children safely back in the home (or move towards the case goal). Services can include tasks the parents need to complete such as parenting classes, a drug assessment, drug classes (group and individual), NA/AA meetings, a psychological evaluation, counseling, and job stability, but can also include services that are offered to the parents such as homemaker services, transportation, cash assistance, and others that the department can provide.

After the adjudication hearing, six-month reviews are required (9-27-337), but can happen as often as every three months. Then, there is a permanency planning hearing 12 months into the case (9-27-338). This hearing sets a plan for the juvenile going forward. If DHS or the Ad Litem believes that termination of parental rights (TPR) is in the best interest of the child, then this is when that option will be discussed in court (if not earlier, depending on the case). The grounds for the TPR petition are found in 9-27-341, and include 1) abandonment, 2) child living outside the home of the custodian for 12 months and conditions that caused removal have not been remedied, 3) child living outside the home of the noncustodial parent for 12 months and conditions that caused removal have not been remedied, 4) parent failed to provide significant material support or maintain meaningful contact, 5) subsequent factors, 6) parent is sentenced in a criminal proceeding for a substantial period of juvenile's life, 7) past involuntary terminations, and 8) aggravated circumstances; including being abandoned, chronically abused, subjected to extreme or repeated cruelty, sexually abused, or a determination has been or is made by a judge that there is little likelihood that services to the family will result in successful reunification.

Childhood Trauma and Adverse Childhood Experiences

The emotional wounds caused by the trauma of child maltreatment often take longer to heal than the physical ones, and can follow victims into adulthood. The trauma experienced during child abuse and neglect - as well as the long term phsyical, mental, and emotional impact of this trauma - constitutes a large portion of what has come to be known as Adverse Childhood Experiences.

Adverse Childhood Experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling, or other member of the household. (Centers for Disease Control and Prevention [CDC], 2019)

Research conducted in the past 25 years has quantified the magnitude of maltreatment's long-term consequences. In a powerful study published in 1998, over 17,000 patients were studied to see if there was a connection between a person's number of ACEs and long-term health (Felitti et al., 1998). Scenarios such as witnessing or experiencing domestic violence, having a parent or guardian incarcerated, or frequently going hungry as a child were considered adverse childhood experiences for the study. The researchers found that "the higher the number of ACEs one experienced, the higher the risk for disease and illness" (Lynn-Whaley & Sugarmann, 2017:3).

Childhood trauma can have lasting negative effects throughout a person's life (Sacks & Murphey, 2018). According to the U.S. Department of Health and Human Services's Substance Abuse and Mental Health Services Administration (SAMHSA), "individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2014:7).

Individuals who have a high number of ACEs or experienced trauma as children may develop a worldview where everything is a threat and/or have difficulty forming healthy relationships. However, when individuals are given the proper help and support, they are often able to overcome these adverse experiences and go on to live healthy lives. Many professionals are using a "trauma-informed approach" to address the needs of those who have been exposed to trauma. There are four tenets that build the foundation for a trauma-informed approach for clients and employees:

A program, organization, or system that is trauma-informed *realizes* the widespread impact of trauma and understands potential paths for recovery; *recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and *responds* by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively *resist* re-traumatization. (SAMHSA, 2014)

Childhood trauma due to maltreatment or other events such as accidents, bullying or war can cause serious harm to victims, their families, and society. These traumatic events can increase a child's chances of developing mental disorders and substance abuse disorders (De Bellis & Zisk, 2014). However, when people who have experienced trauma are given proper support via trauma-informed individuals and organizations, they are often able to overcome the negative effects (SAMHSA, 2014).

Neurobiology of Trauma

Research on the neurobiology of trauma confirms the need for trauma-informed care and rehabilitation. The acute, often chronic stress endured by victims of child maltreatment can alter their neurological functioning, in effect hard-wiring trauma into children's brains. Maltreatment in early childhood (infant to 5 years of age) increases children's likelihood of showing depressive symptoms and developing major depressive disorders as adults. The most fear-inducing types of maltreatment, physical and sexual abuse, have been strongly associated not only with symptoms of internalizing problems and depression, but also with dysregulation of children's hypothalamic-pituitary-adrenocortical (HPA) system, which regulates cortisol production (Cicchetti, Gunnar, Rogosch & Toth, 2010).

Since the brain develops so rapidly during the first five years of life, extreme or chronic stress during this time can sensitize the neural circuits that are involved in the regulation of stress and emotions. Much of the neurobiology of trauma research has focused on children five and under because "the impact of EPA/SA [early-age physical and sexual abuse] on developing brain systems may be especially pernicious because it occurs during a period when the child is nearly wholly dependent on parents for survival. For the abused infant, toddler, or preschooler, a hypervigilant state of mind and chronic stress with respect to unpredictable parental attacks may shift neurobiological development onto pathways leading to depression and neuroendocrine dysregulation" (Cicchetti et al., 2010:264).

There exists "a large body of animal studies [showing] that adverse parental care during early development increases fearful, anxious behavior and shapes increased reactivity in neurobiological systems involved in defensive behaviors and physiological stress reactions" (Cicchetti et al., 2010:253). However, researchers are just starting to understand which types of

maltreatment, suffered at which age, pose the highest risk to human brain development. A study of cortisol levels in low-income children at a day camp showed that children who had experienced early-age physical and sexual abuse and exhibited symptoms of internalizing problems and depression were significantly more likely to show abnormalities in how their brains regulated cortisol (Cicchetti et al., 2010). Furthermore, HPA dysregulation of the nature found in this group of children has been shown, when studied in adults, to increase risk of cardiovascular and immune system impairments.

Not all EPA/SA victims develop depressive symptoms or show evidence of HPA dysregulation. “It is likely that there are genes that increase the probability of depression and internalizing problems under conditions of high stress such as EPA/SA” (Cicchetti et al., 2010:265). Child abuse prevention and early intervention is thus essential to avoiding triggering genetic predispositions that could cause long-term mental and physical health consequences.

Community Resilience

Where, then, to begin intervention, and with whom? The public often blames child maltreatment on poverty, implying that poor parents are less capable of keeping their children safe and cared-for. Data analysis shows that poverty does not cause child maltreatment. Thus, judging a community’s risk for maltreatment solely based on its poverty rate would be misleading. While poverty puts stress on families that can increase risks to children, the report *Within our reach: A national strategy to eliminate child abuse and neglect fatalities* states that the risk of child fatality from abuse or neglect statistically increases with the presence of “social isolation, young parents or single parents, caretakers and parents who struggle with mental health issues or substance abuse or domestic violence, and lack of parenting skills” (Commission to Eliminate Child Abuse and Neglect Fatalities, 2016). This data indicates that the strength of the supports and resources surrounding a family may play a pivotal role in preventing child maltreatment.

Child development professionals have long been concerned with building children’s *personal* resilience and self-regulation as a means of moving past adverse experiences. However, childhood trauma research has shown that there are limits to personal resilience, and repeated ACEs result in long-term impacts on physical and mental health (Felitti et al., 1998). These limits suggest that protection from trauma must extend beyond one’s personal strength and become a community responsibility.

While individual resilience - on the part of both parents and children - is essential, community resilience plays a large role in preventing child maltreatment. “It is important to note that the development of resilience factors is not simply an innate quality, but rather a dynamic and interactive process between the individual and the environment in which the youth resides”

(Richards et al., 2016). The literature has shifted focus from individual resilience to "protective systems" (Sciaraffa, Zeanah & Zeanah, 2018; Center for the Study of Social Policy, 2019). In its *Strengthening Families* framework, the Center for the Study of Social Policy includes two community elements in its list of five protective factors: 1) social connections and 2) concrete support in times of need (Center for the Study of Social Policy, 2019). Social connections are networks of caring individuals, such as extended family, teachers, coaches, and faith and cultural communities (Sciaraffa et al., 2018). Concrete support can come in the form of economic supports, parenting skills education, or mental health treatment. Another organization, Futures Without Violence, lists community protective factors as having access to services, positive school environments, presence of mentors, and neighborhood cohesion (Promoting Resiliency infographic., n.d.).

Communities often struggle with long-term implementation of programs designed to safeguard children. Research indicates that there may be a "lack of consensus about what constitutes child abuse and good enough parenting in different communities" (Jack & Owen, 2009). Ultimately, community input may lead to the creation of different interventions that promote childhood safety based on the neighborhood's unique strengths and challenges. Thus, gathering input on specific neighborhoods' community protective factors will bring PAP closer to its goal of delivering interventions quickly and effectively.

Positive Deviance

It may be useful for scholars and practitioners seeking to build community resilience to study communities that depart from expectations, that are "thriving in a hostile environment" (Lapping et al., 2002). For example, researchers may find a community that possesses all the risk factors for child maltreatment, in which, however, parents and caregivers prove to be raising safe, healthy children. Research into such "expectation defying" communities falls into the study of positive deviance.

In traditional sociology, deviance was considered strictly negative. Before the 1960s, deviant behavior was considered disruptive because it departed from socially accepted norms (Herington & Fliert, 2018). At the same time, sociologists like Emile Durkheim (1964 [1885]) and Robert Merton (1938) explored a bigger picture, arguing that deviant behaviors allowed societies to reflect on current customs and practices and to consider social change (as cited by Herington & Fliert, 2018). Now, sociologists consider that deviance can also play a positive role. Current research focuses on how to apply positive deviance to solving community problems from within for a more sustainable and successful solution.

Marsh, Schroeder, Dearden, Sternin & Sternin (2004) describe positive deviance as "the observation that in most settings a few at risk individuals follow uncommon, beneficial practices

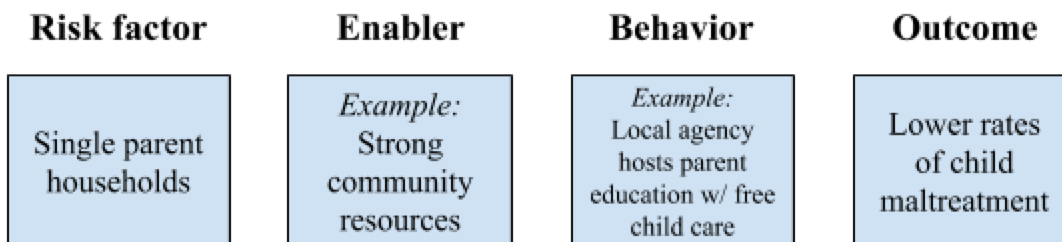
and consequently experience better outcomes than their neighbours who share similar risk" (p. 1177). It is possible that individuals and/or communities can use positive deviance to create behavioral and social change that would limit exposure to traumatic events. Adopting this approach requires participation from community members, reflection, and planning (Lapping et al., 2002).

Work by Bradley et al. (2009) outlines the two goals that can be accomplished using the positive deviance approach: identifying behaviors associated with good outcomes and encouraging the practice of these behaviors within a community. Further, Bradley et al. (2009) list four steps in the positive deviance approach:

1. Identify "positive deviants", i.e., people, communities or organizations that consistently demonstrate exceptionally high performance in an area of interest.
2. Study these subjects in-depth using qualitative methods to generate hypotheses about practices that allow organizations to achieve top performance.
3. Test hypotheses statistically in larger representative samples of organizations.
4. Work in partnership with key stakeholders, including potential adopters, to disseminate the evidence about newly characterized best practices.

When assessing positive deviance, researchers look for factors that build a bridge between a certain risk factor - in the example below, a large number of single parent households - and the unexpected outcome, lower rates of child maltreatment compared to similar communities. Lapping et al. (2002) would label single parent households as the "risk factor" and lower rates of child maltreatment as the "outcome" (Fig. 1). Between the risk factors and the outcome, researchers must identify the "enablers," i.e., the factors, people or circumstances that allow the subject to consider an alternative behavior, and the "behavior," i.e. the action that deviates from expectation and leads the subject to a more positive outcome.

