

**Sexual Violence
in
Anchorage, Alaska**

**Findings and Recommendations
September 2009**

**Municipality of Anchorage
Department of Health and Human Services
Human Services Division
Safety Links Program
(907) 343-6589**

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**Brought to you
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MUNICIPALITY OF ANCHORAGE



Department of Health and Human Services

907-343-6718

Mayor Dan Sullivan

September 25, 2009



Citizens of Anchorage:

The Municipal Department of Health and Human Services (DHHS) is pleased to present the enclosed ***Sexual Violence in Anchorage, Alaska, Findings and Recommendations, September 2009***. Sexual violence is a serious public health issue. It affects every segment of society, causing emotional, physical, spiritual, and psychological devastation every day to women, men, children, and families.

This report presents recommendations offered by the community during a public forum held in collaboration between the DHHS Safety Links Program and the Anchorage Women's Commission. Many concerned citizens testified and provided written comment regarding information contained in the Draft Summary Report, which included data from the Federal Bureau of Investigation, the Anchorage Police Department, Forensic Nursing Services of Providence, and Alaska Child Abuse Response & Evaluation Services. Standing Together Against Rape was invited to include their data in this final report.

I invite your review and comments on the enclosed recommendations as we work together to prevent sexual violence in Anchorage.

Sincerely,

Diane Ingle
Director

MUNICIPALITY OF ANCHORAGE



Anchorage Women's Commission

907-343-6718

Mayor Dan Sullivan

September 25, 2009



Citizens of Anchorage,

The Anchorage Women's Commission (AWC) is proud to be a part of the *Sexual Violence in Anchorage, Alaska, Findings and Recommendations, September 2009* written by the Department of Health and Human Services, Safety Links Program. Through the public forum process, the AWC received many responses to the draft document and formulated specific recommendations based on community input. Testimony from members of the public is critical to understanding the way sexual violence affects our community.

The AWC believes sexual violence threatens the foundation of safety and security for all citizens of Anchorage: women, children, and men. Information provided in this report can be used to enhance existing partnerships and build new ones to develop prevention techniques to eliminate sexual violence. This report continues the work on sexual violence initiated in the *Interpersonal Violence Prevention Action Plan (2003)* by taking a closer look at sexual violence data from several sources, identifying unmet needs of victims and gaps in services. In addition, the AWC will submit recommendations to the Mayor and Anchorage Assembly for developing strategies to reduce and prevent continued sexual violence.

The Commissioners extend appreciation to all those who came forward to relate their concerns, ideas and suggestions. Although discussing sexual violence and speaking out about trauma is not easy or pleasant, it is essential to ultimately eliminating the violence. This report presents the opportunity, indeed the mandate, to intensify our efforts, to roll up our sleeves and get to work preventing sexual violence in Anchorage.

Sincerely,

Chris Ingmanson, Chair
Anchorage Women's Commission

Executive Summary

A draft report *Sexual Violence in Anchorage, Alaska: Summary Report, April 2009* was prepared to present an overview of sexual violence in Anchorage and increase public awareness during Sexual Assault Awareness Month in April 2009. Data on sexual assaults, reported rapes, and medical-forensic services were presented, revealing the extent of known sexual harm to both adults and children. A brief assessment of Alaska and national *rates of rape* was also included. The Anchorage Women's Commission (AWC), in partnership with the Municipal Department of Health and Human Services (DHHS) Safety Links Program, hosted a public forum on April 15, 2009, to collect feedback on the draft report and elicit strategies and recommendations to prevent sexual violence in our community. Recommendations from the public forum are presented in this final report, *Sexual Violence in Anchorage, Alaska, Findings and Recommendations, September 2009*.

Public forum recommendations are summarized according to the Center for Disease Control's (CDC) ***Social-Ecological Model: a Framework for Prevention***. The CDC model examines four levels of influence: individual, relational, community, and societal. The individual level, or domain, examines biological and personal history factors that influence victimization or perpetration; examples include age, income, education, and history of abuse. The relationship level reviews how an individual's social relationships (with family, intimate partners and peers) influence the risk of violence. The community level relates to settings of social relationships (neighborhoods, workplaces, schools) and how characteristics of these environments may contribute to violence. Societal factors refer to cultural norms and social policies that encourage or inhibit violence, such as economic and social disparities between groups in society (Centers for Disease Control and Prevention; National Center for Injury Prevention and Control, 2009).

Public forum recommendations for each level of the ***Social-Ecological Model*** are outlined below.

Individual

- Expand specialized treatment services for children who experience trauma.
- Focus on multi-generational healing.
- Reduce trauma for children involved in child abuse cases, particularly when the accused offender is a parent or loved one.

Relationship

- Develop and implement a sexual violence prevention curriculum for kindergarten – twelfth grades that includes information on healthy relationships.
- Expand sexual violence education for University of Alaska students, such as nurses.
- Provide public education on victimization across the life span (birth – elderly).
- Provide education on the connection between animal cruelty and interpersonal violence.

- Strategize to prevent the pervasive practice of “sexting” (use of technology to communicate inappropriate sexual messages), as well as other cyber technology used for sexual bullying and sexual aggression.

Community

- Convene a Sexual Violence Summit to develop preventative solutions and solicit more community involvement.
- Enhance coordination of sexual violence service and resource information among non-profit providers, military, and faith-based communities.
- Increase funding for sexual violence prevention and intervention.
- Develop a coordinated community response to child-on-child sexual victimization.
- Engage cultural communities in translating and disseminating sexual violence education and resource information.
- Examine community factors that increase or decrease risk for sexual violence.
- Design and implement data driven strategies to reduce and prevent sexual violence.
- Collect and analyze local data on the occurrence of animal cruelty and interpersonal violence.
- Determine causes of the disproportionate representation of Alaska Native women in rates of sexual violence.
- Eliminate backlog of sexual assault investigation cases at the local level.

Societal

- Expand funding for felony child abuse.
- Establish felony laws to support animal cruelty investigations and prosecutions.
- Increase funding for the crime lab to enhance immediate prosecution and investigations.
- Increase funding for children placed in out-of-home care.
- Increase the number of experienced Sexual Assault Response Teams (SART) available in urban and rural settings.
- Collect sexual violence data from initial police report through the prosecution process, including charges, dismissals, and perpetrator information related to recidivism.

- The State of Alaska should participate in the National Incident-Based Reporting System.
- Integrate cultural context, relevance, and sensitivity in all sexual violence educational efforts, services, and law enforcement responses.
- Support current legislation designed to increase penalties for animal cruelty in Alaska (House Bill (HB) 6 criminalizing bestiality, and HB 138).

There were significant data findings and public forum recommendations related to the disproportionate percentage of Alaska Native/American Indian women and children harmed by sexual violence. Although accounting for only 8.1% of Anchorage’s population (U.S. Census Bureau; Census 2000 Demographics Profile Highlights, 2009), Alaska Native/American Indians accounted for 44.9% of sexual assault victims reporting to APD; 56.2% of sexual assault victims receiving medical-forensic examinations through Forensic Nurse Services of Providence (FNSP); 34.4% of children receiving services through Alaska CARES; and 31.3% of primary victims of *sexual assault* receiving services through STAR. There was extensive public testimony pointing to the importance of cultural strategies and information to reduce the disproportionate sexual harm to Alaska Native/American Indians.

In addition to the public forum recommendations and the data, the DHHS Safety Links Program reviewed the findings and identified other emerging issues. Outlined below are a few significant considerations, with additional emerging issues expanded upon in the latter part of the report.

- Work with community service providers to reduce sexual victimization against the homeless.
- Identify, collect, and analyze local data regarding stalking, and cyber stalking.
- Develop a multi-pronged educational prevention campaign for stalking and cyber stalking, including the difference between stalking behaviors and harassment.
- Identify, collect, and analyze local data regarding child-on-child sexual victimization.

The remainder of this report presents data for sexual assaults and rapes from the Anchorage Police Department (APD) and the Federal Bureau of Investigation’s Uniform Crime Reports (UCR) respectively, as well as information on sexual violence services provided by the Forensic Nursing Services of Providence (FNSP), the Alaska Child Abuse Response & Evaluation Services (Alaska CARES) and Standing Together Against Rape (STAR). These data primarily address the *individual* domain level, i.e. gender, age, and race of victims and limited *relationship* data for domestic violence related sexual assaults. Summaries of key findings are presented at the beginning of each section.



Dr. Sheila Sellkregg, Anchorage Assemblywoman recommends a sexual violence summit to develop prevention strategies to address the high rates of sexual violence in Anchorage.



Jennifer Meyer, Sexual Assault Nurse Examiner (S.A.N.E.) from FNSP, testifies on the importance of sexual violence education at the Anchorage Women's Commission Public Forum.



Carol Comeau, Superintendent, Anchorage School District, recommends strategies to address child-on-child sexual aggression.

Background

The Municipal Department of Health and Human Services (DHHS) Safety Links Program and Anchorage Women's Commission (AWC) prepared this report to provide an overview on the scope of sexual violence in Anchorage. Data from the Anchorage Police Department (APD), the Forensic Nursing Services of Providence, and the Alaska Child Abuse Response and Evaluation Services are included. The report was also a mutual effort to solicit public recommendations to reduce sexual violence and trauma in the community. A draft report *Sexual Violence in Anchorage, Alaska: Summary Report, April 2009* was prepared for Sexual Assault Awareness Month (SAAM), which is held each April in Anchorage. On April 15, 2009, DHHS and AWC hosted a public forum presenting data findings and taking testimony regarding solutions to reduce sexual violence. After the public forum, Standing Together Against Rape, Inc. (STAR) provided data for inclusion in the final report. In addition, APD generated interest in including a section regarding the increase of sexual violence against homeless women. This joint agency and community effort updates an earlier report, titled *Interpersonal Violence Prevention Plan (2003)*, which was a blueprint for the community to intervene in sexual violence in Anchorage.

Overall, sexual violence in Anchorage is unacceptably high. Rates of rape (RoR)³ are almost three times higher for Anchorage than for the United States (90.5 compared to 32.9); the RoR for Alaska, at 77.4, is more than twice the national average. Compared to other U.S. cities Anchorage ranked third in 2007, while Fairbanks ranked number one with the highest RoR per 100,000 people.

The public health model is used to address sexual violence. The public health approach focuses on prevention. Before we can prevent sexual violence we must first understand how, why, where and who has been harmed. The public health model uses data to define the scope of the problem, identify risk and protective factors, and engage the community in finding solutions to implement a prevention design. The public health model is explained in more detail in Appendix I.

Effective violence prevention strategies must recognize and address the complex interplay between individual, relationship, community, and societal factors that put people at risk for experiencing or perpetrating violence. This is based on the Center for Disease Control's (CDC) social-ecological model.

