

# Alaska Children's Justice Act Task Force



**Presentation to Joint HSS Committee  
Of the Alaska Legislature  
February 2, 2010  
Cathy Baldwin-Johnson MD, Chair**

# Introduction

- Introduction to the Task Force
- History of the Task Force
  - Founded 1999
  - Federally mandated/funded to evaluate system response to child abuse in state & make recommendations for changes
    - Multidisciplinary/statewide representation
    - Projects
  - Annual update to the legislature
    - To Children's Caucus in prior years
- Membership & contact information

# Outline

- Updates
  - Pathway to Hope project update
  - 2009 projects
  - Child Advocacy Center update
  - Data on child maltreatment deaths in Alaska
- Gaps in the system response
- Recommendations

# Pathway to Hope Update

- Alaska Native initiative in response to child sexual abuse – ending the silence
- Inaugural training 2008 (CJATF funding) in Anchorage
- Now over 200 community facilitator graduates
  - Alaska, Washington, South Dakota
- Monthly teleconferences
- Kodiak Island “Honoring Our Children” conference
- Trainings planned in Alaska and Wyoming
  - Incl. St. Mary’s, St. Michael, Alakanuk, Emmonak, Yakutat

# 2009 Projects

- Mandated reporter CD distribution/website
  - New teaching curriculum
- Scholarships
  - For Alaskans working in the field
- Started work on Multidisciplinary Team (MDT) Best Practices Guidelines
- Sponsored statewide child forensic interviewing forum

# Forensic Interviewing Forum

- Evaluation of current child forensic interviewing curricula used in Alaska
  - Advantages & disadvantages of each
- Alaskan challenges
  - Diversity & geography
  - Resources
- Recommendations
  - Essential components of any training
    - Basic & advanced training elements
  - Basic field guide/protocol
    - Current project

# Alaska Children's Alliance

Update on CACs

February 2, 2010

Pam Karalunas

Statewide Coordinator

# Alaska Children's Alliance



The mission of the Alaska Children's Alliance is to promote a culturally appropriate multidisciplinary response to child maltreatment throughout Alaska

# ACA - State Chapter of National Children's Alliance which:

- Sets minimum standards for CACs
- Sets minimum standards for State Chapters
- Provides
  - Limited funding for Chapters
  - Support, Training and Technical Assistance
  - National recognition
  - Accreditation



# Alaska Children's Alliance provides:

- **Technical assistance & support to existing and developing:**
  - CACs, MDTs and Child Protection Teams
  - State and local agencies and government
- **State representation at the regional and national levels**
- **Limited funding through national grants**
- **Coordination of statewide efforts**
  - Training
  - Data Collection in collaboration w/CJA & SCAN
  - Statewide protocols to ensure high & consistent level of service

# Alaskan Child Advocacy Centers

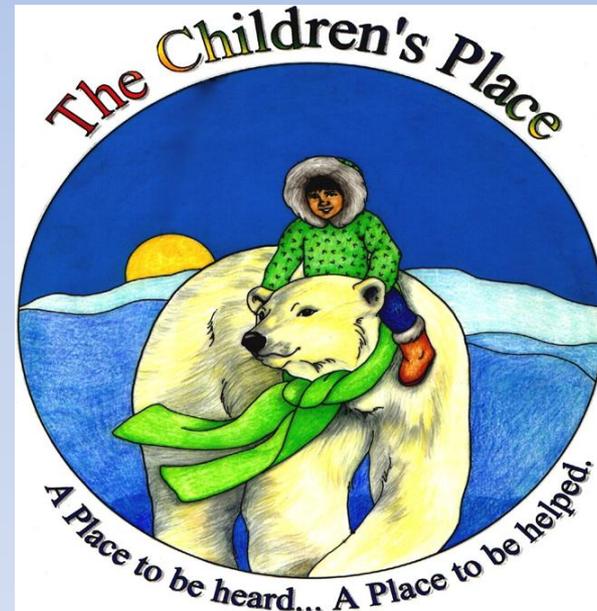
- Anchorage – Alaska C.A.R.E.S.
- Bethel – TWC The Children’s Center
- Copper River Basin – Copper River Basin CAC
- Dillingham – Nitaput Child Advocacy Center
- Fairbanks – RCPC Stevie’s Place
- Kenai Peninsula – Kenai Peninsula CAC
- Juneau – S.A.F.E. CAC
- Kodiak–Kodiak Area Native Assoc. CAC – *Developing*
- Mat-Su – The Children’s Place
- Nome – Kawerak CAC

# CAC Standards: Child Focused & Multidisciplinary

- A child and family friendly environment for coordination of multidisciplinary investigative process in child abuse cases



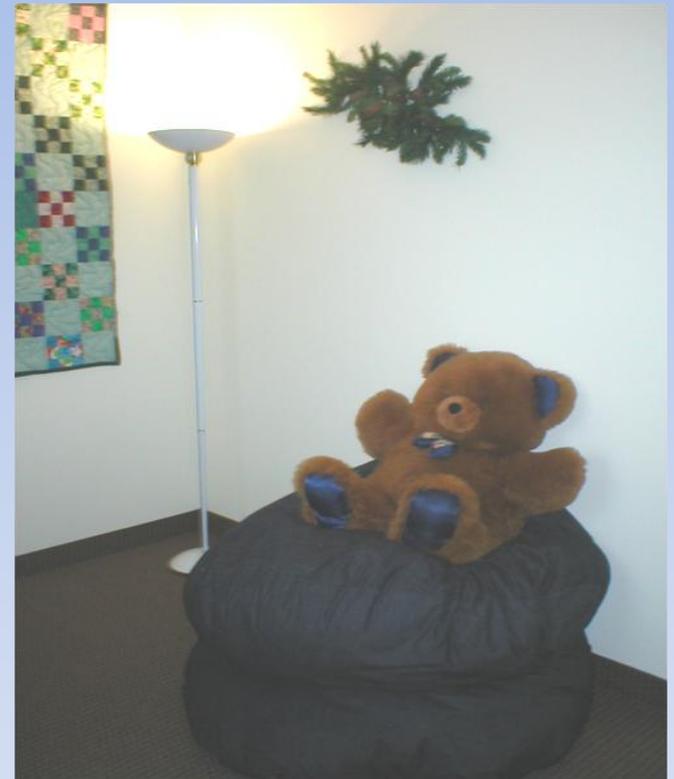
Anchorage



Mat-Su

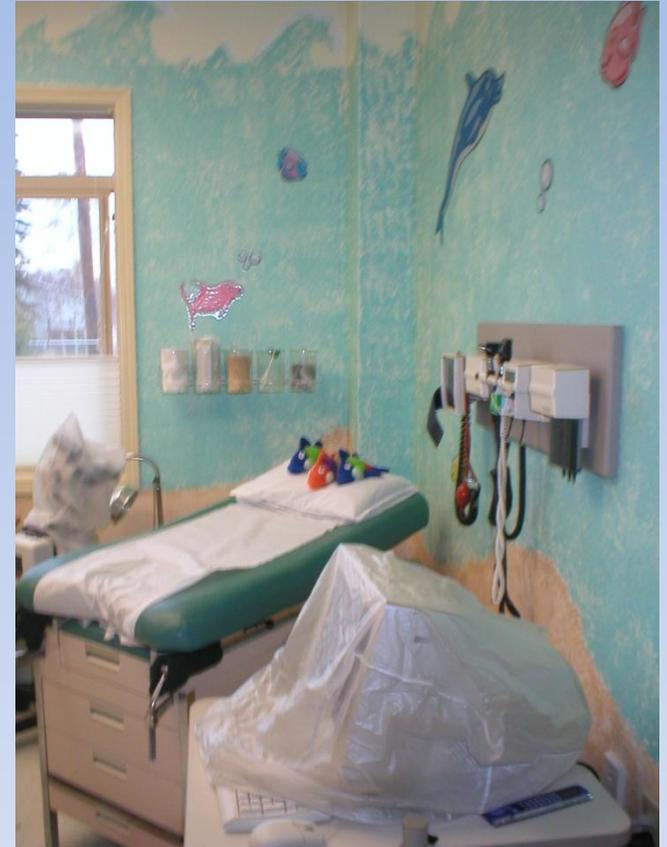
*"nice people, cozy, homey, - I felt safe here"*

