Older Women Face Psychological and Physical Abuse

André B. Rosay

This article examines psychological and physical abuse against women in Alaska who are aged 60 or older and compares these rates to national rates. In 1980, there were 9,581 women aged 60 or older in Alaska. From 1980 to 2016, the number of women aged 60 or older increased by 550 percent, up to 62,239. This is more than 7 times the percentage increase in general population over that same time period (Figure 1). In 2016, women aged 60 or older represented 17 percent of the total female population in Alaska. In the next 30 years, the number of women in Alaska aged 60 or older will continue to grow. Projections indicate that 81,566 to 111,833 women will be aged 60 or older in 2045 (Figure 2).

We know from the Alaska Victimization Survey (see sidebar, p. 3) that half of all adult women in Alaska have experienced intimate partner violence, sexual violence, or both in their lifetime. Unfortunately, little is known about the psychological and physical abuse experienced by older women in Alaska. Data from the 2006–2012 Alaska Behavioral Risk Factor Surveillance System (BRFSS) show that 0.8 percent of Alaskans aged 65 or older were threatened or hurt by an intimate partner in the past five years. Additional information is available from the FY 2015 Senior Survey administered to a convenience sample of 2,280 Alaskans (both women and men) aged 55 or older. Almost one in three (29.4%) had either personally experienced psychological and physical abuse or knew someone who had. When asked about the form of abuse they had experienced or witnessed, 72 percent reported financial exploitation, 69 percent reported emotional abuse, 48 percent reported neglect, 31 percent reported physical abuse, 22 percent reported abandonment, 8 percent reported self-abuse, and 5 percent reported sexual abuse. Respondents were also asked about their top concerns for older Alaskans. More than half (65%) indicated that programs to help prevent psychological and physical abuse and exploitation were very important for their quality of life.

This article provides additional estimates of psychological and physical abuse experienced by women in Alaska who are 60 years of age or older. Psychological abuse includes expressive aggression by intimate partners and coercive control by intimate partners.

Physical abuse includes physical violence by intimate partners. It also includes sexual violence, by both intimate partners and non-intimate partners. Estimates are provided for both psychological and physical abuse. This article compares the Alaska estimates to national estimates. Alaska estimates come from the 2010–2015 Alaska Victimization Survey (AVS). National estimates come from the 2010 National Intimate Partner and Sexual Violence Survey (NISVS) (sidebar, p. 2).

One in Nine Experienced Psychological or Physical Abuse

The analysis in this article focuses on the 3,049 women in the NISVS and the 3,483 women in the AVS who were 60 years of age or older. Psychological abuse includes expressive aggression by intimate partners and coercive control by intimate partners.
experiences of psychological abuse, and for physical abuse.

Results show that one in nine Alaskan women aged 60 or older (11.5%) experienced psychological or physical abuse in the past year (Table 1). That includes one in 24 (4.1%) who experienced physical abuse and one in 12 (8.4%) who experienced psychological abuse (some experienced both). These rates are all significantly higher than the national rates. The Alaska rate for psychological or physical abuse is 1.7 times as high as the national rate. The Alaska rate for physical abuse is 2.4 times the national rate, and the Alaska rate for psychological abuse is 1.6 times the national rate (Figure 3). Overall, 7,148 women in Alaska aged 60 or older experienced psychological or physical abuse in the past year. This includes 2,574 who experienced physical abuse and 5,216 who experienced psychological abuse.

► Alaska Rates Higher than National Rates
Both nationally and in Alaska, psychological abuse was more prevalent than physical

National Intimate Partner and Sexual Violence Survey

The National Intimate Partner and Sexual Violence Survey (NISVS) is an annual survey conducted by the U.S. Centers for Disease Control and Prevention. It is a general population survey that is conducted by phone, using both landlines and cell phones. Respondents are asked detailed behaviorally specific questions about their experiences of expressive aggression by intimate partners, coercive control by intimate partners, physical violence by intimate partners, and sexual violence. Intimate partners include current and former romantic or sexual partners.

Expressive aggression includes times when intimate partners acted very angry in a dangerous way, told victims they were losers or failures, called them names like ugly or stupid, insulted or humiliated them in front of others, or told them that no one else would want them.

Coercive control includes times when intimate partners controlled victims by doing things like preventing them from seeing or talking to family or friends, keeping track of them, destroying things that were important to them, or making decisions for them that should have been theirs to make. It also includes times when intimate partners threatened to hurt themselves or others, including pets.