Testimony at the public forum pointed to many strategies across multiple levels of the model to address these high rates. Many participants stressed the importance, at the individual level, of providing therapy services to children who are abused. At the relationship domain education about healthy relationships and sexual assault prevention curricula were recommended. A proposed Sexual Violence Summit would expand the community's understanding and ability to implement strategies to reduce sexual violence. And at the societal level, participation in crime data collection through the National Incident-Based Reporting System to improve our ability to design evidenced-based interventions and accurately evaluate their effectiveness.

³ Rates of rape used in this report are rapes per 100,000 people.

Anchorage Women's Commission

The Anchorage Women's Commission exists to advise the Mayor and Assembly on matters pertaining to the status of women.

Philosophy: The Commission shall be particularly concerned with improving opportunities for women in the community.

Mission: The Commission shall:

- Act as a clearinghouse and coordinating body for information relating to the status of women.
- Disseminate results of research and other information on women's issues.
- Analyze and set priorities for women's needs at the local level.
- Recommend legislative and administrative action on women's issues.
- Encourage women to utilize their capabilities and to assume leadership roles.

Commissioners

Chris Ingmanson, Chair
Cady Lister, Vice Chair
Karen Bitzer
Precyous Council

Rhonda Johnson
Ebony McClain-Owens
Maia Nolan
Geran Tarr



L-R Carrie Longoria, DHHS, Safety Links Program Manager, Commissioners Precyous Council, Maia Nolan, Chris Ingmanson, Karen Bitzer and Rhonda Johnson

Data Findings

Anchorage Police Department Data Compared to Uniform Crime Report (UCR)

Between 1995 and 2007, a total of 3,914 sexual assault reports were made to APD; 73% of these, or 2,855 reports, were cases of rape (See Table 1).

- Between 1995 and 2007, the Anchorage Police Department (APD) responded to an average rate of 112.5 sexual assaults per year, which included an average rate of 82.3 rape cases per year (APD Annual Report 1995-2007).
- Between 1995 and 2007 rates of reported rapes increased by 19%.
- Anchorage ranked third highest in reported rapes for all U.S. cities in 2007 (FBI UCR 2007).
- In 2007, Anchorage's rate of rape (RoR) was 90.5 per 100,000 people higher than Alaska's rate of 77.4 and the U.S. rate of 32.9 per 100,000 people (FBI UCR 2007). [See Appendix II, pages 39 and 40.]

APD data follow Alaska Statute, which defines *sexual assault* as 'unwanted sexual contact or penetration without consent.' Both *males and females can be victims*, and penetration can occur with an object or weapon (AS 11.41.410, AS 11.41.420, AS 11.41.425, and AS 11.41.427).

The Federal Bureau of Investigation's Uniform Crime Report (UCR) defines *forcible rape* as "penile-vaginal penetration of a *female* with the use of force." Attempts to commit rape by force or the threat of force are also included; however, statutory rape (without force) and other sex offenses are excluded. A rape by force involving a female victim and a familial offender is counted as a forcible rape.

Since 1984, the DHHS Safety Links Program has tabulated and produced Rate of Rape Fact Sheets based on data collected from the *FBI UCR Crime in the United States* and population figures from the Alaska Department of Labor, Research and Analysis, Demographics Unit. The fact sheets are distributed annually to the Anchorage community and coincide with Sexual Assault Awareness Month in April. These fact sheets are included in Appendix II.

Table 1. APD Sexual Assaults Compared to FBI UCR Rates of Rape, 1995-2007

Year	Anchorage Population	APD Sexual Assaults		FBI UCR Rape	
		(#)	Rate*	(#)	Rate*
1995	252,729	350	138.5	242	95.8
1996	253,234	312	123.2	198	78.2
1997	254,752	259	101.7	174	68.3
1998	257,260	252	98.0	184	71.5
1999	259,391	239	92.1	162	62.5
2000	260,283	260	99.9	195	74.9
2001	264,903	286	108.0	210	79.3
2002	267,824	339	126.6	254	94.8
2003	273,024	364	133.3	244	89.4
2004	277,627	325	117.1	263	94.7
2005	276,109	297	106.8	224	81.1
2006	277,692	306	110.2	248	89.3
2007	284,142	325	107.1	257	90.5
Total		3,914	Ave. = 112.5	2,855	Ave. = 82.3

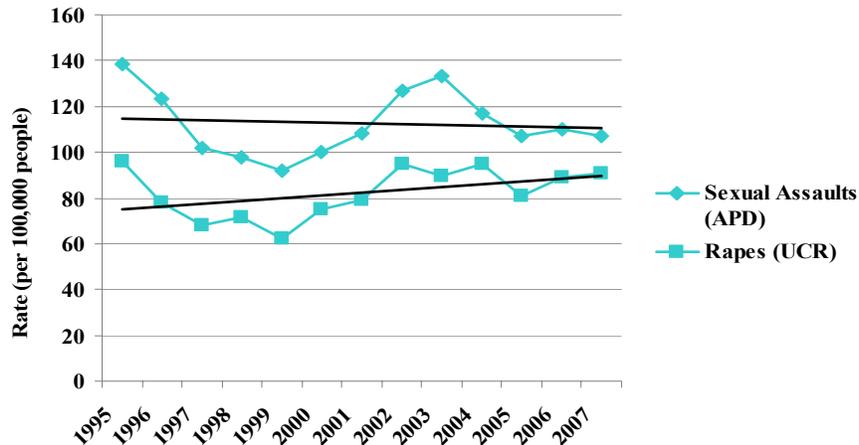
* Rate = per 100,000 people. Figures in this table are based on numbers provided by APD Annual Statistical Reports and FBI UCR Reports for 1995-2007. The APD numbers for 2006 (N=366) and 2007 (N=335) in the following section are different from these APD Annual Statistical Report numbers because some cases were reclassified and charges changed since the publication of their annual report. Population figures are from Alaska Department of Labor, 1995-2007.



Public forum audience members listen to public testimony on sexual violence in Anchorage, Alaska.

Figure 1 graphically compares reported sexual assaults and rapes. Trend lines indicate that overall rates of sexual assault reports have decreased by approximately 4% from 1995 to 2007; however rates of reported rape increased by 19% during the same period, suggesting that reported rapes, listed by the FBI, UCR as one of five violent crimes are increasing.

Figure 1. Rate of Rape Compared to Rate of Sexual Assaults, 1995-2007



Anchorage Rate of Rape (RoR) Ranking in UCR

In 2007, Anchorage ranked third highest of all U.S. cities for reported RoR⁴. That year Anchorage’s rate of 90.5 was substantially higher than Alaska’s rate of 77.4.⁵ On average, from 1976-2007, Anchorage’s RoR at 82.0 was only slightly higher than the State of Alaska at 75.8; both are significantly higher than the national average of 35.1 (FBI UCR 1976-2007)⁶.

Alaska has consistently ranked in the top five states for RoR, averaging 75.8 per 100,000 people between 1976-2007.⁷ Even more distressing is the fact that for 24 of the last 32 years Alaska ranked highest in the nation (FBI UCR 1976-2007).

Table 2 compares the top five ranked U.S. cities for RoR in 2007. Two cities in Alaska, Fairbanks and Anchorage, are among the top five. All cities share several characteristics. Each has at least one college, university, and/or technical institute; Anchorage hosts all three types of institutions.⁸ All cities have a military presence such as Army Posts, Air Force Bases, Army/Air National Guard’s, or Naval Bases; again, Anchorage has three.⁹ This does not mean to suggest that universities and/or military installations per se cause high rates of rape. It may be common denominators associated with each, such as their youthful populations, that influence RoR. The median age for these top five cities is 32.5 years.

⁴ See Cities with Highest Rate of Rape* 2007 in Appendix II.

⁵ Rate of Rape (RoR)* for Anchorage Compared to the State of Alaska, 1976 – 2007 in Appendix II.

⁶ Reported Rapes in Anchorage and Alaska Compared to the Nation in Appendix II.

⁷ State Rankings for Rate of Rape,* 1976 – 2007 in Appendix II

⁸ Educational institutions include Alaska Pacific University, University of Alaska, and the International Training Institute.

⁹ Military bases include Elmendorf Air Force Base, Fort Richardson U.S. Army Post, and Kulis Air National Guard.

Table 2. Common Characteristics of Top Five Ranked U.S. Cities for Rate of Rape, 2007

Rank	City	Population	Rate of Rape	University College Tech Inst	Military Post or Base	Median Age
1.	Fairbanks, AK	31,287	137.4	√	√√	27.6
2.	Battle Creek, MI	137,388	96.8	√	√	34.8
3.	Anchorage, AK	284,182	90.5	√√√	√√√	32.4
4.	Rapid City, SD	121,126	89.2	√√√	√	34.4
5.	Bremerton-Silverdale, WA	241,780	82.7	√√	√	33.3

(Information tabulated from the UCR 2007 and U.S. Census Bureau using American FactFinder)

Research shows that young persons are often victims and offenders in sexual assault crimes. More than 52% of all rape/sexual assault victims are females younger than 25 years of age (US DOJ, BOJ Statistics 1997). A study of sex offenders showed 17.3% were 20-24 years old; 15.4% were 25-29 and 15.1% were 30-34 (BOJ, An Analysis of Data on Rape and Sexual Assault 1997). High rates of reporting may reflect higher incidence rates and or a greater willingness to report by victims. Research shows an increasing number of female victims reporting rape beginning in the 1990s (Baumer, E. P. 2002)

It is important to note that Alaska's RoR is the highest in the nation for 2007; and Anchorage's RoR is 1.2 times greater than the state RoR. (See Appendix II, pages 39 and 40.)

Table 3. Rate of Rape (RoR)* for Anchorage Compared to the State of Alaska, 2007

Year	Anchorage RoR	Alaska RoR	Anchorage vs. Alaska Difference
2007	90.5	77.4	1.2+

Anchorage Police Department (APD), 2006 and 2007

In 2006 and 2007, a total of 701 sexual assaults were reported to the Anchorage Police Department, for an average of 350 cases per year (APD 2009). Of these:

- 93.3% of reported sexual assault victims were female; 6.7% were male (APD 2009).
- The largest percentage (41.9%) of sexual assault victims were between ages 20-34 years; 30.1% were age 19 and under (APD 2009).
- Alaska Native/American Indians comprise 8.1% of the Anchorage population (U.S. Census 2000). However, they account for 44.9% of reported sexual assaults (APD 2009).
- 51.2% included alcohol involvement¹⁰ (APD 2009).
- 18.0% of sexual assaults also involved domestic violence (APD 2009).

In early 2009, APD provided the most current data for sexual assaults (including those classified as rape) reported in 2006 and 2007. A total of 701 sexual assaults were reported. This total (N=701) differs from the 631 cases published in APD's Annual Reports for 2006 and 2007 because some cases were subsequently reclassified and/or charges changed following publication of their annual reports (APD 2009). Specifically, sexual assaults reported to APD in 2006 (N=366) and 2007 (N=335), average 350 cases per year.

