

# Alaska Children's Justice Act Task Force

State of Alaska's Children: 2021 Update

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# Introduction to the Alaska CJATF



- Federally mandated and funded
- *Mission: Identify areas where improvement is needed in the statewide response to child maltreatment, make recommendations and take action to improve the system.*
- Statewide, multidisciplinary membership
- Legislation to improve protection & justice for children (starvation, serious physical abuse, privacy)
- Focus on education: child abuse in Alaska, mandatory reporting, & best practices for the multidisciplinary response to child abuse



# Key Points



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- Newest research on child abuse and neglect in Alaska
- Pandemic impact on our system response to child maltreatment
- Ideas to help families with children with problematic sexual behaviors
- Recommendations to improve future child safety and well being



# Building a stronger Alaska

## Prevention along a continuum...

**Goal:** Support pregnant women/parents to build environments that maximize learning/development

**Time:** Our efforts (teen, pregnancy, childhood, adult) matter for prevention

**Factors:** co-exist and require coordination to mitigate impact.



# Prevent further child abuse & neglect



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- Support programs that strengthen families
  - Strong, stable, nurturing families create strong, healthier, safer children
- Continue to support Alaskan Child Advocacy Centers (CACs)
  - Best practice responses when abuse & neglect may have happened
- Make essential changes to our current MDT (multidisciplinary team) statute to allow CACs to help families when state agencies opt out

# Budget considerations



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- *New study just published: costs for 2019 non-fatal child abuse cases in Alaska*
- \$710 million “human capital” costs to state (health, child welfare, criminal justice, special education, productivity loss)
- \$2.3 billion including mortality & quality of life
- *“Economic Costs of Child Abuse and Neglect in Alaska in 2019” – Nolan Klouda MPA, CEcD*

# Child Abuse & Neglect in Alaska



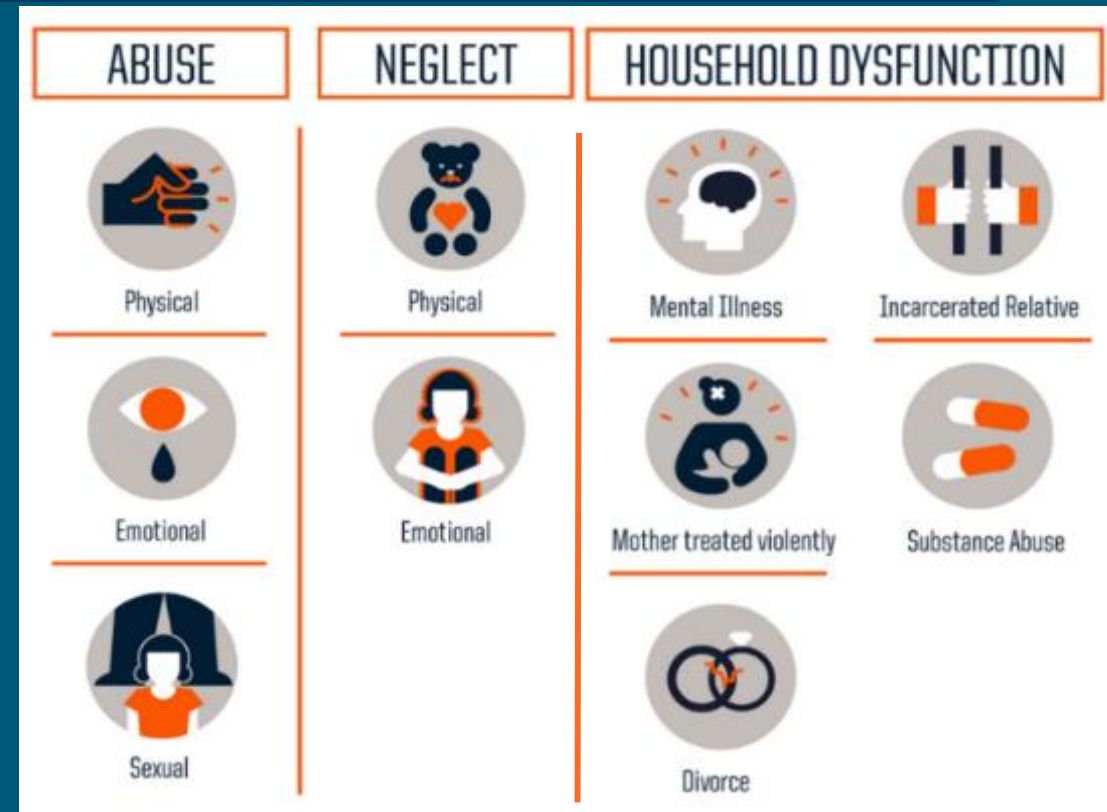
How are the children?

# Adverse Childhood Experiences



CDC researchers and Kaiser Permanente<sup>1</sup>

- Asked about events before age 18
- 75% White
- Mean age: 57 years old
- 75% at least some college



Source: Centers for Disease Control and Prevention  
Credit: Robert Wood Johnson Foundation

1) Felitti, Vincent J., et al. "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study." *American journal of preventive medicine* 14.4 (1998): 245-258.



# Findings: ACEs Are Common



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## Abuse, by Category

Emotional	11%
Physical	28%
Sexual (anyone)	21%

## Neglect

Emotional neglect	15%
Physical neglect	10%

## Household Dysfunction, by Category

Substance Abuse	27%
Mental Illness	19%
Mother Treated Violently	13%
Parental separation/divorce	23%
Incarcerated family member	5%

# ACES: It's Not Just One Bad Thing...



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- If any one ACE is present:
- *There is an 87% chance at least one other category of ACE is present*
- *50% chance of 3 or more*

# ACEs have consequences:



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The more ACEs documented, the higher the risk for developing later health and social problems