Physical violence includes times when intimate partners threatened to harm the victims themselves. It also includes times when intimate partners attacked victims by doing things like slapping them, pushing or shoving them, hitting them with a fist or something hard, choking or suffocating them, or burning them on purpose.

Sexual violence includes times when perpetrators used force, threats of physical harm, or drugs and alcohol to make victims perform oral sex or to make them receive vaginal, anal, or oral sex. It also includes times when perpetrators forced victims to participate in unwanted sexual situations such as kissing in a sexual way or participating in sexual photos or movies. Contrary to the other forms of abuse, sexual violence was not limited to violence by intimate partners.

It is important to note that the NISVS does not provide comprehensive measures of psychological and physical abuse. In particular, it does not include measures of financial exploitation (the most common form of abuse found in the FY2015 Senior Survey). In addition, it excludes adults living in assisted living facilities, unless they defined those facilities as private residences or had access to a cell phone. Despite these limitations, the NISVS provides comprehensive measures of abuse. It also permits comparisons between Alaska and national data. The 2010 data are publicly available. They include interviews from 3,049 women who were 60 years old or older.
Alaska Victimization Survey

The Alaska Victimization Survey (AVS) was an annual survey conducted by the Justice Center at the University of Alaska Anchorage with funding from the Alaska Council on Domestic Violence and Sexual Assault. The AVS used the same behaviorally specific questions and the same methodology as the NISVS. Statewide surveys were conducted in 2010 and 2015. Regional surveys were conducted from 2011 to 2014 in the Aleutian/Pribilof Island region, the Municipality of Anchorage, the Bristol Bay region, the Fairbanks North Star Borough, the City and Borough of Juneau, the Kenai Peninsula Borough, the Ketchikan Gateway Borough, the Kodiak Island Borough, the Matanuska-Susitna Borough, the Nome Census Area, the North Slope Borough, the City and Borough of Sitka, and the Yukon-Kuskokwim Delta. The AVS provided prevalence estimates for intimate partner violence, sexual violence, and stalking. Of the 10,885 adult women in Alaska who participated in the AVS from 2010 to 2015, 3,483 were 60 years old or older.

Previous survey results showed that about half of adult women in Alaska have experienced intimate partner violence, sexual violence, or both in their lifetime. One in three adult women in Alaska have experienced stalking in their lifetime. Among women who experienced intimate partner violence or sexual violence in their lifetime, half were also stalked in their lifetime. It is important to note that the measure of sexual violence used in this article is broader than the one previously used. As a result, estimates of sexual violence in this article are not comparable to previously published estimates from the Alaska Victimization Survey.

On average, from 2010 to 2015, 7,148 women in Alaska aged 60 or older experienced abuse in the past year. On average, from 2010 to 2015, 7,148 women in Alaska aged 60 or older experienced abuse in the past year. With the number of women in Alaska aged 60 or older in Alaska expected to grow, unless prevalence rates change, we can expect that 9,367 to 12,843 will experience abuse in 2045.

The Alaska Commission on Aging recently released its FY 2016 to FY 2019 State Plan for Senior Services. One of their goals is to pro-

Protecting Older Alaskans

On average, from 2010 to 2015, 7,148 women in Alaska aged 60 or older experienced abuse in the past year. by intimate partners was experienced in the past year by 1.5 percent of Alaskan women aged 60 or older (versus 1.0% nationally) and sexual violence was experienced by 2.8 percent (versus 0.9% nationally). The past-year prevalence of sexual violence against women aged 60 or older was significantly higher in Alaska than nationally. More specifically, the Alaska prevalence rate was 3.2 times as high as the national rate.

