

Alaska Children's Justice Act Task Force

Child Abuse in Alaska: 2019 Update



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Justice Act Task Force

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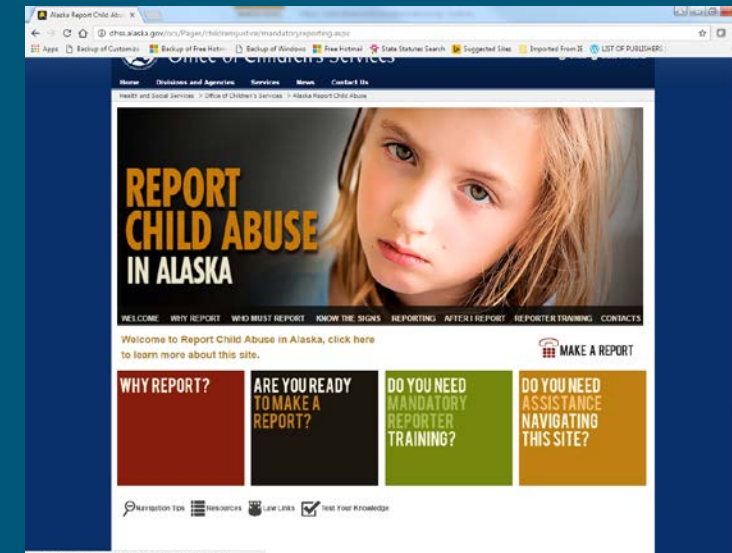
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Introduction to the Alaska CJATF



- Federally mandated and funded
- ***Mission:** Identify areas where improvement is needed in the statewide response to child maltreatment, particularly child sexual abuse, 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



- What's happening with child abuse and neglect in Alaska?
 - It's COMMON
- What is the impact?
 - Adverse Childhood Experiences (ACE) Studies
 - Alaska ACEs and their costs
- What can we do to change the trajectory for our kids? HOPE!
- A real-life look at trauma

Child Abuse in Alaska

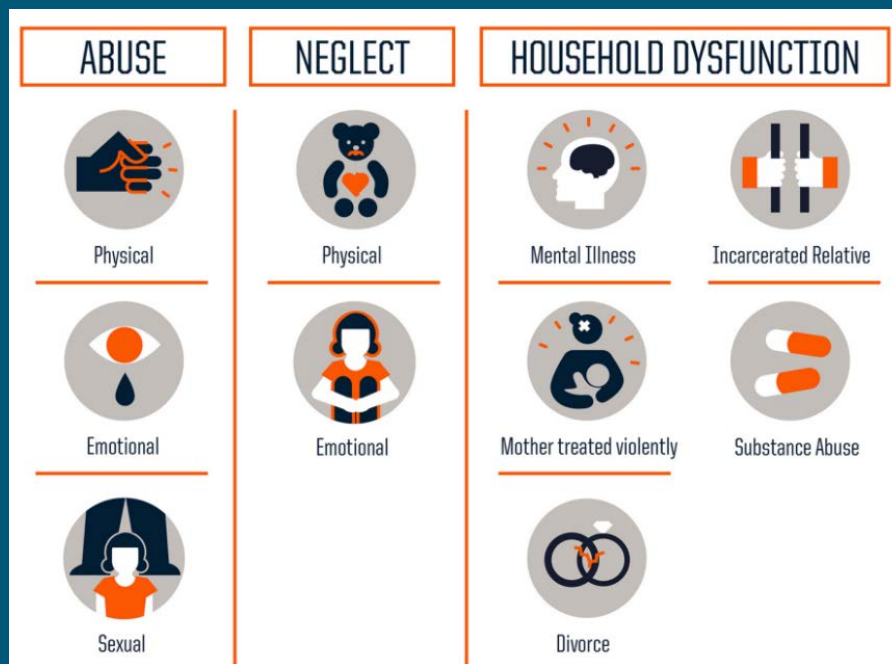


Adverse Childhood Experiences (ACE)

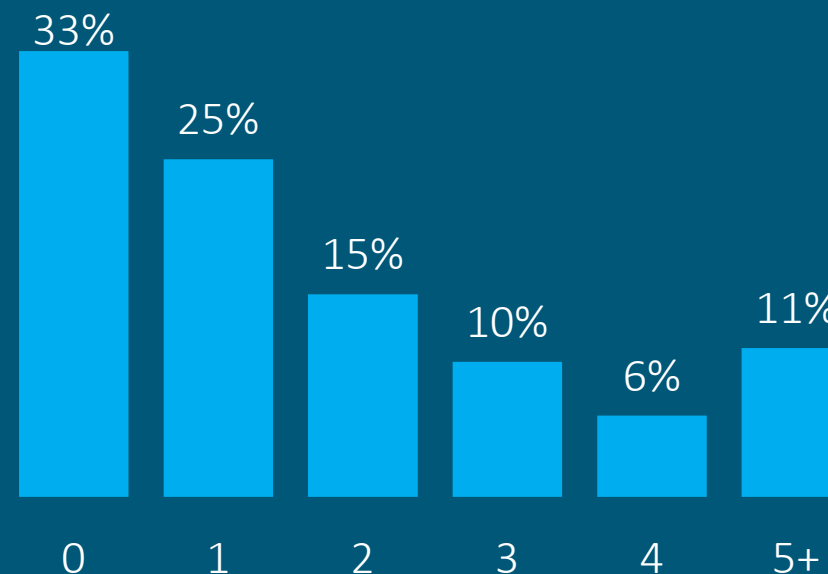


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Collaborative study between CDC researchers and Kaiser Permanente¹
>17,000 participants of an HMO asked about events before age 18
75% white (54% female, 46% male), mean age 57, 75% at least some college.



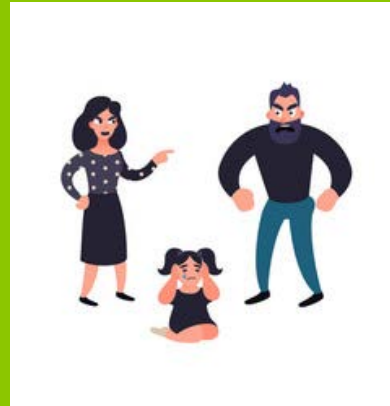
Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation



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.

