



# NORTH DAKOTA

## CHILD SEXUAL ABUSE PREVENTION TASK FORCE

ANNUAL REPORT

# 2022

---

# TASK FORCE OVERVIEW

## *Purpose*

The purpose of the North Dakota Child Sexual Abuse Prevention Task Force is to develop and implement a comprehensive statewide approach to the prevention of child sexual abuse. (HB 1237)

## *Background*

- 2017 legislative session, Senate Bill 2342 established Child Sexual Abuse Prevention Task Force
- Task Force met Feb. 2018 through Nov. 2018
- Final report submitted to legislative council and governor's office; and 2019 legislators
- 2019 legislative session, House Bill 1237, re-established Child Sexual Abuse Prevention Task Force until 2024
- Child Sexual Abuse Prevention Task Force met Oct., Nov., and Dec. 2019; Jan., Feb., May, June, July 2020
- Testimony provided to Interim Judiciary Committee July, 2020
- COVID-19 disrupted monthly meetings (March and April, 2020); status report sent to governor's office end of August, 2020
- 2021 ND Legislative Assembly, Senate Bill 2275 was introduced. This bill was to appropriate funding to the Department of Human Services for the purpose of providing a grant to provide for a director for the task force on the prevention of sexual abuse of children, an amendment was added to the Department of Human Services' budget (House Bill 1012) that appropriated funds to the Department of Health
- January 2022 Task Force Director was hired by Prevent Child Abuse ND

## *Task Force Director*

- ♦ Lindsey Burkhardt, Prevent Child Abuse North Dakota

## *Task Force Membership*

- ♦ John Alstad, Principal, Minot Elementary School
- ♦ Jared Bollom, Counselor, Glen Ullin Public School District
- ♦ Senator David A. Clemens
- ♦ Seth Engelstad, Principal, Milnor High School
- ♦ Tracy Famias, Social Worker, Bismarck Public Schools
- ♦ John Foss, Sherriff, Grant County
- ♦ Anna Frissell, Executive Director, Red River Children's Advocacy Center
- ♦ Dan Halverson, Executive Director, Prevent Child Abuse North Dakota
- ♦ Brad Hawk, Indian Health Systems Administrator, North Dakota Indian Affairs Commission
- ♦ Tim Helmer, Special Agent, North Dakota Bureau of Criminal Investigation
- ♦ Dr. Christopher Johnson, Taskforce Chair, Chief Executive Officer, Rape and Abuse Crisis Center of Fargo-Moorhead
- ♦ Robin Lang, Office of Educational Improvement and Support Assistant Director, Department of Instruction
- ♦ Cory Pedersen, Child & Family Services Division Director, Department of Human Services
- ♦ Hope Rush, Counselor, Dorothy Moses Elementary School, Bismarck Public School District
- ♦ Representative Bernie Satrom
- ♦ Mallory Sattler, Domestic Violence/Rape Crisis Program Coordinator, Department of Health
- ♦ Representative Mary Schneider

# GOAL 1

## PRIMARY PREVENTION OF CHILD SEXUAL ABUSE (CSA)

*The Child Sexual Abuse Prevention Task Force will seek to end child sexual abuse by developing and implementing a primary prevention strategy for the state of North Dakota.*

- Coordinate a statewide environmental scan
- Influence policy and legislation regarding primary prevention of child sexual abuse
- Change organizational practices
- Foster coalitions and networks
- Educate child service/programming providers
- Promote community education



# GOAL 2

## STRENGTHENING THE INTERVENTION

*The Child Sexual Abuse Prevention Task Force will strengthen the support provided to children and families participating in the interview, investigation, and prosecution processes.*

- Compile and analyze demographic discrepancies
- Ensure child and family access to teams coordinating intervention processes
- Mandate ongoing education in the field of child maltreatment
- Coordinate the facilitation of interagency information sharing
- Incorporate cultural, linguistic, and physical accessibility needs throughout the intervention process
- Ensure trauma-informed, culturally appropriate, and non-discriminatory approaches are incorporated and accommodations are made to provide quality services to all children and their families
- Support access to information for parents and caregivers about resources and referrals