Table 1. Weighted Prevalence of Past-Year Psychological and Physical Abuse Against Women Age 60+

<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>% abused nationally</th>
<th>% abused in Alaska</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>1.7 %</td>
<td>4.1 %</td>
</tr>
<tr>
<td>Physical violence by intimate partners</td>
<td>1.0</td>
<td>1.5</td>
</tr>
<tr>
<td>Sexual violence</td>
<td>0.9</td>
<td>2.8</td>
</tr>
<tr>
<td>Psychological abuse</td>
<td>5.2 %</td>
<td>8.4 %</td>
</tr>
<tr>
<td>Expressive aggression by intimate partners</td>
<td>3.3</td>
<td>5.0</td>
</tr>
<tr>
<td>Coercive control by intimate partners</td>
<td>3.6</td>
<td>4.9</td>
</tr>
<tr>
<td>Any type of abuse</td>
<td>6.6 %</td>
<td>11.5 %</td>
</tr>
</tbody>
</table>


Note: All differences between national and Alaska percentages are statistically significant (p < .05).

tect older Alaskans from abuse, neglect, self-neglect, and exploitation. Specific strategic objectives to achieve this goal include:

(a) promoting primary prevention of psychological and physical abuse, neglect, and exploitation and reducing the rate of recidivism through education and awareness;
(b) promoting awareness and identifying issues pertaining to elder justice by developing a resource directory for seniors;
(c) improving access to quality legal assistance for seniors;
(d) coordinating with the Elder Justice Taskforce to review Alaska’s guardianship and conservatorship systems to ensure they meet the needs of older Alaskans; and
(e) improving the recruitment of volunteers for the Office of the Long-Term Care Ombudsman to increase the number of visits to long-term care facilities.

Rates of abuse were highest among those who needed to see a doctor in the past year but could not afford it.

Unfortunately, there is very little research on how to prevent psychological and physical abuse of older persons. However, recent research has shown that the risk of psychological and physical abuse increases the more a person is isolated. Recent research using the NISVS data also shows that the greatest correlate of psychological and physical abuse is health care insecurity (Rosay and Mulford, 2017). Rates of abuse were highest among those who needed to see a doctor in the past year but could not afford it. The odds of experiencing abuse were 4.5 times greater for those who experienced health care insecurity than for those who did not (and the odds of experiencing physical abuse were 14 times greater). As Rosay and Mulford (2017:12) explain, “this is important because disparities in access to health care will hinder efforts to screen elders who are being abused, and this could be precisely why they are being abused.”

### Forms of Psychological Abuse

#### Expressive Aggression by Intimate Partners
- Acted very angry towards you in a way that seemed dangerous
- Told you that you were a loser, a failure, or not good enough
- Called you names like ugly, fat, crazy, or stupid
- Insulted, humiliated, or made fun of you in front of others
- Told you that no one else would want you

#### Coercive Control by Intimate Partners
- Tried to keep you from seeing or talking to your family or friends
- Made decisions for you that should have been yours to make
- Kept track of you by demanding to know where you were and what you were doing
- Threatened to hurt him or herself or commit suicide when he or she was upset with you
- Threatened to hurt a pet or threatened to take a pet away from you
- Threatened to hurt someone you love
- Hurt someone you love
- Kept you from leaving the house when you wanted to go
- Kept you from having money for your own use
- Destroyed something that was important to you
- Said things like “If I can’t have you, then no one can”

### Forms of Physical Abuse

#### Physical Violence by Intimate Partners
- Made threats to physically harm you
- Slapped you
- Pushed or shoved you
- Hit you with a fist or something hard
- Kicked you
- Hurt you by pulling your hair
- Slammed you against something
- Tried to hurt you by choking or suffocating you
- Beaten you
- Burned you on purpose
- Used a knife or gun on you

#### Sexual Violence

*When you didn’t want it to happen:*
- Exposed their sexual body parts to you, flashed you, or masturbated in front of you
- Made you show your sexual body parts to them
- Made you look at or participate in sexual photos or movies
- Kissed you in a sexual way
- Fondled or grabbed your sexual body parts

*When unable to consent because of drugs, alcohol, or medications; when threatened with harm; or when physically forced:*
- Had vaginal sex with you
- Made you receive anal sex
- Made you perform oral sex
- Made you receive oral sex

*When threatened with harm or physically forced:*
- Put their fingers or an object in your vagina or anus
- Tried to have vaginal, oral, or anal sex with you, but sex did not happen
Identifying and helping victims of abuse remains a significant challenge, particularly in Alaska.

André B. Rosay, Ph.D., is a Professor of Justice and the Director of the Justice Center. He is the Principal Investigator for the Alaska Victimization Survey, funded by the Alaska Council on Domestic Violence and Sexual Assault. He was also the principal analyst for the National Intimate Partner and Sexual Violence Survey at the National Institute of Justice.