34%

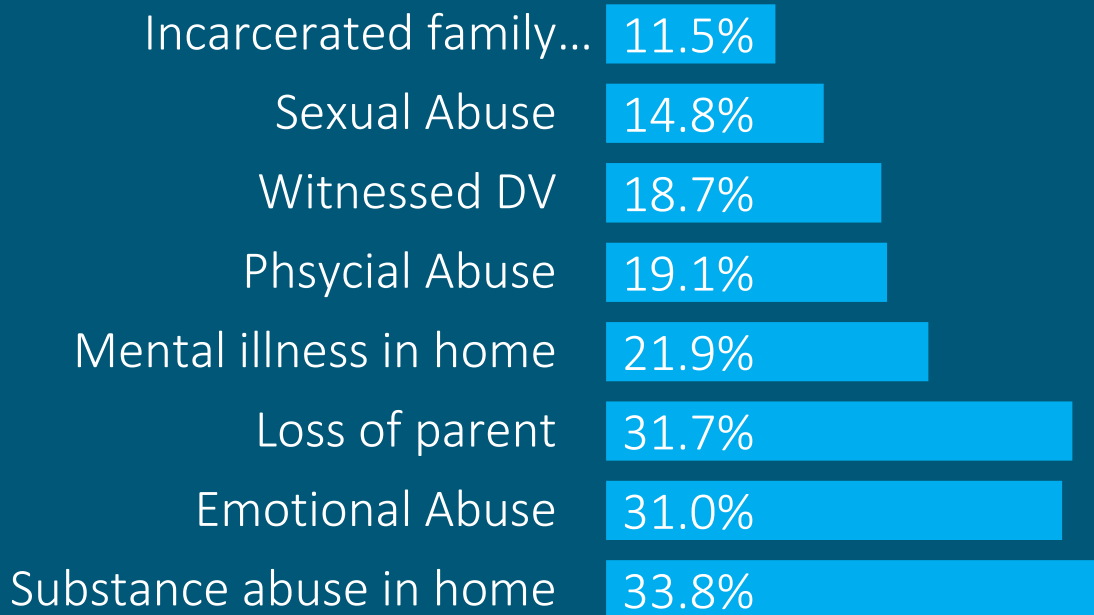
of Alaskan Adults report experiencing physical or sexual abuse, physical neglect, or emotional neglect as a child (0-17 years; BRFSS 2014-2015)



Prevalence among adults

Alaska ACEs 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.		Physical Abuse	Sexual Abuse	Verbal/Emotional Abuse	Mental Illness	Substance Abuse	Domestic Violence	Separation Divorce	Household Member in Prison
Abuse	Physical Abuse		35.9%	78.4%	42.6%	60.4%	53.6%	47.2%	21.6%
	Sexual Abuse	43.7%		57.2%	44.4%	56.5%	35.9%	43.0%	18.5%
	Verbal/Emotional Abuse	47.5%	28.4%		42.7%	58.0%	40.8%	44.8%	19.1%
Household Dysfunction	Mental Illness	36.7%	31.4%	60.8%		61.3%	36.3%	43.5%	22.6%
	Substance Abuse	33.2%	25.5%	52.7%	39.1%		37.4%	49.1%	25.8%
	Domestic Violence	55.0%	30.2%	69.1%	43.3%	69.7%		56.9%	25.0%
	Separation/Divorce	27.5%	20.6%	43.1%	29.4%	52.0%	32.3%		20.8%
	Household Member in Prison	36.9%	25.9%	53.7%	44.7%	79.9%	41.5%	60.8%	

Adverse Childhood Experiences (ACE)