It is important to point out that most sexual assaults are not reported to law enforcement. According to findings from the National Violence Against Women Survey (NVAWS), Special Report (2006), nearly 81% of women and men surveyed who had experienced a sexual assault did not report it to the police. The most often cited reason for not reporting the crime to police was fear of the rapist (22.1%), feelings of shame or embarrassment (18.1%) and finally a belief that it was a minor incident, not a crime or police matter (17.7%) (Tjaden and Thoennes, 2006). Using the NVAWS figure of 81% and the number of sexual assaults reported to APD (3,914), an estimated 16,686 rapes and sexual assaults have gone unreported in Anchorage over a thirteen-year period (1995-2007), for *a staggering estimate of 1,285 unreported sexual assaults per year in Anchorage.*

¹⁰ Officer indicated on police report that either the victim, or the suspect, or both were using alcohol at the time of the assault.

Figure 2. APD Sexual Assault Victims by Gender

93.3% of reported sexual assault victims were female; 6.7% were male. These findings are consistent with the National Crime Victimization Survey, which showed that female victims accounted for 94% of all completed rapes (U.S. Department of Justice, Rape and Sexual Assault: Reporting to Police and Medical Attention, 1992 - 2000).

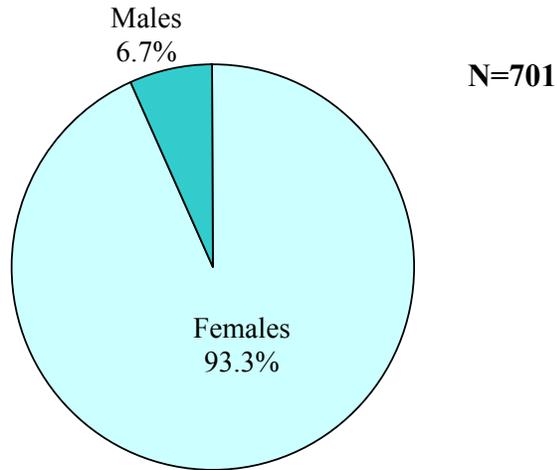
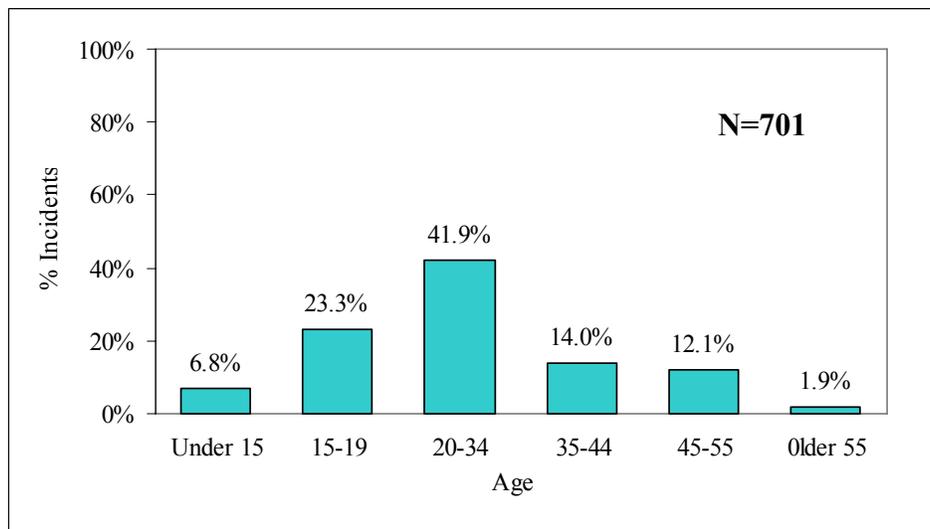


Figure 3. APD Sexual Assault Victims by Age

The largest percentage (41.9%) of sexual assault victims were between 20-34 years of age. 30.1% of victims were between ages 0-19; of these 0-14 year olds represent 6.8% and 15-19 year olds comprised 23.3% of victims.



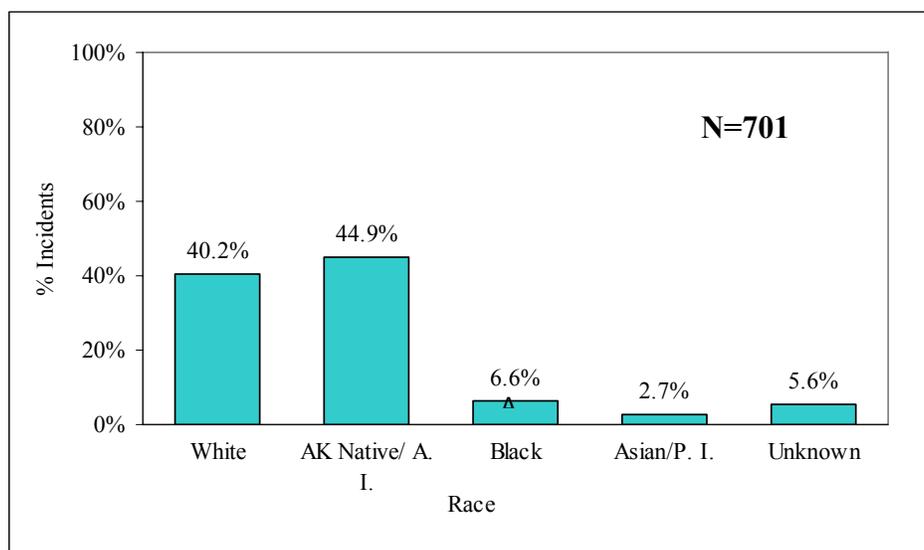
The University of Alaska Justice Center examined APD sexual assault data for 2000 and 2001 (Rosay and Langworthy, 2003). Table 3 compares age data from 2000-2001 to that from 2006-2007. Victims in 2006-2007 tend to be slightly older: the percentage of victims under 20 decreased 7.6 percentage points from 37.7% in 2000-2001 to 30.1% in 2006-2007. Correspondingly, victims 20 years and older increased by 7.7%. Whether these are emerging trends remains to be seen. According to a national study, older women (age 50-59) are less likely to report victimization (NVAWS, 2006).

Table 4. APD Sexual Assault Victims by Age: 2000-2001 Compared to 2006-2007

2000-2001 (UAA)		2006-2007 (DHHS)	
N=477		N=701	
Age	2000 - 2001	Age	2006 - 2007
Under 15	8.8%	Under 15	6.8%
15 - 19	28.9%	15 - 19	23.3%
20 - 34	37.9%	20 - 34	41.9%
35 - 44	16.1%	35 - 44	14.0%
45 - 55	6.5%	45 - 55	12.1%
55 or More	1.7%	55 or More	1.9%
Total	100%	Total	100%

Figure 4. APD Sexual Assault Victims by Race

Alaska Native/American Indians comprise the largest percentage (44.9%) of reported sexual assaults; Whites account for 40.2%, Blacks for 6.6%, Asian/Pacific Islanders 2.7%, and unknown races account for the remaining 5.6%.



In comparison to earlier data reported by UAA (Rosay and Langworthy, 2003) there was a 7.5 percentage point reduction of reported sexual assaults for Whites, and a negligible (0.2) percentage point reduction for Alaska Natives/American Indians. Rates for Blacks (6.6%) and Asian/Pacific Islanders (2.7%) approximately doubled (Table 4).

Table 5. APD Sexual Assault Victims by Race: 2000-2001 Compared to 2006-2007

2000-2001 (UAA)		2006-2007 (DHHS)	
N=539		N=701	
Race	2000-2001	Race	2006-2007
White	47.7%	White	40.2%
Alaska Native/ American Indian	45.1%	Alaska Native/ American Indian	44.9%
Hispanic	1.5%	Hispanic	N/A
Black	2.7%	Black	6.6%
Asian/Pacific Islander	1.5%	Asian/Pacific Islander	2.7%
Unknown	2.2%	Unknown	5.6%
Total	100%	Total	100%

NVAWS found that Alaska Native/American Indian women reported significantly higher rates of rape victimization over their lifetime than women from other ethnic backgrounds. Local data in this report are consistent with these national findings.

Figure 5. APD Drug and Alcohol Related Sexual Assaults

Drug and/or alcohol involvement is noted by police officers on the incident report. Alcohol was involved in 51.2% of reported sexual assaults, and drug involvement was present in 6.3% of reported cases. Both drugs and alcohol were reported 13.7% of the time.

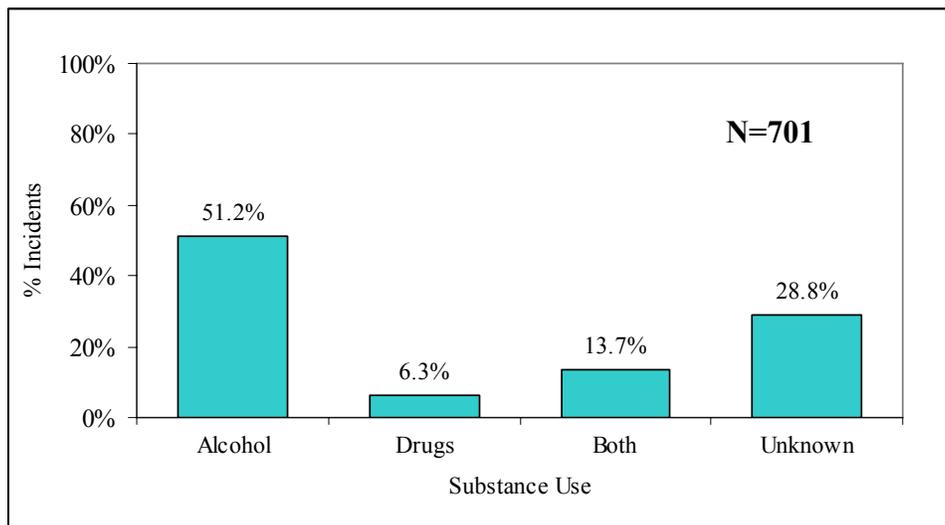
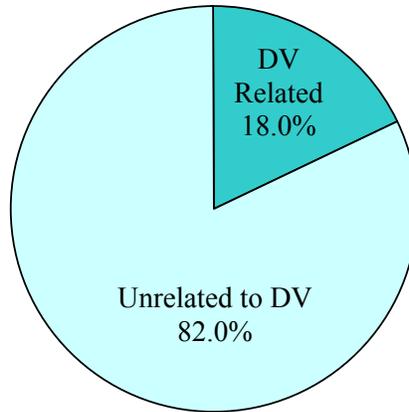


Figure 6. APD Domestic Violence Related Sexual Assaults

A total of 18.0%, or one in five reported sexual assaults, was domestic violence related.