Fig. 1: Illustration of a Positive Deviance Application (Lapping et al., 2002)



As noted by Lapping et al. (2002), there are many challenges to consider when implementing a positive deviance approach. For example, researchers will need to understand how to identify whether positive deviance exists in the community and measure enablers, as well as establish criteria that justifies applying the deviant model on a large scale, and cost effective implementation strategies. This paper does not take a scientific approach to assessing the presence or causes of positive deviance in our target community, the University District. However, the research team posed several interview and focus group questions regarding community strengths and examples of families receiving assistance from the community that begin to test for the presence of positive deviance and build the foundation for an asset-based approach to child maltreatment prevention.

Methods & Methodology

Process & Implementation

In order to supplement the quantitative data being collected by Predict Align Prevent, this project performed qualitative research on attitudes and perceptions surrounding child maltreatment by conducting six focus groups and fourteen interviews across Little Rock and, more specifically, within the University District (UD). This area was chosen due to time constraints of the project, and because several of the UD's neighborhoods are at high risk of child maltreatment based on PAP's predictive modeling. While some interviews were collected from residents outside of the University District, our focus remained in the UD. A map of the area can be found in Appendix D.

The research team used a mixed method research approach to collect qualitative data from community members, child care service providers, social service providers, and dependency neglect attorneys. Additionally, the team utilized theories around childhood trauma, community resilience, and positive deviance to formulate questions for focus groups and personal interviews. The interview questions were designed to answer one of three research questions. While the same questions were used in both focus group and interview settings, the delivery and grammar for each question varied slightly to accommodate for the variance in audiences. Thus, nine questions in total were asked in the focus groups and eight questions were asked in the interviews. Some questions were condensed and/or made into follow up probes. The data collected for each question was then coded according to the assigned research question, and prevalent themes were identified. This method of "grounded theory" allowed for the data to guide the analysis and recommendations that will follow (Timmermans & Tavory, 2012).

Although focus group interviews were originally developed as a form of private marketing research, this method has emerged as a viable method for qualitative data collection,

making it a good fit for this project's research questions (Wellings, Branigan & Mitchell, 2000). Focus group interviews take the form of small group discussions that focus on a single topic, and when conducted by skilled moderators, these interviews provide a forum for research that is experienced as everyday conversation for the study's participants. This research method provides moderators the tools to introduce topics of discussion, but also a place for the participants to interpret these topics in their own manner and potentially control the conversation by shifting or ending the discussion of some topics (Myers, 1998). Focus groups allow researchers to collect rich data beyond simple keywords, capturing both direct answers to questions and themes that emerge organically from the group, as well as verbal and non-verbal cues indicating agreement, dissent, discomfort, and other group dynamics.

Specifically, the mini-focus group model is the most appropriate for the project's subject matter as child maltreatment is a sensitive topic and participants are more likely to speak freely in a small group setting (Krueger & Casey, 2009). The smaller, more intimate setting of mini-focus groups can allow for deeper insights into the content provided through group interviews (Massey, 2011). Focus group interviews allow researchers to document not only community attitudes or opinions, but also to reveal typically unspoken norms or cultural expectations of a community through analysis of group conversation, which will be particularly useful to the research team as it formulates recommendations for PAP.

In addition to the six focus groups, fourteen semi-structured interviews were conducted with individuals who either live in or directly serve the UD community. Initially, this project had planned to use focus groups as the sole data collection method; however, due to low turn-out for focus groups and in order to increase the depth of answers received by participants, interviews were introduced as a data collection method.

The interviews helped the team identify themes and delve deeper into the perceptions around community needs and child maltreatment in the target area (Croix, Barrett & Stenfors, 2018). Using a set of pre-developed questions, the interviewers allowed participants to answer each question to the best of their ability, with optional follow up probes, allowing the interview to follow the interviewee's train of thought. This approach was preferred to structured and open interviewing, because a semi-structured interview "leave[s] open space for personal interpretations and associations from the interviewee" (Ibid: 252). Due to the sensitive nature of child maltreatment, in-person interviews also allowed more informal conversation to take place and organic discussions to come forward.

Target Audiences

Recruitment for both focus groups and interviews largely depended on interest and willingness of interested participants. The research team utilized pre-existing social networks within the University District and beyond to spread awareness of the research project and its

need for study participants. Information was shared with neighborhood associations, local schools, and nonprofits. The focus area for recruitment was the University District (see map outlining area boundaries in Appendix D). The categories outlined below align closely with the overall requirements for participants, which was: (1) Participants must reside in the target area outlined by client and (2) Participants must be diverse in age, gender, and race. Furthermore, the differences in perspective among the selected categories will highlight gaps in service that exist in the area, as well as provide insight into future policies that can be shaped to address concerns across the community.

- **Dependency Neglect Attorneys:** This group was selected because of the close ties between child abuse cases and Arkansas law, this research project wanted to gain a better understanding of how child neglect attorneys perceived the issue of child abuse in Little Rock. Uniquely, this group interacts with families through a very complex time and often sees firsthand the outcome of policies that are created in response to child abuse rates. The attorneys who are also parents presented an even more complex view of parenting practices thanks to their understanding of child abuse, community resources, and professional knowledge on child maltreatment.
- **Child Care Service Providers:** This group was selected because individuals working in daycares, after school programs, or local schools provide unique insight into perceptions around child abuse in every community. Their close interactions with families and their status as mandated reporters means many may have direct experience in either reporting a family for child abuse or helping families who may be struggling.
- **Social Service Providers:** This group was selected because it serves an important function in connecting struggling families with resources. This group's feedback can elucidate perceptions among frontline workers regarding whether programs and policies are effective in preventing child maltreatment.
- **Community Members:** This group was selected because community members' attitudes, values, and perceptions are vital to understanding which interventions, if any, are working in the community to prevent child maltreatment and determine better strategies that work for real families.

Data Analysis

Coding Techniques

Participants' verbal statements were grouped by themes and keywords coded according to the classical content analysis method. The "constant comparison" method was used to provide consistency across participants. The researchers also evaluated any emergent themes not addressed in the focus group guide that could form policy recommendations. All data collected was grouped around each research question, and analysis focused on answering each question based on what emerged from participants answers. The following matrices (see figure 1) outline how each question for focus groups and interviews was assigned to each research question, and table 1 outlines of all the questions that were asked.

Research Question 1 (RQ1): What are the local perceptions and general knowledge level of child abuse and neglect?

Research Question 2 (RQ2): What are the best practices to raise community awareness on child maltreatment in Little Rock, Arkansas?

*Research Question 3 (RQ3)***:** What policy recommendations can be developed to help build community resilience to reduce the risk of child abuse and neglect?

Figure 1: Question Matrices

Interview Question (IQ) Matrix								
	IQ 1	IQ 2	IQ 3	IQ 4	IQ 5	IQ 6	IQ 7	IQ 8
RQ 1			X	X	X	X	X	
RQ 2	X	X						
RQ 3			X					X

Focus Group Question (FQ) Matrix									
	FQ 1	FQ 2	FQ 3	FQ 4	FQ 5	FQ 6	FQ 7	FQ 8	FQ 9
RQ 1				X	X	X	X	X	
RQ 2	X	X	X						
RQ 3				X					X

Table 1: Interview and Focus Group Questions

<table>
<tr><th>Interview Questions:</th><th>Focus Group Questions:</th></tr>
<tr><td>
1. Can you give an example of a time when a family in your community faced a challenge and received support from the community?
  a. Follow Up Probe: What resources did they use, if any?
  b. Follow Up Probe: Where did you and/or the family learn about those resources?
  c. Follow Up Prompt: What do you like about your community? What do you think makes your community strong?
2. What do you see as the most valuable organizations, services, or programs in your community that support families raising children?
  a. Follow Up Probe: If you have used these resources yourself, how often do you use them?
  b. Follow Up Probe: How have they been helpful to you?
  c. Follow Up Probe: Have you recommended any of these resources to others in your community?
3. What are the biggest challenges for your community? (example: housing, finances, jobs, security, food….)
  a. Follow Up Probe: What do you see as the biggest obstacle to overcoming these challenges?
4. Are you familiar with Adverse Childhood Experiences or ACEs study? What do you know about it?
5. What in your view is child maltreatment? How would you define it?
6. What do you think are the contributing factors to child maltreatment?
7. What do you think are the leading causes of death among children?
8. Of all the things we've discussed, what do you think is most important to preventing child deaths/maltreatment?
</td><td>
1. What do you like about your community? What do you think makes your community strong?
2. What do you see as the most valuable organizations, services, or programs in your community that support families raising children?
  a. Follow Up Probe: If you have used these resources yourself, how often do you use them?
  b. Follow Up Probe: How have they been helpful to you?
  c. Follow Up Probe: Have you recommended any of these resources to others in your community?
3. Can you give an example of a time when a family in your community faced a challenge and received support from the community?
  a. Follow Up Probe: What resources did they use, if any?
  b. Follow Up Probe: Where did you and/or the family learn about those resources?
4. What are the biggest challenges for your community?
  a. Follow Up Probe: What do you see as the biggest obstacle to overcoming these challenges?
5. Are you familiar with Adverse Childhood Experiences or ACEs study? What do you know about it?
6. What in your view is child maltreatment? How would you define it?
7. What do you think are the contributing factors to child maltreatment?
8. What do you think are the leading causes of death among children?
9. Of all the things we've discussed, what do you think is most important to preventing child deaths/maltreatment?
</td></tr>
</table>

Major Themes

Several major themes emerged from our data analysis. The themes are grouped by category to facilitate comparisons that highlight similarities and differences between the groups.

Community Members

Perceptions Among Community Members

According to community members, the biggest challenges faced by their community (University District) are:

- Lack of sidewalks and street lights
- Violence: rapes, domestic violence, general fighting, gun violence
- Food insecurity
- Homeless population
- Divided community: lack of community activities or cohesion
- Poverty
- Low paying jobs

However, there are several factors that community members identified as strengths in the University District:

- "Traditional" suburban feel
- Lots of trees
- Close to the University of Arkansas at Little Rock
- High homeownership rates
- Diversity
- Quiet/Relaxed
- Friendly neighbors/Sense of community

Interestingly, there were vast differences in perceptions of safety. One focus group conducted at a neighborhood association meeting felt that the University District was an ideal neighborhood and participants felt very safe in the community. However, a focus group conducted at a drop in center for the homeless identified the area around UA Little Rock as one of the more dangerous communities in all of Little Rock, in the words of a participant: "West side is where it's at when its popping...I know Southwest is calm...but down that way - like where UA Little Rock is - it's all bad." Importantly, the focus group conducted at the neighborhood association meeting did recognize that the University District has a history of violence - one member recalled a memory from their childhood, saying that "Growing up, it wasn't the safest street, [I] always wondered about the bars up on the windows…" It would be interesting for future researchers to dig deeper into why these differences in perceptions of safety

are identified here. For this project, however, this difference in perception helps illuminate how social disorganization, neighborhood resources and educational information which are unevenly distributed across the community could be associated with child maltreatment.