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

Accumulation
of ACEs



Trauma modifies
development &
genetics

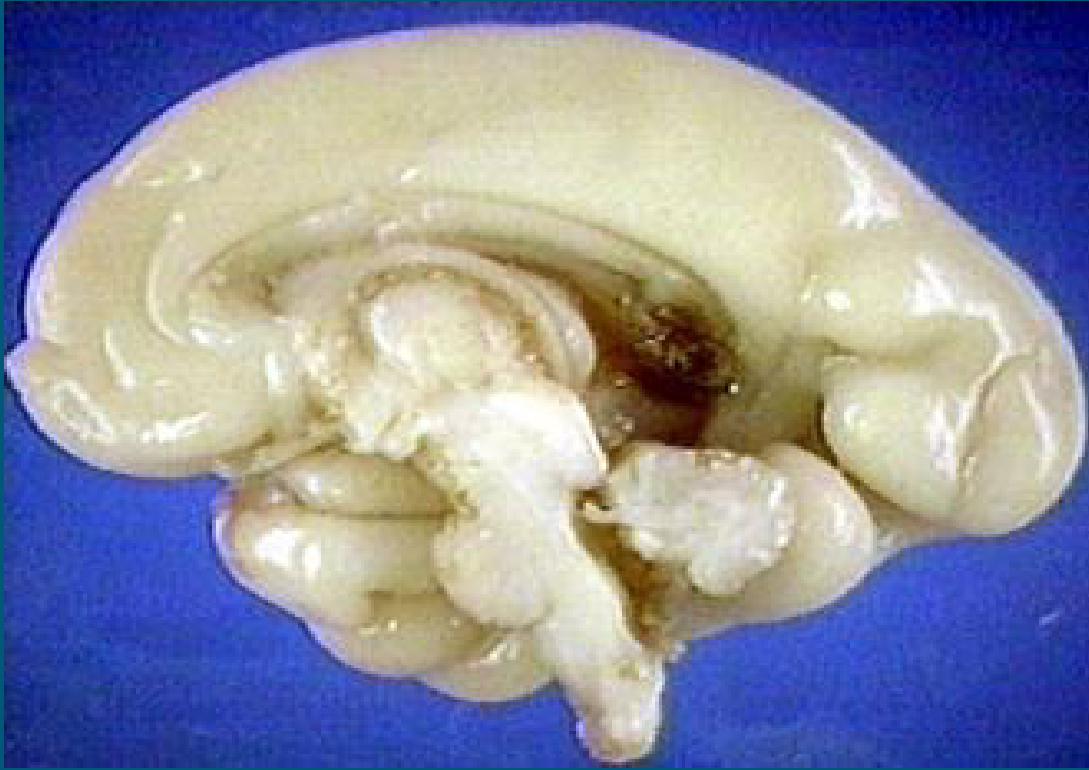


Impacts Start Prior to Birth

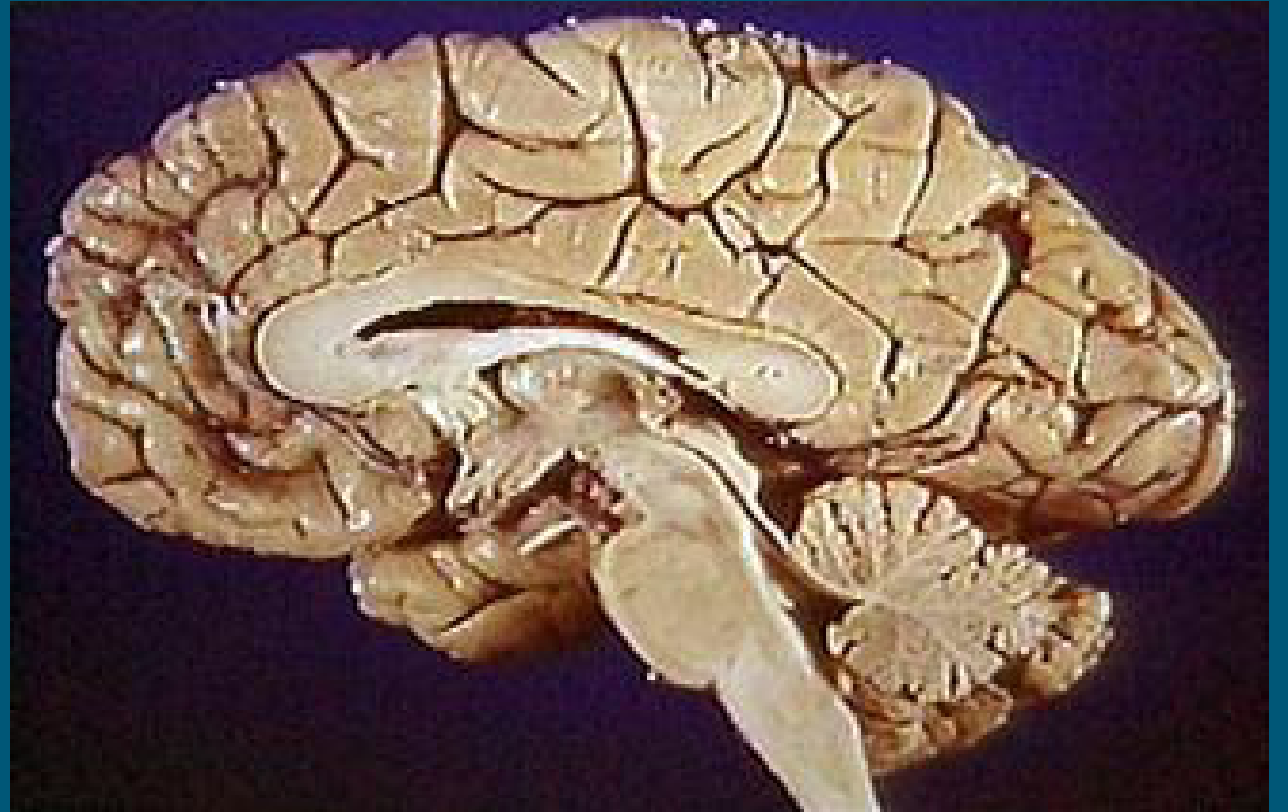


- Prenatal exposures and experiences can have an impact on both vulnerability as well as resiliency
- Impacts on brain development and genetics
- Examples:
 - FASD
 - Asthma hospitalization risk

The Developing Brain: Macro View

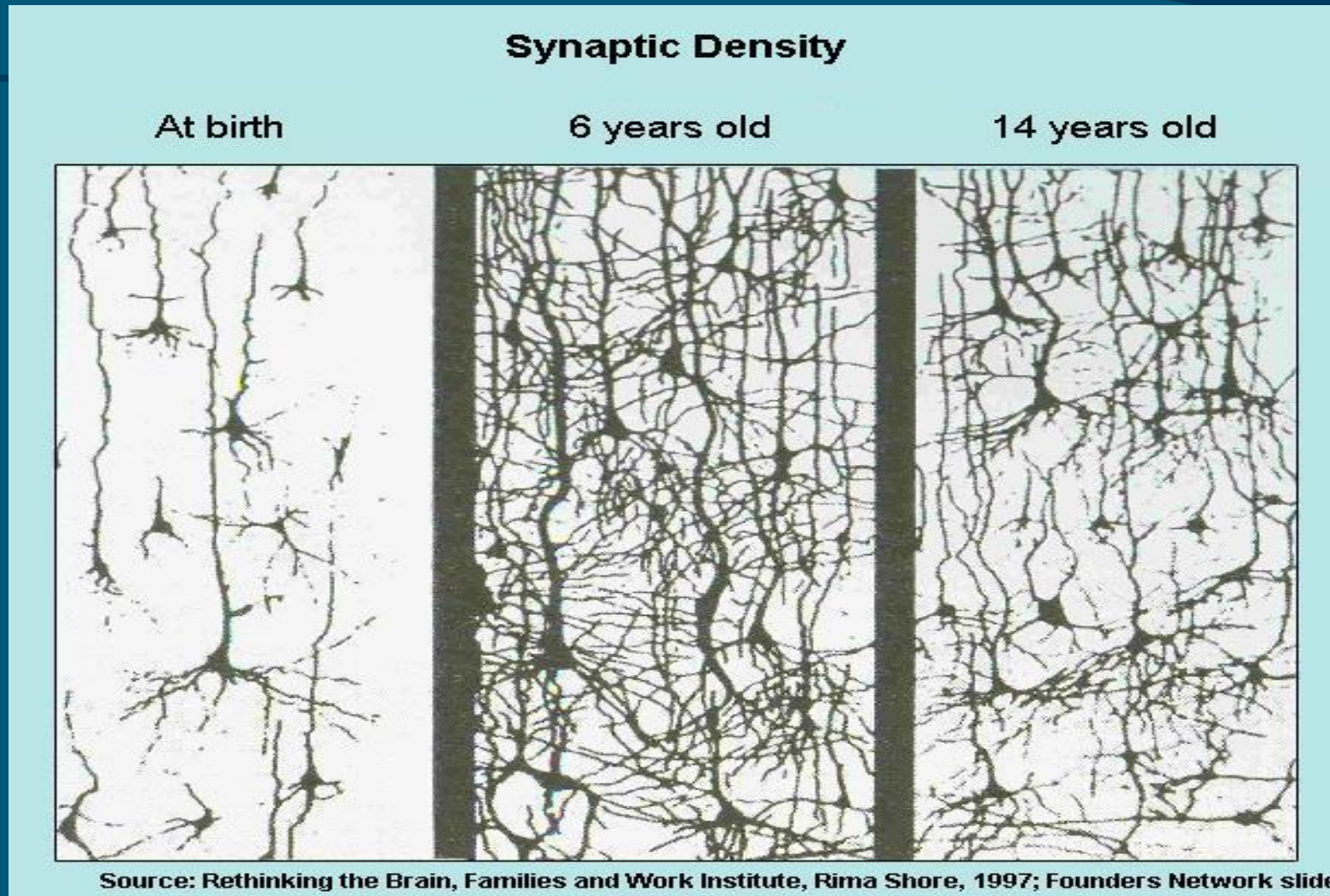


Infant Brain



Adult Brain

Rapid Growth of Neuron Development



Key Concepts:

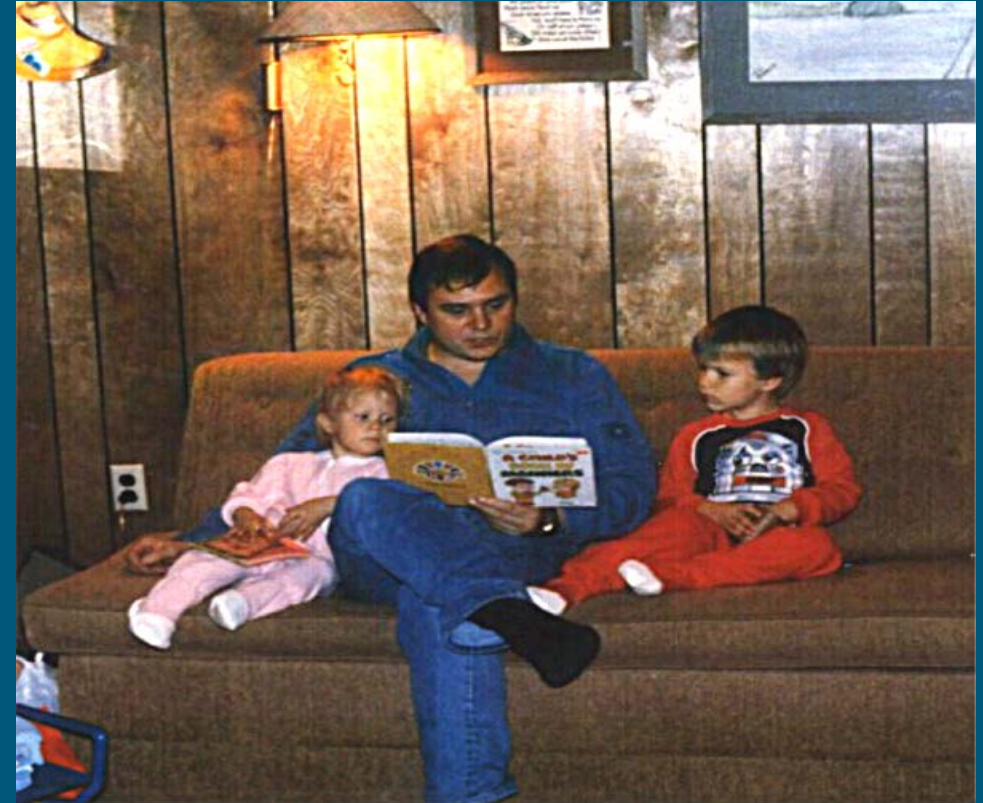
1. Neurons are designed to change in response to external signals
2. The undifferentiated developing brain is critically dependent on environmental cues
3. Disruption, or lack of critical cues, can result in compromised brain function