Accumulation  
of ACEs

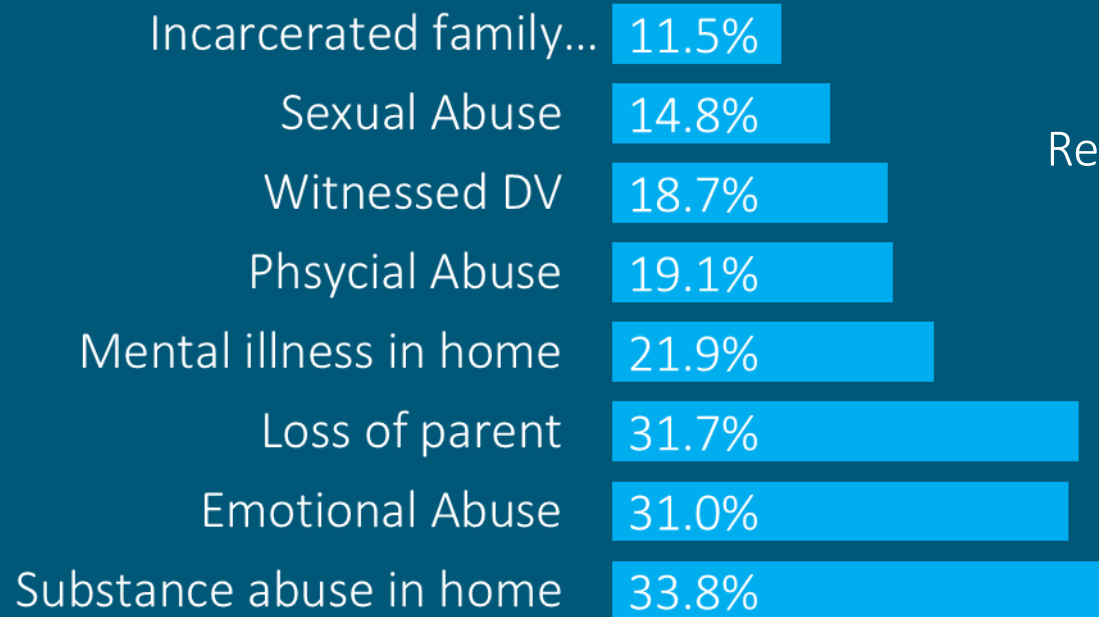


Trauma modifies  
development &  
genetics



# ACEs in Alaska: Snapshot

<http://dhss.alaska.gov/abada/ace-ak/Pages/default.aspx>



Reporting 4+



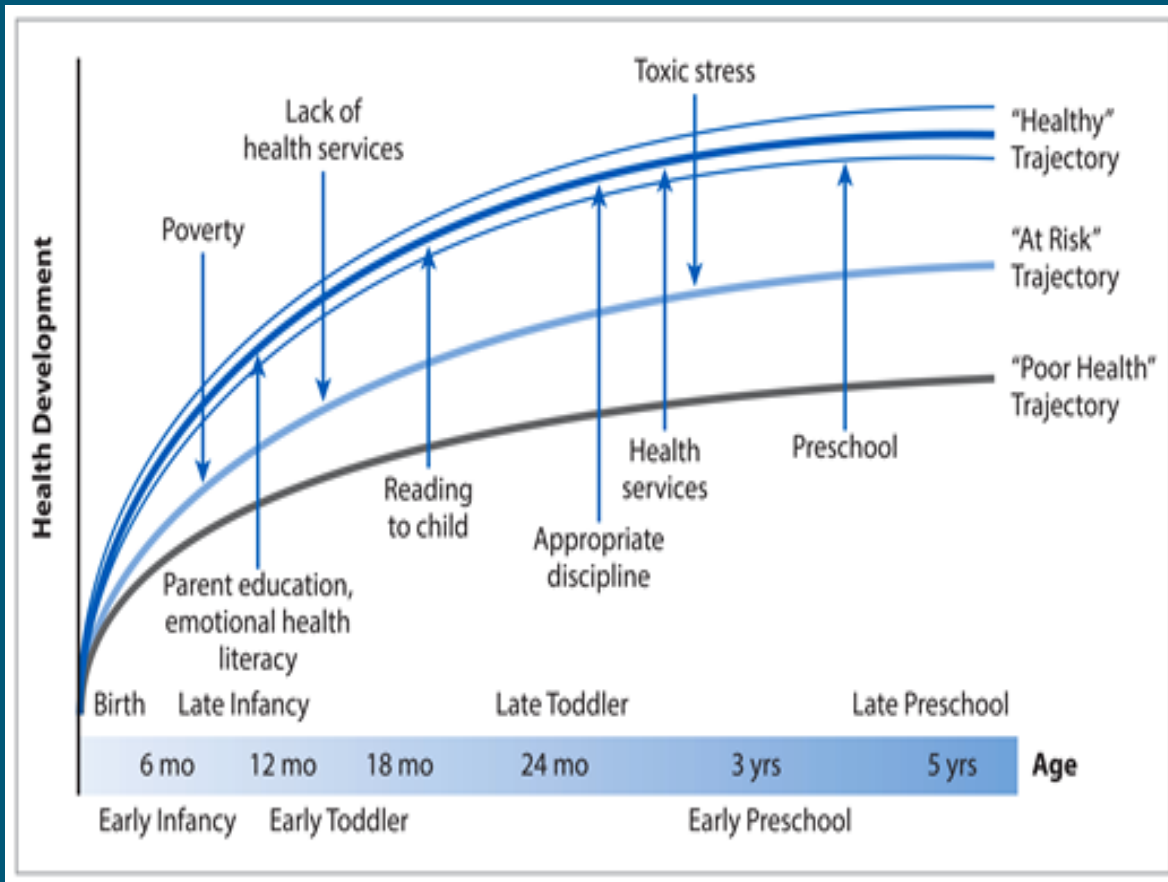
- 49% more likely to be unemployed
- 274% more likely to be unable to work
- 92% more likely to earn < \$20k annually
- Significantly more likely to report poor physical & mental health

Rows indicate exposure to this form of adverse childhood experience. Columns indicate co-occurrence with other exposures.

Abuse	Physical Abuse	Sexual Abuse	Verbal/ Emotional Abuse	Mental Illness	Substance Abuse	Domestic Violence	Separation Divorce	Household Member in Prison
Physical Abuse	NA	35.9%	78.4%	42.6%	60.4%	53.6%	47.2%	21.6%
Sexual Abuse	43.7%	NA	57.2%	44.4%	56.5%	35.9%	43.0%	18.5%
Verbal/Emotional Abuse	47.5%	28.4%	NA	42.7%	58.0%	40.8%	44.8%	19.1%

Household Dysfunction	Physical Abuse	Sexual Abuse	Verbal/ Emotional Abuse	Mental Illness	Substance Abuse	Domestic Violence	Separation Divorce	Household Member in Prison
Mental Illness	36.7%	31.4%	60.8%	NA	61.3%	36.3%	43.5%	22.6%
Substance Abuse	33.2%	25.5%	52.7%	39.1%	NA	37.4%	49.1%	25.8%
Domestic Violence	55.0%	30.2%	69.1%	43.3%	69.7%	NA	56.9%	25.0%
Separation/Divorce	27.5%	20.6%	43.1%	29.4%	52.0%	32.3%	NA	20.8%
Household Member in Prison	36.9%	25.9%	53.7%	44.7%	79.9%	41.5%	60.8%	NA

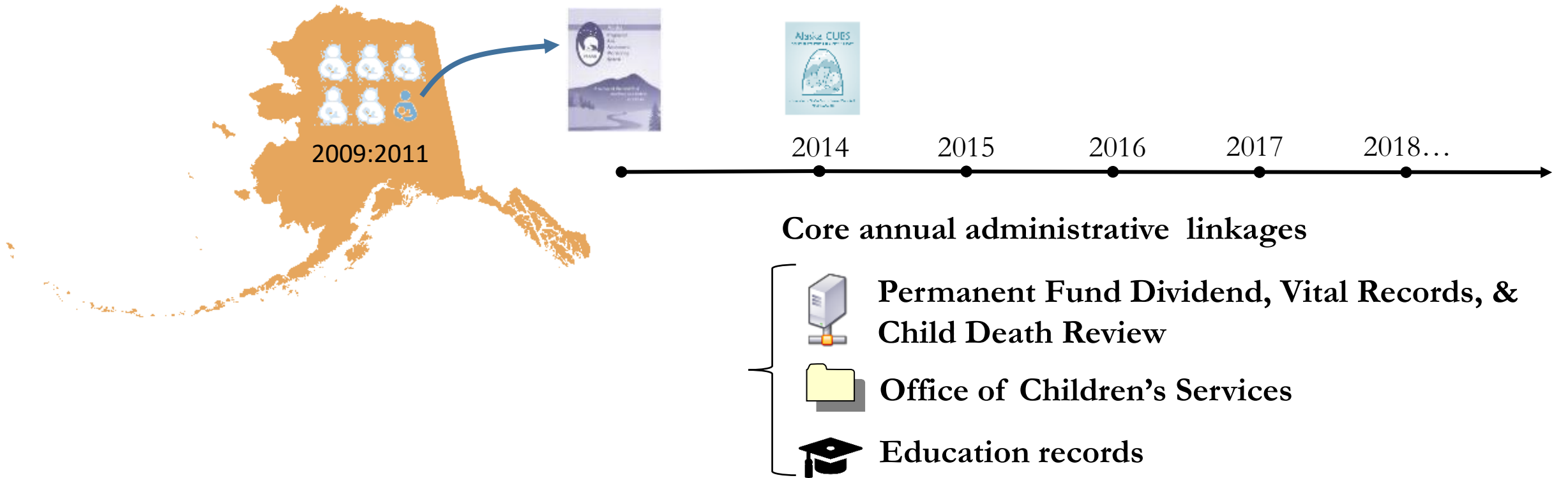
# Life course perspective



Life can start with and develop differential health trajectories over the life course.