Additionally, the "sense of community" was dependent on if a participant was in a particular socioeconomic class; insight from the homeless population indicated that the University District was very divided and lacked any supportive community features. This tension was also reflected in the perception of how helpful area churches were in serving the community. Again, the homeless population faced significant challenges in accessing the resources available through the church (transportation, limited hours for food pantry, lack of awareness of resources in general), thus contradicting the neighborhood association's perception that the churches were providing immeasurable public goods to the community. Community members' perceptions of the neighborhood also differed, as community members at the neighborhood association meeting identified the neighborhood as being primarily middle class, with one resident being unaware and surprised at the fact that the neighborhood had a sizable homeless population. These unique community characteristics point to more meso [environmental] conditions that interact with micro [individual] factors that inform our recommendations

Awareness & Understanding of Child Maltreatment Among Community Members

When asked about Adverse Childhood Experiences, the general consensus was that the term was unfamiliar but once explained, each party interviewed had their own individual experience in relationship to the topic. This finding in of itself is informative pointing to the need to educate community members about ACEs. Local homeless members of the UD area referred to the topic as PTSD and another resident recounted in detail her own history of personal ACEs from various stages in her life. General definitions of child maltreatment from community members included:

- Not giving a child the proper resources that are necessary to thrive
- Not enough family and personal time given to the child
- A child being mentally or physically abused in anyway

Community members' opinions of contributing factors to child maltreatment focused on parents' lack of interest in their children, lack of education on proper parenting skills, and mental illness.

The group's perceptions on the leading causes of child death included suicide (primarily due to feeling unloved or unheard by parents), neglect/abandonment, and accidents. When asked what is the most important thing in preventing child deaths and maltreatment, the top answer was providing parents the education needed to help their children thrive.

Social Service Providers

Perceptions Among Social Service Providers

According to area social service providers, the largest challenges faced by their community (University District) were:

- Availability/affordability of healthy foods
- Lack of support for individuals with special needs
- Lack of community cohesion, especially across racial lines
- Inadequate social support services

There are several factors that area social service providers identified as strengths in the University District:

- Resiliency in the community
- Supportive neighbors
- Residents are proud to live in the area

When asked about strengths in the neighborhood, teachers referred to specific organizations that provided services for children and families in the neighborhood:

- Arkansas Advocates for Children and Families
- Project Zero
- Big Brothers Big Sisters
- Boys and Girls Club of America
- The Call
- Churches in the area

During interviews with social service providers that work within the University District community, service providers identified that a major issue in the community was a lack of knowledge concerning proper nutrition and difficulty in accessing and affording healthy foods within the community's boundaries. As noted by community members participating in focus groups, several grocery stores and a drug store located within the University District have recently closed, and accessing nutritional food sources is difficult for residents navigating on foot. Per the interviewed service providers, the area also has a high level of poverty, and residents of the community lack access to proper resources, in particular related to aid required for those residents with special needs. Welfare services have not seemed to help residents in the community as noted by social service providers, and a need for welfare reform was identified as something this community would be aided by. Finally, service providers noted that housing costs in this neighborhood were an issue for residents, as costs were seen as too high for residents.

Awareness & Understanding of Child Maltreatment Among Social Service Providers

Common themes brought up by social service providers when discussing personal knowledge and interpretations of child maltreatment were:

- Neglect and Abuse
- Hunger
- Lack of resources necessary to thrive (such as love and support)

Common factors that contribute or lead to maltreatment as identified by local social services providers were:

- Lack of access to birth control/improper family planning
- Substance abuse
- Poverty
- Lack of social mobility
- Lack of or denial of access to resources
- "Generational curses," idea of repeating parents' bad parenting methods
- Lack of interconnectivity between neighbors and in the community

Common perceptions of the leading causes of child death were:

- Parental abuse
- Household accidents

Social service providers' ideas of how to prevent child maltreatment or deaths included:

- More effective ways to report child abuse
- Greater interconnectivity in the community
- Economic supports to families

Social service providers interviewed did not possess widespread knowledge of the ACEs study, but were able to discuss several issues they saw as contributing factors to child maltreatment, with poverty being the most prominent issue discussed. Lack of education was seen as another issue contributing to child maltreatment. Multiple interviews also identified the idea of a "generational curse," with respondents discussing that due to a "repeat what you know" attitude, individuals with little access to social programs or quality education will continue to live in a cycle of poverty which contributes to child maltreatment.

Social service providers who work in the University District identified hunger and the problems related to or stemming from hunger as major factors in child maltreatment cases in the community. Not having access to social services or community resources was also seen as an

issue. Pertaining to this specific community, service providers did not feel confident in how tight-knit the community is, especially across racial lines. Access to community resources, economic supports, and education were seen as ways to prevent child maltreatment or fatalities in the University District.

Child Care Service Providers

Perceptions Among Child Care Service Providers

According to child care service providers, the biggest challenges faced in their community are:

- Low socioeconomic status
- Homelessness

When asked about strengths in the neighborhood, child care providers referred to specific organizations that provided services for children and families in the neighborhood:

- Laundry Love
- The Dream Center
- St. John's Church

Child Care Service Providers agreed that one of the main challenges plaguing the community was low socioeconomic status. Two teachers mentioned the large homeless population in the school. Many children may not necessarily live on the street, but they will move from house to house or stay with relatives. Referring to valuable organizations in the community, the teachers praised Laundry Love, the Dream Center, and St. John's Church. One teacher mentioned that there were a great deal of activities going on in the community on weekends, but many of the families will not attend these events unless they are encouraged to do so by the teachers.

Awareness & Understanding of Child Maltreatment Among Child Care Service Providers

Common themes brought up by child care service providers when discussing personal knowledge and interpretations of child maltreatment were:

- Personal biases in interpreting whether an action constitutes maltreatment
- The importance of educating teachers about ACEs

Common factors that contribute or lead to maltreatment or death according to child care service providers were:

- Low socioeconomic status
- Generational poverty
- Lack of knowledge
- Lack of resources
- Overwhelmed parents
- Unwillingness to change

Teachers said that every teacher at the school was taught about ACEs. This finding is in contrast to community members who were not familiar with ACEs. Reflecting on personal ideas about maltreatment, the teachers said that people perceive maltreatment differently. One teacher said that she could report a parent for repeatedly sending their child to school without a jacket, or she could just be happy that the child is at school on time. Another teacher talked about how difficult it was for single parents with multiple children to get their kids ready for school while they were also getting ready for work. The participants' response highlights the complex interactions - for example between socioeconomic status, household characteristics and individual concerns - that are associated with maltreatment. The complexity of these interactions suggests a more holistic approach to countering child abuse and maltreatment.

One child care provider stated, "If [a parent is] doing it by themselves they aren't trying to maltreat their child, they get side tracked. My [student's] mom is side tracked because she is trying to find a job, trying to raise two kids, and trying to worry about her husband because he is far away…She is just trying to survive every day. It's about survival."

A major concern was how to break the cycle of generational poverty. The teachers talked about how parents had an overall lack of knowledge about available resources. Families struggle unnecessarily because they are not aware that there are programs that can help them. Some parents do not know how to apply for SNAP benefits or a bus pass. They may even lack the knowledge or skills to create a resume or apply for a job. One teacher said that she asked a student what she wanted to be when she grows up, the child responded that she "wants to work at the window at McDonalds just like my momma." The teacher explained that children "don't strive to do anything because that is all they know from their parents."

Dependency Neglect Attorneys

Perceptions Among Dependency Neglect Attorneys

According to dependency neglect attorneys, the largest challenges faced by the clients they served were:

- Inadequate social support services
- Poverty
- Food insecurity
- Lack of feeling secure/safe

There were several factors that the lawyers identified as strengths in their clients' communities:

- Community resilience
- Supportive churches
- CASA (Court Appointed Special Advocates)

During the focus groups, the attorneys identified that a major issue was a lack of knowledge of which behaviors actually constitute child maltreatment.

Awareness & Understanding of Child Maltreatment Among Dependency Neglect Attorneys

Common themes brought up by the attorneys when discussing personal knowledge and interpretations of child maltreatment were:

- The juvenile code, specifically, 9-27-303

Common factors that contribute or lead to maltreatment as identified by the attorneys were as follows:

- Substance abuse
- Trauma
- Housing insecurity
- Lack of access to food
- Lack of access to resources
- Poverty
- Generational poverty
- Cycle of abuse
- Misconceptions of how to take care of children
- Lack of understanding what child maltreatment is

Every single attorney listed co-sleeping as the number one cause of death among children. The attorneys identified that 0-3 is most lethal age for a child, and with that, co-sleeping is the most common form of death. The attorneys stated that the babies/young children will either be placed in inappropriate beds, or in a bed with other objects/materials in the bed with the child. The parents believe that the child wants their teddy bear or blanket with them in bed, but that item ends up suffocating the child. The other way in which children suffocate is by sleeping in the bed with the parent/s. In this situation, the attorneys said that about 90% of the time this occurs there is drug use involved. One attorney specifically mentioned that the most lethal cases they have worked involved marijuana.

To prevent child fatalities, the Dependency Neglect attorneys recommended parental education, quality services, and supportive programs for children to grow and learn how to adopt healthy behaviors.

Common Themes

Perceptions

All four target groups identified poverty as the top community challenge, with most groups also including homelessness and food insecurity. Half of the target groups identified the lack of social support services as a challenge, and half also identified community violence/lack of safety as a problem.

Two out of four target groups for the research identified "community resiliency" as a key community strength. This perception aligns with the literature stating that community protective factors play a significant role in preventing child maltreatment. Three target groups listed local organizations as strengths, either by name or in general, such as churches, non-profits, and groups focused on children in foster care and their families.

Awareness & Understanding of Child Maltreatment

When first asked about ACEs community members were unaware of the concept. When the term was explained community members shared that they were familiar with the concept and/or have had experience with ACEs on a personal or community level. Teachers, child care providers, and Dependency Neglect attorneys had been taught about ACEs as part of their professional development.

Both the attorneys and child care providers emphasized that there is still a great deal of misconception around what "counts" as child abuse or neglect. While all groups understood the concept of physical abuse, their definitions of neglect varied across groups and from person to person. Community members and social service providers agreed that neglect included failure to

give children what they needed to thrive, such as parental love and attention. The Dependency Neglect attorneys referenced the juvenile code as the all-encompassing definition of child maltreatment. The child care providers had the most nuanced view of child maltreatment. They spoke about specific instances of parental actions that could be reported as child neglect (such as repeatedly forgetting to send their child to school in a jacket), but that, to them, were obvious signs of caregivers juggling many demands while trying to do their best, i.e. get their child to school at all. As one child care provider stated, "there has to be a happy medium."

When asked to identify contributing factors to child maltreatment, the common themes across all four target groups were lack of social supports/access to resources and lack of parental education. Interviewees acknowledged that lack of parental education can lead to abusive or ineffective parenting methods or lifestyles, which are often handed down from generation to generation. Poverty, food and housing insecurity, substance abuse, mental illness, and overwhelmed parents also emerged as common themes.

Child fatalities were attributed to parental neglect which increases the risk of lethal accidents such as suffocation and accidental gun discharges. A large number of community members listed suicide as a major cause of child death, due to parents' lack of attention to their child's needs or lack in providing the guidance needed for the children to thrive.

All four groups were unanimous in their recommendations for preventing child maltreatment and death. They emphasized the need for parental education, social support services, and community interconnectivity to alert others to potential maltreatment and provide opportunities for children to grow and thrive. The social service providers recommended more effective ways to report child abuse, and the child care providers recommended increasing the use of family supports. The following Recommendations section will discuss how these two strategies might combine to prevent instances of child neglect.

Recommendations for Using Assessment Results

The Centers for Disease Control and Prevention (CDC) have identified Adverse Childhood Experiences as a public health crisis. The information gathered from this project's interviews and focus groups have indicated the severity of the issue in Little Rock, specifically in the University District.