4. Development of brain areas occur in a certain order:
“Building Blocks”

Key Concepts, Continued

5. Children learn to form relationships and respond to stress - just as they learn to see, hear, walk, talk
6. Relationships children have with caregivers play critical roles in regulating stress hormone production during early years of life
7. Toxic stressors in childhood create measurable changes to the brain



The Brain: Targets of Stress



Cerebral cortex
EEG changes
smaller callosum

Limbic system
neuronal changes
decreased size

Brainstem/ Cerebellum
altered transmitters

Two Roads to Travel

Safe and Nurturing

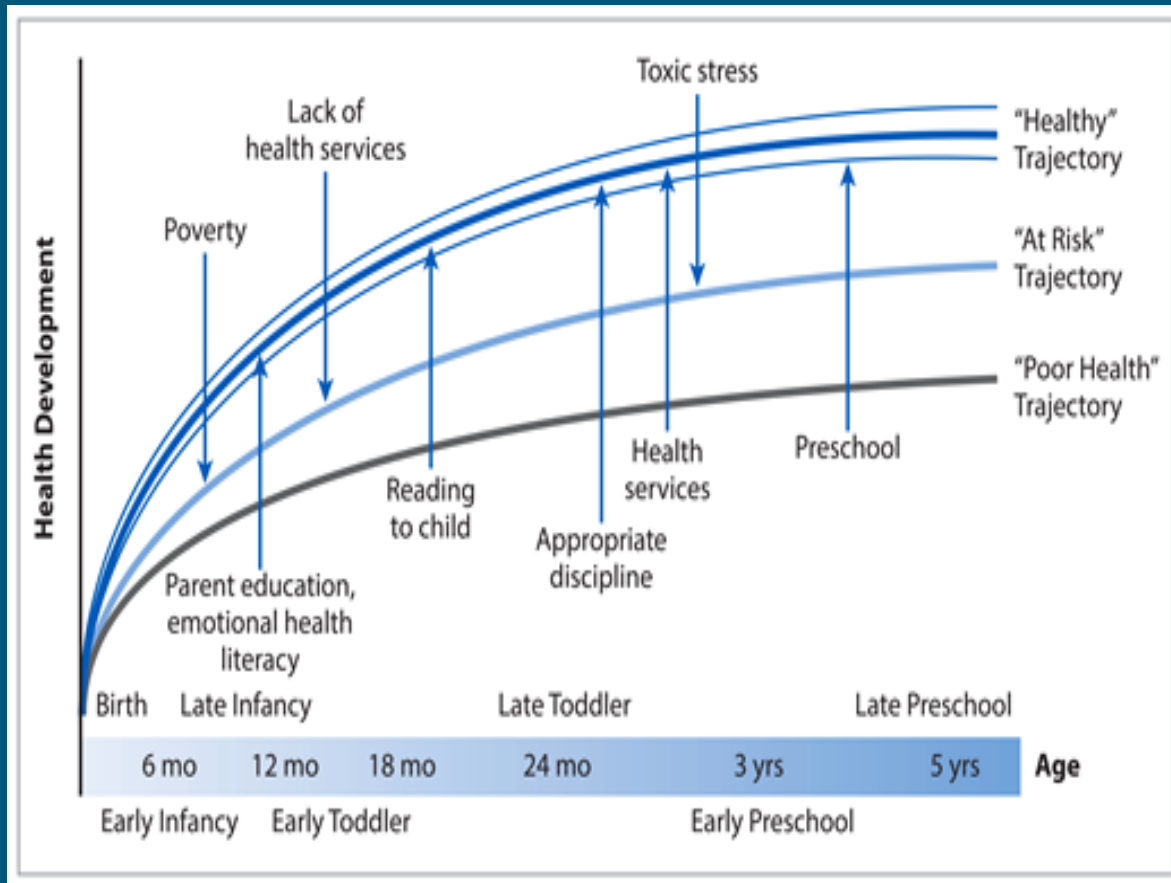
- Have a stable foundation from which to explore their world
- Spend more time in the upper blocks (bonding, talking, interpersonal relationships)
- Child feels calm and safe and can focus their energy on learning

Trauma and Chaos

- When a child is unsafe/threatened, they spend more time in the lower blocks, focusing only on survival
- Fight, Flight or Freeze neural pathways become “hardwired”



Life course perspective



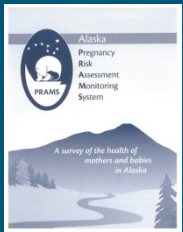
Life can start with and develop differential health trajectories over the life course.

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

New emerging data resources



Moving beyond describing the issue from an adult perspective to documenting the health and development over the life course



Alaska Pregnancy Risk Assessment Monitoring System (Alaska PRAMS)