# Specialized Forensic Interview



*“They said I’m not in trouble and I did do the right thing on telling someone what my uncle was doing.”*

# Specialized non-traumatic medical exam



*“My favorite part (of being at the CAC) was finding out my body is OK”*

# Mental health services

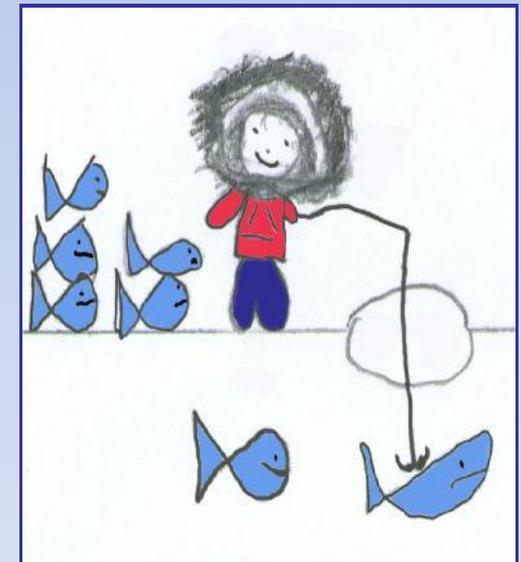
- Collaboration with mental health services for earlier response to referrals



Dillingham



Fairbanks



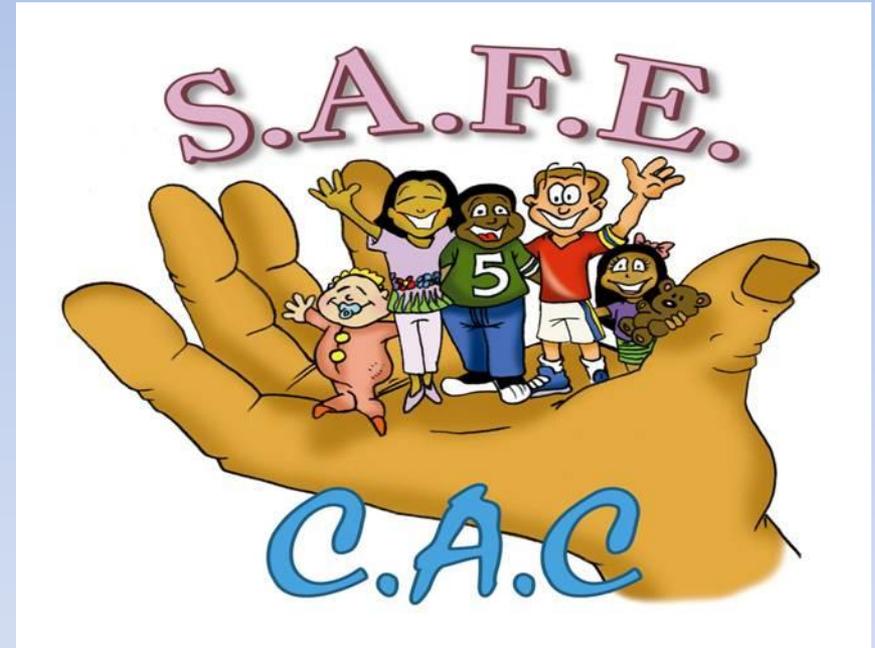
Nome

# Culturally competent care

- Includes identification of risks and assessment of needs of child and family and culturally appropriate referrals



Bethel



Juneau

*“Everything was well explained-you guys are doing a great job. Thank you.”*

# Victim support and advocacy

- On-going support and follow up for family throughout the system process and beyond



Copper River Basin

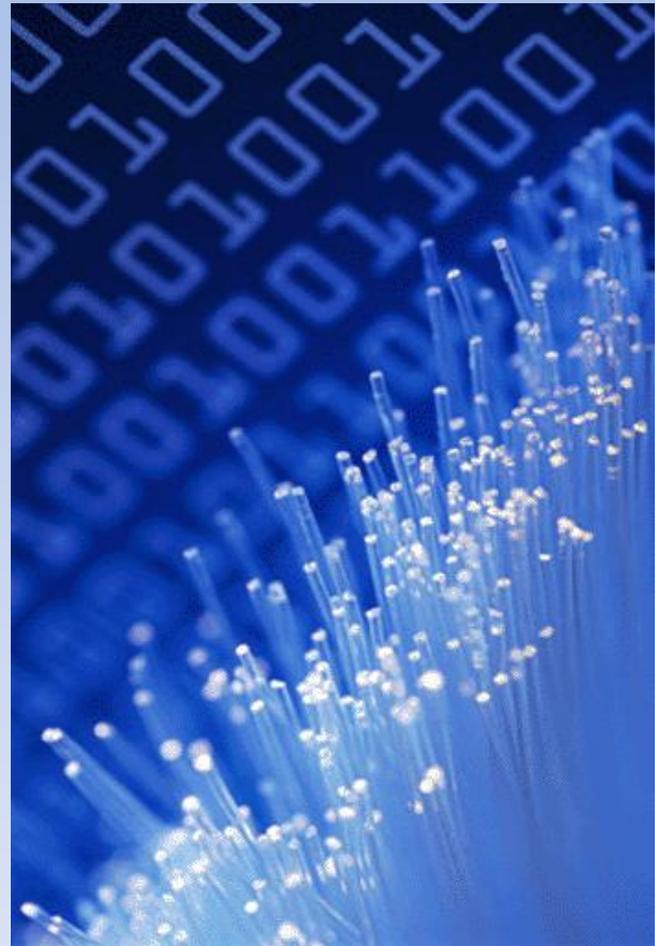


Kenai Peninsula

*"...I think everyone here helped my daughter find a little peace in this terrible situation."*

# Case Review & Case Tracking

- System for monitoring case progress and tracking outcomes
- NCATrak, a uniform data collection system required for funding
- Helps identify strengths and challenges of the team & the system response



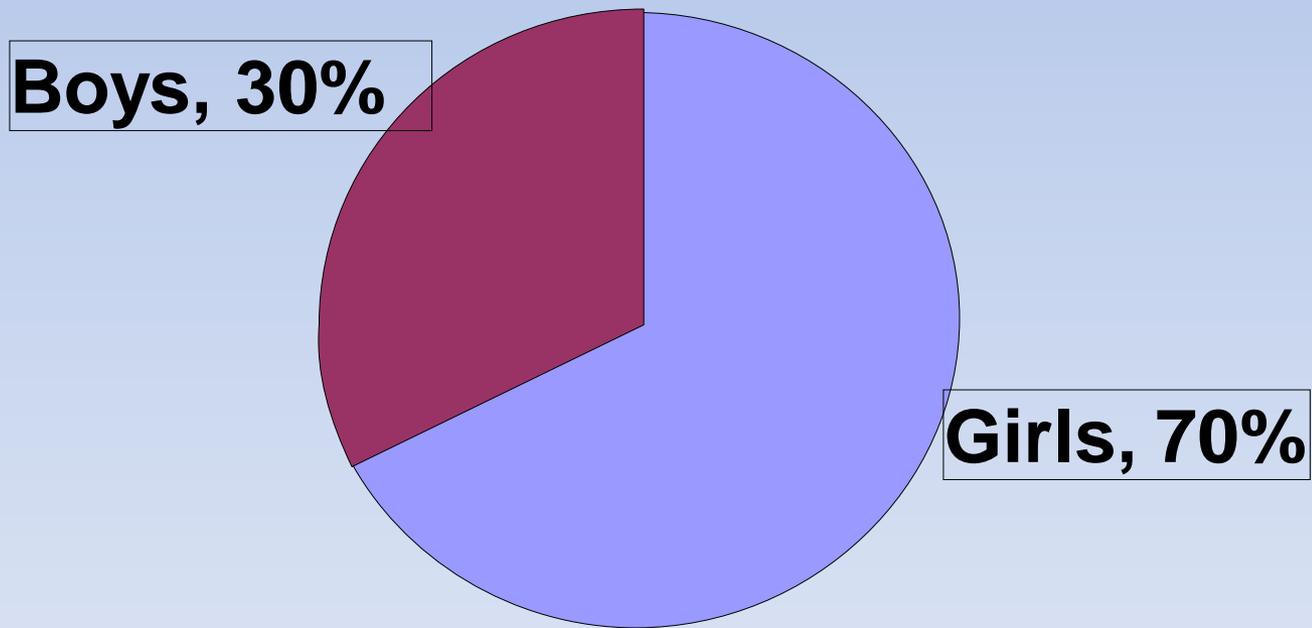
# CACs also provide:

## COMMUNITY AWARENESS

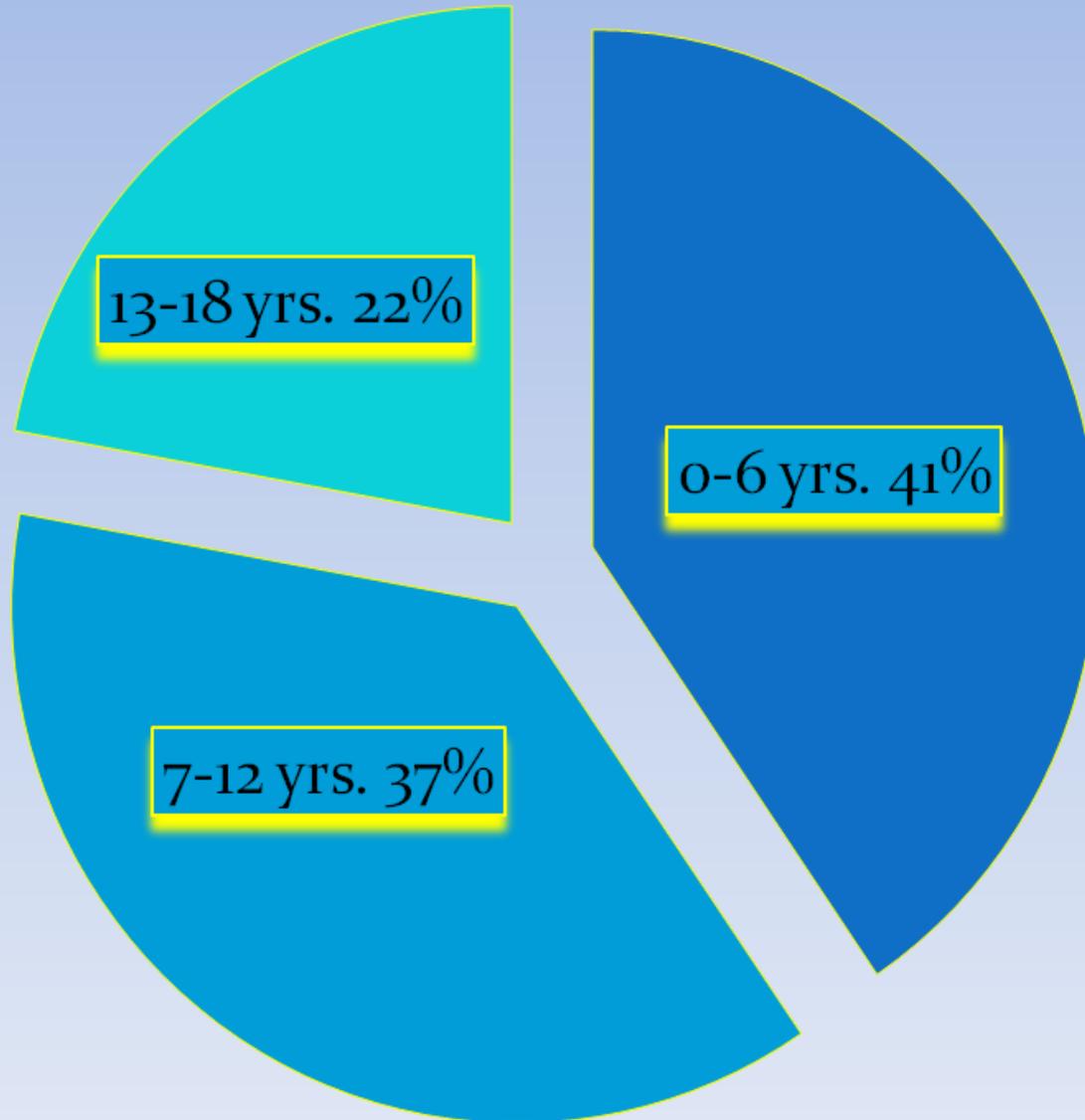
- Presentations
- Classes
- Radio Show, Interviews, etc



# Gender of children seen at Alaska CACs in FY09



# Ages of children seen at Alaska CACs FY09



# Benefits of CACs

## Comparison with and without CACs

- ❖ CAC benefit:
  - ❖ More coordination of interviews
  - ❖ More police involvement in cases
  - ❖ Children less fearful when interviewed
  - ❖ Higher satisfaction among parents /caregivers
  - ❖ More referrals for mental health services
  - ❖ More forensic medical exams

# Numbers of children seen

Location of CAC & year opened	# of communities served	FY 05	FY06	FY 07	FY08	FY 09	Total seen since open
Anchorage '96	27	601	756	740	921	823	<b>8,017</b>
Bethel '01	35	131	161	137	184	121	<b>935</b>
Copper River Basin '09	17					12	<b>12</b>
Dillingham '03	32	15	28	40	45	28	<b>182</b>
Fairbanks '03	21	126	163	140	142	213	<b>880</b>
Juneau '01	19	102	89	100	90	87	<b>948</b>
Kenai Peninsula '08	30				37	47	<b>84</b>
Mat-Su '99	11	142	98	152	145	167	<b>1,479</b>
Nome '02	17	16	37	24	23	29	<b>196</b>
<b>TOTALS</b>	<b>209</b>	<b>1,133</b>	<b>1,332</b>	<b>1,333</b>	<b>1,587</b>	<b>1,527</b>	<b>12,733</b>



# Who, What, and Where of Fatal Child Abuse in Alaska

**Alaska Surveillance of Child Abuse and Neglect  
(Alaska SCAN)**

**Jared W. Parrish, MS**  
Alaska SCAN Program Director

Alaska Division of Public Health  
Women's Children's and Families Health  
Maternal and Child Health Epidemiology

# Why is Public Health involved with Child Maltreatment (CM)?

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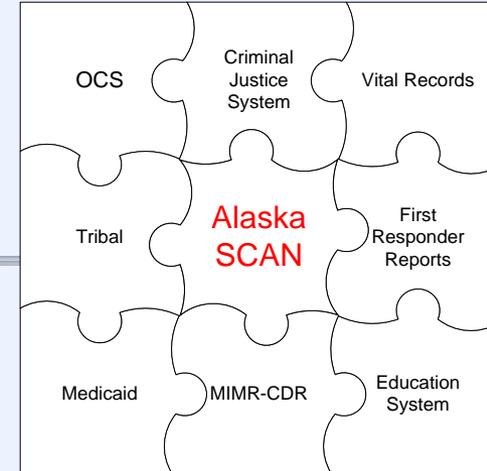
The Centers for Disease Control and Prevention (CDC) recognizes child maltreatment as a

- serious public health problem
- with extensive short- and long-term health consequences such as
  - drug and alcohol abuse
  - suicidal or mental health problems
  - teenage pregnancy
  - obesity and other health problems

**This is the PUBLIC'S health problem**

# Public Health Surveillance

- No single agency is responsible for all CM
- Standardized definitions developed by CDC
  - Confirmed, related and suspected
- Measure “true” magnitude over time
- Identify high risk populations
- Alaska SCAN
  - Funded by the Title 5 Maternal Child Health block grant
  - Data from multiple sources
  - Death and injury data collection



# Baby Albert

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## Circumstances:

- 4 month old baby boy, born drug exposed.
- Sleeping on couch with mom and dad, found at 2 am not breathing.
- EMS responded, found both parents intoxicated and drug paraphernalia.
- 8 year CPS history on both parents, rights terminated on 4 other children.
- Mother lost 2 children in a fire when a drug deal went bad-house was firebombed.