- Assets and deficits support or reduce healthy development
- Prevention/intervention timing during the life course can have positive impacts on health
- Lifetime burden (Risk) is important to measure to inform public health prevention efforts

# ALCANLink – A mixed design approach



2009:2011

2014

2015

2016

2017

2018...

## Core annual administrative linkages



**Permanent Fund Dividend, Vital Records, & Child Death Review**



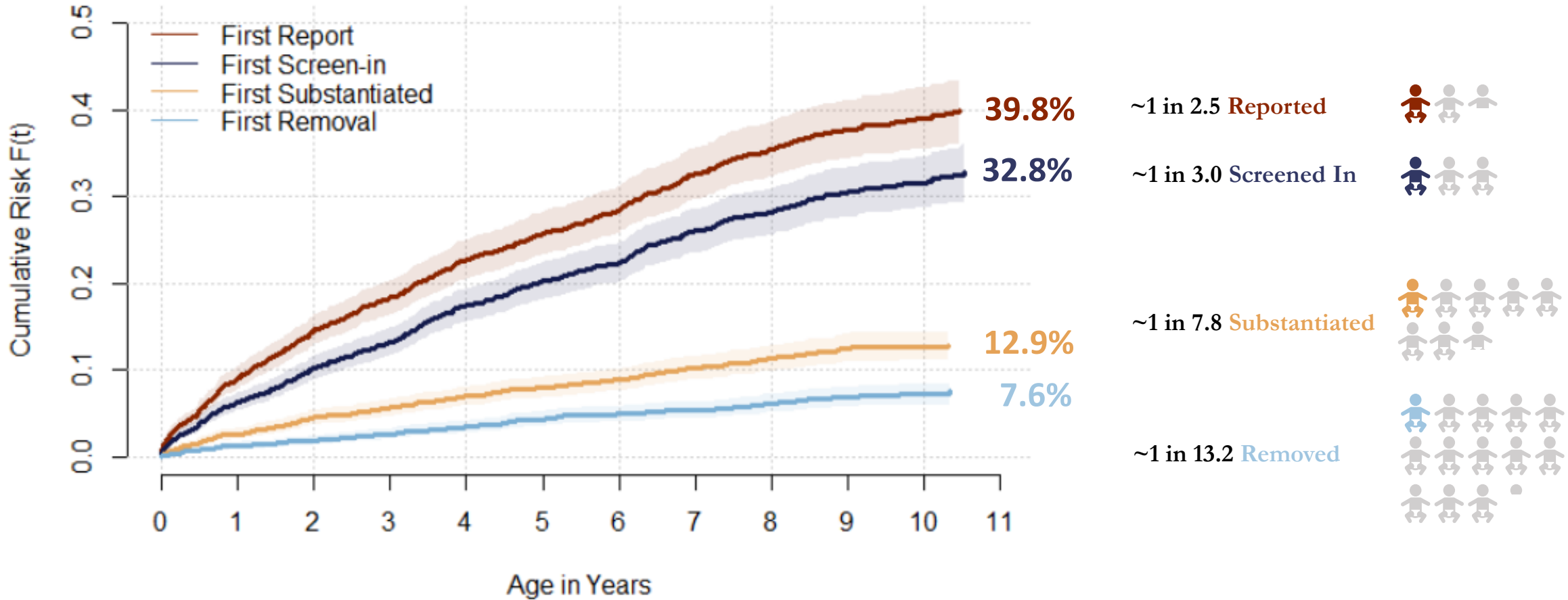
**Office of Children's Services**



**Education records**



# Among children born during 2009-2011 in Alaska (n = 33,417) - Before their 11<sup>th</sup> birthday:





# Maternal experiences likely provide an “early warning”



Child Abuse & Neglect  
Volume 82, August 2018, Pages 83-91



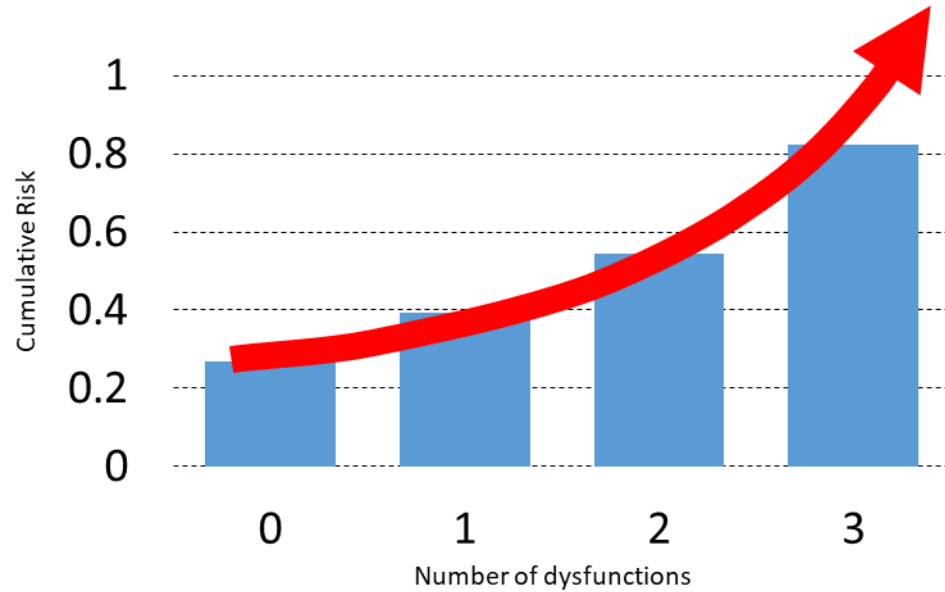
Using time-to-event analysis to identify preconception and prenatal predictors of child protective services contact