N=701



Forensic Nursing Services of Providence (FNSP), 2006-2008

From 2006 through 2008, a total of 511 sexual assault victims requested and received a medical-forensic examination, for an average of 170 cases per year (FNSP 2006-2008). Of these:

- 97.0% were female.
- The majority (49.9%) were between the ages of 20-34 (FNSP 2006 - 2008).
- 56.2% were Alaska Native/American Indian (FNSP 2006-2008).
- 28.2% reported drug involvement¹¹ and 35.4% reported alcohol involvement during the incident (FNSP 2006-2008).

FNSP receives referrals for services from APD, the Alaska State Troopers, and military and other law enforcement agencies. Sexual Assault Nurse Examiners (SANE) perform medical-forensic examinations when requested by sexual assault victims who meet defined criteria for exams, e.g. that the assault took place within the last 96 hours. In addition to treating the patient's injuries, forensic nurses perform follow-up care for sexually transmitted diseases and injuries sustained during the assault. The medical-forensic examination collects evidence left on a victim's body or clothing. The evidence is used by law enforcement to investigate the case and support prosecution.

FNSP completes forensic examinations of adults (ages 16 and older); Alaska CARES treats children under the age of 15 (See Figure 8). FNSP data in this report are for calendar years 2006 - 2008 and include only cases referred by APD. In January 2009, FNSP implemented a new policy called "Anonymous Victim Reporting" that supports forensic examinations without requiring reports to law enforcement. Under "Anonymous Victim Reporting," forensic evidence is stored for up to 25 years.

The following data represent 511 patients who were referred by APD and received services during 2006-2008. Case referrals to FNSP resulted from sexual assaults occurring within the previous 96 hours.

¹¹ Forensic Nurse Examiner indicated on medical-forensic record that either the victim, or the suspect, or both were using drugs, or alcohol, at the time of the incident.

Figure 7. FNSP Sexual Assault Victims by Gender

97.0% of sexual assault victims requesting and receiving a medical-forensic examination were female.

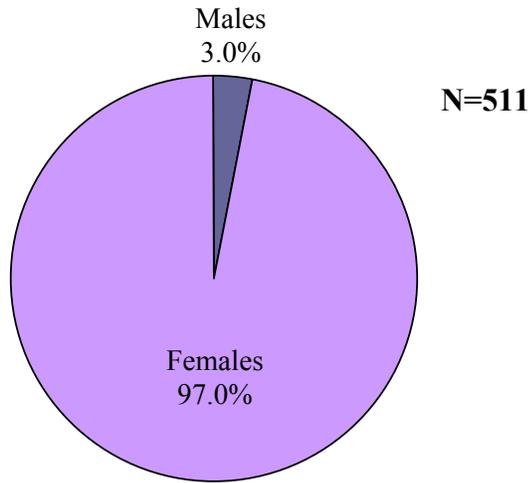


Figure 8. FNSP Sexual Assault Victims by Age

The majority (49.9%) of victims were between the ages of 20-34 years: 16.6% were 35-44; 19.2% were 15-19; and 14.3% were 45+. The median age for Anchorage residents is 33. Note: Children age 15 and under receive services through Alaska CARES.

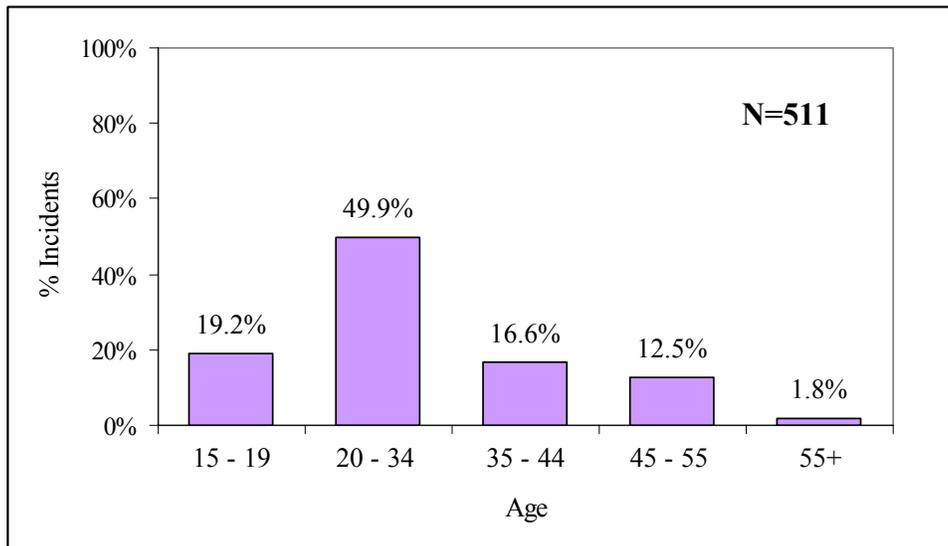


Figure 9. FNISP Sexual Assault Victims by Race

Alaska Native/American Indians represent 56.2% of victims seen by FNISP between 2006 and 2008. Figure 3 showed that Alaska Native/American Indians made up 44.9% of sexual assaults reported to APD in 2006 and 2007. For these two years FNISP data reveal a higher percentage (53%) of Alaska Native/American Indian victims than APD. In part, these differences may result from different methods of collecting and identifying race.

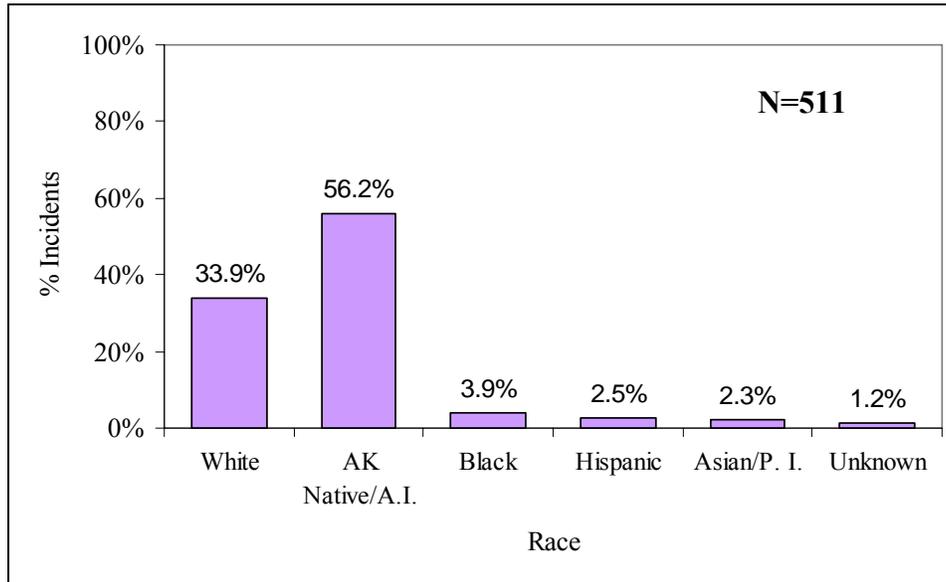


Figure 10. FNISP Sexual Assaults with Reported Drug Involvement

28.2% of those requesting and receiving a medical-forensic examination reported the involvement of drugs during the incident.

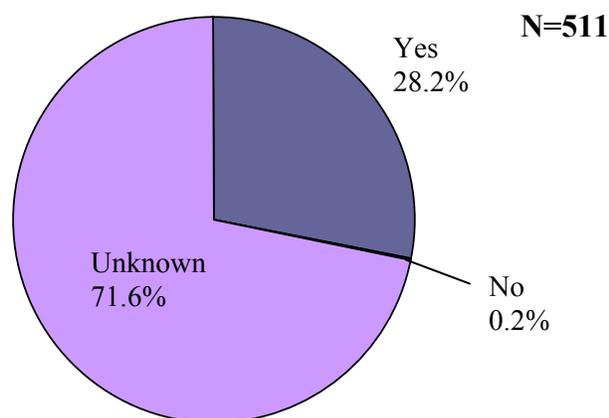
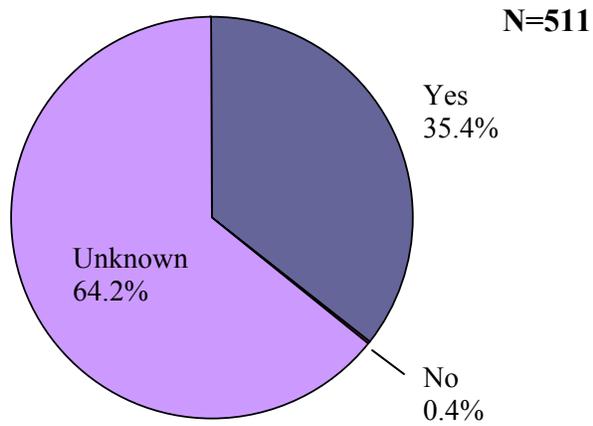


Figure 11. FNSP Sexual Assaults with Reported Alcohol Involvement

FNSP uses medical history, assessment, and laboratory information to determine whether a victim is intoxicated at the time of examination. Alcohol involvement was identified by 35.4% of those receiving a medical-forensic examination. APD figures are much higher, at 51.2% (See Figure 5). The fact that forensic exams can take place as many as 96 hours post-victimization may explain in part the lower percentage of alcohol involvement found in FNSP data.



Alaska Child Abuse Response & Evaluation Services (Alaska CARES) 2006 - 2008

Alaska CARES provided services to 2,412 children from 2006-2008, for an average of 804 cases per year.

- 66.5% were female, and 33.5% were male (Alaska CARES 2006 -2008).
- 77.9% were age 12 years and under, and 22.1% were ages 13-17. (Alaska CARES 2006-2008).
- 34.4% of children were Alaska Native/American Indian (Alaska CARES 2006-2008).

Alaska CARES is a Children's Advocacy Center (CAC) and a member of the National Children's Alliance. CACs are comprehensive child-centered programs that allow law enforcement, child protection professionals, prosecutors, mental health professionals, victim advocates and the medical community to work together to evaluate child abuse cases. Alaska CARES provides medical-forensic sexual abuse evaluations for children newborn to age 15. Examinations are conducted by a team of nurses and law enforcement officials. Advocates are also present to support the child and family. Alaska CARES provided data for three calendar years, 2006-2008.

From 2006 through 2008, a total of 2,412 children received services at Alaska CARES, for an average of 804 children per year. Law enforcement, child protection, and medical providers referred these children. Referrals are initiated based on allegations of physical or sexual abuse. About 50 % of cases are substantiated (Alaska CARES 2009).

