

ALASKA STATE LEGISLATURE
SENATE JUDICIARY STANDING COMMITTEE

February 21, 2024

2:29 p.m.

MEMBERS PRESENT

Senator Matt Claman, Chair
Senator Jesse Kiehl, Vice Chair
Senator Löki Tobin

MEMBERS ABSENT

Senator James Kaufman
Senator Cathy Giessel

COMMITTEE CALENDAR

PRESENTATION(S) : 2024 UPDATE ON THE ALASKA CHILDREN'S JUSTICE
ACT TASK FORCE

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

JOSH LOUWERSE, Chair
Alaska Children's Justice Act Task Force
Anchorage, Alaska

POSITION STATEMENT: Co-presented a 2024 update on the Alaska
Children's Justice Act Task Force.

DR. CATHY BALDWIN-JOHNSON, Medical Representative
Alaska Children's Justice Act Task Force
Mat-Su, Alaska

POSITION STATEMENT: Co-presented a 2024 update on the Alaska
Children's Justice Act Task Force.

ACTION NARRATIVE

[2:29:49 PM](#)

CHAIR MATT CLAMAN called the Senate Judiciary Standing Committee
meeting to order at 2:29 p.m. Present at the call to order was

Chair Claman. Senators Tobin and Kiehl arrived shortly thereafter.

**PRESENTATION(S) : 2024 UPDATE ON THE
ALASKA CHILDREN'S JUSTICE ACT TASK FORCE**

[2:30:26 PM](#)

CHAIR CLAMAN announced a 2024 update on the Alaska Children's Justice Act Task Force (CJATF) titled "How Are We Servicing Alaska's Children." He asked Mr. Louwerse and Dr. Baldwin-Johnson to identify themselves for the record and begin their presentation.

[2:30:45 PM](#)

JOSH LOUWERSE, Chair, Alaska Children's Justice Act Task Force, Anchorage, Alaska, co-presented a 2024 Update on the Alaska Children's Justice Act Task Force. He said is the director of Statewide Initiatives for Covenant House Alaska (CHA).

[2:30:59 PM](#)

CATHY BALDWIN-JOHNSON, MD, Medical Representative, Alaska Children's Justice Act Task Force, Mat-Su, Alaska, co-presented a 2024 Update on the Alaska Children's Justice Act Task Force. She said she is the medical director for The Children's Place in Alaska CARES (Child Abuse Response Evaluation Services) to the Child Advocacy Centers (CAC) in Southcentral Alaska.

[2:31:26 PM](#)

MR. LOUWERSE said that the intention today is to share how young people are served in Alaska for maltreatment response.

[2:31:39 PM](#)

MR. LOUWERSE moved to slide 2 and outlined the key points of the presentation:

[Original punctuation provided.]

Key Points

- Who we are & what we do
- ACEs: Why we do what we do
- Child abuse and neglect in Alaska
- Recommendations

[2:31:56 PM](#)

MR. LOUWERSE moved to slide 3, stating that the task force is federally mandated and funded and started in 2000. Alaska has

had a Children's Justice Act Task Force (CJATF) for 24 years. Some of the task force's duties are to act as a statewide multidisciplinary group aimed at improving its systems, advocating for legislative changes, and educating on the current state of young people moving through Alaska's child maltreatment systems. Slide 3 reads:

[Original punctuation provided.]

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 that includes volunteers
- Legislation to improve protection & justice for children (starvation, serious physical abuse, privacy)
- Focus on education: child abuse in Alaska, mandatory reporting, and best practices for the multidisciplinary response to child abuse

[2:32:36 PM](#)

DR. BALDWIN-JOHNSON moved to slide 4:

[Original punctuation provided.]

Why is this important: Adverse Childhood Experiences (ACES)

[2:32:45 PM](#)

DR. BALDWIN-JOHNSON moved to slide 5, stating the first Adverse Childhood Experiences (ACES) study came out of Southern California through the Center for Disease Control (CDC) and Kaiser Permanente. She said researchers asked over 17,000 adults who were enrollees at Kaiser Permanente about childhood experiences. Slide 5 presents an overview of the study:

[Original punctuation provided.]