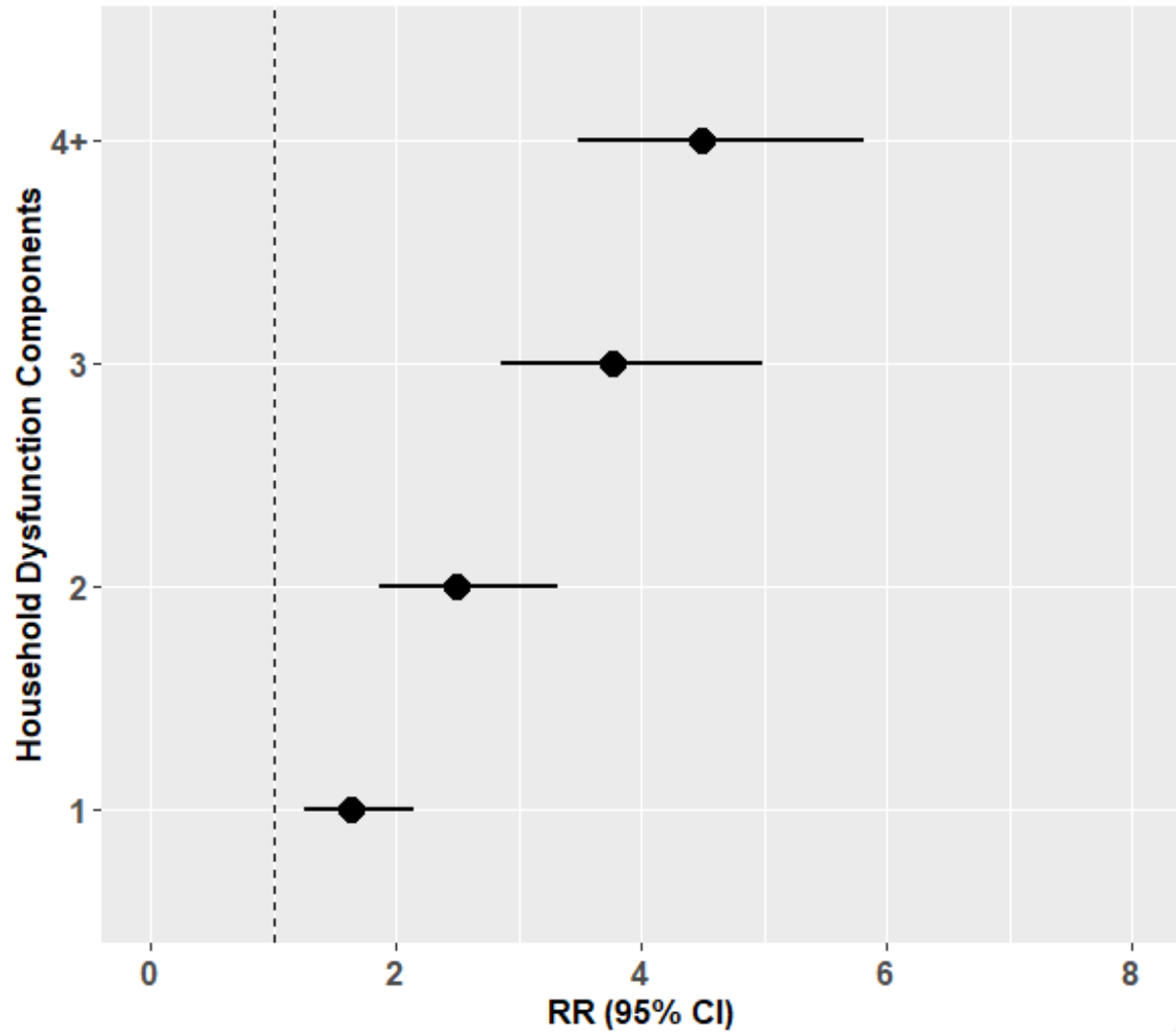
Anna E. Austin <sup>a, b, c, d</sup>, Jared W. Parrish <sup>e</sup>, Meghan E. Shanahan <sup>a, b</sup>

- **76% more likely** to be reported to CPS if born to a mother who experienced at least 1 stressful life event during the 12 months before childbirth

1. Sick family member had to go to the hospital
2. Separated/divorced
3. Homeless
4. Partner lost job
5. Lost job but wanted to still work
6. Argued with partner more
7. Partner didn't want pregnancy
8. Lot of bills that could not pay
9. Self or partner went to jail
10. Some close had problem with drinking/drugs
11. Someone close died
12. Moved
13. Was in a physical fight

The risk of contact with child welfare systematically increases with the increased number of pre-birth household challenges (aka household dysfunction)!

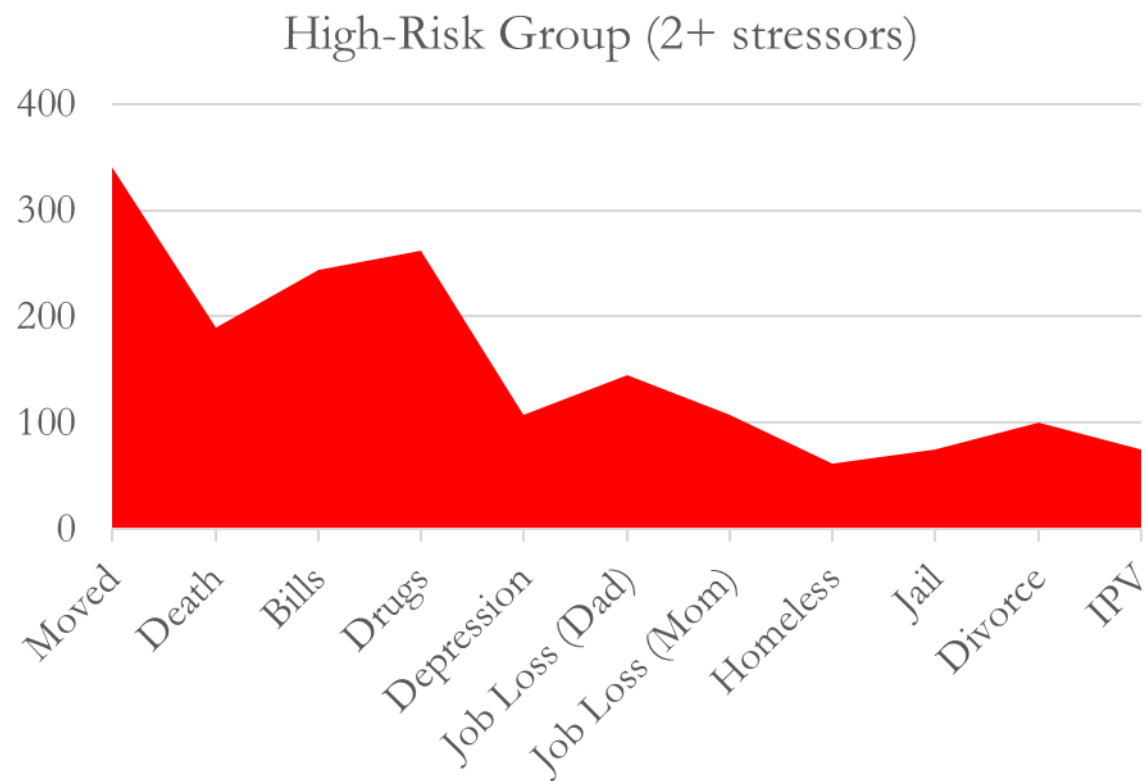
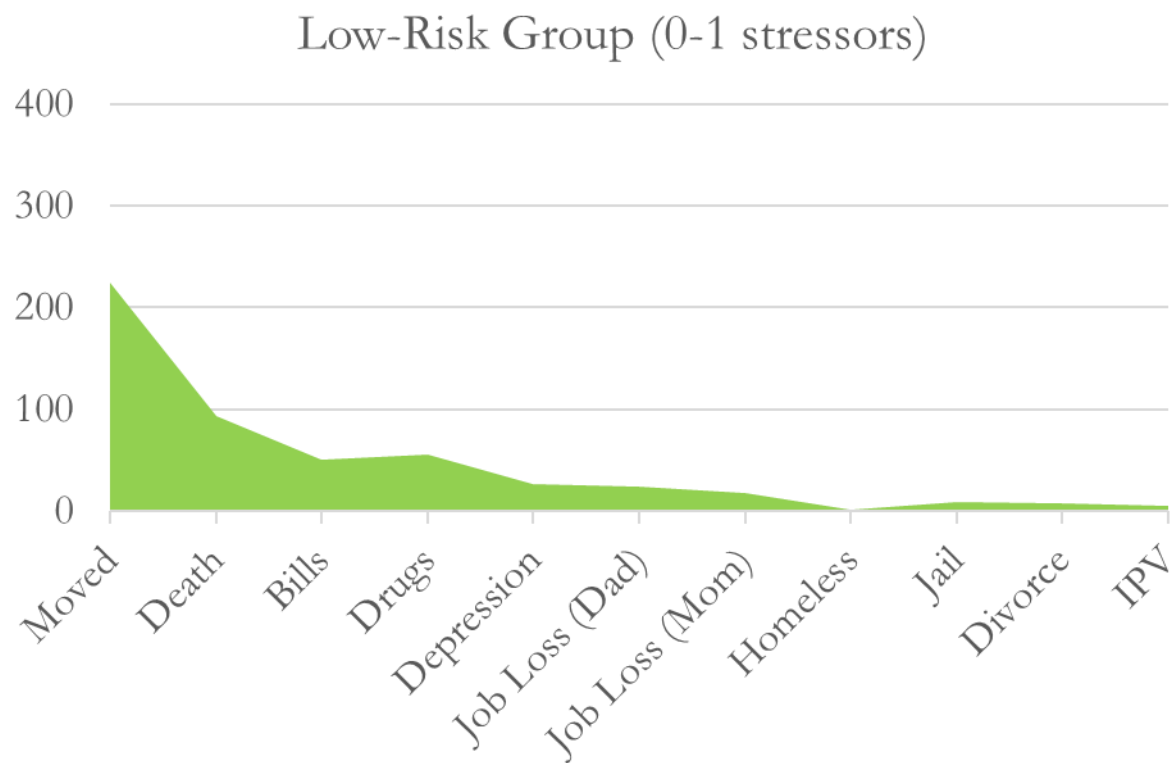