However, the groups interviewed also provided strong recommendations and showed great commitment to supporting children in the University District community. Fortunately, they are not the only ones committed to this cause. Resources have been developed on a national level to aid communities in their work. From its research into prevention, the CDC has developed a technical resource package to assist policy makers and community leaders in preventing child maltreatment. Table 2, below, outlines each of the five strategies and their recommended approaches for implementation.

Table 2: 5 Strategies from CDC to Prevent Child Abuse & Neglect

Strategy	Approach
1) Strengthen economic support to families	● Strengthening household financial security ● Family-friendly work policies
2) Change social norms to support parents and positive parenting	● Public engagement and education campaigns ● Legislative approaches to reduce corporal punishment
3) Provide quality care and education early in life	● Preschool enrichment with family engagement ● Improved quality of child care through licensing and accreditation
4) Enhance parenting skills to promote healthy child development	● Early childhood home visitation ● Parenting skills and family relationship approaches
5) Intervene to lessen harms and prevent future risk	● Enhanced primary care ● Behavioral parent training programs ● Treatment to lessen harms of abuse and neglect exposure ● Treatment to prevent problem behavior and later involvement in violence

CDC (2018) Prevention Strategies Violence Prevention: Child Abuse & Neglect. Retrieved from: https://www.cdc.gov/violenceprevention/childabuseandneglect/prevention.html

Using the information gathered from the community, service providers, and Dependency Neglect attorneys, the research team developed its own recommendations around the CDC's five strategies:

1. ***Strengthen economic support to families***

    - Partner campus-based TRIO educational opportunity programs with Immerse Arkansas to provide resources for youth in their programs to get kids off the streets and into arenas where they can thrive.
    - Educate parents regarding available financial assistance for their family (SNAP, Emergency Food Assistance Program, Childcare Subsidies, Foreclosure Prevention and Mortgage Assistance).
    - Increase parents' access to resources before the case becomes court involved.
        - Provide laminated resource cards to students at school, and in community centers.
        - Create a resource book that can be copied and made available at public libraries, courts, churches, and hospitals.
    - Develop bus passes to be given to low-income and high-need residents through non-profit organizations, such as Immerse, to offset the cost of bus fare and assist with transportation needs for the most at-risk populations in Little Rock.
    - Increase access to income-based level billing programs for utilities in the winter months for residents.
    - Change policies to encourage Farm to School programs and sustainable gardens for areas with food insecurity.

2. ***Change social and legal norms to support parents and positive parenting***

    - Any parenting classes that are offered, either voluntarily or through court orders, should have child care options built into their programs for parents who already have children, and should have flexible class schedules.
    - Increase in low-cost or free after-school programs for children and teens.
    - Advertise mental health screenings and social services within the city.
    - Provide education on the definition of child maltreatment in lay terms (for example, laminated cards that say "did you know that leaving your child alone at 4 is child neglect?").
    - Give parents legal immunity for coming forward to receive services.

3. ***Provide quality care and education early in life***

    - Change policy to make Pre-K free and mandatory for all children in the state.

- Increase the availability of quality, affordable daycare options.
- Align bus routes with daycare options for ease of transportation.

4. *Enhance parenting skills to promote healthy child development*

- Develop and support community centers and nonprofits (such as MidSouth and Children International) that provide accessible programming for new parents and families, including mental and behavioral health care options.
- Partner with local hospitals and doctors offices for referral programs for pregnant mother education and continuing education for new mothers.
    - Include classes for new fathers, continuing education workshops for fathers looking for parenting advice, and Dad Support Groups.
- Educate parents on best practices for parenting (risks of co-sleeping, importance of stress management, how to feed kids healthy meals on budget).
- Create policies/programs in schools, churches, community centers, and hospitals that educate the community on best parenting practices.

5. *Intervene to lessen harms and prevent future risk*

- Add sidewalks to connect neighborhoods to each other and to resources (schools, churches, grocery stores).
- Add & better maintain street lights to deter potential crime.
- Partner with local domestic violence shelter (Women & Children First) to develop community intervention strategies and workshops on conflict mediation.
- Create a state-wide program similar to Different Response (DR) that can be offered to parents before a hotline call is made.
- Have dependency neglect attorneys track more child maltreatment data outcomes; such as reason for removal, reason for adjudication of dependency neglect, outcomes for disposition, grounds for TPR petition, and then reason for termination of parental rights.

Conclusion

The UA Little Rock Master of Public Administration program research team's assessment of community attitudes and perceptions towards child maltreatment targeted a variety of stakeholders, including dependency neglect attorneys, child care service providers, social service providers, and community members. Investigating a diverse audience provided a more extensive understanding of different perspectives regarding community resources and/or lack of resources that may contribute to child maltreatment.

Arkansas has the highest percentage of children in the nation who have had at least one Adverse Childhood Experience (Sacks & Murphey, 2018). It is important for the State of Arkansas to find a way to reduce or eliminate child maltreatment because individuals who have a high number of ACEs are at increased risk of developing mental and substance abuse disorders and poor life-long health (De Bellis and Zisk, 2014). The data collected by the research team aimed to help Predict Align Prevent understand local perceptions of child maltreatment and the challenges facing children in the Little Rock community. Using the data, PAP and policy makers can pin-point issues that are contributing to the high rates of child maltreatment.

After careful analysis of the data, the report confirms that there is a lack of access to preventative resources that can help at-risk families within the Little Rock community. While there are agencies, churches, and nonprofit organizations ready to serve these families, members of the community may not be taking full advantage of the services due to a lack of awareness or accessibility issues. Therefore, the results of this report will allow policymakers to understand the need in order to implement relevant interventions and policies.

The team used the CDC's Technical Package for Preventing Child Abuse and Neglect as a framework for its recommendations, adding local approaches to each of the toolkit's five strategy areas. Based on community input and the team's research, the team recommends strengthening economic supports to families specifically in the areas with the highest local need: food, housing, and transportation (Strategy 1).

To change social norms to support positive parenting (Strategy 2), the data indicates a need for more accessible parenting classes built around parents' childcare and work needs, as well as a need for less punitive, more proactive responses to perceived child maltreatment risks, whether the risk is observed by others or self-reported by parents. In order to provide quality early childhood care (Strategy 3), the team recommends making pre-K education free and mandatory for all Arkansas children and aligning public transportation with child care and jobs. Parenting skills can be taught and supported (Strategy 4) by linking existing organizations with state resources to offer more class options and incentives. Furthermore, disseminating consistent information across doctor's offices, hospitals, resource centers, schools, and churches will ensure

that parents receive the same messages several times and know where to turn during difficult times.

Finally, to intervene to prevent future risk (Strategy 5), the team recommends retrofitting neighborhoods with better lighting and sidewalks to increase safety, partnering with shelters and other nonprofits to pursue family conflict intervention efforts, and create a state-wide program similar to Arkansas's Differential Response program that can be offered to at-risk families as a preventative measure before a child abuse hotline call is made. Such a program would give families access to a social worker to discuss behavioral changes as well as connect families with resources to help them avoid common causes of neglect such as inadequate food or housing.

When this project's recommendations are combined with PAP's powerful geographic risk analysis, interventions can be targeted exactly where they are most needed in order to move the needle on child maltreatment and ACEs prevention. The team believes its findings could apply broadly to neighborhoods across Little Rock. However, this assessment could be conducted by future research teams in additional parts of the city and state to ensure that education and programs are designed appropriately for each community's unique challenges, strengths, and perceptions.

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Appendix & Supplemental Documents

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Appendix A: Primary Investigators

Justin Couch received his Bachelor of Arts in Political Science in 2015. He is employed at the North Little Rock First District Court as a Probation Clerk, and is a candidate for a Master's Degree in Public Administration at the University of Arkansas at Little Rock.

Brandy Dailey is currently the Community Outreach Facilitator for the Arkansas Coalition Against Domestic Violence. In addition to a Bachelor's degree, she is a Certified Group Facilitator with the Arkansas Public Administration Consortium, a Certified Law Enforcement Trainer, and will receive her Master's Degree in Public Administration and Graduate Certificate in Non-Profit Management from UA Little Rock in December 2019. Mrs. Dailey has extensive experience in developing and implementing trauma-informed organizational policies, as well as cultivating community responses to difficult topics.

Kaylyn Presley Hager began working as an attorney for the Arkansas Coalition Against Sexual Assault in October 2019, and is certified in dependency-neglect law. In addition to being a licensed attorney, Ms. Hager is also a licensed social worker and a candidate for a Master's Degree in Public Administration with the University of Arkansas at Little Rock. Ms. Hager is currently serving on the National Advisory Committee for the national public interest law organization, Equal Justice Works, and has also received other awards and recognition for her work in the non-profit sector. Ms. Hager has previously clerked with the Department of Human Services, working directly in the juvenile courts, and has published articles on intimate partner violence.

Tierra Hutley is the Procurement Coordinator for the University of Arkansas at Little Rock. She received her Bachelor's degree from Southern Polytechnic State University and serves on the local Nonprofit Board Institute.

Hannah Rahn received her Bachelor's of Science in Nursing from the University of Arkansas for Medical Sciences in 2012. She is currently employed as a registered nurse for the Allergy/Immunology and Renal clinics at the University of Arkansas for Medical Sciences. She received a Graduate Certificate Degree in Non-Profit Management from the University of Arkansas at Little Rock in 2015 and is a candidate for a Master's Degree in Public Administration at the University of Arkansas at Little Rock.

Bernadette Gunn Rhodes is the director of the Patrick Henry Hays Senior Citizens Center in North Little Rock, Arkansas. After receiving a Bachelor's degree from Middlebury College in 2004, Mrs. Rhodes worked in the private and non-profit sectors before beginning her career with the City of North Little Rock in 2011. She led the city's "Fit 2 Live" initiative for employee and community wellness for six years before becoming director of the city's 3,500-member senior center in 2017. As Fit 2 Live coordinator, Mrs. Rhodes managed coalitions and community conversations around the topics of health promotion and active urban design.

Appendix B: Focus Group Script

Focus Group Script & Questions

Community Perceptions & Responses to Child Maltreatment

Welcome & Introductions - 10 minutes

Thank you for taking the time to speak with us today. We are interested in learning more about the supports and resources available to you in your community and how these resources help you to care for your children or help you to be a better parent. We are excited to hear your thoughts on this topic. Please feel free to share your thoughts even if you think they are different from what others might say. We want to hear lots of different ideas.

Earlier you all should have received a consent form indicating that we had your permission (or not) to audio record our conversation. Are you still okay with us recording our conversation today?

-> ***If Yes:*** *Thank you! Please let us know if at any point you want to turn off the recorder or keep something you said off the record.*

-> ***If No:*** *Thank you for letting us know, we will be sure to only take notes of our conversation.*

Today I have ______________ with me. He/she will be taking notes and helping to make sure we don't miss any of the important things that you say. As I mentioned in obtaining your consent I am tape recording our discussion because we don't want to miss any of your comments.

We will be on a first name basis tonight, but we won't use any names in our reports. You may be assured of complete confidentiality. The reports we compile from the focus groups we conduct will go back to the research team.

[Guidelines/Ground Rules]: Please know, we will be discussing some distressing themes tonight, so if at any point you need to step out - please do so. That being said, there are no wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that we're just as interested in negative comments as positive comments, and at times the negative comments are the most helpful.

Let's begin by finding out more about each other by going around the room/table. Tell us your name and where you live.

Question Topic: Community - 10 minutes

Thank you all for sharing. At this time, we will shift the focus and begin asking some questions. Please remember to share anything, positive or negative, as all comments will be helpful in better understanding this community. Feel free to also write down anything that comes to mind on the paper or posters closest to you. We will be collecting those thoughts and comments as well.