Adverse Childhood Experiences

CDC researchers and Kaiser Permanente*

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

ABUSE

Physical
Emotional
Sexual

NEGLECT

Physical
Emotional

HOUSEHOLD DYSFUNCTION

Mental Illness
Incarcerated Relative
Mother treated violently
Substance Abuse
Divorce

*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.

[2:33:26 PM](#)

SENATOR TOBIN joined the meeting.

[2:33:51 PM](#)

DR. BALDWIN-JOHNSON moved to slide 6, stating that researchers were surprised by how common adverse childhood experiences were among this particular population study group:

[Original punctuation provided.]

ACES

Are common

And it is rarely just one bad thing for children:

- There was an 87 percent chance at least one other category of ACE was present
- A 50 percent chance of 3 or more

[2:34:20 PM](#)

DR. BALDWIN-JOHNSON moved to slide 7, explaining that because Kaiser Permanente is a health maintenance organization, it was able to compare the current health and well-being of these adults with their childhood experiences. Researchers found links to many of the most common causes of morbidity and mortality in the U.S. today, as well as a host of social ills. Further research worldwide has shown that traumatic childhood

experiences alter gene expression and brain development, helping to explain adverse outcomes seen in adults:

[Original punctuation provided.]

ACEs have consequences:

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

The slide illustrates that with the accumulation of ACEs, trauma modifies development and genetics leading to issues like:

Strokes	Drug Use
Smoking	Intimate Partner Violence
Cancer	Multiple Sexual Partners
Rape	Osteoporosis Related Fractures
Depression	Lung Disease
Early Death	Alcoholism

[2:35:13 PM](#)

DR. BALDWIN-JOHNSON moved to slide 8:

[Original punctuation provided.]

Child Abuse & Neglect in Alaska: Consequences

[2:35:16 PM](#)

DR. BALDWIN-JOHNSON moved to slide 9, stating that, for years, Alaska has had one of the highest rates of child maltreatment in the country:

[Original punctuation provided.]

ACEs in Alaskan Adults

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

A bar graph illustrated how many Alaskan adults experienced:

Incarcerated family	11.5 percent
Sexual Abuse	14.8 percent
Witnessed Domestic Violence	18.7 percent
Physical Abuse	19.1 percent
Mental illness in home	21.9 percent
Loss of parent	31.7 percent

Emotional Abuse	31.0 percent
Substance abuse in home	33.8 percent

Alaskan adults who reported four or more of these categories were:

- 49 percent more likely to be unemployed
- 274 percent more likely to be unable to work
- 92 percent more likely to earn less than \$20,000 annually
- Significantly more likely to report poor physical and mental health

She reiterated that, just like in the original Kaiser Permanente study:

- It's never just one bad thing...

Source: 2013 Alaska Behavioral Risk Factor Surveillance System

[2:35:57 PM](#)

DR. BALDWIN-JOHNSON moved to slide 10, stating researchers conducted a study examining the economic burden of child maltreatment in Alaska:

[Original punctuation provided.]

Child maltreatment is expensive

Recent study: economic burden 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 reduction (like pain and suffering)

"Economic Costs of Child Abuse and Neglect in Alaska in 2019"
Nolan Klouda MPA, CECD

[2:36:55 PM](#)

DR. BALDWIN-JOHNSON moved to slide 11 to present a story describing one type of experience CJATF sees with the children and families it serves:

[Original punctuation provided.]

Introduction to Patricia

Patricia is a now 10-year-old who lives with her mother Alicia, step-father Jason, and 6-year-old brother William

Alicia is a nurse who works nights

Jason is a firefighter

[2:37:24 PM](#)

DR. BALDWIN-JOHNSON moved to slide 12:

[Original punctuation provided.]

Birth

Patricia was born 5 weeks early because her biological father Patrick strangled her mother then kicked her in the abdomen

Patrick was arrested

Alicia filed for a restraining order and divorced Patrick while Alicia was still an infant

[2:37:52 PM](#)

DR. BALDWIN-JOHNSON moved to slide 13:

[Original punctuation provided.]