Reference
Alaska’s Lack of Psychiatric Beds and Consequences

Pamela Cravez

Dr. Anne Zink, Medical Director at Mat-Su Regional Medical Center (MSRMC) and head of Mat-Su’s Emergency Department (ED), is seeing more and more psychiatric emergencies. The first quarter of last year the ED saw 68 psychiatric emergencies; this year it was 283, according to Zink. The problem is that MSRMC, like most hospitals in the state, does not have a psychiatric emergency department or behavioral health unit. This means that psychiatric patients may wait days until one of the state’s few psychiatric treatment beds becomes available.

MSRMC’s ED has 22 beds total, including two lockdown rooms next to the cardiac unit. Dr. Zink has sewn up the lip of a child while a patient suffering a psychotic break pounded on a nearby locked door. She’s treated a person suffering a heart attack while a severely depressed patient lay in the next bed.

Among those with psychiatric emergencies, according to Dr. Zink, are people abusing alcohol and drugs, little kids with awful home situations who are threatening to hurt themselves, people who’ve cycled through over and over when they’ve gone off their medication, the acutely psychotic and severely depressed.

Zink refers patients to Alaska Psychiatric Institute (API) in Anchorage, but they frequently must wait four to six days before being admitted. API, the state’s sole psychiatric hospital and provider of inpatient services has 80 beds. There are two additional state Designated Evaluation and Treatment (DET) hospitals: Fairbanks Memorial Hospital (20 beds) and Juneau’s Bartlett Regional Hospital (12 beds) provide care for acute psychiatric emergencies.

“We are calling (API) every day, asking what place they are on the list.” Zink said. “Our system is set up for acute care, not boarding patients. People are ill. We know we’re not doing the right thing just holding them.”

API is Full

May 31, 2017, API Chief Executive Officer Gavin Carmichael held a list with the names of 18 people waiting to get into API that day. Nine are at MSRMC’s ED. Others on Carmichael’s list include four patients at Providence Alaska Medical Center Psychiatric Emergency Room (PPER) — the psychiatric emergency department in Southcentral Alaska. Two at Central Peninsula Hospital, one at Yukon Kuskokwim Health Center and one more in Barrow. Another two patients are forensic cases — one is in jail and another is waiting to be evaluated for competency to stand trial.

In May 1968, at the time of this photo, API had 225 beds. Christine M. McClain papers, Archives and Special Collections, Consortium Library, University of Alaska Anchorage. Jim Balog, photographer.
who need extended care that is unavailable elsewhere in the state including individuals suffering from Alzheimer's Disease (10 beds). The low number of beds and high demand create high admission rates and low average length of stays (ALOS). According to the privatization report API does not operate like most state hospitals around the country:

- Utilization per 1,000 people in Alaska is more than triple the national average.
- Admission rates are significantly higher than the national average and continue to grow. In FY15, of the 1,683 admissions at API, the hospital served 1,219 unduplicated individual patients at a rate of 1.38 per 1,000, compared to the .83 national average.
- ALOS at API was 13 days in FY15, far below the national average of 244.
- Readmission rates within 30- to 180-days are 160 percent to 180 percent higher than the national average.

API's admission rates and ALOS are more similar to hospitals that provide short-stay acute treatment and stabilization. Acute-care hospitals — often privately run — act as gatekeepers to state hospitals which serve more complex cases requiring longer term care.

According to the privatization report there is no infrastructure in Alaska to support long-term care for children and adolescents. In 1967, it added public school classrooms and two-full-time teaching positions.

By 1971, API coordinated services with 96 community agencies. During the mid-1970s and early 1980s, as Alaska's economy and population grew, API continually operated at or above capacity. Throughout the rest of the country, though, the deinstitutionalization movement was in full swing. The drive to rely less on state institutions and more heavily on community-based services began to gain support in Alaska. By 1993, there were 31 Community Mental Health Centers (CMHC). In 1993, Bartlett Memorial Hospital added six DET beds, and in 1999 Fairbanks Memorial opened six DET beds.

### API: High Admission Rates, Short Stays

Although API has 80 beds, only 50 of them are available for adult acute psychiatric care. The other 30 beds are reserved for adolescents 13–17 years old (10 beds), medium security forensic cases (10 beds) and people for state hospitals (1.66 compared to .44 in FY 2015).