Sexual abuse of children differs from adult sexual assault because persons who sexually harm children engage in grooming behavior to establish trust and slowly build a relationship with the child, thus increasing sexual contact over time. Perpetrators foster secrecy to avoid attention and maintain access to the child. Alaska CARES coordinates with law enforcement, child protective services, and other agencies to provide streamlined forensic interviewing and examination services to children. Services are provided for cases of sexual abuse, severe physical abuse, and children who witness violent crimes, e.g. homicide or domestic violence homicide, in their homes. The centralized process spares abused children from multiple interviews and examinations for the same victimization.

The majority of referrals originate from the Anchorage area including Girdwood, Eagle River, and Chugiak. About 5% of cases are referred from outlying areas of the state that do not have access to a Child Advocacy Center or the services available through Alaska CARES. A majority (approximately 92%) of cases are referred because of sexual abuse and approximately 8% are for crimes other than sexual abuse, e.g. physical abuse or witnessing violent crime in the home.

Due to limited National statistics, no data were found to compare cases of children forensically examined in Anchorage. However, the U.S. Department of Justice released a survey in 2008 that focused on children 0-17 years of age. The study estimated that 285,400 children aged 17 and younger experienced a sexual assault in 1999, for a rate of 4.1 per 1,000 children in the U.S. population. Females accounted for the vast majority: 89%. Youth 12-17 years old comprised 81% of the victims. Victimization of whites and blacks was proportionate to their representation in the general child population. However, Hispanics were under represented, comprising 9% of victims, compared with 16 % of the national child population.

The findings in Figures 12-14 will help inform citizens and policymakers about the scope of sexual violence towards children in Anchorage, and perhaps encourage comparable data collection across the nation. Most importantly, this information highlights the harm and injury caused to children in our community.

Figure 12. Gender of Children Served at Alaska CARES

66.5% of children were female and 33.5% were male.

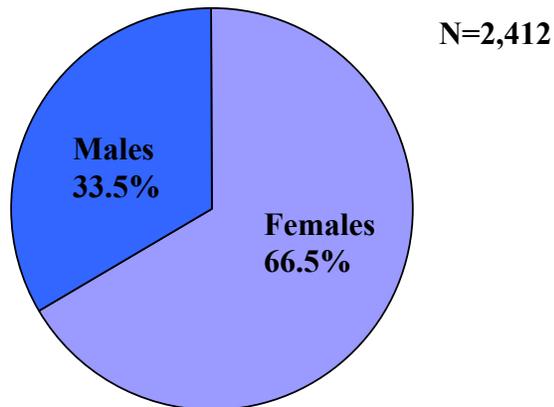


Figure 13. Age of Children Served at Alaska CARES

41.0% of children served by Alaska CARES were age 0-5 years; 36.9% were 6-12; and 22.1% of children were 13-17 years old. National research reveals that 18% of all adult women surveyed experienced a completed or attempted rape at some time during their lives. Of these women, 22% experienced their first rape or attempted rape before age 12, and 32% were first raped between 12 and 17 years of age (NVAWS 2006).

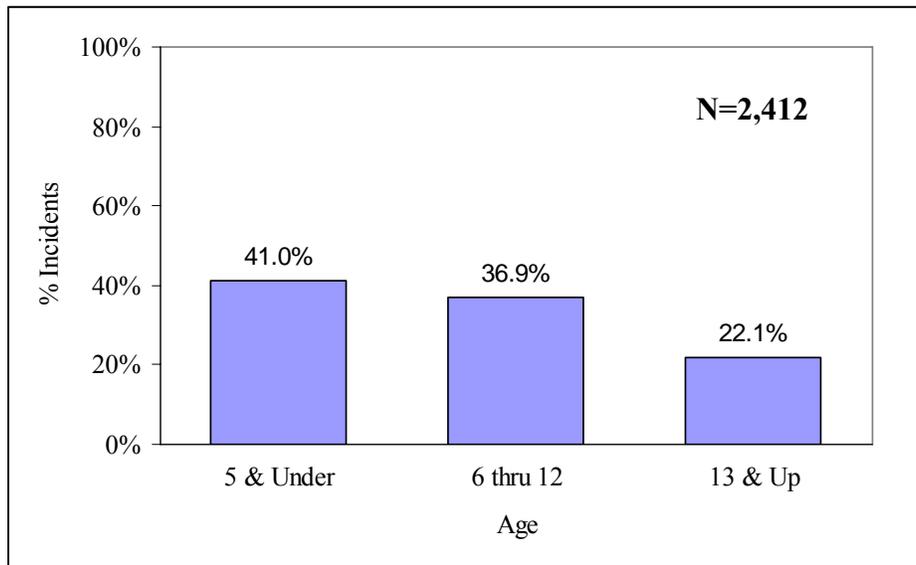
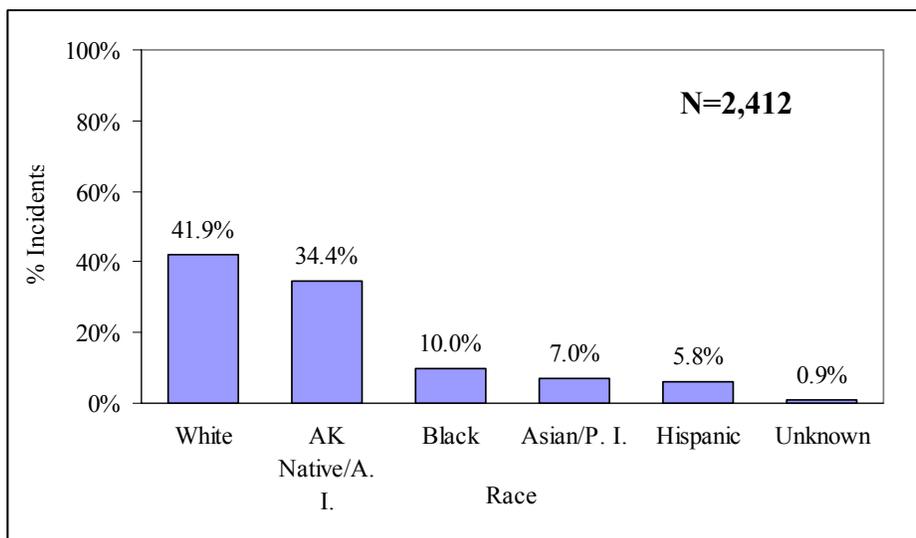


Figure 14. Race of Children Served at Alaska CARES

41.9% of children referred to Alaska CARES were White followed by Alaska Native (34.4%), Black (10.0%), Asian/Pacific Islander (7.0%), and finally Hispanic (5.8%).



Standing Together Against Rape (STAR), 2008

STAR provided services to 651 *primary* victims of sexual assault during 2008.

- 83.1% were female, and 16.9% were male (STAR 2008).
- 41.0% were age 12 and under and 18.6% were age 13-17 (STAR 2008).
- 31.3% were Alaska Native/American Indian (STAR 2008).

STAR is a non-profit sexual violence crisis intervention agency. As the state's largest sexual violence crisis center, the agency offers a 24-hour crisis line, crisis intervention, education and advocacy services, as well as support and information to victims of sexual assault, incest, child sexual abuse, and their families. STAR also provides advocates to support victims and families as part of the sexual assault response team process. STAR receives referrals from law enforcement, health care providers, non-profit agencies, self-referrals, and community members.

In 2008, a total of 651 *primary* victims received sexual assault services at STAR. The agency provides services to *primary* victims, defined as persons who are directly harmed, either physically or emotionally, by the actions of another. In addition, persons beyond the *primary* victim receive services. These *secondary* victims include child witnesses, spouses/partners, or other family members who, although not the direct target of the abuse, have also been affected. In addition, services are available to persons not directly or indirectly harmed by an incident, such as a supportive friend who attends an education group with a participant.

The STAR data in this report include only *primary* victims whose assault occurred in 2008 and who received services in 2008 (January 1 through December 31, 2008).

Figure 15. STAR Sexual Assault Victims by Gender

83.1% of *primary* victims were female and 16.9% were male. (Gender for 13 victims was not documented and therefore could not be included in this section.)

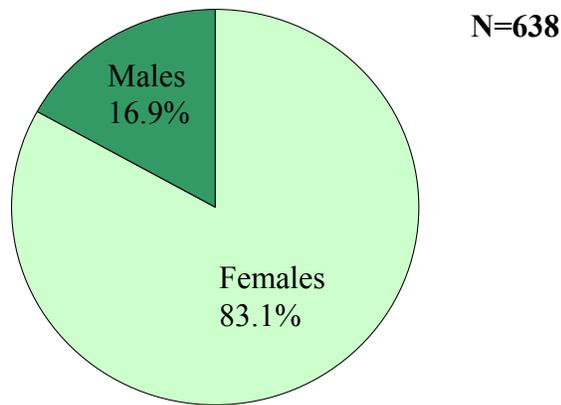


Figure 16. STAR Sexual Assault Victims by Age

The majority (41%) of *primary* victims served by STAR were age 12 and younger. Of these 18.1% were under age 5, and 22.9% were between the ages of 6-12. For older victims 23.2% were ages 13-19, 19.7% were 20-34, 9.1 % were 34-44, and 6.4% of victims were 45 years and older.