Family changes

Alicia met Jason through work

He swept her off her feet and was eager to adopt Patricia

They moved in together into Jason's house when Patricia was 4

Alicia had baby boy William shortly after

[2:38:12 PM](#)

DR. BALDWIN-JOHNSON moved to slide 14:

[Original punctuation provided.]

Disclosure

When she was in 4th grade Patricia heard a presentation at school about personal safety

After the presentation Patricia went up to her teacher and said "Something like that has been happening to me"

Disclosures of abuse are very common after these presentations

[2:38:52 PM](#)

SENATOR KIEHL joined the meeting.

[2:38:54 PM](#)

DR. BALDWIN-JOHNSON moved to slide 15:

[Original punctuation provided.]

Mandated reporting

Patricia's teacher made a report to both OCS & law enforcement as required by Alaska law

The OCS social worker talked to Patricia briefly at school and determined her mother was not aware of the abuse

OCS & law enforcement worked with their local Child Advocacy Center for Patricia to be evaluated

[2:39:24 PM](#)

DR. BALDWIN-JOHNSON moved to slide 16:

Child Advocacy Center (CAC) Process

Patricia and her mom were greeted by their CAC family advocate who took them on a tour and explained the process

Their multidisciplinary team:

- CAC family advocate
- OCS worker

- Law enforcement officer
- Medical provider

The team met with Alicia and explained their concerns for Patricia

Alicia was shocked and tearful

[2:40:05 PM](#)

DR. BALDWIN-JOHNSON moved to slide 17:

[Original punctuation provided.]

The "talking room"

Patricia talked with someone specially trained to talk with kids about difficult things in non-leading ways

Patricia said that since she was 6 her daddy would come into her room at night when mommy was working at the hospital and do inappropriate things

Daddy also showed her videos of naked people on his phone

Patricia also described daddy drinking, then yelling and hitting mommy

[2:40:57 PM](#)

DR. BALDWIN-JOHNSON moved to slide 18:

[Original punctuation provided.]

Medical exam

Patricia had a head-to-toe exam by a nurse practitioner with specialized training and experience

Patricia's exam was normal - as expected given what she described and the time since the last abuse

A urine sample was collected to test for gonorrhea and chlamydia

Patricia & her mom were relieved to know her body was OK

[2:41:30 PM](#)

DR. BALDWIN-JOHNSON moved to slide 19:

[Original punctuation provided.]

William

Patricia's 6-year-old brother William was also interviewed as a possible witness or additional victim

He did not disclose sexual abuse by his father

He did describe his sister coming into his room when he was getting dressed, asking if she could kiss his "peepee" like she does for daddy

He said yes, then later told his dad who hit Patricia with a belt "a million times" and then Patricia couldn't sit down

[2:42:24 PM](#)

DR. BALDWIN-JOHNSON moved to slide 20, stating that the next step in the multi-disciplinary response is for law enforcement (LE) to discuss its course of action:

[Original punctuation provided.]

Next steps: LE investigation

The detective explained possible next steps to gather additional information such as:

- Scene investigation
- Court authorized recordings
- Additional witness interviews
- Other corroborating evidence

[2:42:52 PM](#)

DR. BALDWIN-JOHNSON moved to slide 21:

[Original punctuation provided.]

Next steps: OCS

Their OCS worker discusses safety planning to protect Patricia and William from future harm

Mom Alicia explains her parents play an active role in their lives and are willing to let she and the children move in with them

Alicia will get a protective order on behalf of the children

[2:43:21 PM](#)

DR. BALDWIN-JOHNSON moved to slide 22:

[Original punctuation provided.]

Next steps: CAC advocacy

Their CAC advocate works with Alicia to determine family strengths & needs

Strengths:

- Alicia has a secure well-paying job with benefits as well as supportive friendships
- Grandparents can provide a safe living situation & help with childcare
- Patricia is doing well in school and has a good relationship with the teacher to whom she disclosed

Needs:

- Alicia, Patricia and William are referred for counseling to therapists with specialized training in treating children and parents who have experienced trauma

[2:43:56 PM](#)

DR. BALDWIN-JOHNSON moved to slide 23:

[Original punctuation provided.]