# GOAL 3

## STRENGTHENING THE NETWORK

*The Child Sexual Abuse Prevention Task Force will strengthen the network of trauma-informed services for children, adult survivors, and family members impacted by child sexual abuse.*

- Determine current services and gaps in services
- Implement mental health intervention at the first contact for child and family
- Provide culturally relevant training to professionals involved early in the process
- Collaborate with Treatment Collaborative for Traumatized Youth and victims service providers to improve access to evidence-based trauma treatment training to fill service gaps for children and adolescents, adults, and the general public
- Improve the public's awareness, understanding, and access to the network of trauma-informed services

# GOAL 4

## STRENGTHENING OFFENDER PROGRAMMING

*The Child Sexual Abuse Prevention Task Force will strengthen the network of providers who support the needs and behavioral changes of offenders.*

- Determine current services and gaps in service
- Increase availability of programs that prevent and deter abuse by adult and juvenile offenders who engage in problematic sexual behavior
- Review the appropriateness and effectiveness of offender management programs
- Review penalty, treatment, assessment and other options for juvenile offenders and youth who engage in problematic sexual behavior

# ENVIRONMENTAL SCAN

## *Overview*

The North Dakota Task Force on the Prevention of Child Sexual Abuse's Primary Prevention subcommittee initiated an environmental scan regarding the processes and prospective of the prevention of child sexual abuse for the state of North Dakota. The thirteen-question environmental scan instrument was developed in Survey Monkey and disseminated through a snowball sampling process to public, private, and tribal schools as well as preschool/childcare settings and other youth-serving organizations. The survey was initially sent on April 4th, 2022, with a follow-up request on April 12th. The survey was closed on April 22nd, 2022. Overall, the Task Force received 203 responses from all ND regions and four Tribal Nations.

## *Environmental Scan Questions / Objectives*

1. What are the current processes and perspectives on preventing child sexual abuse of various youth-serving agencies in the state of ND?
2. Are there differences in the processes and perspectives of preventing child sexual abuse between urban and rural community stakeholders?
3. Are there differences in process and perspectives of preventing child sexual abuse within institutional roles?
4. Provide qualitative analysis regarding utilized curricula, feedback on strengthening CSA prevention response, and barriers to incorporating CSA prevention techniques/strategies.



## Results

A Comprehensive Logic Model (Attached) highlights the descriptive data within the major categories:

- Region and Institution (Demographic)
  - Eight Regions and Four Tribal Nations
  - Representative cross-section of small, mid, and large community populations
  - Various Institutional types and roles
- Community Education and Institutional Policy (What is)
  - Over half of respondents indicated that they provide no CSA education to children
  - Over half of respondents indicated that they provide no CSA education to employees and volunteers
  - Over 80% of respondents indicated that they provide no CSA education to parents and caregivers
- Community Education Importance (What should be)
  - Sixty-four to ninety-five percent (depending on child age group) of respondents indicated that providing CSA education to children is “very important”
  - Ninety-three percent of respondents indicated that providing CSA education to teachers/coaches is “very important”
  - Ninety percent of respondents indicated that providing CSA education to parents/caregivers is “very important”

## Community Size and CSA Education

Communities were categorized into groups of small (pop. 1-1000), mid (pop. 1001-49,999), and large (pop. 50,000 +). Education was the focus of the comparison with survey questions 5, 6, 7, and 8 providing insight on what education is being provided and perspective on the age of recipients.

### CSA education stakeholder groups based on community size

	Child/Student CSA Education	Employee/Volunteer CSA Education	Parent/Caregiver CSA Education
Small Community n=76	16 (21%)	9 (12%)	3 (4%)
Mid Community n=76	19 (25%)	14 (18%)	6 (8%)
Large Community n=50	11 (22%)	19 (38%)	19 (38%)

### CSA education importance based on age by community size

	CSA education importance for age 0-5	CSA education importance for age 6-10	CSA education importance for age 11-14	CSA education importance for age 15-18
Small Community n=76	44 (58%)	65 (86%)	70 (92%)	61 (80%)
Mid Community n=76	45 (59%)	65 (86%)	71 (93%)	65 (86%)
Large Community n=50	40 (80%)	50 (100%)	49 (98%)	48 (96%)

Variations within the frequency distributions are highlighted in grey to indicate a strong difference between the three groups. It would seem that the larger the community is; the more likely it is that CSA education will be provided to various stakeholder groups. There is also a sense that the larger communities place greater importance on providing CSA education to younger children.