# Was neglect a primary or underlying cause of death?

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Death Certificate: Natural, SIDS

CPS: Abuse: suffocation

CDR: Accidental suffocation

CDC Project: Accidental suffocation, neglect  
underlying cause

# Heather

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## Circumstances:

- 2 year toddler riding with father, when hit by another car.
- Other driver at fault in crash, but father admitted to drinking four beers before driving, BAC at crash of .07.
- Heather was in backseat car seat, but seat was not buckled in.
- She was thrown from car upon impact, death was caused by head injuries.

# Was neglect a primary or underlying cause of death?

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Death Certificate: Accidental, MVA

CPS: Not reported

CDR: Motor Vehicle

CDC Project: Yes, neglect-father failed to buckle seat properly due to alcohol use.

# Detecting maltreatment-related infant deaths, Alaska 1992 - 2005

Source years: 1992 – 2005 (Infants)	Count	Rate per 1k live births
Death Certificate (DC)	22	0.15
DC + Related Cases	74	0.52
DC + Related + Suspected cases	133	0.93

## 35% Abuse

Shaken baby/impact syndrome

Blunt force trauma

Vehicular manslaughter with DUI and Unrestrained child

## 65% Neglect

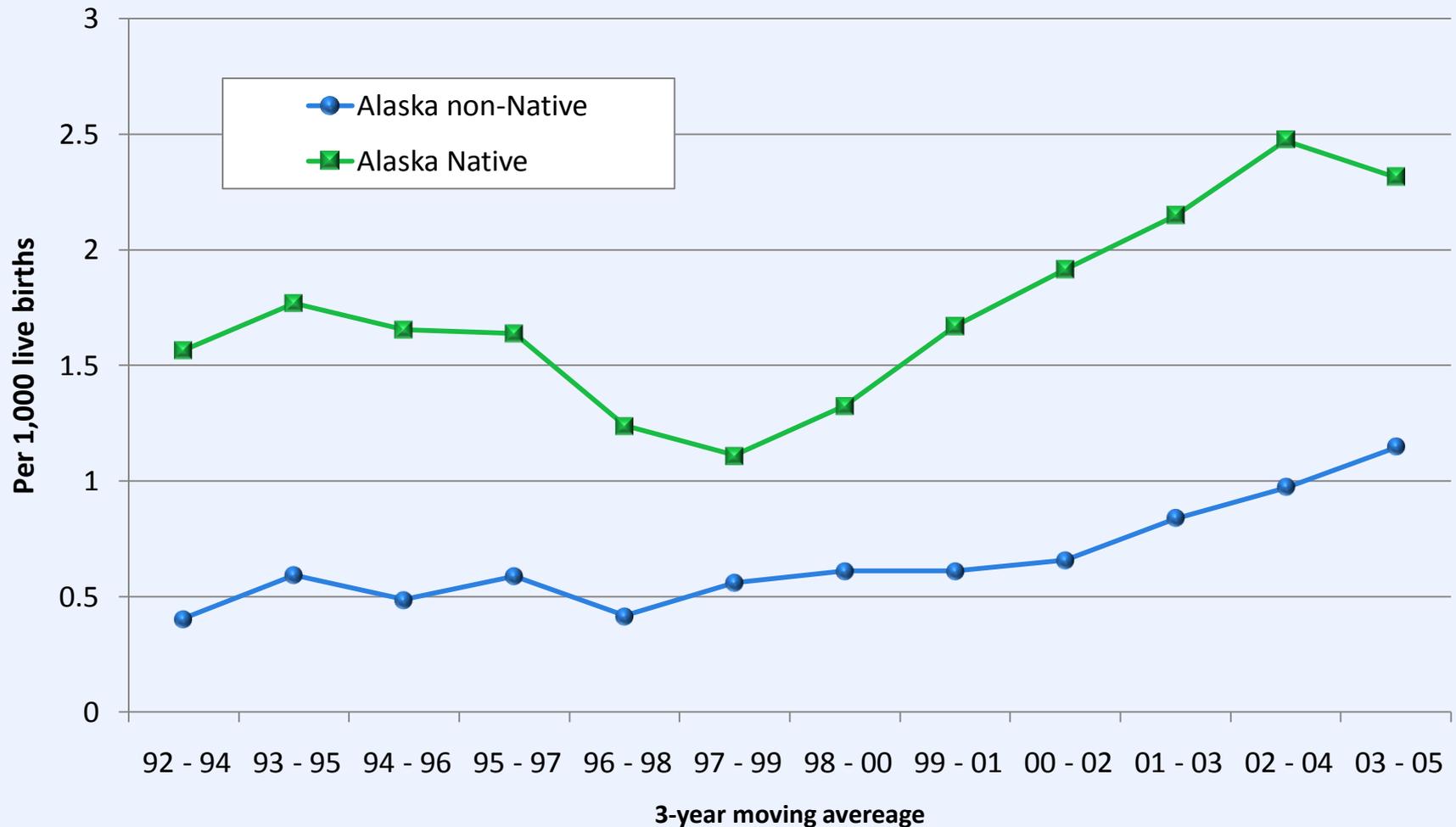
Untreated life threatening illness/infection

Abandonment of live newborn

Loaded gun left out accessible to unsupervised child

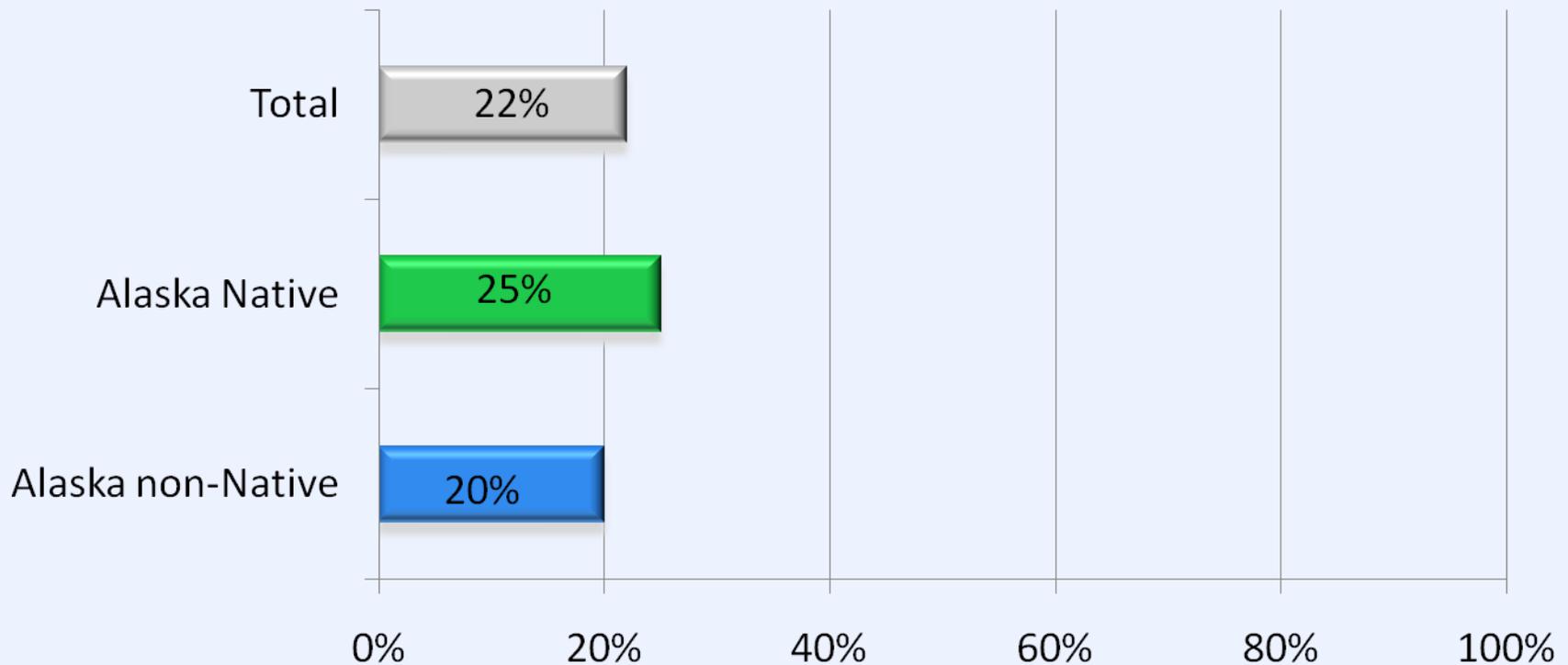
\*findings consistent with other research from multiple states, Michigan, Missouri, Rhode Island..