For each additional pre-birth challenge reported, a systematic relative increase in average childhood ACE score was observed

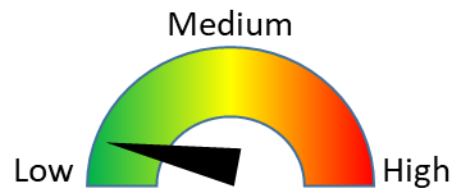


# Two main groups identified in the pre-birth period

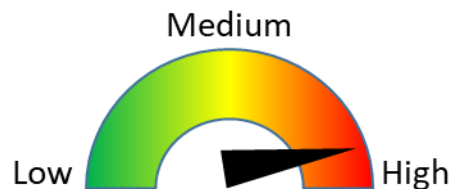


# Changes in number of household challenges is associated with risk of being reported to OCS

## Pre-birth



**$\leq 1$  family challenge reported**



**$\geq 2$  family challenges reported**

## Early childhood



## Report to OCS

Risk increases by **140%**

Risk does not change (remains low)

Risk does not change (remains high)

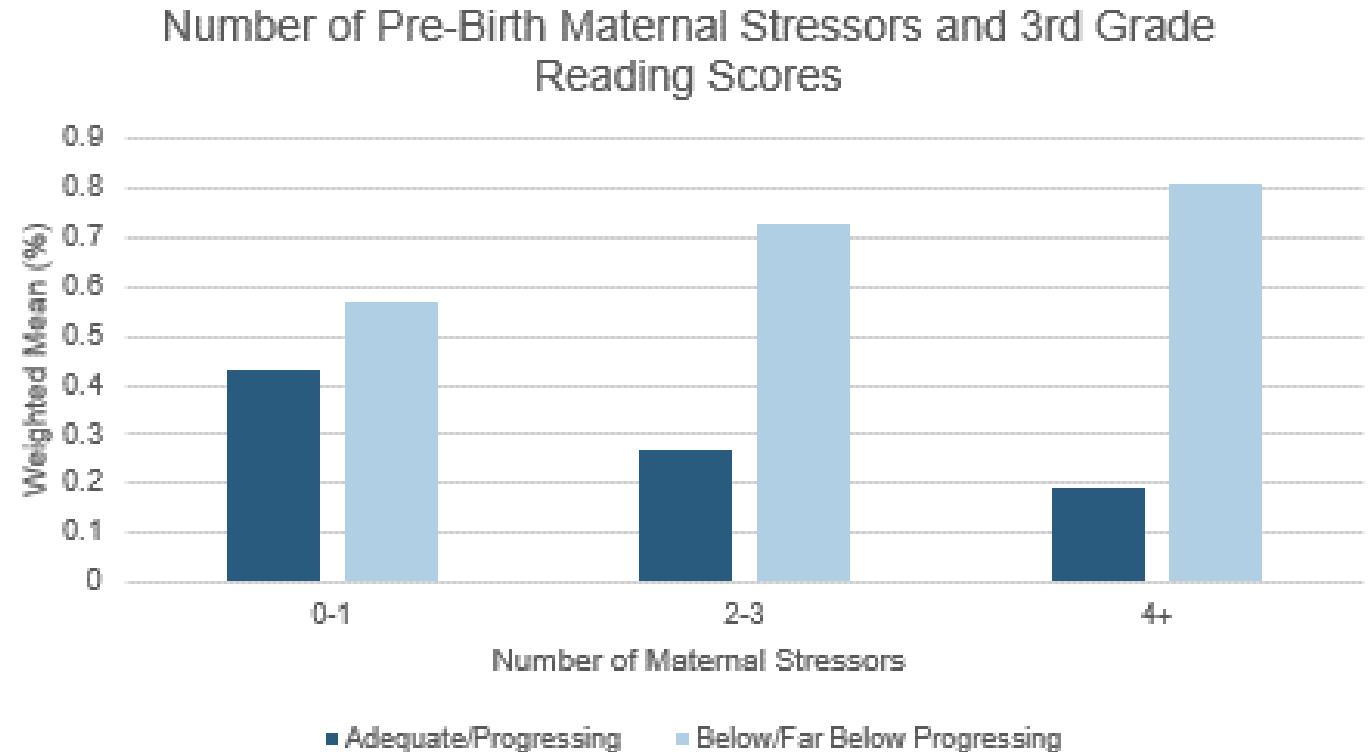
Risk decreases by **43%**

# Pre-Birth Maternal Stressors and Reading Scores

Relative to children born to mothers reporting 0-1 stressors:

**28% more likely** to score below/far below if born to mothers reporting 2-3 stressors

**43% more likely** to score below/far below if born to mothers reporting 4+ stressors

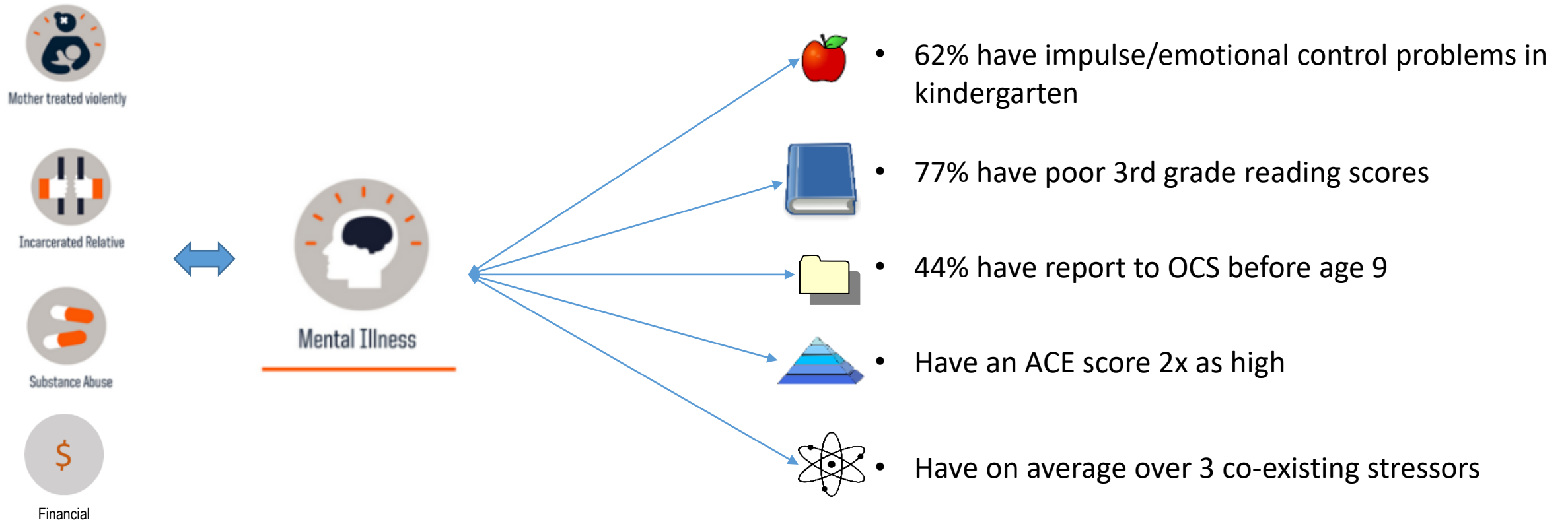


# Children with a report to Child Welfare are:



- **16% more likely** to score lower on the Alaska Developmental Profile
- **42% more likely** to score below/far below on their 3<sup>rd</sup> grade reading score
- **120% more likely** to have chronic absenteeism

# A connected and comprehensive approach required to support child wellbeing!





# From Alaska Maternal Child Death Review



- 502 deaths Alaska children age 0-17 reviewed by MCDR 2016-2019
- 19% of child deaths were maltreatment related (abuse and/or neglect)
- Neglect more common than abuse: 82% of maltreatment-related cases
- Abuse and/or neglect caused or contributed to:
  - 40% child deaths from firearms
  - 31% child deaths from suicide
  - 29% SUID deaths
  - 17% child deaths from motor vehicle crashes
  - 8% child deaths from medical causes

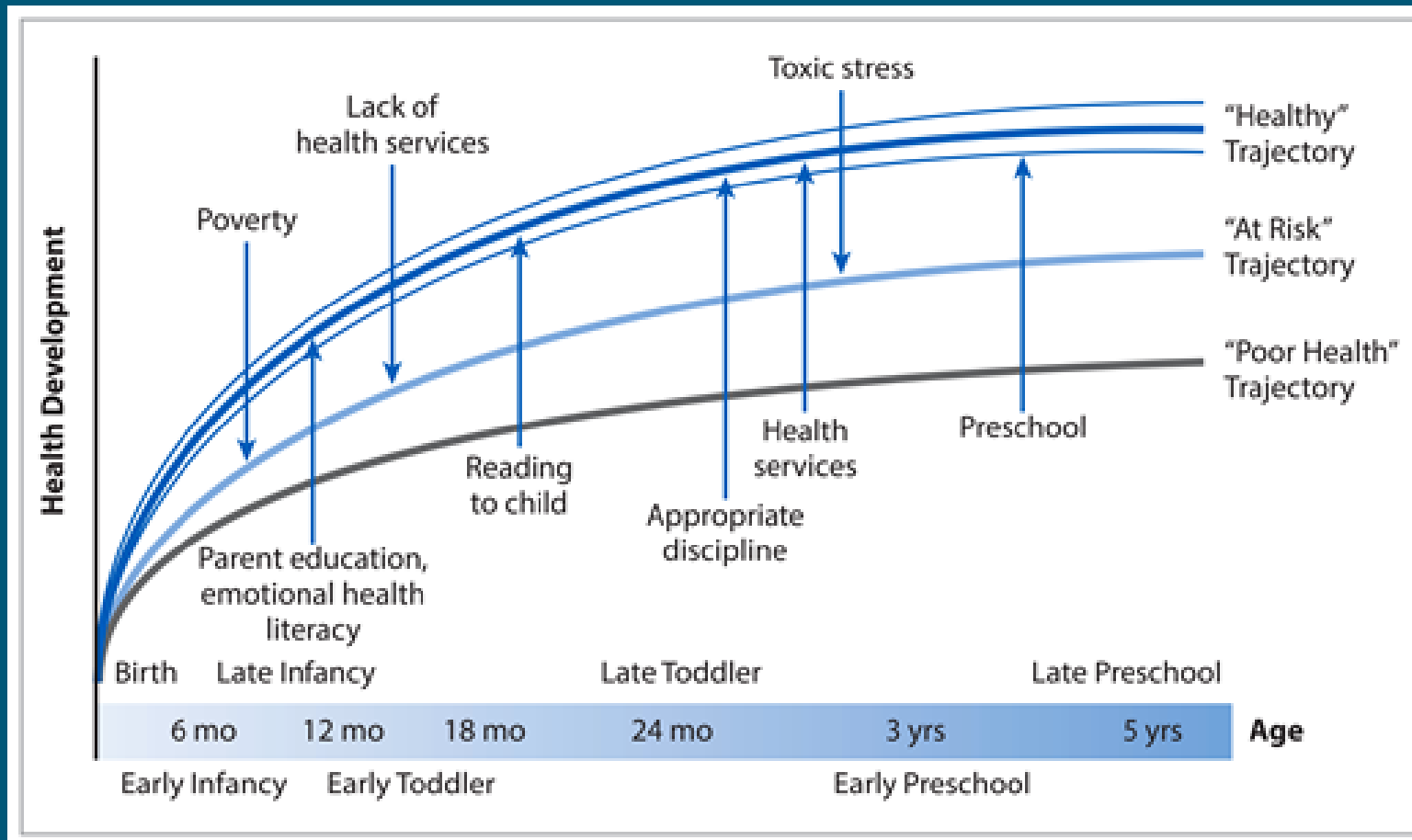
# From Alaska MCDR, cont.



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- 55% of children who died had parent or caregiver who maltreated any child
- In 80% of child deaths at least one caregiver had history of substance misuse
- *c/w 47% child deaths not maltreatment related*