Follow-up



Administration and response



Maternal experiences

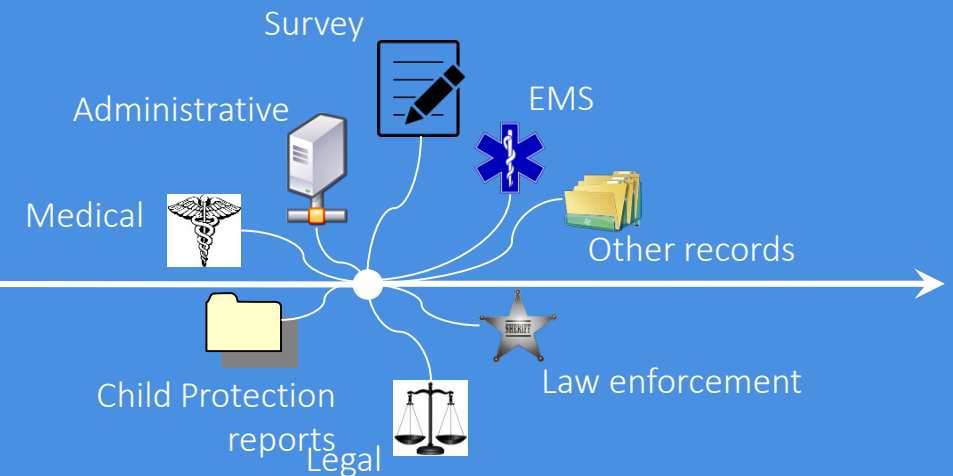


2009:2011

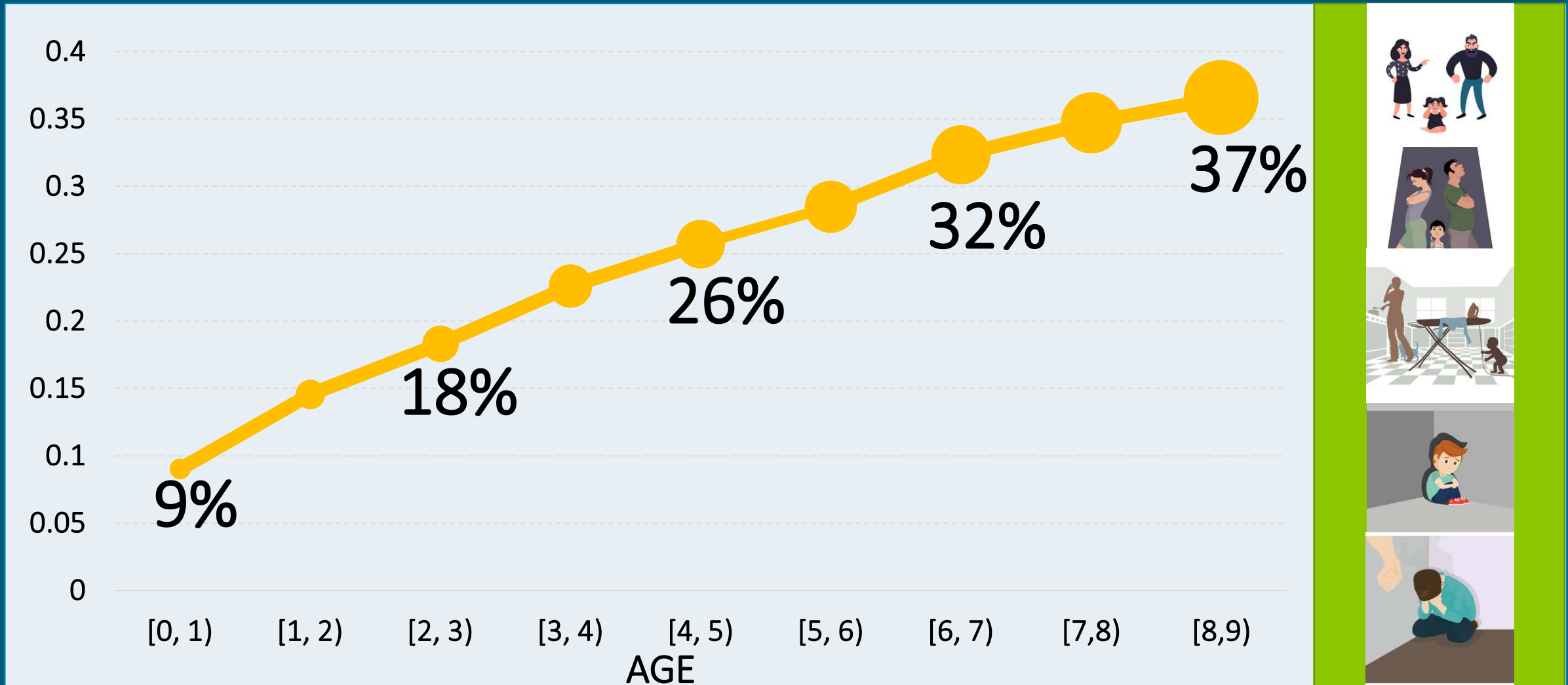


Annual Linkages

Alaska Longitudinal Child Abuse and Neglect Linkage Project (ALCANLink)



Cumulative incidence of contact with OCS among children born in Alaska



Risk (incidence) among children

Maltreatment burden



What do the numbers suggest

Annual Prevalence



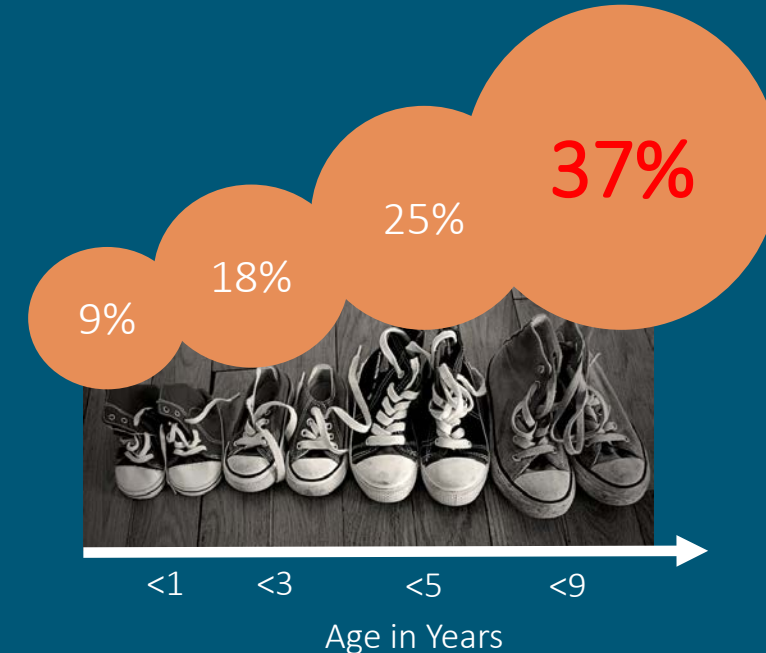
~10% of the child population reported to OCS annually in Alaska

Adult prevalence



34% of Alaskan Adults report experiencing physical or sexual abuse, physical neglect, or emotional neglect as a child

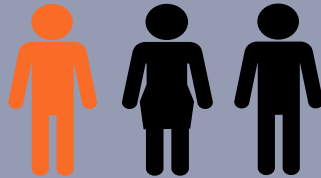
Cumulative Incidence



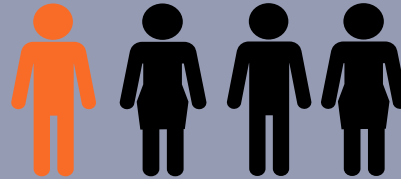
Among children born in Alaska during 2009:2011 (N = 33,417)