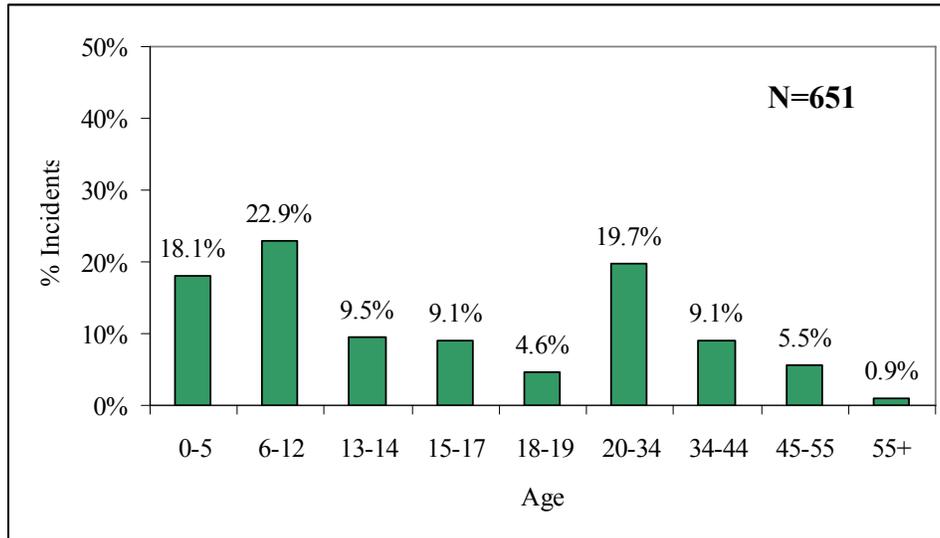
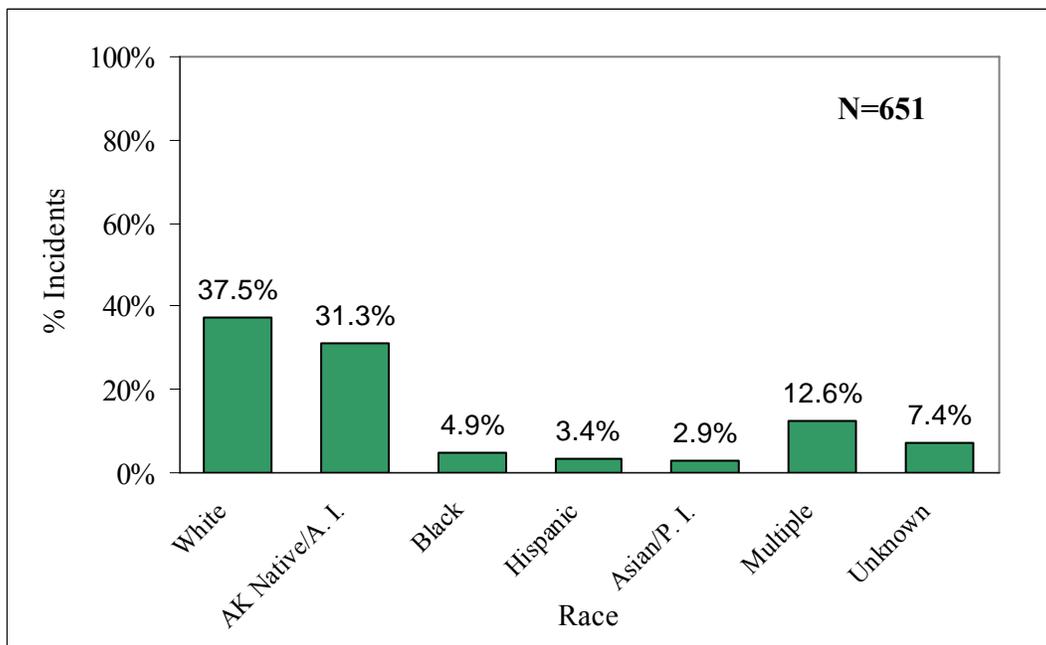


Figure 17. STAR Sexual Assault Victims by Race

The largest percentage (37.5%) of *primary* victims receiving services at STAR were White followed closely by Alaska Native (31.3%), Black (4.9%), Hispanic (3.4%) and Asian/Pacific Islander (2.9%). 12.6% identified themselves as multi-racial.



Anchorage Population Compared to APD, FNSP, Alaska CARES and STAR Victims

Beginning in 2000, a five-race classification was implemented by the U.S. Census that also allows multiple race self-identifications. The U.S. Census also collects ethnicity data, i.e. whether a person is of “Hispanic or Latino” culture or origin. Race and ethnicity are related concepts; however, *race* is generally considered a category of persons who are related by a common heredity or ancestry and who are perceived and responded to in terms of external features or traits, whereas *ethnicity* often refers to a shared culture and lifestyle. The change in race classification by the U.S. Census resulted in multiple race combinations making it more difficult to compare race data in this report with national race information (State of Alaska Department of Labor and Workforce Development, Research and Analysis, Demographic Unit October 2001).

Table 5 compares the race and ethnicity of victims served by APD, FNSP, Alaska CARES, and STAR to their representation in the Anchorage population. It includes the five race classifications, a multi-race category, and ‘Hispanic/Latino’ ethnicity. ‘Unknown’ captures those victims whose race was unknown at the time of the incident. Anchorage population percentages total more than 100% due to overlapping or self-reporting of race based on the multi-race classifications.

Alaska Native/American Indians are disproportionately represented as victims of sexual violence. They make up 44.9% of sexual assaults reported to APD, 56.2% of adults receiving medical-forensic examinations, 34.4% of children receiving services through Alaska CARES, and 37.1% of persons receiving services through STAR, while accounting for only 8.1% of the Anchorage population (See Table 5).

Table 6. Anchorage Population Compared to APD, FNSP, Alaska CARES and STAR Victims

Race	Anchorage Population	APD	FNSP	Alaska CARES	STAR
White	65.5% ¹²	40.2%	33.9%	41.9%	37.5%
American Indian/Alaska Native	8.1%	44.9%	56.2%	34.4%	31.3%
Black/African American	7.2%	6.6%	3.9%	10.0%	4.9%
Hispanic/Latino Ethnicity	8.1%	N/A	2.5%	6.0%	3.4%
Asian/Pacific Islander	7.8%	2.7%	2.3%	7.0%	2.9%
Unknown/Other ¹³	4.8%	5.6%	1.2%	0.9%	20.0%
Total	101.5%	100.0%	100.0%	100.2%	100.0%

Population and race figures from U.S. Census, State and County QuickFacts.

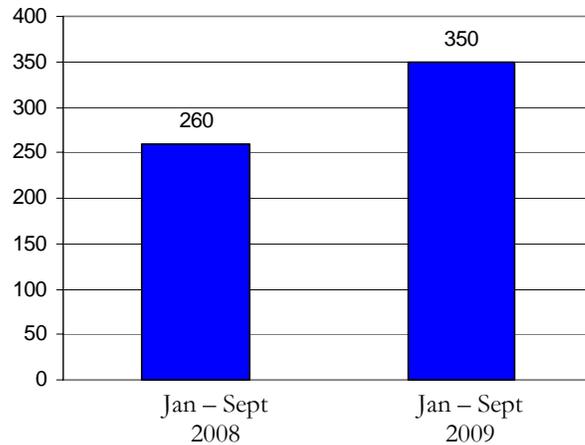
¹² White persons not Hispanic

¹³ Includes “two or more races” for Anchorage population and STAR numbers.

Sexual Violence and Homelessness

According to the APD Special Victims Unit, there has been a 35% increase of reported sexual assaults in 2009. Specifically, **350 sexual assaults** have been reported between **January – September 2009** compared to **260** for **January – September of 2008** (Lew Reed, APD, 2009).

Figure 18. Reported sexual assaults in 2008 and 2009.



According to APD Sergeant Ken McCoy, the nature of reported sexual assaults has also changed. From May to August 2009 APD responded to eight sexual assaults of homeless women which include these disturbing characteristics: both rapist and victim were homeless; the assaults took place in public spots such as a park or parking lot; the victims were incapacitated (inebriated to the point of unconsciousness) at the time of the assault and passers- by reported the assaults to police. Each of the rapists had offended before and the women were sexually assaulted previously, both as children and as adults; one victim has been sexually assaulted more than forty times throughout her lifetime.

A minimum of 2,962 people are homeless in Anchorage (AKHMIS Point In Time Survey January 2009). While homelessness can affect anyone, locally the homeless population includes families with young children, unaccompanied youth, domestic violence victims, severely mentally ill individuals, and veterans as well as chronic public inebriates. Many homeless people are among the working poor who do not make enough to meet their basic needs. Homeless women are particularly vulnerable to multiple forms of victimization including forced, coerced, or manipulated sexual activity. Levels of victimization that women endure before, during and after episodes of homelessness are enormously high, often occurring in multiple settings at the hands of multiple perpetrators (Goodman, Fels, and Glenn September 2006).

Homelessness is chaotic and often involves crisis after crisis. Survival tactics become necessary to acquire basic needs like food and shelter. Personal safety is compromised. As mentioned earlier, homeless women in particular are more vulnerable to sexual victimization because of complex and inter-related factors such as childhood abuse, substance dependence, and length of time homeless, panhandling and trading sex for safety (Goodman, Fels, and Glenn September 2006).

Substance abuse puts women at risk for victimization by altering their perception of what is dangerous. It also promotes risky survival strategies, creates disorientation making it difficult to ward off an attacker; and places them in environments that involve interactions with criminals making them a target for assault (Goodman, Fels, and Glenn September 2006).

It is difficult to prosecute sexual assault cases involving the homeless. Victims may not be locatable to testify, and in cases of incapacitation, the victim may not recall the details of the assault. Furthermore, they fear retaliation by the rapist: living on the street means there is no place to hide if the rapist learns they reported to police.

Recommendations to reduce sexual violence against the homeless.

- Identify, collect, and analyze local data regarding sexual assaults against the homeless.
- Identify and implement strategies to reduce victimization against the homeless.
- Work with community service providers to reduce sexual victimization against the homeless.
- Develop alternatives for homeless victims to get help. Crisis lines are ineffective if there are no public phones available.
- Outreach to homeless persons on the street and in camps.
- Educate service providers on the inter-related components of homelessness, sexual victimization, and alcohol incapacitation.
- Educate both offenders and victims on services available, and sexual assault laws.
- Explore developing and implementing a public intoxication law.
- Educate the public on Community Service Patrol services.

Future Considerations

In addition to the public forum recommendations, the DHHS Safety Links Program reviewed the findings and identified the following areas as worthy of future consideration.

Data

Under the public health model, data collection and analysis are essential to develop intervention and prevention strategies to reduce or eliminate identified problems. Currently interpersonal violence agencies and service providers collect data to meet internal needs, such as grant reporting requirements. This individualized approach creates challenges for comparing data across systems.

- Collaborate with local and state agencies to standardize data collection fields. Include data fields for victim/perpetrator relationships, substance use, and presence of children.
- Standardize capacity to download data into Excel.
- Collaborate with local and state agencies to track and analyze both misdemeanor and felony interpersonal violence crimes by charge and disposition.

Stalking

Recent research suggests stalking is often associated with sexual violence: 15.6 % of stalking victims report being sexually assaulted or sexually threatened by the stalker (U.S DOJ, BOJ Special Report 2009).

- Coordinate with law enforcement and interpersonal violence professionals to develop a system wide response to stalking that includes intervention protocols and prevention strategies.
- Identify, collect, and analyze local data regarding stalking, and cyber stalking.
- Develop a multi-pronged educational prevention campaign for stalking and cyber stalking, including the difference between stalking behaviors and harassment.

Child-on-Child Sexual Victimization

Although research is scarce at this time, sexual behavioral problems exist in young children. In 2007 a total of 14,208 juveniles under the age of 18 were arrested for sex offenses. Of these 2,633 were juvenile arrests for forcible rape¹⁴ and 11,575 were juvenile arrests for other types of

¹⁴ The UCR Program counts one offense for each female victim of forcible *rape*, attempted forcible *rape*, or assault with intent to *rape*, including familial forcible *rape* (FBI, UCR 2007).

sex offenses¹⁵. More than 90% of juveniles arrested are male (FBI UCR 2007). Juvenile offenses may be associated with criminal sexual behaviors in adulthood. However, juvenile sex offenders appear to have lower recidivism rates and perform better in treatment than adult sex offenders. Reoffending rates for youth over several years are approximately 10% compared to 12-24% of adult sex offenders (Center for Sex Offender Management, OJP, U.S. D.O.J.).