- Admission rates are significantly higher than the national average and continue to grow. In FY15, of the 1,683 admissions at API, the hospital served 1,219 unduplicated individual patients at a rate of 1.38 per 1,000, compared to the .83 national average.
- ALOS at API was 13 days in FY15, far below the national average of 244.
- Readmission rates within 30- to 180-days are 160 percent to 180 percent higher than the national average.

API's admission rates and ALOS are more similar to hospitals that provide short-stay acute treatment and stabilization. Acute-care hospitals — often privately run — act as gatekeepers to state hospitals which serve more complex cases requiring longer term care.

According to the privatization report there is no infrastructure in Alaska to support longer term care for children and adolescents. In 1967, it added public school classrooms and two-full-time teaching positions.

By 1971, API coordinated services with 96 community agencies. During the mid-1970s and early 1980s, as Alaska's economy and population grew, API continually operated at or above capacity. Throughout the rest of the country, though, the deinstitutionalization movement was in full swing. The drive to rely less on state institutions and more heavily on community-based services began to gain support in Alaska. By 1993, there were 31 Community Mental Health Centers (CMHC). In 1993, Bartlett Memorial Hospital added six DET beds, and in 1999 Fairbanks Memorial opened six DET beds.

### Downsizing

In Alaska, the deinstitutionalization movement coincided with a downturn in the economy and the need to address API's deteriorating physical condition. In 1990, after five assessments, the state decided to replace...
the building. API 2000, a community planning process, defined API as a “tertiary” care facility that provided acute short-term care and/or longer term care for those with highly complex or high security needs.

In 1993, Governor Walter Hickel authorized a 114-bed facility at a cost of $64.9M. The Alaska State Legislature appropriated only $28.9M — reducing the number of beds to 79, relying upon assertions that fewer beds would be needed if non-hospital/community types of treatment were established.

► New Admissions Policy

Simultaneously, budget cuts shut down existing beds at API. Between 1992 and 1994, capacity dropped from 160 to 79 beds. To accommodate its smaller capacity, a new admissions policy gave priority to consumers who were acutely suicidal, homicidal, or gravely disabled. A new discharge policy expedited the release of individuals from the facility once their behavior stabilized. Hospitalization would not be prolonged for the sole reason that the consumer, family, referring agency, or community did not concur with API staff diagnoses or treatment recommendations.

In 2003, Providence Alaska Medical Center Psychiatric Emergency Room (PPER) opened, with money from the state, to provide Anchorage residents psychiatric emergency services. PPER supported the goals to reduce the need for beds in API. In July 2005, API’s new building opened with 80 beds, virtually the same number as in 1994 and today. In 1994, Alaska’s population was 608,308; latest U.S. Census figures for 2015 are 739,828, an increase of more than 140,000 people (21.62%).

A 25-year snapshot of API from 1990 to 2015 shows that the number of yearly admissions and discharges have nearly doubled, while the number of beds have been cut in half. In 1990, API had 160 beds, 831 admissions and 831 discharges. In 2015, API had 80 beds, 1,547 admissions and 1,555 discharges (Table 1).

Since the mid-1990s CMHC’s have limited their services in Alaska, currently only providing service to those with severe mental illness.

According to API CEO Carmichael, API no longer operates as a “tertiary” hospital. It is an acute care facility where the high volume of consumers needing treatment means that every week API experiences nearly a complete turnover in patients. There is no routine capacity for long-term care.

► Fewer Hospital Beds, More Prison Beds

In-Step, Alaska’s 5-year mental health plan for 2001–2006, produced by the Department of Health and Social Services (2001), traced the path between lack of capacity to treat those with mental illness in the community to growing numbers entering the corrections system. When there was no place to commit a person who was a danger to themselves or others under Title 47, they were placed in jail for their own safety. Those who would have been sent to state hospitals because they’d committed a minor crime due to mental illness, substance use disorder or developmentally disabled were now being sent to jail.

In 1997, Alaska Department of Corrections determined that 37 percent of inmates were either mentally ill, chronic alcoholics and/or developmentally disabled (In-Step). By 2007, that number was 42 percent, and in 2012, a one-day snapshot found 65 percent of inmates to fit the description. (Hornby Zeller 2014).

In 2005, the Bureau of Justice Statistics found that more than half of all inmates of correctional facilities in the United States had a mental illness.

Mat-Su Regional’s Dr. Zink sees another impact of too few inpatient beds and the lack of outpatient community options.