Before
their
ninth
birthday

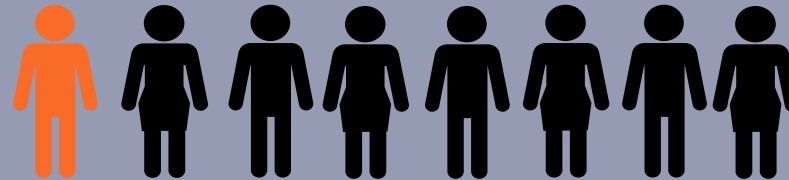
Reported
~1 in 3



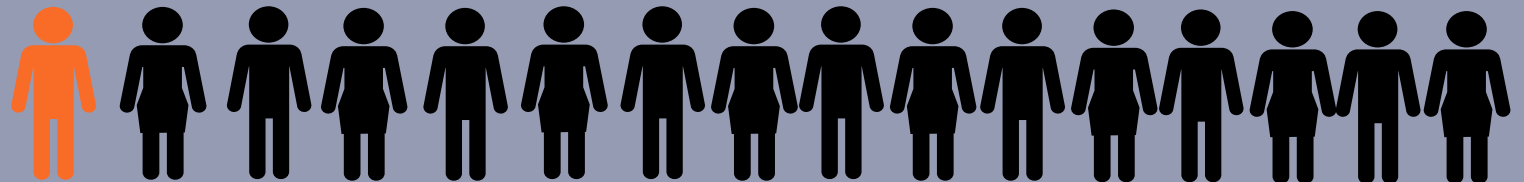
Screened In
~1 in 4



Substantiated
~1 in 8

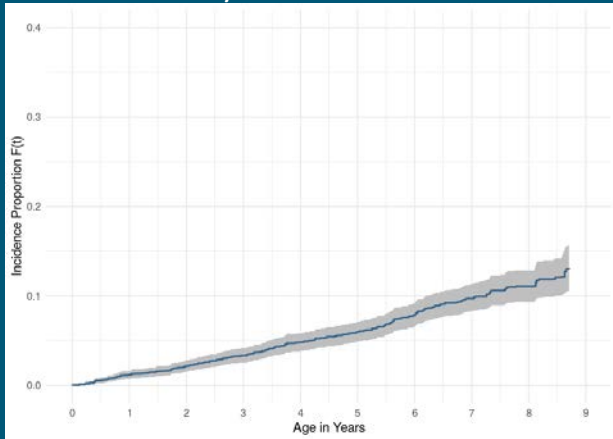


Removed
~1 in 16



First report by maltreatment type

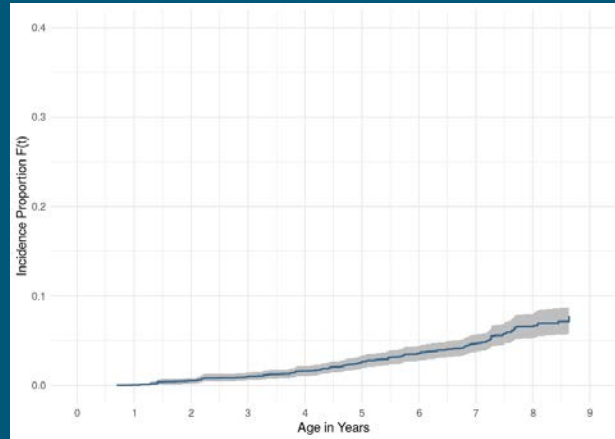
Physical Abuse



Cumulative Risk

- 1% before age 1
- 5% before age 4
- 11% before age 8

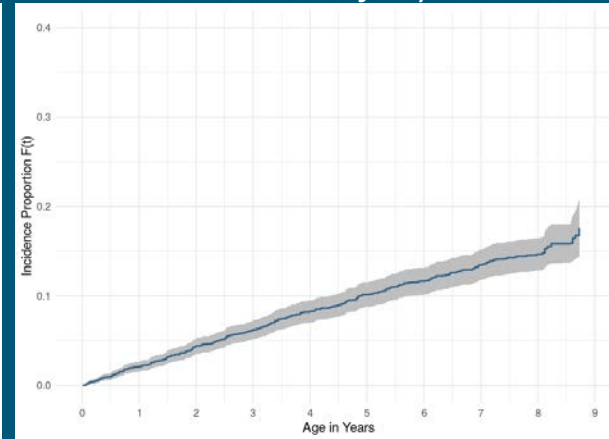
Sexual Abuse



Cumulative Risk

- <1% before age 1
- 2% before age 4
- 7% before age 8

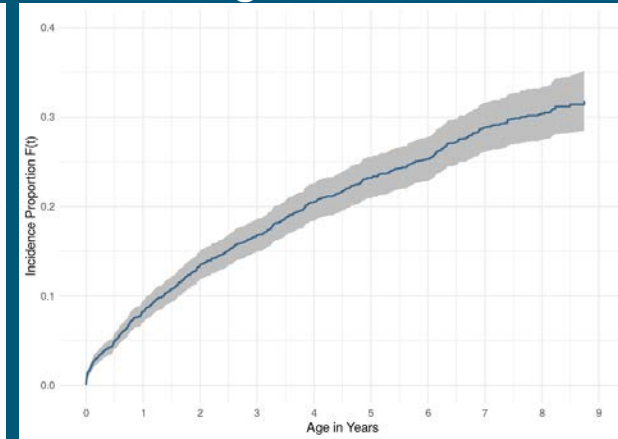
Mental Injury



Cumulative Risk

- 2% before age 1
- 10% before age 4
- 15% before age 8

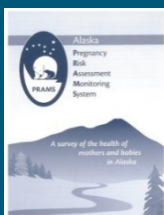
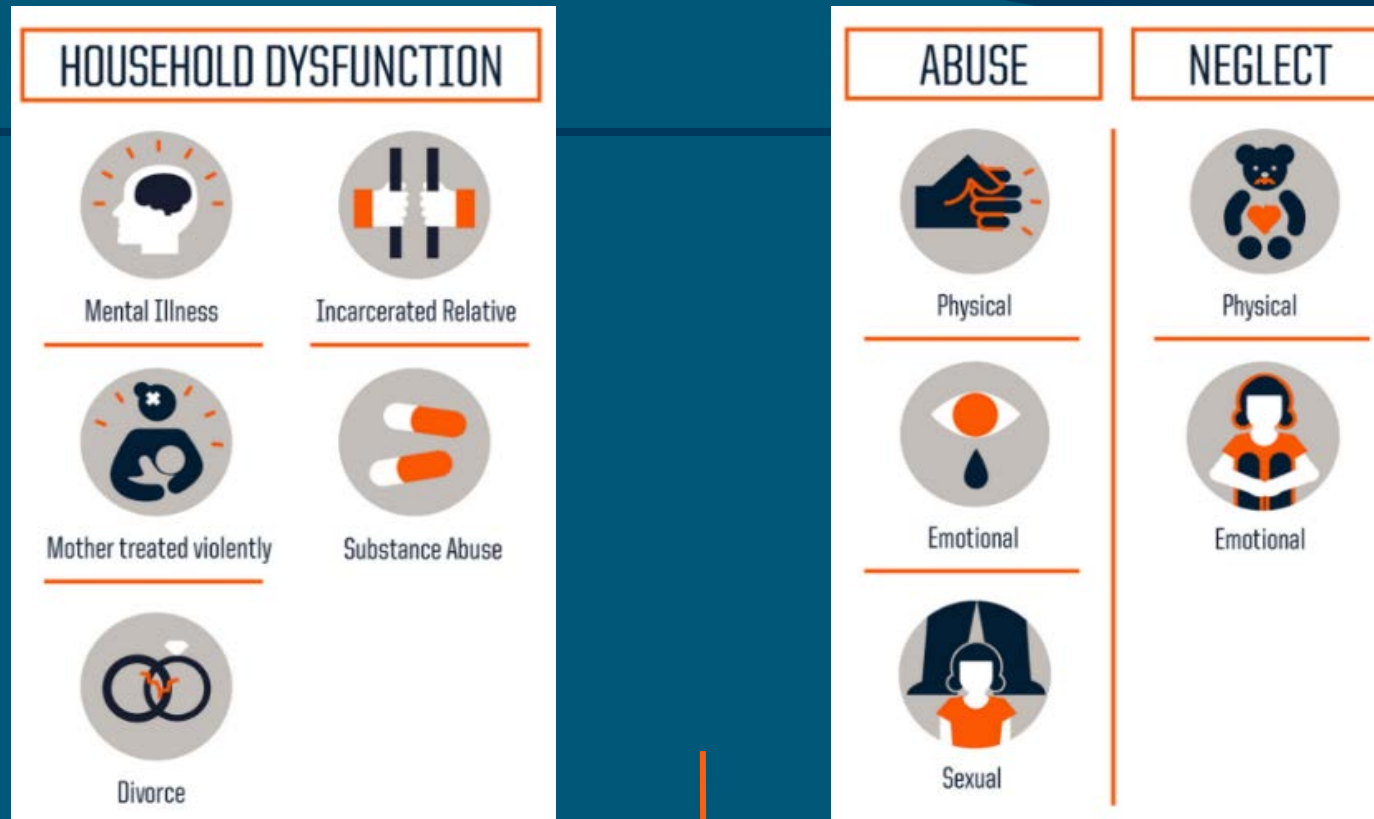
Neglect