- Identify, collect, and analyze local data regarding child-on-child sexual victimization.
- Develop a system wide response for responding to child-on-child sexual victimization at time of occurrence, and multi-disciplinary follow-up interventions and treatment.
- Coordinate efforts with law enforcement, school officials, pre-schools, childcare providers, parents, and mental health professionals to establish prevention strategies for social and school settings.
- Analyze existing sexual assault statutes to determine the need for a statutory response to child-on-child sexual victimization.

Animal Cruelty

Many studies in psychology, sociology, and criminology have documented a close link between violent behavior toward animals and violent behavior toward people. Many violent offenders have childhood and adolescent histories of serious and repeated animal cruelty. Childhood acts of animal cruelty can indicate future violent behavior. Recent studies show the connections between animal cruelty, sexual abuse of animals and sex crimes against people, including sexual homicide. Sexually abused children are five times more likely to abuse animals than children who are not sexually abused. The FBI found high rates of sexual assault of animals in the backgrounds of serial sexual homicide perpetrators (The Humane Society of the United States, 2009).

- Institute a statewide reporting requirement for animal abuse.
- Collect, analyze and track the number of animal cruelty cases.
- Develop an awareness campaign on the signs of animal abuse and how to report suspected animal abuse.
- Support current legislation designed to increase penalties for animal cruelty in Alaska (House Bill (HB) 6 criminalizing bestiality, and HB 138).

¹⁵ The category of sex offenses includes arrest statistics concerning all crimes of a sexual nature other than forcible *rape*, such as statutory *rape* and sexual attacks on males (FBI UCR 2007).

Victim Rights and Safety

Federal grants contain a new special condition that mandates states have laws requiring defendants charged with sexual crimes be tested “for the human immunodeficiency virus (HIV) not later than 48 hours after the date on which the information or indictment is presented.” The State of Alaska has a similar law, but the time frame does not meet federal requirements; AS 18.15.300 stipulates that “a court may not order a test under this section: (1) before seven days after the defendant [sic] or minor’s arrest.” Non-compliance with the federal condition results in the loss of 5% of total grant funds. Currently nine states are in compliance and six have pending legislation to comply with the new condition.

In FY 2008, Fairbanks and Anchorage were awarded a total of \$1,063,231 from the U.S. Department of Justice, Office of Violence Against Women, Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program. Because of non-compliance, Fairbanks lost \$15,661 and Anchorage lost \$37,500 for a total loss of \$53,161.

- Change the language of sections (d) and (f) of AS 18.15.300(f) upon advice by legal representatives, to be compliant with future grant requirements.

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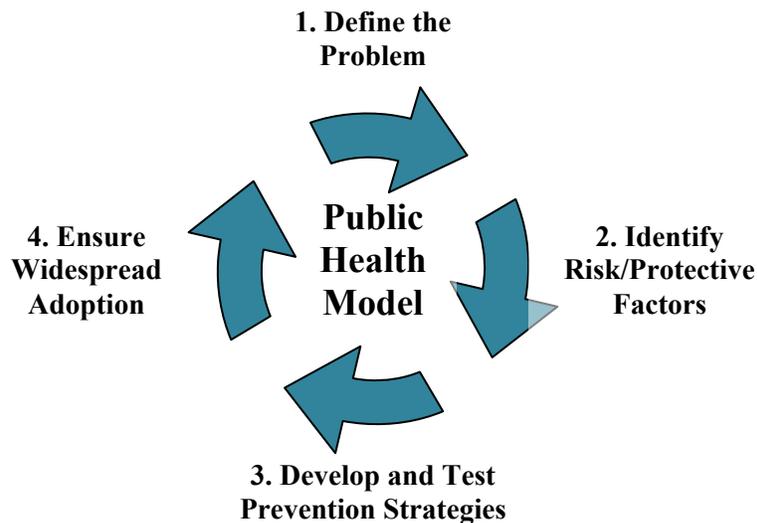
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Appendix I

The Public Health Model

For over 20 years, the Department of Health and Human Services, Safety Links Program, has been working closely with the community to respond to Anchorage's high rates of domestic violence, sexual assault, and child abuse. This report examines sexual violence, which has traditionally been viewed as a criminal justice issue, meaning a crime has been committed and law enforcement investigates to identify a suspect to bring to trial. However, over the past 10 years a public health model has evolved to develop prevention strategies (See Below). The public health model focuses on *prevention*; it links science to incidents and integrates multiple disciplines in prevention and intervention strategies. Public health emphasizes education, because an informed society is necessary to implement healthy behaviors. Public health interventions are population - based and shift the focus away from the individual to a system of service. Examples include developing or fine - tuning victim services, identifying gaps in services and delivering prevention education ("The Public Health Approach to the Prevention of Sexual Violence." Sexual Abuse: A Journal of Research and Treatment 12:1 [2000]).



The public health model applied in this report takes criminal justice data from the Anchorage Police Department, the Federal Bureau of Investigation, medical-forensic examinations and the local sexual violence crisis center to define the scope of the problem. To prevent sexual assault we must first understand *how, why, where* and *who* has been harmed. Criminal justice data provides insight into these questions. Public health uses this information to define the problem, identify risk and protective factors, engage the community in finding solutions, and implement a prevention design. Treating interpersonal violence (IPV) as a public health issue requires changing the way the public views sexual assault, domestic violence, and child abuse. Many people understand that public health serves to keep water drinkable and protect the public from infectious diseases; this reflects the fact that healthy drinking water and disease free living are considered norms for society. A public health approach to IPV seeks to shift societal norms to reject IPV, or intentional injury, at the hands of another person. The World Health Organization's classic definition of health is "not merely the absence of disease, but optimal physical, mental, and social well-being (World Health Organization 2008)."

The public health model is comprised of four stages:

1. Define the Problem

This stage collects and analyzes available data to define the scope and parameters of the problem. Using the Anchorage Domestic Violence Prevention Project (ADVPP) as an example, fourteen years of police reports were analyzed to identify the frequency of domestic violence incidents as well as who victims and perpetrators are (gender, age, race etc.).

2. Identify Risk/Protective Factors

During ADVPP I a total of 132 victims of domestic violence completed a Needs Assessment Survey to identify gaps in services and ways to improve support for victims. Participants were referred, with their consent, to the Abused Women's Aid in Crisis, Inc. (AWAIC) by APD. Findings from the surveys were used to design ADVPP II.

3. Develop and Test Prevention Strategies

ADVPP II seeks to hold offenders accountable and increase victim safety. The project provides emergency financial assistance to help victims escape abusers and establish safe homes for themselves and their children. ADVPP II also created a database that makes current conditions of release available to police officers in the field, so police know if and when an offender is violating.

4. Ensure Widespread Adoption

ADVPP III is working with the State of Alaska to automate and expand the process statewide. Bail conditions for felony as well as misdemeanor domestic violence offences will be available to law enforcement, prosecutors and judges. Other states and jurisdictions have expressed interest in duplicating the process as well. Eventually other criminal charges will be added to the information-sharing network.

Appendix II

Rate of Rape Tables

MUNICIPALITY OF ANCHORAGE



Department of Health and Human Services

907-343-6718

Mayor Dan Sullivan

Sexual Assaults Compared to Forcible Rapes in Anchorage, Alaska, 1995 - 2007

Alaska State law defines *sexual assault* as unwanted sexual contact or penetration without consent. Both *males and females* can be victims, and penetration can occur with an object or weapon.

Forcible rape, as defined by the FBI Uniform Crime Reporting (UCR) Program, is penile-vaginal penetration of a *female* with the use of force. Attempts to commit rape by force or the threat of force are also included; however, statutory rape (without force) and other sex offenses are excluded.

The table below compares cases of sexual assaults to forcible rape as reported by the Anchorage Police Department each year.

Year	Anchorage Population	Sexual Assaults		Forcible Rape	
		(#)	Rate*	(#)	Rate*
1995	252,729	350	138.5	242	95.8
1996	253,234	312	123.2	198	78.2
1997	254,752	259	101.7	174	68.3
1998	257,260	252	98.0	184	71.5
1999	259,391	239	92.1	162	62.5
2000	260,283	260	99.9	195	74.9
2001	264,903	286	108.0	210	79.3
2002	267,824	339	126.6	254	94.8
2003	273,024	364	133.3	244	89.4
2004	277,627	325	117.1	263	94.7
2005	276,109	297	106.8	224	81.1
2006	277,692	306	110.2	248	89.3
2007	284,142	325	107.1	257	90.5
Total		3,914	Ave. = 112.5	2,855	Ave. = 82

* Rate of Rape = per 100,000 people.

Source: The Safety Links Program compiled this information based on Anchorage Police Department Annual Statistical Reports and FBI UCR Reports, 1995 - 2007. Population figures are from Alaska Department of Labor. Call (907) 343-6589 for comments or information.

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Cities with Highest Rates of Rape* 2007

Rank	City	Population	Rate
1.	Fairbanks, AK	31,287	137.4
2.	Battle Creek, MI	137,388	96.8
3.	Anchorage, AK	284,142	90.5
4.	Rapid City, SD	121,126	89.2
5.	Bremerton - Silverdale, WA	241,780	82.7
6.	Farmington, NM	128,294	82.6
7.	Longview, WA	100,916	81.3
8.	Lawton, OK	109,016	73.4
9.	Waco, TX	227,882	71.5
10.	Corpus Christi, TX	417,469	71.4
11.	Longview, TX	204,652	69.4
12.	Kalamazoo - Portage, MI	318,778	69.0
13.	Redding, CA	180,982	65.8
14.	Abilene, TX	157,713	65.3
15.	Panama City - Lynn Haven, FL	164,360	64.5
16.	Muskegon - Norton Shores, MI	175,119	64.5
17.	Gainesville, FL	243,506	61.6
18.	Tallahassee, FL	335,945	61.0
19.	Niles - Benton Harbor, MI	160,825	60.9
20.	Lima, OH	105,114	60.9

Cities with Lowest Rates of Rape*

Rank	City	Population	Rate
1.	Nassau - Suffolk, NY	2,792,682	7.3
2.	Johnstown, PA	145,844	7.5
3.	Edison - New Brunswick, NJ	2,298,551	8.6
4.	Carson City, NV	55,713	9.0
5.	Bangor, ME	146,242	9.6

* Rate of Rape = per 100,000 people.

Definition: *Forcible rape*, as defined in the FBI Uniform Crime Reporting (UCR) Program, is penile-vaginal penetration of a *female* with the use of force. Assaults or attempts to commit rape by force or threat of force are also included; however, statutory rape (without force) and other sex offenses are excluded.

Narrative: According to the 2007 UCR, Fairbanks, Alaska, ranked first in U.S. cities with the highest rate of rape per capita; Anchorage, Alaska, ranked 3rd.