### *Institutional Role and CSA Education*

Administrators included superintendents, principals, assistant principals, directors, and assistant directors. Non-administrators included teachers, counselors, social workers, domestic violence/sexual assault advocates, community educators, and others that would be considered direct service professionals.

#### *CSA education administrator and non-administrator roles*

	Child/Student CSA Education	Employee/Volunteer CSA Education	Parent/Caregiver CSA Education
Administrators n=129	29 (22%)	29 (22%)	13 (10%)
Non-Administrators n = 42	16 (25%)	12 (19%)	7 (11%)

#### *CSA education importance based on age by community size*

	CSA education importance for age 0-5	CSA education importance for age 6-10	CSA education importance for age 11-14	CSA education importance for age 15-18
Administrators n=129	75 (58%)	113 (88%)	120 (93%)	107 (83%)
Non-Administrators n=63	48 (76%)	58 (92%)	61 (97%)	59 (94%)

Variations within the frequency distributions are highlighted in grey to indicate a strong difference between the two groups. There was consensus between the two groups as to what is being provided. However, there were differing perspectives regarding the importance of providing CSA education to very young and older children.

### *Qualitative Data Assessment (curricula, barriers, additional feedback)*

In total, 23% of institutions identified that they implement a CSA prevention education curriculum into their programming. Specific CSA curricula identified included: Red Flag, Green Flag (8), Amaze (3), Lauren's Kids (1), and Child Safety Matters (1). Some respondents indicated social-emotional curricula such as Second Step (3) and AI's Pals (1) as the CSA prevention education, however, these curricula do not focus specifically on CSA. Many respondents (28) indicated that they utilized no specific curriculum, however, the school nurse/counselor delivered lessons around good touch / bad touch, body anatomy, and puberty. Some indicated they collaborated with advocacy centers or crisis centers to deliver presentations; however, lessons are limited in time/scope.

Overall, 21% of respondents indicated their institution provided regular opportunities for employees and volunteers to learn about CSA prevention. Approximately 10% of institutions provided opportunities for parents/caregivers to learn about CSA prevention. Qualitative data indicated that CSA prevention education curricula utilized for adults in North Dakota included the Dakota Medical Foundation's Child Sexual Abuse Prevention (8) and Darkness to Light (3). Secondary & tertiary prevention training was more predominantly noted, including mandated reporter training and training regarding childhood trauma.

Respondents were asked to report what they determined to be the greatest barrier to providing CSA prevention education to children, youth, and adults in their local community. In total, 60% of respondents identified that they felt a lack of an established curriculum was the greatest barrier. Respondents also reported that another barrier may be the social implications of providing the training, due to the topic being uncomfortable/sensitive in nature.

Survey respondents were given an opportunity to provide additional comments on the CSA prevention topic, 28 responses were gathered. Of the responses, 50% welcomed training opportunities, guidance, and support on how to further educate on CSA prevention.

## *Conclusions / Recommendations*

1. There was a high desire among those surveyed to provide CSA education to all stakeholder groups indicating a high level of buy in but a lack of intellectual resources and subject matter expertise.
2. Less than a quarter of institutions surveyed indicated that they are providing CSA education to children / students. More concerning, only half of those (12%) reported providing evidence-based, developmentally appropriate education for children, volunteers, staff, parents, administrators, and other community stakeholders. The Taskforce will compile resources and begin the development of the educational component of the primary prevention strategy.
3. Institutional policies should be strengthened by increasing the formality of incorporating CSA screening into the hiring and onboarding process. Additional background check options such as consulting the CAN Registry and providing a public/direct statement to those demonstrate that CSA prevention is important to that organization. The Taskforce will develop a best practices guide to hiring that incorporates a CSA screening process.