Follow up: OCS

OCS substantiates the sexual abuse allegation against Jason

OCS closes their case concerning Alicia because she has demonstrated her protectiveness for her children

[2:44:15 PM](#)

DR. BALDWIN-JOHNSON moved to slide 24:

[Original punctuation provided.]

Follow up: Court system

Thorough investigation by the law enforcement officer finds corroborative evidence for Patricia's disclosures

At Grand Jury Jason is indicted for multiple counts of sexual abuse of a minor

Jason accepts a plea deal that reduces the number of counts but results in a prison sentence of 20 years and lifetime sex offender registration

[2:44:48 PM](#)

DR. BALDWIN-JOHNSON moved to slide 25:

[Original punctuation provided.]

Follow up: CAC advocacy

The CAC advocate stays in regular contact with Alicia to ensure she and the children are still accessing mental health services and doing well

She continues her involvement until the court case is settled and Alicia feels that she and the children don't need further support from the CAC

[2:45:16 PM](#)

DR. BALDWIN-JOHNSON moved to slide 26:

[Original punctuation provided.]

"Ideal" outcome

Made possible when all our agencies work well & together AND there are protective factors in place

HOWEVER many children in our state:

- Don't feel safe talking about their abuse
- Don't have a safe person to talk to about their abuse

- Don't have supportive, protective caregivers
- Have to wait months to be seen by a trained therapist
- Don't have adequate resources in their communities

And most of our agencies responsible for responding are understaffed

[2:46:14 PM](#)

DR. BALDWIN-JOHNSON moved to slide 27:

[Original punctuation provided.]

Because of Child Advocacy Centers:

- We reduce future exposure to Adverse Childhood Experiences (ACEs)
- Cases are more likely to have successful resolutions
- Children and families receive services
 - Advocacy
 - Mental health services
 - Needed resources (for example related to food and transportation)
 - Families can better protect their children going forward
- We can reduce the state budget devoted to the long-term downstream effects of ACEs

[2:47:05 PM](#)

DR. BALDWIN-JOHNSON moved to slide 28:

[Original punctuation provided.]

What if we could work further upstream?

[2:47:11 PM](#)

DR. BALDWIN-JOHNSON moved to slide 29 and discussed an ongoing study called the Alaska Longitudinal Child Abuse and Neglect Linkage Project (ALCANLink). This study uses a population-based mixed design to follow a large group of children, starting with risk factors identified prenatally based on Pregnancy Risk Assessment Monitoring System (PRAMS) data. It follows the children using Childhood Understanding Behaviors (CUBS) data when they are three. The study combines data from various

sources, including the Office of Children's Services (OCS) and the Court System. Slide 29 reads:

ALCANLink
Alaska Longitudinal Child Abuse and Neglect Linkage
Project

A population-based mixed design

[2:47:56 PM](#)

DR. BALDWIN-JOHNSON moved to slide 30 and shared findings from following a large group of children over time:

[Original punctuation provided.]

Risk of allegation of harm for sexual abuse

About 1 in every 7 children born in Alaska will have a report made concerning child sexual abuse before their 12th birthday

About 1 in 3 will have a report made to OCS for some type of abuse or neglect

[2:48:18 PM](#)

DR. BALDWIN-JOHNSON moved to slide 31, stating intimate partner violence is a huge risk factor for child sexual abuse and harm:

[Original punctuation provided.]

Intimate Partner Violence (IPV) and child sexual abuse report

Among children born in Alaska to mothers self-reporting IPV:

35 percent experienced a report of harm prior to age 13 years.

Are 2.6 times as likely to experience an allegation of harm for sexual abuse relative to those born to mother not reporting IPV

[2:48:48 PM](#)

DR. BALDWIN-JOHNSON moved to slide 32, IPV and Child Wellbeing. She said Alaska has extensive research that shows children exposed to intimate partner violence are:

- More likely to struggle in school
- More likely to have a report made to OCS
- More likely to develop higher ACE scores
- More likely to experience a lot of adversities in their homes and communities.

[2:49:23 PM](#)

DR. BALDWIN-JOHNSON moved to slide 33, which illustrated the risk of OCS involvement in a family's life based on pre-birth household challenges and early childhood household challenges. She stated that mothers with low-risk factors who remain in a low-risk category have a much lower chance of having a report made to OCS. She emphasized that taking steps to reduce risks for mothers significantly decreases the family's risk of OCS involvement. This, she pointed out, also impacts state economics. Slide 33 illustrates how family changes affect risk:

[Original punctuation provided.]

