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
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

“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
Culturally competent care

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

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

Bethel

Juneau
Victim support and advocacy

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

“...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

- Boys, 30%
- Girls, 70%
Ages of children seen at Alaska CACs FY09

- 0-6 yrs. 41%
- 7-12 yrs. 37%
- 13-18 yrs. 22%
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
<table>
<thead>
<tr>
<th>Location of CAC &amp; year opened</th>
<th># of communities served</th>
<th>FY 05</th>
<th>FY06</th>
<th>FY 07</th>
<th>FY08</th>
<th>FY 09</th>
<th>Total seen since open</th>
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<td>27</td>
<td>601</td>
<td>756</td>
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<td>Copper River Basin ‘09</td>
<td>17</td>
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<td>Dillingham ‘03</td>
<td>32</td>
<td>15</td>
<td>28</td>
<td>40</td>
<td>45</td>
<td>28</td>
<td>182</td>
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<td>Fairbanks ‘03</td>
<td>21</td>
<td>126</td>
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<td>880</td>
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<td>100</td>
<td>90</td>
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<td>Kenai Peninsula ‘08</td>
<td>30</td>
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<td>37</td>
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<td>Mat-Su ‘99</td>
<td>11</td>
<td>142</td>
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<td>145</td>
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<td>Nome ‘02</td>
<td>17</td>
<td>16</td>
<td>37</td>
<td>24</td>
<td>23</td>
<td>29</td>
<td>196</td>
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<tr>
<td><strong>TOTALS</strong></td>
<td><strong>209</strong></td>
<td><strong>1,133</strong></td>
<td><strong>1,332</strong></td>
<td><strong>1,333</strong></td>
<td><strong>1,587</strong></td>
<td><strong>1,527</strong></td>
<td><strong>12,733</strong></td>
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</tbody>
</table>
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)?

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

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?

Death Certificate: Natural, SIDS

CPS: Abuse: suffocation

CDR: Accidental suffocation

CDC Project: Accidental suffocation, neglect underlying cause
Heather

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?

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

<table>
<thead>
<tr>
<th>Source years: 1992 – 2005 (Infants)</th>
<th>Count</th>
<th>Rate per 1k live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Certificate (DC)</td>
<td>22</td>
<td>0.15</td>
</tr>
<tr>
<td>DC + Related Cases</td>
<td>74</td>
<td>0.52</td>
</tr>
<tr>
<td>DC + Related + Suspected cases</td>
<td>133</td>
<td>0.93</td>
</tr>
</tbody>
</table>

**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

1,000 live births

- Alaska non-Native
- Alaska Native

3-year moving average

Per 1,000 live births
Maltreatment-related deaths among children ages 0 – 9 years, Alaska 2000-2006

Proportion of maltreatment deaths among all child deaths

- Total: 22%
- Alaska Native: 25%
- Alaska non-Native: 20%
Maltreatment-related death among children ages 0 – 9 years, Alaska 2000-2006

Maltreatment-related death rate per 10,000 child population

- Alaska Native: 4.7
- Alaska non-Native: 1.2

Rate Ratio: 3.9
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**
- 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

**non-Native Risk Factors**
- 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
A few numbers describing the type of maltreatment

Neglect & Physical abuse
Distribution of Maltreatment death among Alaskan children aged 0 – 9 years, 2000 - 2006

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

- 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**

<table>
<thead>
<tr>
<th>Who</th>
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<tbody>
<tr>
<td>What</td>
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<td>Where</td>
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</table>
Take home points

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

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

• Application of data to prevent maltreatment
  – Targeting high-risk groups allowing the most efficient and effective 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
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
Anchorage man beat dog with rifle
Pled no contest to animal cruelty
Sentence to 360 days, 60 suspended
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\textsuperscript{rd} 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!