# Trends in infant maltreatment-related death, Alaska 1992 - 2005



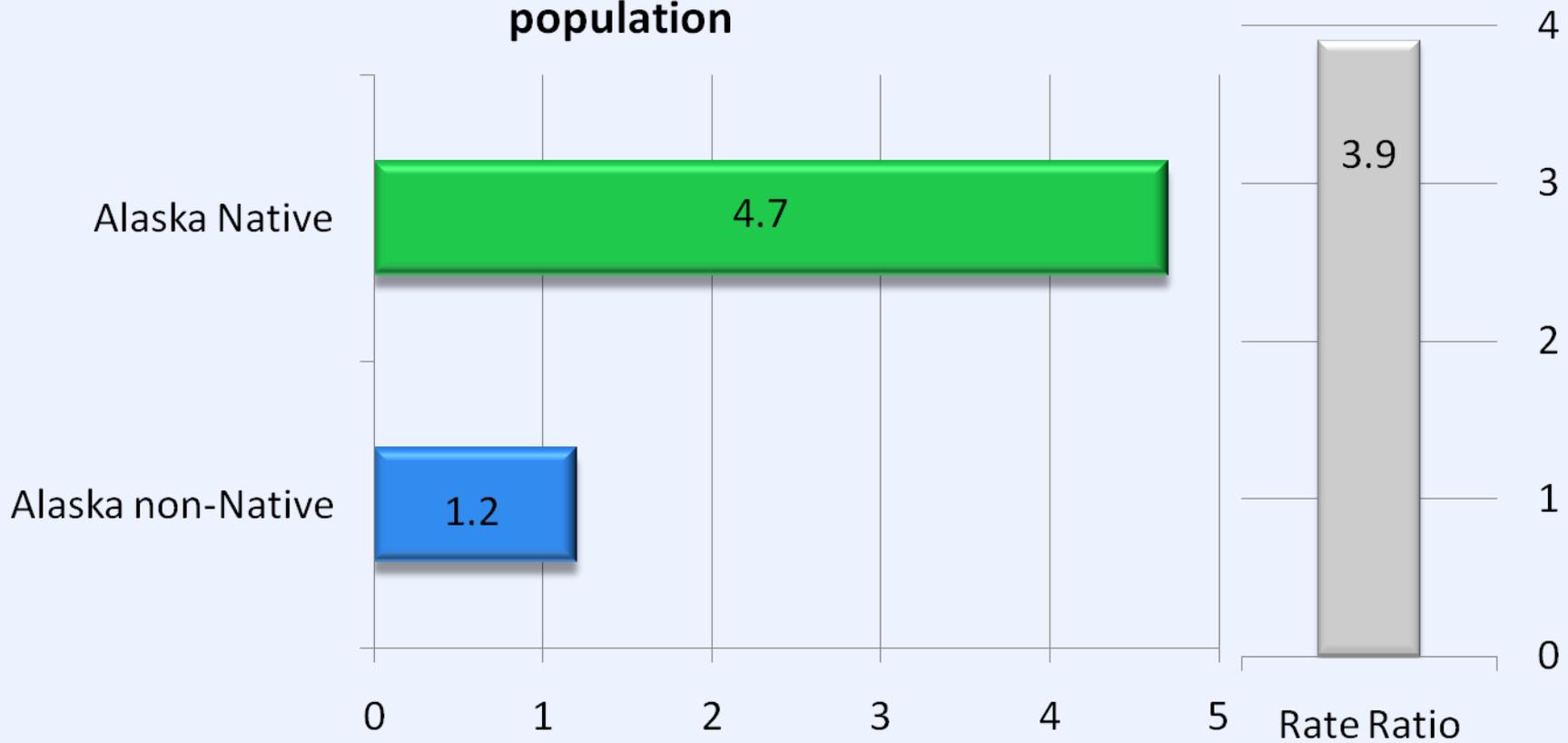
# Maltreatment-related deaths among children ages 0 – 9 years, Alaska 2000-2006

Proportion of maltreatment deaths among all child deaths



# Maltreatment-related death among children ages 0 – 9 years, Alaska 2000-2006

Maltreatment-related death rate per 10,000 child population





A few numbers describing  
“who” is at risk of  
maltreatment-related  
death

# Factors associated with a significant increased risk in infant CM-related death, 1992 - 2005

## Alaska Native Risk Factors

## non-Native Risk Factors

- Unmarried mother with fathers name missing from the BC
  - One or more other children living
  - One or more previous deaths of a child
  - Maternal drinking during pregnancy
  - Maternal education less than 12 years
- ↔
- Unmarried mother with fathers name missing from the BC
  - Infant birth weight less than 2500 grams
  - Maternal smoking during pregnancy
  - Unmarried mother with fathers name on BC
  - Inadequate prenatal care

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A few numbers describing the  
type of maltreatment

Neglect & Physical abuse



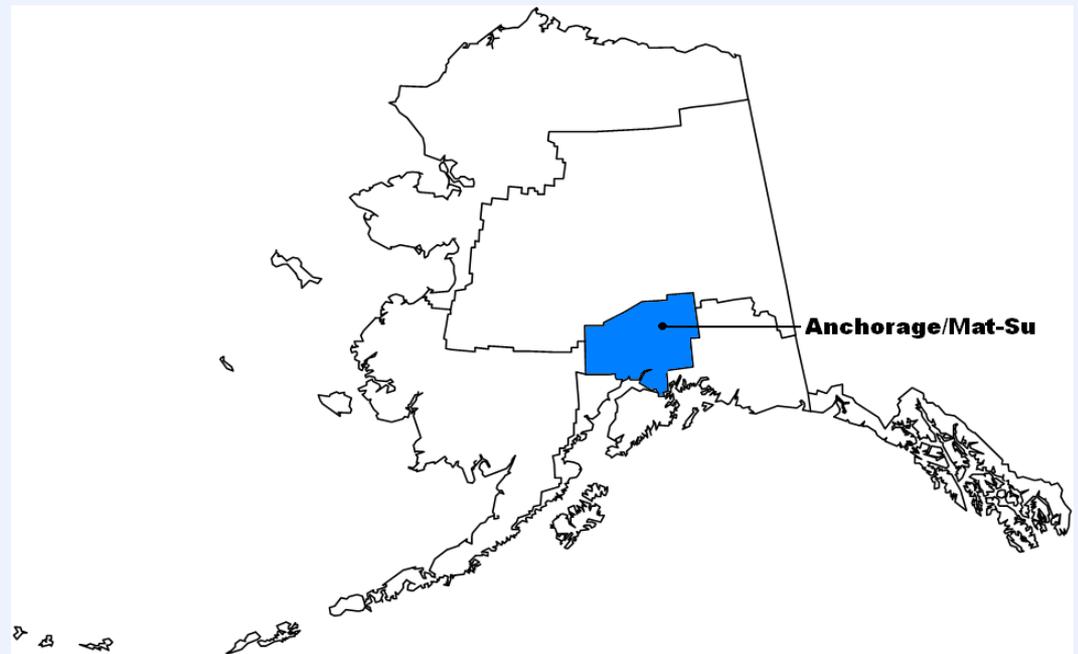
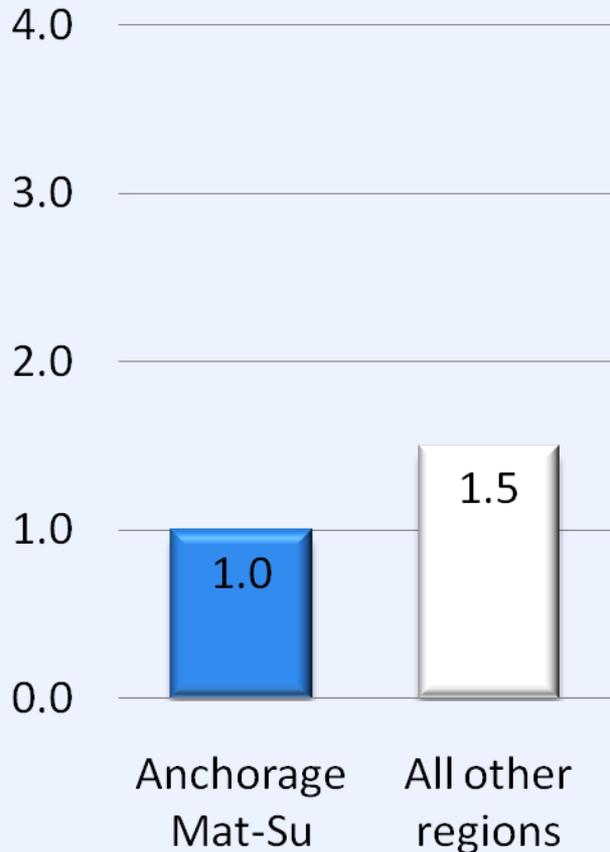
# Distribution of Maltreatment death among Alaskan children aged 0 – 9 years, 2000 - 2006