Cumulative Risk

- 8% before age 1
- 20% before age 4
- 30% before age 8

Pre-birth household dysfunction



During the 12 months prior to birth/pregnancy



Child welfare reports before age 8 years



PRAMS questions used to measure pre-birth household dysfunction ACEs



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HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



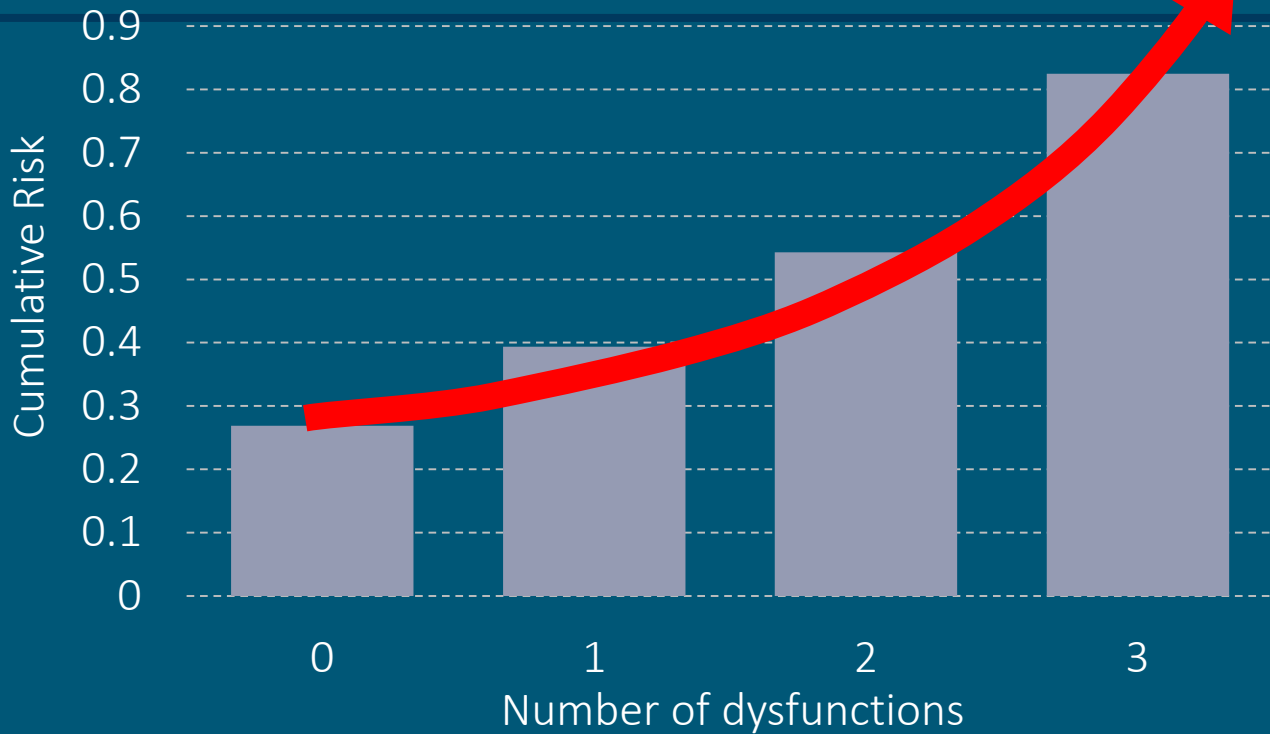
Mother treated violently



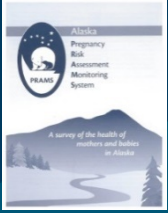
Substance Abuse



Divorce



The risk of contact with child welfare systematically increases with the increased number of pre-birth household dysfunctions!



PRAMS Questions used to quantify pre-birth household dysfunction beyond ACEs only questions



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Additional household dysfunctions



Financial Stress



Arguments with
partner



Homelessness



Partner didn't want
pregnancy



Partner threaten or limit
activities

Relative to children born into homes with 0-1 of these dysfunctions:
Children born to families with:

- Only 2 dysfunction are **58% more likely** to be reported to OCS before age 9
- Only 3 dysfunctions are **140% more likely** to be reported to OCS before age 9
- Only 4 dysfunctions are **223% more likely** to be reported to OCS before age 9
- 5 or more dysfunctions are **361% more likely** to be reported to OCS before age 9

What Does Child Maltreatment Cost Alaska



National estimates:

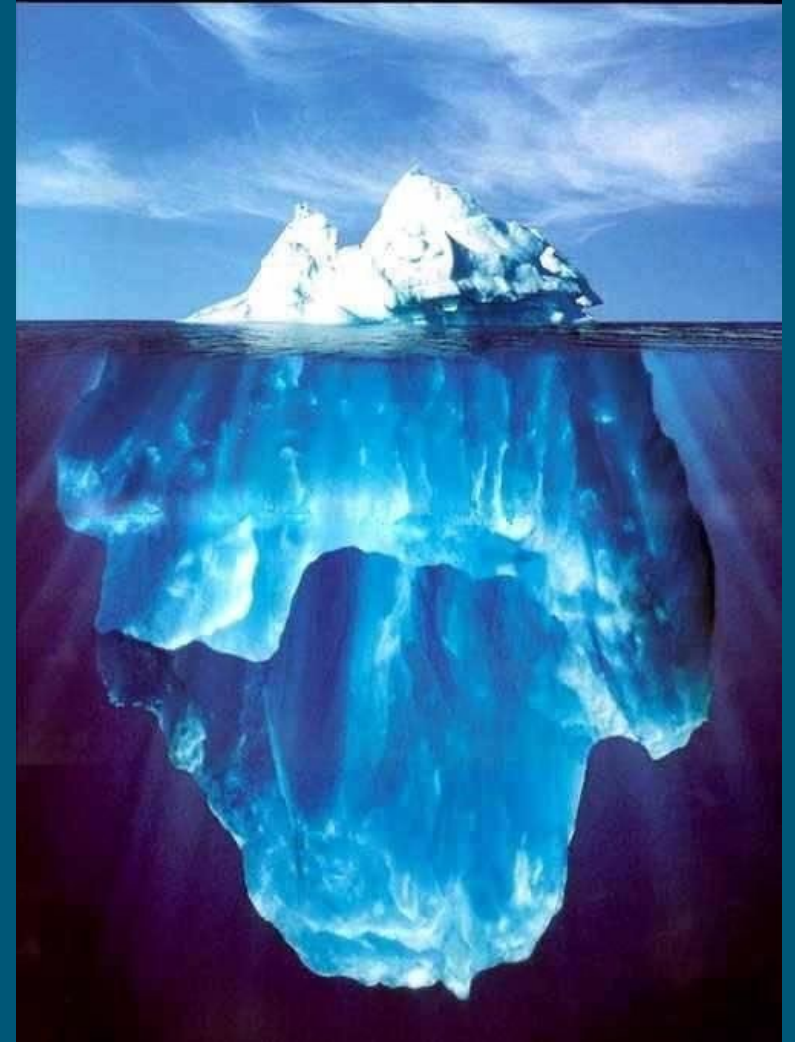


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- In the US ANNUALLY
- Lifetime burden
- Between \$433.7 billion and \$2 trillion (2016 USD)