Family changes affect risk

Key points:

- Homelessness, partner going to jail, and IPV were the strongest individual challenges for both time periods.
- Relative to remaining in the high challenge group, the probability decreased by 40% for those that transitioned to the low challenge group.
- Transitioning from low to high risk results in a 550% increase in risk relative staying low.

[2:50:27 PM](#)

DR. BALDWIN-JOHNSON moved to slide 34:

[Original punctuation provided.]

Could we help Alicia sooner?

[2:50:32 PM](#)

DR. BALDWIN-JOHNSON moved to slide 35:

[Original punctuation provided.]

Prevent further child abuse and neglect

Primary, secondary & tertiary prevention strategies:

Programs that strengthen families

Strong, stable, nurturing families create strong, healthier, safer children

Example: Help Me Grow

Reporting of child maltreatment when it is suspected

Best practice responses

Multi-disciplinary through our Alaskan Child Advocacy Centers (CACs)

Accessible, appropriate treatment for children with trauma & sexualized behaviors

Services to support children and families in their healing journey

Laws that hold offenders accountable

[2:51:32 PM](#)

DR. BALDWIN-JOHNSON moved to slide 36, which focused on educating and strengthening adults:

[Original punctuation provided.]

Strengthen families: Promote protective factors

Parental resilience: able to manage stress & adversity

Nurturing & attachment

Social connections

Knowledge of parenting & child development

Concrete support in times of need

Access to health care, other services

Caring adults outside the family

Cognitive & social competence of children

[2:52:17 PM](#)

MR. LOUWERSE moved to slide 37:

[Original punctuation provided.]

Improve our system response

Greatest challenges facing system improvement today:

Shortage of professionals

Social workers

Teachers

Health care workers trained in child abuse

Mental health workers trained in trauma

Law enforcement

Attorneys: prosecution, defense, judicial

Fewer incentives for hiring and retention

[2:54:02 PM](#)

MR. LOUWERSE moved to slide 38:

What the Alaska Children's Justice Task Force (CJATF) is addressing:

- Changes to the multi-disciplinary child protection teams (MDT) statute to allow CACs to offer support and referral services for families with children with problematic sexual behaviors
- Changes to the mandatory reporter statute to increase the community safety net for children (i.e. first responders, early childhood development workers, etc)
- Statutory changes to deter unreasonable corporal punishment that injures children
- We are looking for champions
 - A big thank you to Senators Giessel and Tobin and Representatives Cronk and Galvin for re-establishing The Children's Caucus!

[2:55:43 PM](#)

MR. LOUWERSE moved to slide 39:

[Original punctuation provided.]

Hope for the future

ACEs are not destiny - we can make a difference at any age

Every Alaskan can help protect Alaska's children

"It is easier to build a child than repair an adult"

[2:56:46 PM](#)

DR. BALDWIN-JOHNSON moved to slide 40:

[Original punctuation provided.]

Be a champion for Alaska's children and families

[2:56:50 PM](#)

SENATOR TOBIN quoted Frederick Douglass, "It is easier to build strong children than to repair broken men." She said she often thinks of this, particularly in education. She drew attention to slide 14, which discusses personal safety and instruction in schools. She pointed out that a family where abuse is happening may not provide this knowledge to a child, but it can come from a trusted adult. She emphasized how critical public schools are in ensuring that children understand when things happening to them are not okay.

SENATOR TOBIN said she is proud to have worked on The Alaska Reads Act, which expanded mandatory reporting to average daily membership (ADM) funded pre-kindergarten programs. She highlighted the importance of those early years when trusted adults hear many things, emphasizing that the State wants to ensure these adults are required to report.

[2:58:07 PM](#)

CHAIR CLAMAN thanked the presenters, stating the presentation was very informative.

[2:58:20 PM](#)

There being no further business to come before the committee, Chair Claman adjourned the Senate Judiciary Standing Committee meeting at 2:58 p.m.