Alaska	Description of numbers
135	Number of Maltreatment-related deaths
40%	Proportion of Abuse-related deaths where substance abuse was identified as a direct contributor to death
63%	Proportion of Maltreatment-related deaths due to “Neglect”
5 times	Increased risk of Neglect-related death compared with Alaska non-Natives
95%	Proportion of Alaska Native Neglect-related death among those aged 1 – 9 years due to lack of appropriate supervision (drowning, gun shot...)



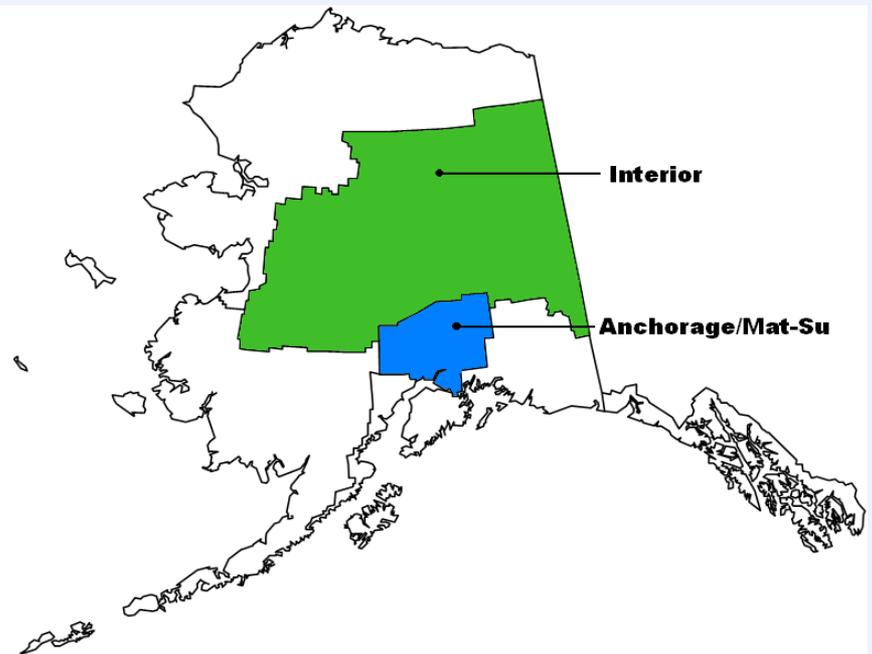
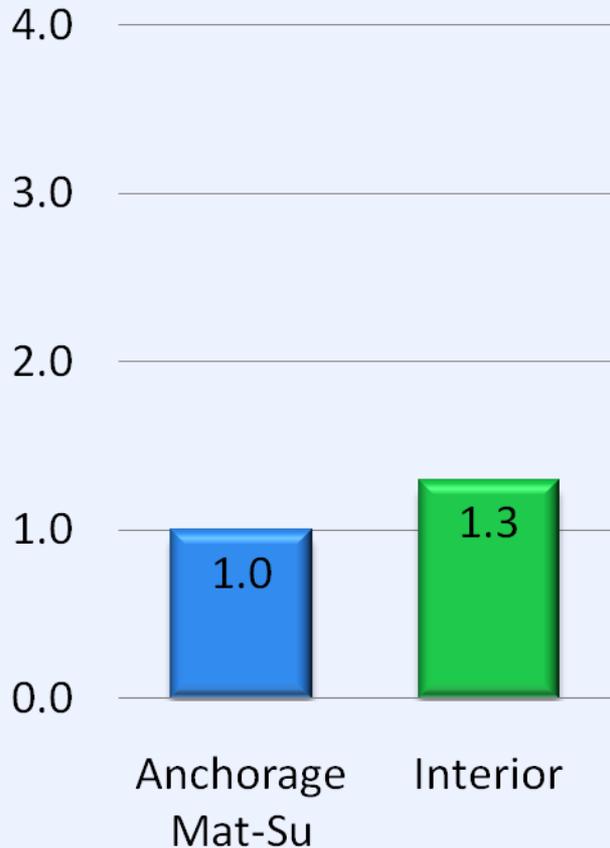
# A quick look at the regional distribution of maltreatment-related infant death

# Regional Comparison of fatal CM-related infant death (per 1,000 live births), Alaska 00 - 06



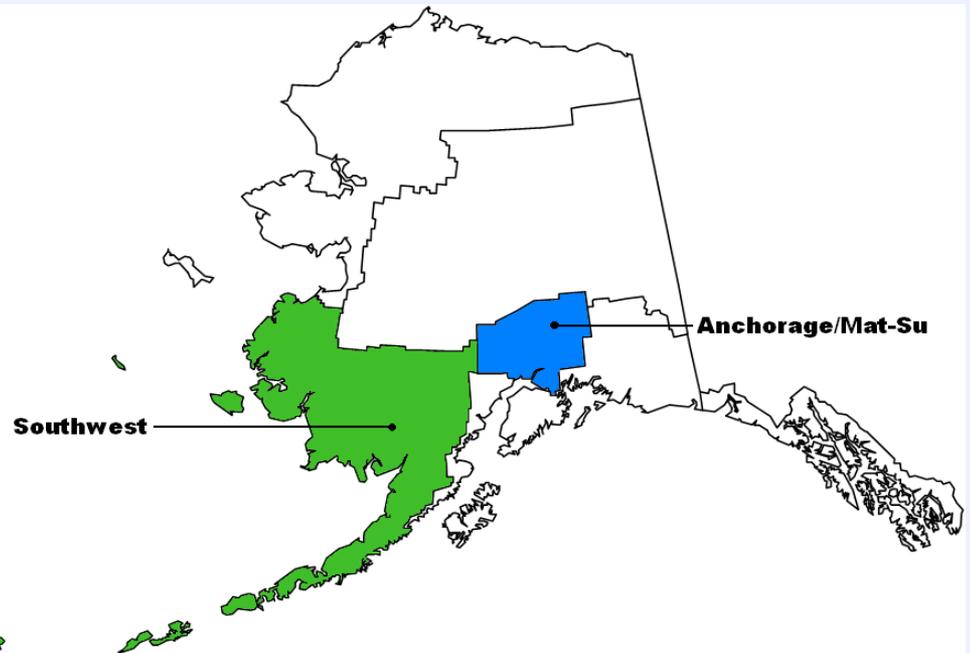
- 50% increased risk in CM-related infant death
- ~ 3 in 16 infant deaths were CM-related (~19%) – Anc.
- ~ 2 in 9 infant deaths were CM-related (~22%) – All other
- 41% of all infant CM-related death