I would like to start off our discussion by talking about what you see as valuable community supports. I want to ask you about the resources available in the community in which you live and how these are used.

We will go through each question, allowing time for responses to each, and then summarize our thoughts for each topic before moving on to the next. If at any time you need to step away or ask clarifying questions, please do so. Alright, let's begin…(begin question 1)

Questions:

1. What do you like about your community? What do you think makes your community strong?
2. What do you see as the most valuable organizations, services, or programs in your community that support families raising children?
    a. Follow Up Probe: If you have used these resources yourself, how often do you use them?
    b. Follow Up Probe: How have they been helpful to you?
    c. Follow Up Probe: Have you recommended any of these resources to others in your community?
3. Can you give an example of a time when a family in your community faced a challenge and received support from the community?
    a. Follow Up Probe: What resources did they use, if any?
    b. Follow Up Probe: Where did you and/or the family learn about those resources?

Is there anything else we would like to add? Any final comments or concerns?

[wait 30 seconds to 1 minute for responses before moving on]

Question Topic: Daily Needs (Housing, Finances, Food, Security) - 5-10 minutes

The next topic we will be addressing are daily concerns, such as housing, finances, food, and your general sense of security. We will go through the question, allowing time for responses, and then summarize our thoughts for this topic before moving on to the next. If at any time you need to step away or ask clarifying questions, please do so as you see fit. Alright, let's begin… (begin question 4)

Questions:

4. What are the biggest challenges for your community?
    a. Follow Up Probe: What do you see as the biggest obstacle to overcoming these challenges?

Is there anything else we would like to add? Any final comments or concerns?

[wait 30 seconds to 1 minute for responses before moving on]

Question Topic: ACEs / Child Abuse - 20 minutes

The next topic we will be addressing are health concerns. We will go through each question, allowing time for responses to each, and then summarize our thoughts for this topic before moving on to the next. If at any time you need to step away or ask clarifying questions, please do so as you see fit. Alright, let's begin....(begin question 5)

Questions:

5. Are you familiar with Adverse Childhood Experiences or ACEs study? What do you know about it?
6. What in your view is child maltreatment? How would you define it?
7. What do you think are the contributing factors to child maltreatment?
8. What do you think are the leading causes of death among children?

Is there anything else we would like to add? Any final comments or concerns?

[wait 30 seconds to 1 minute for responses before moving on]

Conclusion - 10 minutes

Lastly, we would like each of you to…(begin question 9)

9. Of all the things we've discussed, what do you think is most important to preventing child deaths/maltreatment?

Thank you for participating. Because I want to ensure that we capture everything you said, I would like to ask _________ if there are any topics that we need to follow-up on before we conclude the focus group.

(Student note-taker: __________, probe for further clarification on points that were unclear or need follow-up)

That brings us to the end of our time together. I want to thank you for your time. We'll be looking at the information you and others have given us and utilizing it to develop a plan to improve supports and resources for children and families in or state.

Thank you again for making time for this today! Your voice is important!

*Current estimated time for completion: 1 hour

Appendix C: Interview Script

Interview Script & Questions
Community Perceptions & Responses to Child Maltreatment

Welcome & Introductions - 5 minutes

Thank you for taking the time to speak with us today. We are interested in learning more about the supports and resources available to you in your community and how these resources help you to care for your children or help you to be a better parent. We are excited to hear your thoughts on this topic. Please feel free to share your thoughts or ask questions as you have them.

Earlier you received a consent form indicating that we had your permission (or not) to audio record our conversation. Are you still okay with me recording (or not) our conversation today?

-> ***If Yes:*** *Thank you! Please let us know if at any point you want to turn off the recorder or keep something you said off the record.*

-> ***If No:*** *Thank you for letting us know, we will be sure to only take notes of our conversation.*

Today I have ______________ with me. He/she will be taking notes and helping to make sure we don't miss any of the important things that you say. As I mentioned in obtaining your consent I am tape recording our discussion because we don't want to miss any of your comments.

We will be on a first name basis tonight, but we won't use any names in our reports. You may be assured of complete confidentiality. The reports we compile from this interview will go back to the research team.

[Guidelines/Ground Rules]: Please know, we will be discussing some distressing themes tonight, so if at any point you need to step out - please do so. Keep in mind that we're just as interested in negative comments as positive comments, and at times the negative comments are the most helpful.

Let's begin by finding out more about your history with this community.

Question Topic: History with Community - 15 minutes

Conversation starter: How long have you worked in Little Rock, Arkansas? More specifically, how long have you served the University District community?

1. Can you give an example of a time when a family in your community faced a challenge and received support from the community?
    a. *Follow Up Probe (time optional):* What resources did they use, if any?
    b. *Follow Up Probe (time optional)*: Where did you and/or the family learn about those resources?
    c. *Follow Up Prompt (time optional):* What do you like about your community? What do you think makes your community strong?
2. What do you see as the most valuable organizations, services, or programs in your community that support families raising children?
    a. *Follow Up Probe (time optional):* If you have used these resources yourself, how often do you use them?
    b. *Follow Up Probe (time optional):* How have they been helpful to you?
    c. *Follow Up Probe (time optional):* Have you recommended any of these resources to others in your community?

Is there anything else we would like to add? Any final comments or concerns?

[wait 30 seconds to 1 minute for responses before moving on]

Question Topic: Daily Needs (Housing, Finances, Food, Security) - 5-10 minutes

So let's shift a little, and talk about daily concerns, such as housing, finances, food, and your general sense of security….

Questions:

3. What are the biggest challenges for your community? (example: housing, finances, jobs, security, food….)
    a. Follow Up Probe: What do you see as the biggest obstacle to overcoming these challenges?

Is there anything else we would like to add? Any final comments or concerns?

[wait 30 seconds to 1 minute for responses before moving on]

Question Topic: ACEs / Child Abuse - 20 minutes

The next topic we will be addressing are health concerns. We will go through each question, allowing time for responses to each, and then summarize our thoughts for this topic before moving on to the next. If at any time you need to step away or ask clarifying questions, please do so as you see fit. Alright, let's begin....(begin question 5)

Questions:

4. Are you familiar with Adverse Childhood Experiences or ACEs study? What do you know about it?
5. What in your view is child maltreatment? How would you define it?
6. What do you think are the contributing factors to child maltreatment?
7. What do you think are the leading causes of death among children?

Is there anything else we would like to add? Any final comments or concerns?

[wait 30 seconds to 1 minute for responses before moving on]

Conclusion - 10 minutes

So last question…

8. Of all the things we've discussed, what do you think is most important to preventing child deaths/maltreatment?

Thank you for participating. Because I want to ensure that we capture everything you said, I would like to ask _________ if there are any topics that we need to follow-up on before we conclude the focus group.

(Student note-taker: __________, probe for further clarification on points that were unclear or need follow-up)

That brings us to the end of our time together. I want to thank you for your time. We'll be looking at the information you and others have given us and utilizing it to develop a plan to improve supports and resources for children and families in or state.

Thank you again for making time for this today! Your voice is important!

*Current estimated time for completion: 1 hour.

Appendix D: Map of University District

Courtesy of University of Arkansas at Little Rock (https://ualr.edu/universitydistrict/neighborhoods/)

Appendix E: Relevant Juvenile Code

Child Maltreatment Definition, 9-27-303

As used in this subchapter:

(1) "Abandoned infant" means a juvenile less than nine (9) months of age whose parent, guardian, or custodian left the child alone or in the possession of another person without identifying information or with an expression of intent by words, actions, or omissions not to return for the infant;

(2)

(A) "Abandonment" means:

(i) The failure of the parent to provide reasonable support for a juvenile and to maintain regular contact with a juvenile through statement or contact when the failure is accompanied by an intention on the part of the parent to permit the condition to continue for an indefinite period in the future;

(ii) The failure of a parent to support or maintain regular contact with a child without just cause; or

(iii) An articulated intent to forego parental responsibility.

(B) "Abandonment" does not include a situation in which a child has disrupted his or her adoption and the adoptive parent has exhausted the available resources;

(3)

(A) "Abuse" means any of the following acts or omissions by a parent, guardian, custodian, foster parent, person eighteen (18) years of age or older living in the home with a child, whether related or unrelated to the child, or any person who is entrusted with the juvenile's care by a parent, guardian, custodian, or foster parent, including, but not limited to, an agent or employee of a public or private residential home, child care facility, public or private school, or any person legally responsible for the juvenile's welfare:

(i) Extreme or repeated cruelty to a juvenile;

(ii) Engaging in conduct creating a realistic and serious threat of death, permanent or temporary disfigurement, or impairment of any bodily organ;

(iii) Injury to a juvenile's intellectual, emotional, or psychological development as evidenced by observable and substantial impairment of the juvenile's ability to function within the juvenile's normal range of performance and behavior;

(iv) Any injury that is at variance with the history given;

(v) Any non accidental physical injury;

(vi) Any of the following intentional or knowing acts, with physical injury and without justifiable cause:

(a) Throwing, kicking, burning, biting, or cutting a child;

(b) Striking a child with a closed fist;

(c) Shaking a child; or

(d) Striking a child on the face;

(vii) Any of the following intentional or knowing acts, with or without physical injury:

(a) Striking a child six (6) years of age or younger on the face or head;

(b) Shaking a child three (3) years of age or younger;

(c) Interfering with a child's breathing;

(d) Urinating or defecating on a child;

(e) Pinching, biting, or striking a child in the genital area;

(f) Tying a child to a fixed or heavy object or binding or tying a child's limbs together;

(g) Giving a child or permitting a child to consume or inhale a poisonous or noxious substance not prescribed by a physician that has the capacity to interfere with normal physiological functions;

(h) Giving a child or permitting a child to consume or inhale a substance not prescribed by a physician that has the capacity to alter the mood of the child, including, but not limited to, the following:

(1) Marijuana;

(2) Alcohol, excluding alcohol given to a child during a recognized and established religious ceremony or service;

(3) Narcotics; or

(4) Over-the-counter drugs if a person purposely administers an overdose to a child or purposely gives an inappropriate over-the-counter drug to a child and the child is detrimentally impacted by the overdose or over-the-counter drug;

(i) Exposing a child to chemicals that have the capacity to interfere with normal physiological functions, including, but not limited to, chemicals used or generated during the manufacturing of methamphetamine; or

(j) Subjecting a child to Munchausen syndrome by proxy, also known as factitious illness by proxy, when reported and confirmed by medical personnel or a medical facility; or

(viii) Recruiting, harboring, transporting, or obtaining a child for labor or services, through force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

(B)

(i) The list in subdivision (3)(A) of this section is illustrative of unreasonable action and is not intended to be exclusive.

(ii) No unreasonable action shall be construed to permit a finding of abuse without having established the elements of abuse.

(C) "Abuse" shall not include:

(i) Physical discipline of a child when it is reasonable and moderate and is inflicted by a parent or guardian for purposes of restraining or correcting the child; or

(ii) Instances when a child suffers transient pain or minor temporary marks as the result of a reasonable restraint if:

(a) The person exercising the restraint is an employee of a residential child care facility licensed or exempted from licensure under the Child Welfare Agency Licensing Act, § 9-28-401 et seq.;

(b) The person exercising the restraint is acting in his or her official capacity while on duty at a residential child care facility or the residential child care facility is exempt from licensure under the Child Welfare Agency Licensing Act, § 9-28-401 et seq.;

(c) The agency has policies and procedures regarding restraints;

(d) Other alternatives do not exist to control the child except for a restraint;

(e) The child is in danger of hurting himself or herself or others;

(f) The person exercising the restraint has been trained in properly restraining children, de-escalation, and conflict resolution techniques; and

(g) The restraint is:

(1) For a reasonable period of time; and

(2) In conformity with training and agency policy and procedures.