Source: The Safety Links Program collected and collapsed information from *Crime in the United States 2007*, Uniform Crime Report, Federal Bureau of Investigation. Call (907) 343-6589 for comments or information.

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Reported Rapes in Anchorage and Alaska Compared to the Nation

ANCHORAGE

- In 2007, Anchorage ranked as the third highest city in the nation with a rate of 90.5 per 100,000 people for reported rape.
- In 2007, Anchorage's rate of rape (90.5 per 100,000) is 2.6 times greater than the Nation's rate of 32.9 per 100,000 people.
- Anchorage's 32 - year average rate of reported rape is 82.0 per 100,000 people, which is 2.3 times greater than the Nation's average rate of 35.1 per 100,000 during the period 1976 to 2007.

ALASKA

- In 2007, Alaska ranked first in the nation for reported rape with the rate of 77.4 per 100,000 people.
- In 2007, Alaska's rate of reported rape is 2.4 times greater than the Nation's rate of 32.9 per 100,000 people.
- Alaska's average rate of reported rape from 1976 to 2007 was 75.8 per 100,000 people, 2.2 times greater than the Nation's average rate of 35.1 during the same period.
- Alaska has ranked in the top five states for reported rapes per capita every year since 1976. For 24 of the last 32 years, Alaska ranked highest in the Nation.

Definition: *Forcible rape*, as defined in the FBI Uniform Crime Reporting (UCR) Program, is penile-vaginal penetration of a *female* with the use of force. Assaults or attempts to commit rape by force or threat of force are also included; however, statutory rape (without force) and other sex offenses are excluded.

Source: The Safety Links Program collected and collapsed information from *Crime in the United States 1976 - 2007*, Uniform Crime Report, Federal Bureau of Investigation and the Alaska Department of Labor, Research and Analysis, Demographics Unit. Call (907) 343-6589 for comments or information.

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Rate of Rape (RoR)* for Anchorage Compared to the State of Alaska, 1976 - 2007

Year	Anchorage RoR	Alaska RoR	Anchorage vs. Alaska Difference (+)
2007	90.5	77.4	1.2
2006	89.3	76.0	1.1
2005	81.1	81.1	1.0
2004	92.4	85.1	1.1
2003	88.0	92.5	1.0
2002	95.0	79.4	1.2
2001	79.7	78.9	1.0
2000	74.7	79.3	0.9
1999	62.8	83.5	0.8
1998	72.4	68.6	1.1
1997	68.1	66.2	1.0
1996	77.7	65.6	1.2
1995	95.5	80.3	1.2
1994	78.1	69.0	1.1
1993	84.6	83.8	1.0
1992	104.7	98.6	1.1
1991	112.5	91.8	1.2
1990	88.2	72.2	1.2
1989	62.2	52.9	1.2
1988	73.1	57.7	1.3
1987	73.1	65.0	1.1
1986	70.1	72.7	1.0
1985	84.1	77.2	1.1
1984	96.3	91.6	1.1
1983	155.4	101.5	1.5
1982	83.0	85.4	1.0
1981	97.0	102.4	0.9
1980	67.2	62.5	1.1
1979	71.9	71.9	1.0
1978	55.6	55.6	1.0
1977	51.6	51.6	1.0
1976	46.9	47.2	1.0

* Rate of Rape = per 100,000 people.

Definition: *Forcible rape*, as defined by the FBI Uniform Crime Reporting Program, is penile-vaginal penetration of a *female* with the use of force. Attempts to commit rape by force or threat of force are also included; however, statutory rape (without force) and other sex offenses are excluded.

Narrative: From 1976 - 2007, Anchorage's average rate of rape (82.0) is slightly higher (1.1) than the State of Alaska average rate of rape (75.8) over this 32 year period.

Source: The Safety Links program collected and collapsed information from *Crime in the United States*, Uniform Crime Reports, 1976 - 2007, Federal Bureau of Investigation. Call (907) 343-6589 for comments or information.

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State of Alaska Compared to the Nation Rate of Rape (RoR), 1976 - 2007

Year	State of Alaska RoR	National RoR	Alaska vs. Nation Difference (+)
2007	77.4	32.9	2.4
2006	76.0	31.3	2.4
2005	81.1	31.7	2.6
2004	85.1	32.2	2.6
2003	92.5	32.1	2.9
2002	79.4	33.0	2.4
2001	78.9	31.8	2.5
2000	79.3	32.0	2.5
1999	83.5	32.7	2.6
1998	68.6	34.4	2.0
1997	66.2	35.9	1.8
1996	65.6	36.3	1.8
1995	80.3	37.1	2.2
1994	69.0	39.2	1.8
1993	83.8	40.6	2.1
1992	98.6	42.8	2.3
1991	91.8	42.3	2.2
1990	72.2	41.2	1.8
1989	52.9	38.1	1.4
1988	57.7	37.6	1.5
1987	65.0	37.4	1.7
1986	72.7	37.9	1.9
1985	77.2	36.6	2.1
1984	91.6	35.7	2.6
1983	101.5	33.6	3.0
1982	85.4	33.7	2.5
1981	102.4	35.6	2.9
1980	62.5	36.4	1.7
1979	71.9	34.5	2.1
1978	55.6	30.8	1.8
1977	51.6	29.1	1.8
1976	47.2	26.4	1.8

* Rate of Rape = per 100,000 people

Definition: *Forcible rape*, as defined by the FBI Uniform Crime Reporting (UCR) Program, is penile-vaginal penetration of a *female* with the use of force. Attempts to commit rape by force or threat of force are also included; however, statutory rape (without force) and other sex offenses are excluded.

Narrative: From 1976- 2007, Alaska's average rate of rape (75.8) is 2.2 times greater than the national average rate of rape (35.1) over this 32 period.

Source: The DHHS Safety Links Program compiled and collapsed information from *Crime in the United States*, Uniform Crime Reports, 1976-2007, Federal Bureau of Investigation. Call (907) 343-6589 for comments or information.

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State Rankings for Rate of Rape,* 1976 - 2007

Year	1 st	2 nd	3 rd	Lowest	National Rate				
2007	AK	77.4	NM	52.4	MI	45.5	NJ	12.1	32.9
2006	AK	76.0	NM	56.0	MI	52.2	NJ	14.2	31.3
2005	AK	81.1	NM	54.1	MI	51.3	NJ	13.9	31.7
2004	AK	85.1	NM	54.6	MI	54.2	NJ	15.3	32.2
2003	AK	92.5	MI	54.1	NM	50.0	NJ	15.3	32.1
2002	AK	79.4	NM	55.4	MI	53.4	NJ	15.7	33.0
2001	AK	78.9	DE	52.8	MI	42.7	NJ	15.1	31.8
2000	AK	79.3	DE	54.1	NM	50.7	NJ	16.1	32.0
1999	AK	83.5	DE	70.2	NM	54.3	NJ	17.3	32.7
1998	AK	68.6	DE	67.1	NM	55.1	MT	17.8	34.4
1997	AK	66.2	DE	65.0	NV	59.9	MT -WV	19.5	35.9
1996	AK	65.6	NM	63.5	DE	62.6	WV	19.6	36.3
1995	AK	80.3	DE	80.2	MI	62.0	NE	19.4	37.1
1994	DE	75.6	MI	70.8	AK	69.0	WV	20.3	39.2
1993	AK	83.8	DE	77.0	MI	71.1	WV	20.1	40.6
1992	AK	98.6	DE	85.8	MI	80.0	IA	18.8	42.8
1991	AK	91.8	DE	86.5	MI	78.7	ND	18.3	42.3
1990	DE	88.1	MI	77.6	AK	72.9	ND	17.8	41.2
1989***	DE	84.5	MI	71.4	WA	61.7	ND	11.8	38.1
1988**	DE	74.4	MI	69.5	NV	73.8	ND	11.2	37.6
1987	MI	67.5	DE	68.5	AK	65.0	ND	9.4	37.4
1986	AK	72.7	MI	67.4	NV	64.9	ND	11.6	37.5
1985	AK	77.2	MI	67.6	NV	60.3	ND	7.3	36.6
1984	AK	91.6	MI	64.8	NV	60.7	IA	12.9	35.7
1983	AK	101.5	MI	56.1	NV	51.3	ND	12.5	33.7
1982	AK	85.4	NV	61.5	FL	53.6	ND	9.9	33.6
1981	AK	102.2	NV	64.9	CA	56.2	ND	8.7	35.6
1980	NV	67.2	AK	62.5	CA	58.2	ND	9.5	36.4
1979	AK	71.9	NV	59.5	CA	53.9	ND	8.2	34.5
1978	AK	55.6	NV	53.9	CA/	50.8	ND	8.9	30.8
1977	AK	51.6	CA	49.4	NV	49.1	ND	9.0	29.1
1976	NV	47.2	AK	46.9	CA	44.7	ND	5.6	26.4

* Rate of Rape = per 100,000 people.

** In 1988, Alaska ranked 4th in the nation with a rate of 57.7

***In 1989, Alaska ranked fifth in the nation with a rate of 52.9, following Nevada (4th), with a rate of 59.6.

Definition: *Forcible rape*, as defined in the FBI Uniform Crime Reporting Program, is penile-vaginal penetration of a female with the use of force. Assaults or attempts to commit rape by force or threat of force are also included; however, statutory rape (without force) and other sex offenses are excluded.

Narrative: Since 1976, Alaska has ranked in the top five states of the nation for the highest rate of rape per 100,000 total people. Alaska has ranked first in the nation for the last seventeen years, from 1991 - 2007, with the exception of 1994 when the state ranked third in the nation.

Source: The Safety Links Program collected and collapsed information from *Crime in the United States*, Uniform Crime Reports, 1976-2007, Federal Bureau of Investigation. Call (907) 343-6589 for comments or information.

Community Resources

Abused Women's Aid In Crisis (AWAIC)

24 Hour Crisis Line (907) 272-0100

Business Line (907) 279-9585

Alaska Native Justice Center

(907) 793-3550

Alaska State Troopers

Emergency Only 911

Information (Anchorage) (907) 428-7200

Anchorage Police Department

Emergency Only 911

Information (907) 786-8900

Municipal Department of Health and Human Services

Safety Links Program

(907) 343-6589

Standing Together Against Rape (STAR)

24 Hour Crisis Line (907) 276-7273

Business Line (907) 276-7279

Outside Anchorage Toll Free 1-800-478-8999

State of Alaska, Office of Children's Services

(907) 269-4000

Providence Alaska Medical Center

Alaska Child Abuse Response & Evaluation Services (Alaska CARES)

Information (907) 561-8301

Outside Anchorage Toll Free 1 (877) 561-8301

24 - Hour Assistance call APD (907) 786-8900

Forensic Nursing Services of Providence

24 Hour Pager (907) 212-6080 # 8546

Business Line (907) 212-8544

**Brought to you
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