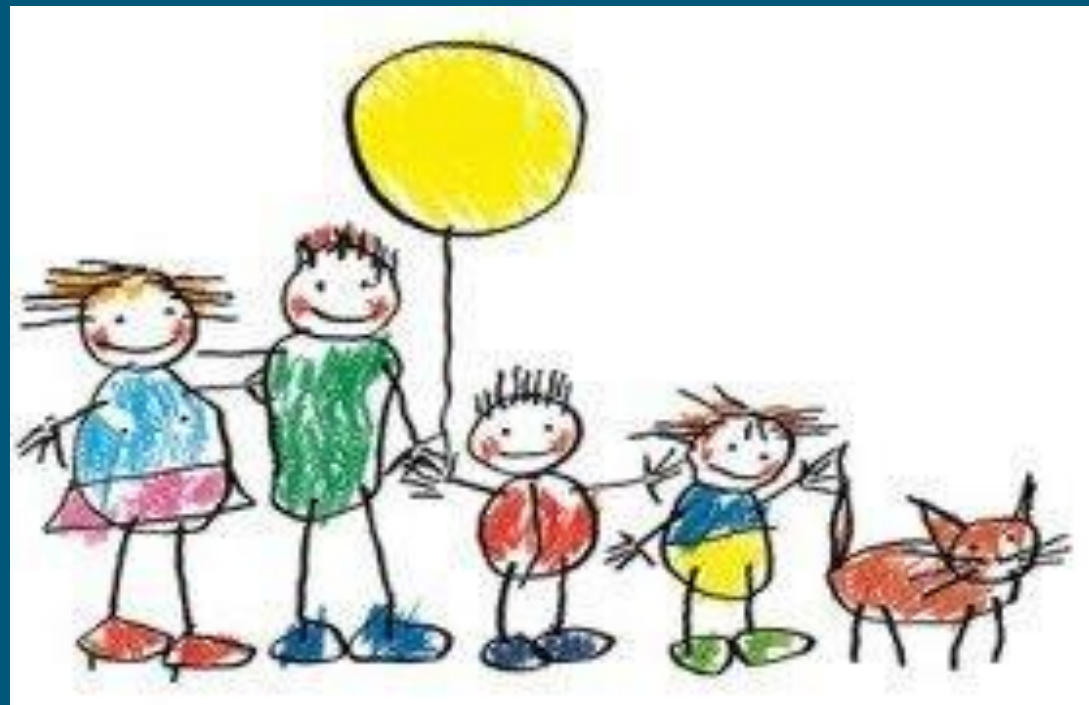
# How do we create the best future for our children's lives?



# Recommendations

# Support programs that strengthen families

- “Help me grow”
  - *Under umbrella of All Alaska Pediatric Partnership*
  - *Resources & support to promote healthy child development*
  - *Developmental screenings & follow up support*
  - *Free*
- “Alaska Resilience Initiative”
  - *Under umbrella of Alaska Children’s Trust*
  - *Support network of nonprofit, tribal & state organizations, schools, faith groups, businesses, & community coalitions working to reduce ACEs & build resilience*
- “Nurse-Family Partnership Programs”
  - *Providence NFP & Southcentral Foundation Nutaqsiivik*
  - *Home visitation to provide education & support during pregnancy & first 3 years of child’s life*



# “Strengthening Families” program

- Goal: promote child & family well-being
- Research-informed, strength-based
- Helps families:
  - *Reduce stress*
  - *Address risk factors*
  - *Promote healthy development*
- By:
  - *Social connections*
  - *Knowledge of parenting & child development*
  - *Parental Resilience*
  - *Concrete support in time of need*
  - *Children’s social & emotional competence*

- Options for legislators & staff:
  - *Schedule your own training*
  - Can be full course OR
  - Abbreviated version OR
  - Scheduled lunch and learn
  - *Join an existing session (email [uaa.cwa.Alaska.edu](mailto:uaa.cwa.Alaska.edu))*

**Strengthening Families**

Strengthening Families™ is a research-informed, strength-based approach focused on engaging families, programs, and communities in building five protective factors that help families succeed and thrive, even in the face of risk and challenges.

Research and evidence-based information can help support a range of needs, strengthen parenting practices, and improve mental, social and emotional competencies of children. The overarching goal is the promotion of child and family well-being.

We offer a free two-day training for bringing the Strengthening Families Protective Factors to life in your work.

**When:** June 20-21, 2019 (Thursday-Friday)  
**Time:** 8:30a - 4:30p  
**Where:** UAA/AFU Consortium Library, Room 307  
3211 Providence Drive, Anchorage, AK 99508

Click to register: [REGISTRATION](#)

A two-day coffee break/water service and lunch will be provided on both days. Parking is free for attendees. Details to follow.

# Support programs that strengthen communities

- Community collective impact initiatives
  - R.O.C.K. Mat-Su (Raising Our Children with Kindness)
  - Southern Kenai Peninsula MAPP (Mobilizing for Action through Planning and Partnerships)



# Pandemic impact on our ability to protect children



“Everything that was hard before is harder now”



# What is known



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- Prior U.S. emergencies & disasters:
  - *Great Recession 2007-2009: increase in high frequency spanking*
  - *Hurricane Floyd 1999: intentional and unintentional child traumatic brain injury increased up until 6 months post-disaster*
  - *Loma Prieta earthquake 1989: California physical abuse higher 3, 6, 11 months post earthquake*
- Other studies show child maltreatment tends to increase following disasters:
  - *Physical abuse*
  - *Emotional abuse*
  - *Sexual abuse*
  - *Neglect including*
    - Fewer medical/dental checkups
    - Failure to protect from hazards

# In Alaska



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- Pandemic has increased stress for many children and families
  - *Unemployment*
  - *Loss of employment related benefits*
  - *Food insufficiency*
  - *Housing instability*
  - *Education*
  - *Childcare*
  - *Illness, death of family members*

# Survey of 7179 Alaskan adults (11-12/2020)



- 63% said overall emotional health has gotten worse
- 39% concerned about stability of their living situation (63% if income <\$20,000)
- 50% more worry or stress paying for bills/expenses
- 65% more worry or stress obtaining medical care, medications
- 73% skipped preventive care due to COVID-19

“Impact of COVID-19 on Alaska Families”  
[dhss.Alaska.gov/dph/wcfh/Pages/mchepi/default.aspx](https://dhss.alaska.gov/dph/wcfh/Pages/mchepi/default.aspx)

# COVID impact on families, cont.



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- 88% concerned about impact on their child's mental health
- 83% reported children stressed by changes in family routine
- 68% reported child more anxious than usual
- 67% reported child more irritable/easily angered
- 80% worried about impact on their child's education

"Impact of COVID-19 on Alaska Families"

[dhss.alaska.gov/dph/wcfh/Pages/mchepi/default.aspx](https://dhss.alaska.gov/dph/wcfh/Pages/mchepi/default.aspx)

# Mental health care



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- Increased stressors for children and families
- While reduced access for help
- *While innovations in technology, for many children:*
- Zoom is not the same

# Child abuse & neglect



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- Very serious cases require hospitalization
- *Transfers from across state go to ANMC or PAMC*
- Alaska CARES in-patient consults for serious physical abuse & neglect:
  - *2018: 37*
  - *2019: 26*
  - *2020: 71*