One man suffering from anxiety kept coming back into the Emergency Department. His primary care physician didn’t have the time and he had two stays at API, she said. ED physicians can only see and treat immediate and life threatening situations, according to Zink. She saw him in the grocery store and could tell he wasn’t doing well. “You guys just send me through, I’m struggling,” he told her. She told him to come back and that she would help him with a safety plan. Zink learned later that he died by suicide. “It just breaks my heart,” she said.
Mental Health Problems High Among Inmates, Especially Females

In June 2017, the Bureau of Justice Statistics (BJS) released a study showing that female inmates both experienced serious psychological distress (SPD) while incarcerated and had been told in the past by a mental health professional that they had a mental health disorder at higher rates than male inmates.

The BJS study found that incarcerated people experienced serious psychological distress (SPD) at three to five times the rate of the general population. Fourteen percent of state and federal prisoners and 26 percent of jail inmates reported experiences that met the threshold for SPD. In comparison, the BJS study found that one in 20 persons (5%) in the U.S. general population with similar sex, age, race and Hispanic origin characteristics met the threshold for SPD.

The report examined the prevalence of mental health problems among inmates based on two indicators: self-reported experiences that met the threshold for SPD in the 30 days prior to the survey and having been told at any time in the past by a mental health professional that they had a mental health disorder.

The report found that 37 percent of state and federal prisoners had been told by a mental health professional in the past that they had a mental health disorder. Among jail inmates, 44 percent had been told they had a mental health disorder. Female inmates experienced both at higher levels than male inmates.

In state and federal prisons 20 percent of females met the threshold for SPD, compared to 14 percent for males. In jails, 32 percent of females and 26 percent of males met the threshold.

Two-thirds of female inmates in both prisons (66 percent) and jails (68%) had been told they had a mental health disorder compared to around one-third (33%) male prisoners and 41 percent of male jail inmates.

More Beds and Fewer on Horizon

In June 2017, Mat-Su Regional applied for a certificate of need to add 36 psychiatric and substance abuse inpatient beds, the first acute inpatient behavioral health services to be provided in Mat-Su Borough. The project is in response to a dramatic increase in the need for behavioral health services at MSRMC. Since 2014, behavioral health assessments for patients in acute psychiatric crisis have nearly tripled, from 349 to 1,100. The number of times the Emergency Department has had to divert psychiatric emergencies because the hospital was at capacity has jumped even more, from five time in 2012 to 234 times in 2016.

New inpatient beds will serve both voluntary admissions and involuntary admissions under Title 47 of the Alaska Statutes, according to Alan Craft, Director of Marketing and Public Relations for MSRMC. Once approved, new construction will take place on the Palmer campus and is projected to be completed by December 2020.

This fall, though, API is undergoing a remodel that is projected to last four to six months and close 18 beds for a portion of the time. API CEO Carmichael told behavioral health care providers in the Anchorage area to expect “bottlenecks in the community.” Pamela Cravez is editor of the Alaska Justice Forum and author of the recently published “The Biggest Damned Hat: Tales from Alaska’s Territorial Lawyers and Judges.”

References


4

Source of data: Bureau of Justice Statistics
Collaborative Problem Solving with Liquor Stores

Sharon Chamard

This is the story of a successful community-based collaborative problem-solving process that serves as an example of the power that communities have to effect change, even in the face of sharp divisions.

In 2007, community members raised concerns at a large public meeting organized by the Fairview Community Council (FVCC). In response, the Anchorage Police Department (APD) created a new problem-oriented policing unit called the Community Action Policing Team (CAP Team). The CAP Team worked closely with the FVCC's Public Safety Committee to determine the neighborhood's public safety priorities and began to implement proactive policing strategies.

Despite additional conditions and the positive impact of CAP Team activities, for many in the community the liquor stores continued to be a focus of frustration over a seemingly intractable public disorder problem.

▶ Angry Residents Demand Closure of Liquor Stores

In November 2013, a group of angry residents and business owners came to the FVCC monthly membership meeting with a resolution demanding the immediate closure of the two liquor stores. The FVCC leadership (of which I am a member) proceeded cautiously. It had to balance the interests of those opposed to the liquor stores, the interests of the store owners, and the interests of residents who appreciated local access to the stores.