(iii) Reasonable and moderate physical discipline inflicted by a parent or guardian shall not include any act that is likely to cause and that does cause injury more serious than transient pain or minor temporary marks.

(iv) The age, size, and condition of the child and the location of the injury and the frequency or recurrence of injuries shall be considered when determining whether the physical discipline is reasonable or moderate;

(4) "Adjudication hearing" means a hearing to determine whether the allegations in a petition are substantiated by the proof;

(5) "Adult sentence" means punishment authorized by the Arkansas Criminal Code, § 5-1-101 et seq., subject to the limitations in § 9-27-507, for the act or acts for which the juvenile was adjudicated delinquent as an extended juvenile jurisdiction offender;

(6) "Aggravated circumstances" means:

(A) A child has been abandoned, chronically abused, subjected to extreme or repeated cruelty, sexually abused, sexually exploited, or a determination has been or is made by a judge that there is little likelihood that services to the family will result in successful reunification;

(B) A child has been removed from the custody of the parent or guardian and placed in foster care or in the custody of another person three (3) or more times in the last fifteen (15) months; or

(C) A child or a sibling has been neglected or abused such that the abuse or neglect could endanger the life of the child;

(7) "Attorney ad litem" means an attorney appointed to represent the best interest of a juvenile;

(8) "Caretaker" means a parent, guardian, custodian, foster parent, significant other of the child's parent, or any person fourteen (14) years of age or older who is entrusted with a child's care by a parent, guardian, custodian, or foster parent, including, but not limited to, an agent or employee of a public or private residential home, child care facility, public or private school, or any person responsible for a child's welfare;

(9) "Case plan" means a document setting forth the plan for services for a juvenile and his or her family, as described in § 9-27-402;

(10)

(A) "Cash assistance" means short-term financial assistance.

(B) "Cash assistance" does not include:

(i) Long-term financial assistance or financial assistance that is the equivalent of the board payment, adoption subsidy, or guardianship subsidy; or

(ii) Financial assistance for car insurance;

(11) "Commitment" means an order of the court that places a juvenile in the physical custody of the Division of Youth Services of the Department of Human Services for placement in a youth services facility;

(12) "Court" means the juvenile division of circuit court;

(13) "Court-appointed special advocate" means a volunteer appointed by the court to advocate for the best interest of juveniles in dependency-neglect proceedings;

(14)

(A) "Custodian" means a person other than a parent or legal guardian who stands in loco parentis to the juvenile or a person, agency, or institution to whom a court of competent jurisdiction has given custody of a juvenile by court order.

(B) For the purposes of who has a right to counsel under § 9-27-316(h), "custodian" includes a person to whom a court of competent jurisdiction has given custody, including a legal guardian;

(15) "Delinquent juvenile" means:

(A) A juvenile ten (10) years old or older who:

(i) Has committed an act other than a traffic offense or game and fish violation that, if the act had been committed by an adult, would subject the adult to prosecution for a felony, misdemeanor, or violation under the applicable criminal laws of this state;

(ii) Has violated § 5-73-119; or

(iii) Has violated § 5-71-217(d)(2), cyberbullying of a school employee; or

(B) Any juvenile charged with capital murder, § 5-10-101, or murder in the first degree, § 5-10-102, subject to extended juvenile jurisdiction;

(16) [Repealed.]
(17) "Dependent juvenile" means:
(A)
(i) A child whose parent or guardian is incarcerated and the parent or guardian has no appropriate relative or friend willing or able to provide care for the child.
(ii) If the reason for the incarceration is related to the health, safety, or welfare of the child, the child is not a dependent juvenile but may be dependent-neglected;
(B) A child whose parent or guardian is incapacitated, whether temporarily or permanently, so that the parent or guardian cannot provide care for the juvenile and the parent or guardian has no appropriate relative or friend willing or able to provide care for the child;
(C) A child whose custodial parent dies and no appropriate relative or friend is willing or able to provide care for the child;
(D) A child who is an infant relinquished to the custody of the department for the sole purpose of adoption;
(E) A safe haven baby, § 9-34-201 et seq.;
(F) A child who has disrupted his or her adoption, and the adoptive parents have exhausted resources available to them; or
(G)
(i) A child who has been a victim of human trafficking.
(ii) If the parent knew or should have known the child was a victim of human trafficking, the child is not a dependent juvenile but may be dependent-neglected;
(18)
(A) "Dependent-neglected juvenile" means any juvenile who is at substantial risk of serious harm as a result of the following acts or omissions to the juvenile, a sibling, or another juvenile:
(i) Abandonment;
(ii) Abuse;
(iii) Sexual abuse;
(iv) Sexual exploitation;
(v) Neglect;
(vi) Parental unfitness; or
(vii) Being present in a dwelling or structure during the manufacturing of methamphetamine with the knowledge of his or her parent, guardian, or custodian.
(B) "Dependent-neglected juvenile" includes dependent juveniles;
(19) "Detention" means the temporary care of a juvenile in a physically restricting facility other than a jail or lock-up used for the detention of adults prior to an adjudication hearing for delinquency or pending commitment pursuant to an adjudication of delinquency;

(20) “Detention hearing” means a hearing held to determine whether a juvenile accused or adjudicated of committing a delinquent act or acts should be released or held prior to adjudication or disposition;

(21) “Deviant sexual activity” means any act of sexual gratification involving:

(A) Penetration, however slight, of the anus or mouth of one (1) person by the penis of another person; or

(B) Penetration, however slight, of the labia majora or anus of one (1) person by any body member or foreign instrument manipulated by another person;

(22) “Disposition hearing” means a hearing held following an adjudication hearing to determine what action will be taken in delinquency, family in need of services, or dependency-neglect cases;

(23) “Extended juvenile jurisdiction offender” means a juvenile designated to be subject to juvenile disposition and an adult sentence imposed by the court;

(24) “Family in need of services” means any family whose juvenile evidences behavior that includes, but is not limited to, the following:

(A) Being habitually and without justification absent from school while subject to compulsory school attendance;

(B) Being habitually disobedient to the reasonable and lawful commands of his or her parent, guardian, or custodian; or

(C) Having absented himself or herself from the juvenile's home without sufficient cause, permission, or justification;

(25)

(A) “Family services” means relevant services provided to a juvenile or his or her family, including, but not limited to:

(i) Child care;

(ii) Homemaker services;

(iii) Crisis counseling;

(iv) Cash assistance;

(v) Transportation;

(vi) Family therapy;

(vii) Physical, psychiatric, or psychological evaluation;

(viii) Counseling;

(ix) Treatment; or

(x) Post-adoptive services.

(B) Family services are provided in order to:

(i) Prevent a juvenile from being removed from a parent, guardian, or custodian;

(ii) Reunite the juvenile with the parent, guardian, or custodian from whom the juvenile has been removed;

(iii) Implement a permanent plan of adoption or guardianship for a juvenile in a dependency-neglect case; or

(iv) Rehabilitate a juvenile in a delinquency or family in need of services case;

(26) "Fast track" means that reunification services will not be provided or will be terminated before twelve (12) months of services;

(27)

(A) "Forcible compulsion" means physical force, intimidation, or a threat, express or implied, of death, physical injury to, rape, sexual abuse, or kidnapping of any person.

(B) If the act was committed against the will of the juvenile, then "forcible compulsion" has been used.

(C) The age, developmental stage, and stature of the victim and the relationship of the victim to the assailant, as well as the threat of deprivation of affection, rights, and privileges from the victim by the assailant shall be considered in weighing the sufficiency of the evidence to prove compulsion;

(28) "Guardian" means any person, agency, or institution, as defined by § 28-65-101 et seq., whom a court of competent jurisdiction has so appointed;

(29)

(A) "Home study" means a written report that is obtained after an investigation of a home by the Department of Human Services or other appropriate persons or agencies and that shall conform to rules established by the Department of Human Services.

(B)

(i) An in-state home study, excluding the results of a criminal records check, shall be completed and presented to the requesting court within thirty (30) working days of the receipt of the request for the home study.

(ii) The results of the criminal records check shall be provided to the court as soon as they are received.

(iii) The circuit clerk of the county court shall:

(a) Keep a record of the national fingerprint-based criminal background checks performed by the Federal Bureau of Investigation for the court;

(b) Permit only the court and the employees of the clerk's office with an official reason to view the information in the national fingerprint-based criminal background check;

(c) Not permit anyone to obtain a copy of the national fingerprint-based criminal background check; and

(d) Permit a person specifically ordered by the court to view the information in the national fingerprint-based criminal background check.

(iv)

(a) The Department of Human Services shall share the information obtained from the criminal records check and the national fingerprint-based criminal background

checks only with employees of the Department of Human Services who have an official business reason to see the information.

(b) Unless specifically ordered to do so by the court, the Department of Human Services shall not share the information obtained from the criminal records check and the national fingerprint-based criminal background checks with persons not employed by the Department of Human Services.

(C)

(i) The Department of Human Services may obtain a criminal background check on any person in the household sixteen (16) years of age and older, including a fingerprint-based check of national crime information databases.

(ii) Upon request, local law enforcement shall provide the Department of Human Services with criminal background information on any person in the household sixteen (16) years of age and older;

(30) “Indecent exposure” means the exposure by a person of the person's sexual organs for the purpose of arousing or gratifying the sexual desire of the person or any other person, under circumstances in which the person knows the conduct is likely to cause affront or alarm;

(31) “Independence” means a permanency planning hearing disposition known as “Another Planned Permanent Living Arrangement (APPLA)” for the juvenile who will not be reunited with his or her family and because another permanent plan is not in the juvenile's best interest;

(32) “Juvenile” means an individual who is:

(A) From birth to eighteen (18) years of age, whether married or single; or

(B) Adjudicated delinquent, a juvenile member of a family in need of services, or dependent or dependent-neglected by the juvenile division of circuit court prior to eighteen (18) years of age and for whom the juvenile division of circuit court retains jurisdiction;

(33) “Juvenile detention facility” means any facility for the temporary care of juveniles alleged to be delinquent or adjudicated delinquent and awaiting disposition, who require secure custody in a physically restricting facility designed and operated with all entrances and exits under the exclusive control of the facility's staff, so that a juvenile may not leave the facility unsupervised or without permission;

(34) “Law enforcement officer” means any public servant vested by law with a duty to maintain public order or to make arrests for offenses;

(35) “Miranda rights” means the requirement set out in Miranda v. Arizona, 384 U.S. 436 (1966), for law enforcement officers to clearly inform an accused, including a juvenile taken into custody for a delinquent act or a criminal offense, that the juvenile has the right to remain silent, that anything the juvenile says will be used against him or her in court, that the juvenile has the right to consult with a lawyer and to have the lawyer with him or her during

interrogation, and that, if the juvenile is indigent, a lawyer will be appointed to represent him or her;

(36)

(A) "Neglect" means those acts or omissions of a parent, guardian, custodian, foster parent, or any person who is entrusted with the juvenile's care by a parent, custodian, guardian, or foster parent, including, but not limited to, an agent or employee of a public or private residential home, child care facility, public or private school, or any person legally responsible under state law for the juvenile's welfare, that constitute:

(i) Failure or refusal to prevent the abuse of the juvenile when the person knows or has reasonable cause to know the juvenile is or has been abused;

(ii) Failure or refusal to provide the necessary food, clothing, shelter, or medical treatment necessary for the juvenile's well-being, except when the failure or refusal is caused primarily by the financial inability of the person legally responsible and no services for relief have been offered;

(iii) Failure to take reasonable action to protect the juvenile from abandonment, abuse, sexual abuse, sexual exploitation, neglect, or parental unfitness when the existence of this condition was known or should have been known;

(iv) Failure or irremediable inability to provide for the essential and necessary physical, mental, or emotional needs of the juvenile, including failure to provide a shelter that does not pose a risk to the health or safety of the juvenile;

(v) Failure to provide for the juvenile's care and maintenance, proper or necessary support, or medical, surgical, or other necessary care;

(vi) Failure, although able, to assume responsibility for the care and custody of the juvenile or to participate in a plan to assume the responsibility;

(vii) Failure to appropriately supervise the juvenile that results in the juvenile's being left alone:

(a) At an inappropriate age, creating a dangerous situation or a situation that puts the juvenile at risk of harm; or

(b) In inappropriate circumstances, creating a dangerous situation or a situation that puts the juvenile at risk of harm;

(viii) Failure to appropriately supervise the juvenile that results in the juvenile being placed in:

(a) Inappropriate circumstances, creating a dangerous situation; or

(b) A situation that puts the juvenile at risk of harm; or

(ix)

(a) Failure to ensure a child between six (6) years of age and seventeen (17) years of age is enrolled in school or is being legally home-schooled; or

(b) As a result of an act or omission by the parent, custodian, or guardian of a child, the child is habitually and without justification absent from school.