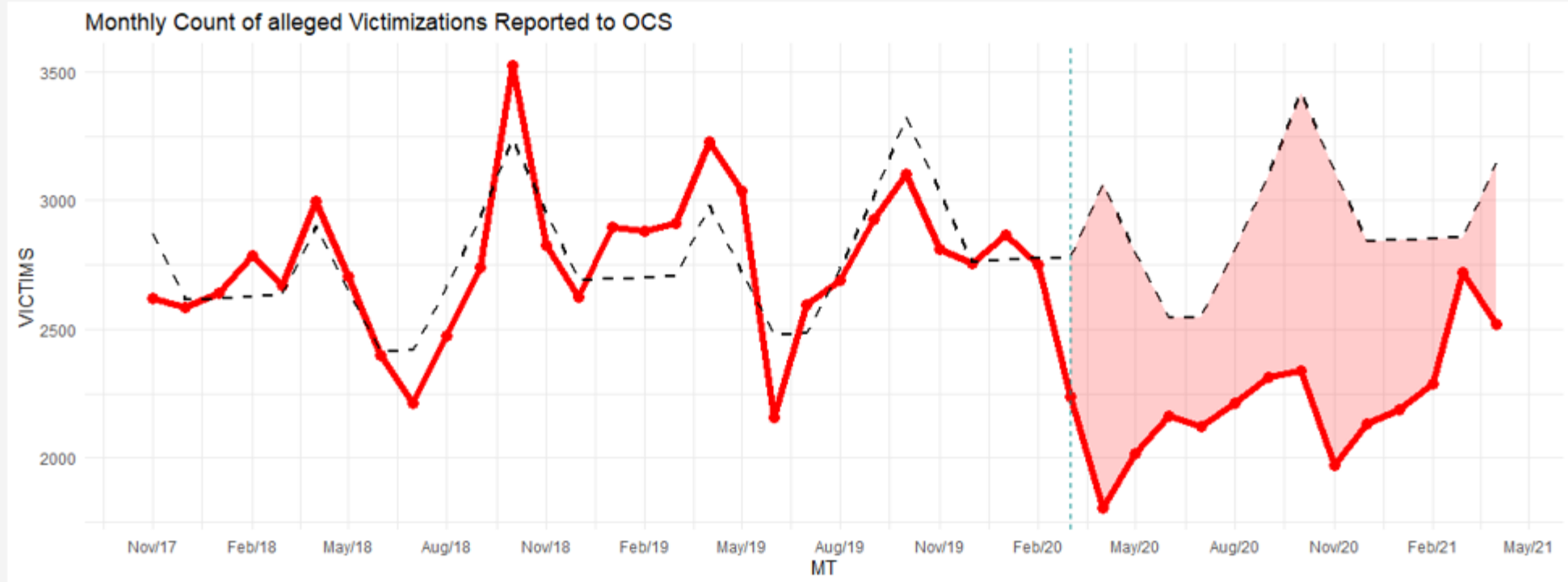
# Child protection



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- Children with fewer contacts with mandated reporters (schools, health care)
- Lower priority cases not evaluated due to COVID
- Delays in seeing children due to COVID

# COVID-19: Reported victims to OCS



Crude model\* estimated number of unreported victims between 3/2020 – 3/2021: ~9,680

\*quasipoisson model allowing for monthly variation. Form:  $\log(u_t) = \alpha + \beta_t + \gamma_{cv(t)} + \epsilon$



# Child protection



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- Initial lack of PPE for OCS staff
- Challenges with arranging visitation for children in care
- *Zoom is not the same*
- Delays in child protection hearings and trials
- Record high turnover of OCS staff: 52% vs 43% prior year (25% increase)

# Law enforcement



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- Difficulty getting children in for evaluations
- *Restrictions on travel in/out of some communities*
- *Restrictions on bringing children in if child and/or family member ill or had recent travel*

# Other downstream effects

- Impacts on service providers
- May not be completely known for some time
- May be ongoing for months
- Additive to historical trauma – prior disease epidemics (influenza, TB, diphtheria, measles, etc)



# Recommendations



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- Support programs that strengthen families and communities (see above)
- Amend AS 47.17 to expand list of mandated reporters to include more professionals and paraprofessionals that work with children:
  - *Employees & volunteers at public and private animal shelters*
  - *First responders*
  - *Persons employed by OCS & equivalent agencies*
  - *Clergy (with certain exceptions)*

# Recommendations

- Early & effective intervention: ongoing support for our Child Advocacy Centers
  - Multidisciplinary response
  - Child focused
  - Forensic interview
  - Medical exam
  - Mental health services
  - Support & advocacy
  - Information sharing



Another area of concern:  
Children with sexual behavior problems

# What is it?



- Not kids playing doctor or showing normal curiosity about body parts!
- Examples:
  - *Billy age 10 has been having unwanted sexual-related contact with other kids in his classroom at school*
    - Removed from school
    - Not substantiated by OCS due to no finding of abuse or neglect by parent
    - Not referred to CAC = no referrals for services
  - *Johnny age 9 is reported to be having forceful sexual contact with his 8 year old sister*
    - Referred to law enforcement but too young to prosecute
    - Not forwarded to DJJ
    - Not forwarded to CAC = no referrals for services

# Indicators of problem behaviors:



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- *Aggressive, frequent, intrusive or coercive*
- *Involve harm to youth and others*
- *Do not respond to parental intervention*
- *Occur among youth of disparate ages*



# Why is this important?



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- It is common
- *Studies indicate 25-40% of offenders on children are children*
- May indicate child has been sexually abused
- *OR physically abused, neglected, exposed to pornography, exposed to adult sexual activity*
- *Opportunity to protect from further harm*
- Sexual attraction to children can become “hardwired”
- *Some studies indicate 75% or more of adult sex offenders started offending as children*
- *At average age 12-14 years*

# Why is this important?



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- Significant impact on both children & their families
- Treatment at an early age can be VERY EFFECTIVE
- *From the National Children's Alliance:*
- *Children ages 7-12 have a 98% long-term success rate*
- *Youth ages 13-18 have a 97% long-term success rate*

# Why is this important?



Screening	Screening Reason	Maltreatment	Alleged Victim Gender	Case Count	IA Count	PSR Count	Allegation Count	Alleged Victim Count	Alleged Perp Count	Alleged Vctm Average Age	Alleged Perp Average Age
Screen In	CPS Provider	CPS Provider Investigation		25	25	25	47	43	26	8	12
	Meets Init.	Meets Init. Assmnt. Criteria		780	856	868	1,487	1,305	814	8	15
	Screen In Total:			804	881	893	1,534	1,346	839	8	15
Screen Out	Does not Meet IA	Does not Meet IA Criteria		758	0	819	1,120	1,023	803	8	15
	Emergency Mgmt	Emergency Mgmt Decision		2	0	3	6	3	2	1	17
	Insuf. Info. To	Insuf. Info. To Locate Total:		29	0	29	33	31	30	4	17
	Law Enforcement	Law Enforcement Juris. Only		1,616	0	1,745	2,127	1,954	1,709	10	13
	Mult. Ref. on	Mult. Ref. on Same Incident		299	0	330	478	431	317	9	16
	Referred to	Referred to Another State		27	0	27	49	47	29	8	
	Referred to Tribe	Referred to Tribe Total:		8	0	8	8	8	8	6	17
Screen Out Total:			2,481	0	2,961	3,821	3,168	2,801	9	15	
Grand Totals:			3,026	881	3,854	5,355	4,168	3,524	9	15	

From OCS reports 1/1/2016-2/22/2021

# What are barriers to helping families?



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- Many cases don't meet criteria for OCS, law enforcement, DJJ
- If screened out by OCS:
  - *Confidentiality statutes/policies prohibit sharing information with other helping agencies*
  - *Parent of child with behavior problem may not even be aware report was made*
- OCS & law enforcement response in these cases would be unnecessarily intrusive & unwelcome
- Parents, many medical/mental health providers not equipped to respond
- Children, families fall through the cracks

# Recommendations

- The National Children's Alliance has determined Child Advocacy Centers are best equipped to see these cases
- Most Alaska CACs are prepared to assist
- Requires changes to our MDT statute (47.14.300) & OCS regulations to allow sharing of information and referrals to CACs for screened out cases



# Our data suggests that:



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- Many Alaskan adults bear the burden of a lifetime accumulation of family violence and dysfunction
- Alaskan children start accumulating these adverse events early in life
- Our children & our families bear the burden
- Our economy and our society bear the costs

# To reduce this burden we need:



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- Prevention
- Early recognition
- Early, effective, timely intervention
- Effective treatment
- Legislation to better protect children

A focus on supporting healthy, stable , safe and nurturing families and communities so our children can be healthy & successful adults

# Build a stronger Alaska



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# How will you be a champion for Alaskan families?



# Data credits



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- **Jared W. Parrish PhD**  
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- Pat Sidmore – Alaska ACEs researcher
- Maternal Child Death Review committee
- Alaska Office of Children's Services
- Alaska CARES