Negotiations began between FVCC and the liquor stores to develop a plan to move forward. Two members of the FVCC leadership team (I was one) met with representatives from both liquor stores and the Anchorage Police Department’s CAP Team. The CAP Team described what they had observed, including sales to inebriated persons and on-site consumption of alcohol. Representatives of the liquor stores took note of the illegal activities and made assurances that they would work to prevent them in the future.

The FVCC team made a proposal to the liquor stores. Would they be willing to engage in a collaborative problem-solving process with the community, with the goal of reducing public safety problems associated with their facilities?

The FVCC team made a proposal to the liquor stores. Would they be willing to engage in a collaborative problem-solving process with the community, with the goal of reducing public safety problems associated with their facilities?

The FVCC team made a proposal to the liquor stores. Would they be willing to engage in a collaborative problem-solving process with the community, with the goal of reducing public safety problems associated with their facilities? The process, roughly outlined, would include an action plan developed by all the parties, implementation of the plan, and a method for assessing compliance and effectiveness. Failure to comply or implement in good faith would result in the FVCC opposing the renewal of the liquor store’s license.

Representatives from both stores agreed. Although initiators of the request to close the liquor stores objected to the proposed process, the FVCC Public Safety Committee approved the process.

Representatives from the FVCC, the two stores, and stakeholders from businesses around 13th and Gambell met to develop a framework for the collaboration. The stores reported on progress they had made since the first meeting where they had been pre-
sented with evidence of chronic public inebriates being served on their premises.

**FVCC Adopts Collaborative Process**

In February 2014, the general membership of the FVCC approved, by a vote of 17 to 1, a resolution supporting a collaborative process with five elements.

- The community council had a responsibility to hold liquor stores accountable for their actions, or lack thereof.
- The commitment of the community council to work collaboratively with the owners and/or managers of both Spirits of Alaska and Oaken Keg and the Anchorage Police Department to develop an action plan within two months for immediate implementation. The collaboration would include but not be limited to revisions of existing conditions attached to CUPs, potential proposed amendments to Anchorage Municipal Code 10.50.045 “Area conditions for land use by licensed premises,” creation of a strategy to prevent the sale of alcohol to certain chronic public inebriates, and a methodology for assessing the effectiveness of the action plan.
- The expectation that the two liquor stores would implement the action plan no later than April 1, 2014.
- The commitment of the community council to assess the compliance of the liquor stores with the action plan and the effectiveness of the plan in collaboration with the liquor stores and APD.
- If the FVCC determined that a liquor store was not collaborating in the design of the action plan in good faith, had failed to comply with the implementation of the action plan, or was uncooperative in efforts to assess the effectiveness of the action plan, the FVCC would seek the revocation or denial of renewal of the store’s liquor license.

**Action and Assessment Plan**

As chair of the FVCC Public Safety Committee, I coordinated and led four public meetings between February and August 2014, to develop action and assessment plans. At the initial meeting many attendees wanted to talk about the problems created in the neighborhood by the liquor stores, or alcohol in general. Others were angry that the FVCC leadership was even engaging in a collaborative, problem-solving process. Still, by the end of the second meeting, tentative agreement regarding a draft action plan was reached between the FVCC and both stores. At the third meeting, the Action Plan and an Assessment Plan, which detailed how effectiveness of the changes the stores made would be measured, continued to be developed. The Action and Assessment Plans were finalized at the fourth meeting in August 2014.

**APD Monitors Liquor Stores**

APD CAP Team continued to monitor the two liquor stores and documented noticeable reductions in crime and disorder around the Oaken Keg. The CAP Team also saw that the environment around Spirits of Alaska was not changing, despite the store owner’s agreement to comply with the Action Plan. The police observed known chronic public inebriates and drug dealers hanging around the store, straw purchases (when someone buys alcohol for a third party), and a suspected drug deal involving a store employee.

After learning of these observations by the CAP Team, the FVCC general membership voted 28-2 in February 2015 to oppose the renewal of Spirits of Alaska’s liquor license citing lack of a good faith effort and failure to comply substantively with the agreed-upon Action Plan.
Opposing Liquor License

The State of Alaska Alcohol Beverage Control Board (ABC) has the power to issue, renew, and deny liquor licenses. The ABC Board may deny the renewal of a liquor license if it is opposed by a local governing body, such as the Anchorage Assembly. AS 04.11.470.