Alaska estimates:

- Between \$631 million to \$10.7 billion ANNUALLY
- Alaska research suggests:
- Costs for SUBSTANTIATED reports: \$82 million for childhood health care, child welfare, special education
- 40.6% adult Medicaid enrollment linked to Adverse Childhood Experiences (ACEs)
- Decreasing ACEs and improving our response to child maltreatment could save our state ~\$92 million annually in costs related just to: Medicaid, smoking, diabetes, binge drinking, arthritis, obesity



Addressing child abuse in Alaska



What can we do?

Reasons for hope:

Healing is possible

Our brains can always learn

We can all help build resilience in children

We can all help protect children



Early & effective intervention

- Child Advocacy Centers
 - Multidisciplinary response
 - Child focused
 - Forensic interview
 - Medical exam
 - Mental health services
 - Support & advocacy
 - Information sharing



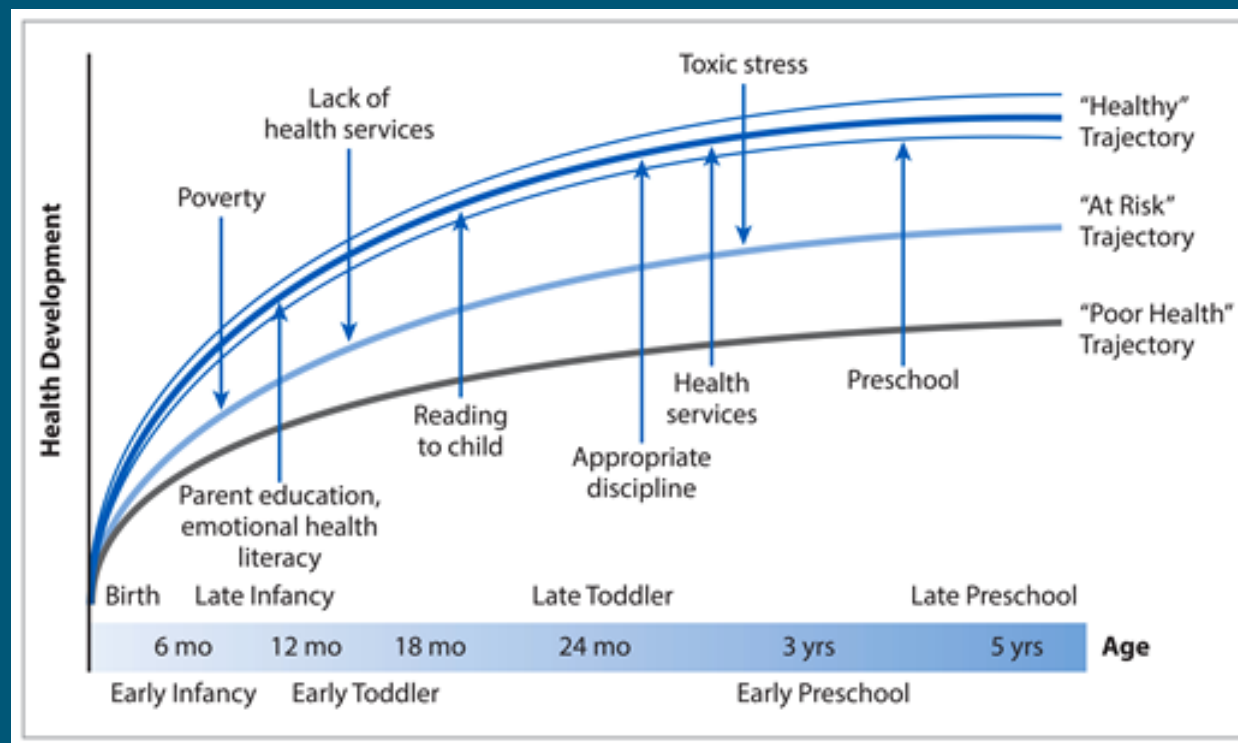
Children seen at Alaska CACs

Location of CAC	Communities served	State FY14 children seen	State FY15 children seen	State FY16 children seen	State FY17 children seen	State FY18 children seen	Total children seen since CAC open
Anchorage	27	741	934	884	932	904	15,806
Bethel	56	93	108	160	94	124	2,043
Copper River Basin	17	14	20	21	17	18	163
Dillingham	33	25	31	62	89	105	605
Fairbanks	52	259	278	286	438	466	3,565
Juneau	19	127	126	107	126	159	1,945
Kenai Peninsula	30	163	142	146	146	183	1,433
Kodiak	7	37	28	50	44	97	292
Kotzebue	11	18	17	29	46	74	184
Mat-Su	11	217	236	254	210	275	3,550
Nome	17	58	67	92	125	109	767
St. Paul Island	2					2	2
TOTALS	282	1,752	1,987	2,091	2,267	2,516	30,355

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



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Development influenced by both negative and positive factors



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Protective Factors: Focus on adults

- Supportive, nurturing, stable family
- Supportive social networks
- Caring adults outside family
- Household rules, monitoring of child
- Parental employment
- Adequate housing
- Access to health care, other services
- Community safety
- Community involvement





APRIL

**NATIONAL CHILD ABUSE
PREVENTION MONTH**

Wear blue. Speak up. Make a difference.

DAKE TO BE THE ONE

Help raise awareness of National Child Abuse Prevention Month. Children are our most precious resource and one supportive adult in a child's life can make a difference. We can all make a difference in the lives of Alaska's children.

Learn more and get involved at alaskachildrenstrust.org

Together we can prevent child abuse and neglect.



What can you do?

EVERYONE has a role!



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What can you do?

- Realize this affects ALL of us in Alaska
- Break the silence!
- Make your decisions using a trauma-informed lens
 - “It’s not what’s wrong with you, it’s what happened to you”*
- Support system-wide approaches to strengthen children and families
 - “Strengthening Families” program
 - “Help me grow”
 - “Alaska Resilience Initiative”



What can you do?

- Think big - “Collective Impact”
- Support community based initiatives

Examples:

- ROCK MatSu (Raising our Children with Kindness)
- MAPP (Mobilizing for Action through Planning and Partnerships)



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Our data suggests that:



- 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 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

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

How will you be a champion for Alaskan families?



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