(B)

(i) “Neglect” shall also include:

(a) Causing a child to be born with an illegal substance present in the child's bodily fluids or bodily substances as a result of the pregnant mother's knowingly using an illegal substance before the birth of the child; or

(b) At the time of the birth of a child, the presence of an illegal substance in the mother's bodily fluids or bodily substances as a result of the pregnant mother's knowingly using an illegal substance before the birth of the child.

(ii) For the purposes of this subdivision (36)(B), “illegal substance” means a drug that is prohibited to be used or possessed without a prescription under the Arkansas Criminal Code, § 5-1-101 et seq.

(iii) A test of the child's bodily fluids or bodily substances may be used as evidence to establish neglect under subdivision (36)(B)(i)(a) of this section.

(iv) A test of the mother's bodily fluids or bodily substances or the child's bodily fluids or bodily substances may be used as evidence to establish neglect under subdivision (36)(B)(i)(b) of this section;

(37)

(A) “Notice of hearing” means a notice that describes the nature of the hearing, the time, date, and place of hearing, the right to be present, heard, and represented by counsel, and instructions on how to apply to the court for appointment of counsel, if indigent, or a uniform notice as developed and prescribed by the Supreme Court.

(B) The notice of hearing shall be served in the manner provided for service under the Arkansas Rules of Civil Procedure;

(38) “Order to appear” means an order issued by the court directing a person who may be subject to the court's jurisdiction to appear before the court at a date and time as set forth in the order;

(39)

(A) “Out-of-home placement” means:

(i) Placement in a home or facility other than placement in a youth services center, a detention facility, or the home of a parent or guardian of the juvenile; or

(ii) Placement in the home of an individual other than a parent or guardian, not including any placement when the court has ordered that the placement be made permanent and ordered that no further reunification services or six-month reviews are required.

(B) “Out-of-home placement” shall not include placement in a youth services center or detention facility as a result of a finding of delinquency;

(40) “Parent” means a biological mother, an adoptive parent, or a man to whom the biological mother was married at the time of conception or birth or who has signed an

acknowledgment of paternity pursuant to § 9-10-120 or who has been found by a court of competent jurisdiction to be the biological father of the juvenile;

(41) "Paternity hearing" means a legal proceeding to determine the biological father of a juvenile;

(42) "Permanent custody" means custody that is transferred to a person as a permanency disposition in a juvenile case and the case is closed;

(43) "Pornography" means:

(A) Pictures, movies, and videos lacking serious literary, artistic, political, or scientific value that when taken as a whole and applying contemporary community standards would appear to the average person to appeal to the prurient interest;

(B) Material that depicts sexual conduct in a patently offensive manner lacking serious literary, artistic, political, or scientific value; or

(C) Obscene or licentious material;

(44)

(A) "Predisposition report" means a report concerning the juvenile, the family of the juvenile, all possible disposition alternatives, the location of the school in which the juvenile is or was last enrolled, whether the juvenile has been tested for or has been found to have any disability, the name of the juvenile's attorney and, if appointed by the court, the date of the appointment, any participation by the juvenile or his or her family in counseling services previously or currently being provided in conjunction with adjudication of the juvenile, and any other matters relevant to the efforts to provide treatment to the juvenile or the need for treatment of the juvenile or the family.

(B) The predisposition report shall include a home study of any out-of-home placement that may be part of the disposition;

(45) "Prosecuting attorney" means an attorney who is elected as district prosecuting attorney, the duly appointed deputy prosecuting attorney, or any city prosecuting attorney;

(46) "Protection plan" means a written plan developed by the department in conjunction with the family and support network to protect the juvenile from harm and which allows the juvenile to remain safely in the home;

(47) "Putative father" means any man not deemed or adjudicated under the laws of the jurisdiction of the United States to be the biological father of a juvenile who claims to be or is alleged to be the biological father of the juvenile;

(48)

(A)

(i) "Reasonable efforts" means efforts to preserve the family before the placement of a child in foster care to prevent the need for removing the child from his or her home and efforts to reunify a family made after a child is placed out of his or her home to make it possible for him or her to safely return home.

(ii) Reasonable efforts shall also be made to obtain permanency for a child who has been in an out-of-home placement for more than twelve (12) months or for fifteen (15) of the previous twenty-two (22) months.
(iii) In determining whether or not to remove a child from a home or return a child back to a home, the child's health and safety shall be the paramount concern.
(iv) The Department of Human Services or other appropriate agency shall exercise reasonable diligence and care to utilize all available services related to meeting the needs of the juvenile and the family.
(v)
(a) “Reasonable efforts” include efforts to involve an incarcerated parent.
(b) The Department of Human Services shall:
(1) Involve an incarcerated parent in case planning;
(2) Monitor compliance with services offered by the Division of Correction of the Department of Corrections to the extent permitted by federal law; and
(3) Offer visitation in accordance with the policies of the Division of Correction of the Department of Corrections if visitation is appropriate and in the best interest of the child.
(B) The juvenile division of circuit court may deem that reasonable efforts have been made when the court has found that the first contact by the Department of Human Services occurred during an emergency in which the child could not safely remain at home, even with reasonable services being provided.
(C) Reasonable efforts to reunite a child with his or her parent or parents shall not be required in all cases. Specifically, reunification shall not be required if a court of competent jurisdiction, including the juvenile division of circuit court, has determined by clear and convincing evidence that the parent has:
(i) Subjected the child to aggravated circumstances;
(ii) Committed murder of any child;
(iii) Committed manslaughter of any child;
(iv) Aided or abetted, attempted, conspired, or solicited to commit the murder or the manslaughter;
(v) Committed a felony battery that results in serious bodily injury to any child;
(vi) Had the parental rights involuntarily terminated as to a sibling of the child;
(vii) Abandoned an infant as defined in subdivision (1) of this section; or
(viii) Registered with a sex offender registry under the Adam Walsh Child Protection and Safety Act of 2006, Pub. L. No. 109-248.
(D) Reasonable efforts to place a child for adoption or with a legal guardian or permanent custodian may be made concurrently with reasonable efforts to reunite a child with his or her family;
(49) “Residence” means:

(A) The place where the juvenile is domiciled; or

(B) The permanent place of abode where the juvenile spends an aggregate of more than six (6) months of the year;

(50)

(A) "Restitution" means actual economic loss sustained by an individual or entity as a proximate result of the delinquent acts of a juvenile.

(B) Such economic loss shall include, but not be limited to, medical expenses, funeral expenses, expenses incurred for counseling services, lost wages, and expenses for repair or replacement of property;

(51) "Safety plan" means a plan ordered by the court to be developed for an adjudicated delinquent sex offender under § 9-27-356 who is at moderate or high risk of reoffending for the purposes of § 9-27-309;

(52) "Sexual abuse" means:

(A) By a person fourteen (14) years of age or older to a person younger than eighteen (18) years of age:

(i) Sexual intercourse, deviant sexual activity, or sexual contact by forcible compulsion;

(ii) Attempted sexual intercourse, attempted deviant sexual activity, or attempted sexual contact by forcible compulsion;

(iii) Indecent exposure; or

(iv) Forcing the watching of pornography or live human sexual activity;

(B) By a person eighteen (18) years of age or older to a person who is younger than fifteen (15) years of age and is not his or her spouse:

(i) Sexual intercourse, deviant sexual activity, or sexual contact;

(ii) Attempted sexual intercourse, attempted deviant sexual activity, or attempted sexual contact; or

(iii) Solicitation of sexual intercourse, solicitation of deviant sexual activity, or solicitation of sexual contact;

(C) By a person twenty (20) years of age or older to a person who is younger than sixteen (16) years of age who is not his or her spouse:

(i) Sexual intercourse, deviant sexual activity, or sexual contact;

(ii) Attempted sexual intercourse, attempted deviant sexual activity, or attempted sexual contact; or

(iii) Solicitation of sexual intercourse, solicitation of deviant sexual activity, or solicitation of sexual contact;

(D) By a caretaker to a person younger than eighteen (18) years of age:

(i) Sexual intercourse, deviant sexual activity, or sexual contact;

(ii) Attempted sexual intercourse, attempted deviant sexual activity, or attempted sexual contact;

(iii) Forcing or encouraging the watching of pornography;

(iv) Forcing, permitting, or encouraging the watching of live sexual activity;

(v) Forcing listening to a phone sex line; or

(vi) An act of voyeurism;

(E) By a person younger than fourteen (14) years of age to a person younger than eighteen (18) years of age:

(i) Sexual intercourse, deviant sexual activity, or sexual contact by forcible compulsion; or

(ii) Attempted sexual intercourse, attempted deviant sexual activity, or attempted sexual contact by forcible compulsion; and

(F) By a person eighteen (18) years of age or older to a person who is younger than eighteen (18) years of age, the recruiting, harboring, transporting, obtaining, patronizing, or soliciting of a child for the purpose of a commercial sex act;

(53)

(A) "Sexual contact" means any act of sexual gratification involving:

(i) Touching, directly or through clothing, of the sex organs, buttocks, or anus of a juvenile or the breast of a female juvenile;

(ii) Encouraging the juvenile to touch the offender in a sexual manner; or

(iii) Requesting the offender to touch the juvenile in a sexual manner.

(B) Evidence of sexual gratification may be inferred from the attendant circumstances surrounding the investigation of the specific complaint of child maltreatment.

(C) This section shall not permit normal, affectionate hugging to be construed as sexual contact;

(54) "Sexual exploitation" includes:

(A) Allowing, permitting, or encouraging participation or depiction of the juvenile in:

(i) Prostitution;

(ii) Obscene photographing; or

(iii) Obscene filming; and

(B) Obscenely depicting, obscenely posing, or obscenely posturing a juvenile for any use or purpose;

(55) "Shelter care" means the temporary care of a juvenile in physically unrestricting facilities under an order for placement pending or under an adjudication of dependency-neglect or family in need of services;

(56) "Significant other" means a person:

(A) With whom the parent shares a household; or

(B) Who has a relationship with the parent that results in the person acting in loco parentis with respect to the parent's child or children, regardless of living arrangements;

(57) "Temporary custody" means custody that is transferred to a person during the pendency of the juvenile court case when services are being provided to achieve the goal of the case plan;

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(a) (1) (A) This section shall be a remedy available only to the Department of Human Services or a court-appointed attorney ad litem.

(B) This section shall not be available for private litigants or other agencies.