# Regional Comparison of fatal CM-related infant death (per 1,000 live births), Alaska 00 - 06



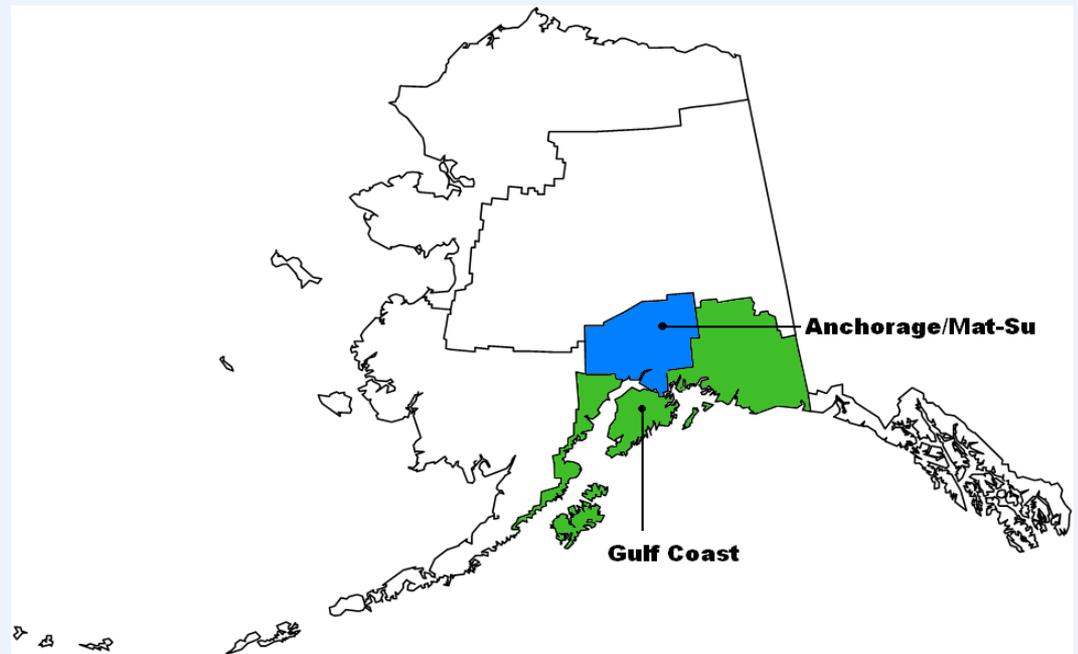
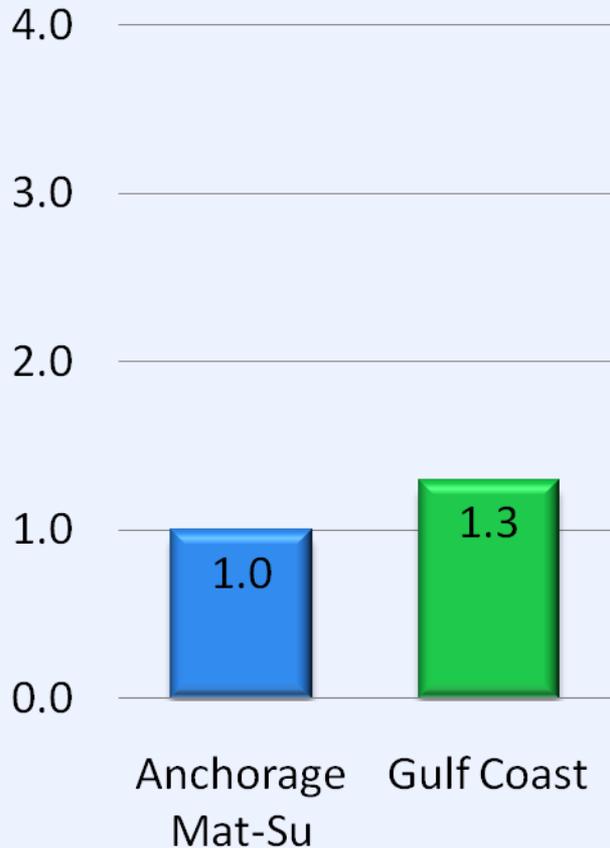
- No significant difference in CM-related infant death
- Nearly 1 out of 4 infant deaths were CM-related (~25%)
- 17% of all infant CM-related death

# Regional Comparison of fatal CM-related infant death (per 1,000 live births), Alaska 00 - 06



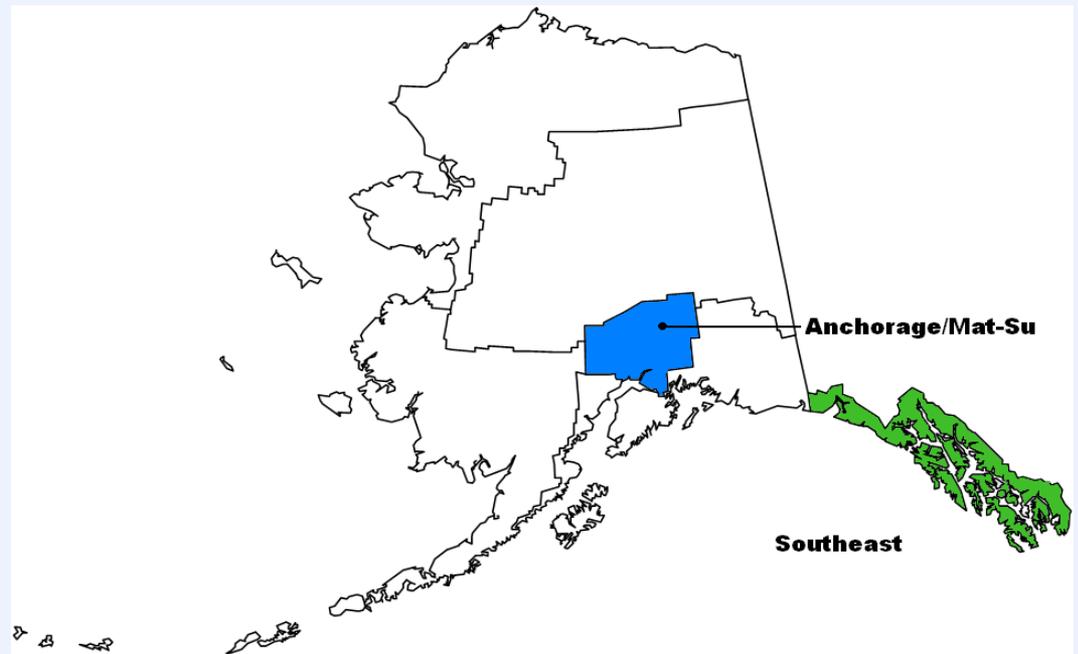
- No significant difference in CM-related infant death
- Nearly 1 out of 8 infant deaths were CM-related (~13%)
- 9% of all infant CM-related death

# Regional Comparison of fatal CM-related infant death (per 1,000 live births), Alaska 00 - 06



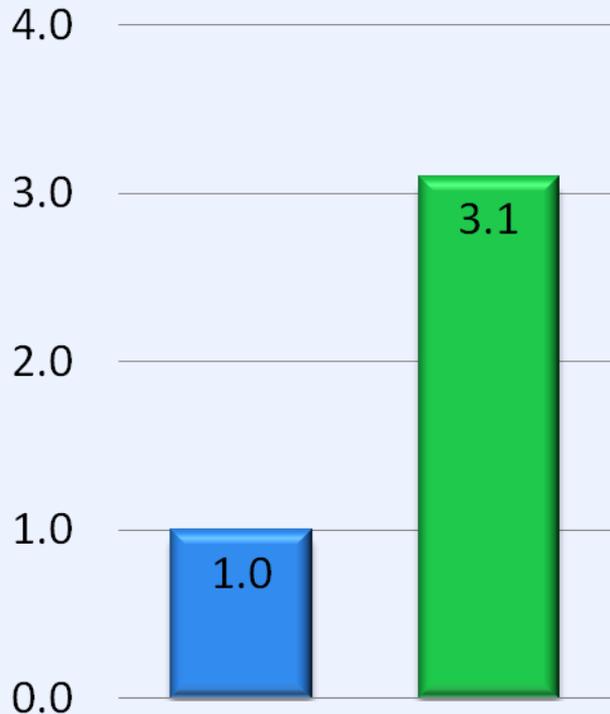
- No significant difference in CM-related infant death
- Nearly 2 out of 9 infant deaths were CM-related (~22%)
- 10% of all infant CM-related death