The FVCC leadership prepared a packet of information for the Anchorage Assembly supporting its request that the Assembly oppose the renewal of Spirits of Alaska’s liquor license because the store was a detriment to the community. They documented their request with written reports from meetings with representatives from Spirits of Alaska, the Action and Assessment Plans, the record of attendance at FVCC general membership for the owner of Spirits of Alaska, and relevant FVCC resolutions.

On April 14, 2015, the Anchorage Assembly held a public hearing regarding action it would take on Spirits of Alaska’s liquor license. Members of the FVCC and stakeholders testified. The commander of the CAP Team showed snippets of a 20-minute DVD presentation that included still photos and video taken during a one-year long period of regular surveillance of Spirits of Alaska. Despite some opposition, the Assembly voted 6-5 to protest the renewal of Spirits of Alaska’s liquor license before the ABC Board. The ABC Board hearing lasted two hours. At issue was whether the protest of Spirits of Alaska’s license renewal was “arbitrary, capricious, and unreasonable.” AS 04.11.480 (a).

This story is a good example of the “co-production of public safety,” that is, residents actively working with police and others to solve neighborhood problems, rather than passively waiting for the police or other government officials to do it.

Co-Production of Public Safety

It took nearly 18 months from the moment angry community members presented a resolution demanding immediate closure of Fairview’s two liquor stores, to the last day of operation of Spirits of Alaska on April 29, 2015. Almost a year was spent in an effort on the part of the FVCC and APD to work collaboratively with the liquor stores to bring about changes in their management practices to reduce crime and disorder presumed to be associated with their businesses. One store did what it had agreed to do, and their demonstrated commitment to this compliance has continued. The other store failed to do what it said it would do. Documentation of the community-driven collaborative problem-solving process and evidence provided by the police of continuing troublesome behavior associated with Spirits of Alaska made it possible to successfully protest the renewal of its license.

This story is a good example of the “co-production of public safety,” that is, residents actively working with police and others to solve neighborhood problems, rather than passively waiting for the police or other government officials to do it.

Sharon Chamard is an Associate Professor at the UAA Justice Center.
Director’s Farewell

For the last 10 years, I’ve served as the director of the Justice Center in the College of Health at the University of Alaska Anchorage (UAA). I’ve been privileged to work with outstanding faculty and staff and dedicated tribal, local, state, and federal partners. Together, we’ve overcome significant challenges to successfully grow academic and research programs that are leading Alaska to a safer, healthier, and more just society. I’ve been blessed to have your support and I hope that you are as proud of the Justice Center as I am. Serving as the Center’s director and working with our community partners has been the greatest honor of my professional career.

It is bittersweet as I transition to my new role in the College of Health as associate dean for academic and student affairs. I look forward to working with Jeff Jessee, the newly appointed dean of the College of Health and vice provost of health programs, and the many opportunities we will have to advance the health and well being of people and communities. I will continue to support the Justice Center’s academic programs and research activities. I remain a passionate advocate for the university’s role in promoting the complete physical, mental, and social well being of all Alaskans.

Although my responsibilities are changing, your support for the outstanding work of faculty, staff and students in the Justice Center and throughout the College of Health remains critical. I am deeply honored and extremely grateful for the opportunities you’ve provided and humbly ask that you continue to support the work we are doing to make Alaska a healthier and more just society. Thank you very much.

André B. Rosay
Editor’s Note

For over 30 years, the Alaska Justice Forum has provided in depth research on justice topics. I am honored to take over as editor. I’ve spent the last 35 years working as a writer and editor. And, a few years as a trial and appellate lawyer. I’ve written about Alaska’s territorial lawyers and judges and the beginning of Alaska’s state court system as well as gender equality issues among lawyers. What draws me to the Forum is the importance of providing scholarly discourse on justice issues. At a time when there are deep divides and differing definitions of justice, clear writing that includes evidence and research is vital to grounding our understanding.

With this issue we are updating our design and enhancing our online presence. We are also asking you to help us go paperless. What will you find online? More stories, colorful charts and graphs, video, and expanded versions of print stories. We know some of you like to read hard copy, so we are including a pdf of each issue for you to download and print.


Finally, I’d like to hear from you. Let me know justice topics you’d like to read about, what we’re doing well and how we could improve.

Sincerely,
Pamela Cravez
AlaskaJusticeForum@alaska.edu

Alaska Justice Forum is going paperless

Online you’ll find:

• MORE STORIES • COLORFUL CHARTS AND GRAPHS • VIDEO