(2)

(A) This section shall be used only in cases in which the department is attempting to clear a juvenile for permanent placement by terminating the parental rights of a parent and putative parent based on the definition of "parent" and "putative father" under § 9-27-303.

(B) This section shall not be used to terminate the rights of a putative parent if a court of competent jurisdiction has previously determined under § 9-27-325 that the rights of the putative parent have not attached.

(3) The intent of this section is to provide permanency in a juvenile's life in all instances in which the return of a juvenile to the family home is contrary to the juvenile's health, safety, or welfare and it appears from the evidence that a return to the family home cannot be accomplished in a reasonable period of time as viewed from the juvenile's perspective.

(4) The court shall rely upon the record of the parent's compliance in the entire dependency-neglect case and evidence presented at the termination hearing in making its decision on whether it is in the best interest of the juvenile to terminate parental rights.

(b) (1) (A) The circuit court may consider a petition to terminate parental rights if the court finds that there is an appropriate permanency placement plan for the juvenile.

(B) This section does not require that a permanency planning hearing be held as a prerequisite to the filing of a petition to terminate parental rights or as a prerequisite to the court's considering a petition to terminate parental rights.

(2) (A) The petitioner shall serve the petition to terminate parental rights as required under Rule 5 of the Arkansas Rules of Civil Procedure, except:

(i) Service shall be made as required under Rule 4 of the Arkansas Rules of Civil Procedure if the:

(a) Parent was not served under Rule 4 of the Arkansas Rules of Civil Procedure at the initiation of the proceeding;

(b) Parent is not represented by an attorney; or

(c) Initiation of the proceeding was more than two (2) years ago; or

(ii) When the court orders service of the petition to terminate parental rights as required under Rule 4 of the Arkansas Rules of Civil Procedure.

(B) The petitioner shall check with the Putative Father Registry if the name or whereabouts of the putative father is unknown.

(3) An order forever terminating parental rights shall be based upon a finding by clear and convincing evidence:

(A) That it is in the best interest of the juvenile, including consideration of the following factors:

(i) The likelihood that the juvenile will be adopted if the termination petition is granted; and

(ii) The potential harm, specifically addressing the effect on the health and safety of the child, caused by returning the child to the custody of the parent, parents, or putative parent or parents; and

(B) Of one (1) or more of the following grounds:

(i)

(a) That a juvenile has been adjudicated by the court to be dependent-neglected and has continued to be out of the custody of the parent for twelve (12) months and, despite a meaningful effort by the department to rehabilitate the parent and correct the conditions that caused removal, those conditions have not been remedied by the parent.

(b) That a juvenile has been adjudicated by the court to be dependent-neglected and has continued out of the home of the noncustodial parent for twelve (12) months and, despite a meaningful effort by the department to rehabilitate the parent and correct the conditions that prevented the child from safely being placed in the parent's home, the conditions have not been remedied by the parent.

(c) It is not necessary that the twelve-month period referenced in subdivision (b)(3)(B)(i)*(a)* of this section immediately precede the filing of the petition for termination of parental rights or that it be for twelve (12) consecutive months;

(ii)

(a) The juvenile has lived outside the home of the parent for a period of twelve (12) months, and the parent has willfully failed to provide significant material support in accordance with the parent's means or to maintain meaningful contact with the juvenile.

(b) To find willful failure to maintain meaningful contact, it must be shown that the parent was not prevented from visiting or having contact with the juvenile by the juvenile's custodian or any other person, taking into consideration the distance of the juvenile's placement from the parent's home.

(c) Material support consists of either financial contributions or food, shelter, clothing, or other necessities when the contribution has been requested by the juvenile's custodian or ordered by a court of competent jurisdiction.

(d) It is not necessary that the twelve-month period referenced in subdivision (b)(3)(B)(ii)*(a)* of this section immediately precede the filing of the petition for termination of parental rights or that it be for twelve (12) consecutive months;

(iii) The parent is not the biological parent of the juvenile and the welfare of the juvenile can best be served by terminating the parental rights of the parent;

(iv) A parent has abandoned the juvenile;

(v)

(a) A parent has executed consent to termination of parental rights or adoption of the juvenile, subject to the court's approval.

(b) If the consent is executed under oath by a person authorized to administer the oath, the parent is not required to execute the consent in the presence of the court unless required by federal law or federal regulations;

(vi)

(a) The court has found the juvenile or a sibling dependent-neglected as a result of neglect or abuse that could endanger the life of the child, sexual abuse, or sexual exploitation, any of which was perpetrated by the juvenile's parent or parents or stepparent or stepparents.

(b) Such findings by the juvenile division of circuit court shall constitute grounds for immediate termination of parental rights of one (1) or both of the parents;

(vii)

(a) That other factors or issues arose subsequent to the filing of the original petition for dependency-neglect that demonstrate that placement of the juvenile in the custody of the parent is contrary to the juvenile's health, safety, or welfare and that, despite the offer of appropriate family services, the parent has manifested the incapacity or indifference to remedy the subsequent issues or factors or rehabilitate the parent's circumstances that prevent the placement of the juvenile in the custody of the parent.

(b) The department shall make reasonable accommodations in accordance with the Americans with Disabilities Act of 1990, 42 U.S.C. § 12101 et seq., to parents with disabilities in order to allow them meaningful access to reunification and family preservation services.

(c) For purposes of this subdivision (b)(3)(B)(vii), the inability or incapacity to remedy or rehabilitate includes, but is not limited to, mental illness, emotional illness, or mental deficiencies.

(d) Subdivision (b)(3)(B)(vii)*(a)* of this section does not apply if the factors or issues have not been adjudicated by the court or the parent is not provided with proper notice of the factors or issues;

(viii) The parent is sentenced in a criminal proceeding for a period of time that would constitute a substantial period of the juvenile's life;

(ix) ***(a)*** The parent is found by a court of competent jurisdiction, including the juvenile division of the circuit court, to:

(1) Have committed murder or manslaughter of any juvenile or to have aided or abetted, attempted, conspired, or solicited to commit the murder or manslaughter;

(2) Have committed a felony battery that results in serious bodily injury to any juvenile or to have aided or abetted, attempted, conspired, or solicited to commit felony battery that results in serious bodily injury to any juvenile;

(3) (A) Have subjected any juvenile to aggravated circumstances.

(B) "Aggravated circumstances" means:

(i) A juvenile has been abandoned, chronically abused, subjected to extreme or repeated cruelty, sexually abused, or a determination has been or is made by a judge that there is little likelihood that services to the family will result in successful reunification;

(ii) A juvenile has been removed from the custody of the parent or guardian and placed in foster care or in the custody of another person three (3) or more times in the last fifteen (15) months; or

(iii) A child or a sibling has been neglected or abused to the extent that the abuse or neglect could endanger the life of the child;

(4) (A) Have had his or her parental rights involuntarily terminated as to a child.

(B) It is an affirmative defense to the termination of parental rights based on a prior involuntary termination of parental rights that the parent has remedied the conditions that caused the prior involuntary termination of parental rights; or

(5) Have abandoned an infant, as defined in § 9-27-303.

(b) This subchapter does not require reunification of a surviving child with a parent who has been found guilty of any of the offenses listed in subdivision (b)(3)(B)(ix)*(a)* of this section; or

(x) A putative parent has not established paternity or significant contacts with his or her child after:

(a) Being named and served as a party in a dependency-neglect proceeding; or

(b) Receiving notice of a dependency-neglect proceeding under § 9-27-311 or § 9-27-325.

(c) (1) An order terminating the relationship between parent and juvenile:

(A) (i) Divests the parent and the juvenile of all legal rights, powers, and obligations with respect to each other, including the right to withhold consent to adoption, except the right of the juvenile to inherit from the parent, that is terminated only by a final order of adoption; and

(B)

(i) Divests a putative parent and the juvenile of all rights, powers, and obligations with respect to the putative parent and the juvenile if the rights of the putative parent have attached under § 9-27-325(o) before or during the termination proceeding.

(ii) The divesting of all the rights, powers, and obligations of the putative parent and the juvenile shall be based on the same authority, requirements, limitations, and other provisions that apply to the termination of the rights of a parent, including without limitation the provision requiring the dismissal of a putative parent as a party to a case without further notice to the putative parent.

(2)

(A) Termination of the relationship between a juvenile and one parent shall not affect the relationship between the juvenile and the other parent if those rights are legally established.

(B) A court may terminate the rights of one parent and not the other parent if the court finds that it is in the best interest of the child.

(3) An order terminating parental rights under this section:

(A) May authorize the department to consent to adoption of the juvenile; and

(B) Dismisses the parent or putative parent subject to the termination of parental rights as a party to the case without further notice to the parent or putative parent required.

(d) The court shall conduct and complete a termination of parental rights hearing within ninety (90) days from the date the petition for termination of parental rights is filed unless continued for good cause as articulated in the written order of the court.

(e) A written order shall be filed by the court or by a party or party's counsel as designated by the court within thirty (30) days of the date of the termination hearing or before the next hearing, whichever is sooner.

(f) After the termination of parental rights hearing, the court shall review the case at least every six (6) months, and permanency planning hearing shall be held each year following the initial permanency hearing until permanency is achieved for that juvenile.

(g) (1) (A) A parent may withdraw consent to termination of parental rights within ten (10) calendar days after it was signed by filing an affidavit with the circuit clerk in the county designated by the consent as the county in which the termination of parental rights will be filed.

(B) If the ten-day period ends on a weekend or legal holiday, the person may file the affidavit the next working day.

(C) No fee shall be charged for the filing of the affidavit.

(2) The consent to terminate parental rights shall state that the person has the right of withdrawal of consent and shall provide the address of the circuit clerk of the county in which the termination of parental rights will be filed.

(h) Upon the entry of an order terminating parental rights the:

(1) Department is relieved of all responsibility for providing reunification services to the parent whose parental rights are terminated;

(2) Appointed parent counsel is relieved of his or her representation of the parent whose parental rights are terminated except as provided under Rules 6-9 and 6-10 of the Rules of the Supreme Court and Court of Appeals of the State of Arkansas;

(3) Appointed parent counsel shall be reappointed to represent a parent who successfully appeals the termination of his or her parental rights if the parent is indigent; and

(4) Parent whose parental rights are terminated is not entitled to:

(A) Notice of any court proceeding concerning the juvenile; and

(B) An opportunity to be heard in any court proceeding concerning the juvenile.

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1) Caretaker's behavior toward child (ren) is violent or out of control.
2) Caretaker describes or acts towards the child in predominantly negative terms or has extremely unrealistic expectations.
3) Caretaker caused serious physical injury to the child or made a plausible threat to cause severe physical injury.
4) Caretaker's explanation for the injury is unconvincing.
5) The family refuses access to the child and there is reason to believe that the family is about to flee, or the child's whereabouts cannot be ascertained.
6) Caretaker has not, cannot, or will not provide supervision necessary to protect the child from potentially dangerous harm.
7) Caretaker is unwilling or unable to meet the child's needs for food, clothing, shelter, and/or medical, or mental health care.
8) Child is fearful of the caretaker, other family members, or other people living in or having access to the home.
9) Child's physical living conditions are hazardous and immediately threatening, based on the child's age and developmental status.
10) Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.
11) Caretaker's current substance use seriously affects his/her ability to supervise, protect, or care for the child.
12) Caretaker fails to protect child (ren) from serious physical or threatened harm.
13) Caretaker's emotional stability seriously affects current ability to supervise, protect, or care for the child.
14) Caretaker has previously maltreated a child and the severity of the maltreatment or the caretaker's response to the previous incidents suggest that child safety may be an immediate concern.