# Regional Comparison of fatal CM-related infant death (per 1,000 live births), Alaska 00 - 06



- No significant difference in CM-related infant death
- Nearly 2 out of 7 infant deaths were CM-related (~28%)
- 10% of all infant CM-related death

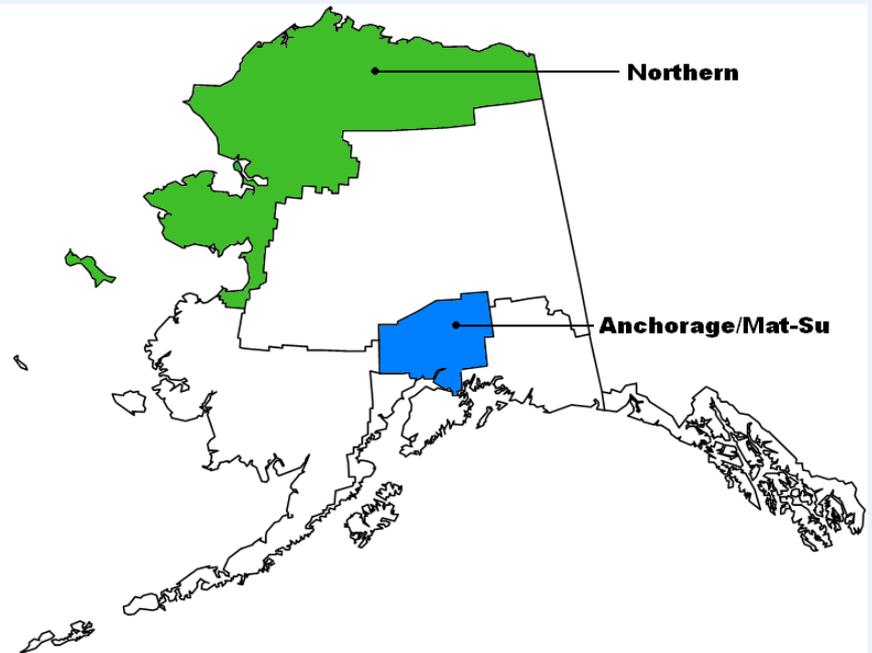
# Regional Comparison of fatal CM-related infant death (per 1,000 live births), Alaska 00 - 06



Anchorage  
Mat-Su

Northern

- 3 times higher CM-related infant death
- Nearly 3 out of 10 infant deaths were CM-related (~30%)
- 13% of all infant CM-related death



# Take home points

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Who

What

Where



# Take home points

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## Who

- Independent associated factors uniquely differ between AK Native and non-Native populations
- Correctly targeted public health prevention programs directed at evidence based high-risk populations

## What

## Where

# Take home points



## Who

## What

- AK Native infants have higher maltreatment-related mortality rates relative to non-Native's for all years examined
- Neglect-related deaths account for much of this disparity
- Focus on Neglect-related death will have largest impact on maltreatment-related death and is most suited for public health prevention messaging (risk reduction)

## Where

# Take home points

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Who

What

Where

- Relative to the Anchorage/Mat-Su region the rural regions have significantly higher infant CM-related rates
- Need for innovative CM-prevention programs in rural Alaska

# Why SCAN is critical to Public Health child maltreatment prevention

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- Application of data to prevent maltreatment
  - Targeting high-risk groups allowing the most efficient and effect use of resources
  - Identify types of maltreatment by sub-populations in AK
- Measure impact over time / evaluative support
- Reduce burden of CM to servicing agencies like CPS, law enforcement, and CAC's
  - In SFY2009 OCS – 13,441 reports of harm to OCS ~7 reports per 1 work hour
  - In 2009 APD – Crimes Against Children Unit reviewed 483 reports of sexual abuse of minors or ~40 per month

# What kids need from us

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# Governor Parnell & “Choose Respect” Initiative

- Address sexual assault & domestic violence in Alaska
- Plans to:
  - Improve investigation & prosecution
  - Protect victims & strengthen shelters
  - Public education campaign

# Kids: What's missing?

- Overall:
  - Need for more & better data
    - Children often omitted
  - Child victims handled differently; eg., DV
  - Inconsistent application of use of CACs statute (47.17.033)
  - Inconsistencies in response (initial response to sentencing)

# What's missing, cont.

- Forensic interviewing of children
  - Improved statewide training curriculum
  - Forensic interview peer review confidentiality
    - NCA accreditation standard
- Medical care
  - Child forensic evidentiary kit
  - Medical peer review confidentiality

# What's missing, continued

- Current child assault statutes
- Case examples from CACs

# 8 year old

- Dad grabbed by neck, couldn't breathe or speak, slammed against wall, threw to floor, punched
- Findings consistent with strangulation
- Felony assault pled to misdemeanor; 270 days with 135 suspended

# 7 year old

- Beaten with belt after principal called home
- 20 – 30 strikes
- Mildly anemic
- Misdemeanor assault

# 4 year old

- Hit & bit by mom's boyfriend
- Pled to assault 3
- Sentenced 24 months with 20 months suspended

# 3 year old

- Dad frustrated because she couldn't say her ABCs correctly
- 7 different lighter burns
- Charged & pled as misdemeanor – (actually torture)
- 20 days in jail

# 1 year old

- Left in dad's care while mom went to store
- Fractured femur, hanger marks, liver injury, facial bruising, marks suggest strangulation
- Charged assault 2 & 3
- Plea for 1 year

# Infants

- Witnessed shaking episodes
- Seen weeks to months later
- No residual findings
- No charges



# ADN.com 9/1/09

- Anchorage man beat dog with rifle
- Pled no contest to animal cruelty
- Sentence to 360 days, 60 suspended

# ADN.com 8/14/09

- Anchorage man will serve eight years in prison for killing his grandfather's dog
  - 4 years: felon with firearm
  - 3 years: vandalism
  - 1 year: animal cruelty

# Gaps in current laws

- 3<sup>rd</sup> degree assault: (11.41.220)
  - Places another person in fear of imminent serious physical injury by means of a dangerous instrument
  - Causes physical injury...by means of a dangerous instrument
  - Causes physical injury to a child <10 and the injury would cause a reasonable caregiver to seek medical attention...in the form of diagnosis or treatment
  - Causes physical injury to a child <10 on more than one occasion
  - Causes physical injury to child <16, >10 and injury reasonably required medical treatment

# What do we need to do?

- Timing is right for change
- We need to be the voice for children

# How you can help: Funding

- Already in the proposed budget:
  - Child Advocacy Centers (DHSS)
    - However only for existing CACs
  - Child First interview training curriculum (DPS)
  - Child forensic evidentiary kits (DPS)
    - Art/graphics will be donated

# How you can help: statutes

- Clarify requirement to use CACs, wherever possible, to include law enforcement
- Clarify medical peer review confidentiality to include medical professionals working with CACs
- Add confidentiality for forensic interview peer review process
- Evaluate gaps in current assault laws relating to children
  - Consider separate child abuse laws

Be a champion for children



# What the Task Force Will Do

- Best Practice Guidelines for Multidisciplinary Teams (MDTs)
- Sponsorship of the 2010 Alaska Child Maltreatment Conference
- Assist with development of child forensic evidentiary kit
- Be a resource to you

**“The world is a dangerous place to live not because of the people who are evil, but because of the people who don’t do anything about it.”**

**-Albert Einstein**



*Thank you for helping us make Alaska a safer place for  
children!*

