

**ALASKA STATE LEGISLATURE**  
**SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

February 16, 2011

1:31 p.m.

**MEMBERS PRESENT**

Senator Bettye Davis, Chair  
Senator Dennis Egan  
Senator Johnny Ellis  
Senator Kevin Meyer  
Senator Fred Dyson

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

PRESENTATION BY ALASKA CHILDREN'S ALLIANCE

- HEARD

**PREVIOUS COMMITTEE ACTION**

No previous action to record

**WITNESS REGISTER**

PAM KARALUNAS, Chapter Coordinator  
Alaska Children's Alliance  
Anchorage, AK

**POSITION STATEMENT:** Presented report for Alaska Children's Alliance.

CORY BRYANT, Program Manager  
Alaska CARES  
Anchorage, AK

**POSITION STATEMENT:** Presented report for Alaska Children's Alliance.

ELENA ALUSKAK, Program Manager  
The Children's Center  
Bethel, AK

**POSITION STATEMENT:** Presented report for Alaska Children's Alliance.

## **ACTION NARRATIVE**

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**CHAIR BETTYE DAVIS** called the Senate Health and Social Services Standing Committee meeting to order at 1:31 p.m. Present at the call to order were Senators Egan, Ellis, and Chair Davis.

### **Alaska Children's Alliance**

CHAIR DAVIS announced the first order of business would be a report by the Alaska Children's Alliance.

PAM KARALUNAS, Chapter Coordinator, Alaska Children's Alliance (ACA), explained they would give an update on Child Advocacy Centers (CACs) in Alaska. She introduced the other presenters and explained that the Alaska Children's Alliance is a state chapter of the national organization, and its job is to provide information, training, and support to child advocacy centers around the state, and to communities wanting to develop child advocacy centers. She said they are part of a national organization that sets standards and does accreditation. There are currently three accredited centers in Alaska.

MS. KARALUNAS explained her job is to provide technical assistance and support, state representation on a regional level with the western region, as well as on a national level. She said they also receive some very limited funds through the ACA which they distribute to the CACs.

She stated they provide funding and support for a number of statewide projects, including the TeleCam Medical Peer Review and Consultation, which is based at CARES; a biennial state-wide child maltreatment conference; forensic photography equipment and medical treatment for each CAC; and coordination of medical equipment and data collection. They are working on developing some Alaska-specific projects, which include a pilot project in the Copper River Basin, specialized support and training for natural support people in the surrounding villages and communities, and training for tribal entities on how to use CACs; and training on developing satellite CACs.

CHAIR DAVIS asked how many centers total exist throughout the state.

MS. KARALUNAS responded there are nine, and one being developed in Kodiak.

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SENATOR DYSON joined the meeting.

SENATOR DYSON asked if the presenters had explained the mission of the child advocacy centers.

MS. KARALUNAS answered that they save the good stuff for last.

CORY BRYANT, Program Manager, Alaska CARES, Anchorage, explained that the Anchorage center serves the Anchorage area and any other areas that lack access to a CAC. For instance, some villages outside of Dillingham have to fly to Anchorage before they can go to Dillingham, so they are seen at Alaska CARES. They see on average 850-900 children per year. Their facility is co-located with their team partners, such as the Crimes Against Children unit of the Anchorage Police Department and the Office of Children's Services. They also have an Alaska Native unit housed in their building. This makes it easier for families to come to one place. CARES is a program of the Children's Hospital at Providence, and is located on the Alaska Native Medical Center campus.

ELENA ALUSKAK, Program Manager, The Children's Center, Bethel, said the center, also known by the Yupik name of "Irniamta Ikayurviat" is under the Tundra Women's Coalition. This CAC has recently moved into a brand new facility. The average number of children served per year is 140 -145, and 80 percent are Yupik speakers. All of their staff is bilingual, English and Yupik speaking.

SENATOR DYSON asked, of the 145 clients served per year, how many cases result in indictments.

MS. ALUSKAK responded maybe ten.

MR. KARALUNAS said the newest CAC is in the Copper River Basin, and they provide forensic interviews on site.

MS. ALUSKAK said the CAC in Dillingham, also known as "Nitaput" (We hear them), serves 32 communities, and has served about 222 children since they opened in 2003.

MS. BRYANT explained the Fairbanks CAC was started by Ms. Karalunas. It is co-located with the State Troopers, and serves about 83 communities. They have served about 1,000 children since 2003.

MS. ALUSKAK said the Juneau CAC is a program of Catholic Community Services, is accredited by the National Children's Alliance, and serves 19 communities in southeast Alaska.

MS. BRYSON explained the Kenai Peninsula CAC is in the process of developing satellite CACs in Kenai, Homer, and Seward. They have been open since 2008 and have served over 200 children since then.

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MS. ALUSKAK said that Kodiak has a developing CAC, and the summer of 2011 is the projected opening time.

CHAIR DAVIS asked how much funding the Kodiak CAC is receiving.

MS. KARALUNAS said the governor's budget for next year includes about \$250,000 for start-up costs.

MS. BRYANT said the Mat-Su Valley CAC was established in 1999, and has recently expanded so that the troopers' AVI unit is in their facility as well.

MS. ALUSKAK explained that the Nome CAC is a program of Kawerak Native Association. Annaktug is their shelter name, and they have served since 319 children since opening.

MS. KARALUNAS emphasized that CACs provide a child and family friendly environment for coordination of the investigative process in child abuse cases, specifically child sexual abuse.

MS. BRYSON said the first concern is to have a child and family friendly environment. They try to make children as comfortable as they can which sometimes involves feeding and clothing them; they do whatever it takes to meet the needs of the child and family.

MS. ALUSKAK explained that each CAC has a person who is trained in doing forensic interviews with child victims, who is focused on making the child feel comfortable. The caregiver is also aware of everything the interviewer is doing.

MS. KARALUNAS explained that in the past, when an allegation of child sexual abuse was received, OCS would take the child out of class, interview the child, and take the child out of school to be interviewed at the police station, then to the emergency room. This process takes away all that. There is one interview, which is video recorded, and can be used in court. All the

adults come together in one place, instead of making the child come to them. The multidisciplinary response and investigation reduces duplicative interviews.

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MS. ALUSKAK said that specialized, non-traumatic medical exams can be done at the CACs. If law enforcement knows there will be a medical exam, a medical person will be involved in the interview.

CHAIR DAVIS asked which centers have medical exam rooms.

MS. KARALUNAS said most of the centers have exam rooms on-site, but might not have their own staff. Providers will come to the center if there is not staff on-site. Most of them have on-site exam capability. This is not a traumatic exam. It is non-invasive and kids often say that it was their favorite part of the process, because a medical exam can be reassuring. It is not done if the child refuses, unless there is some immediate medical reason.

MS. BRYANT said that because most children don't tell about abuse right away, there is usually not physical evidence present on the child.

MS. ALUSKAK said CACs also provide on-going family support. There are family advocates on staff to be with the family during the initial interview, and they will continue providing support for a year. The advocate also makes referrals to others as needed. She explained that in Bethel many families are Yupik, and having a Yupik speaking advocate helps them.

MS. BRYANT emphasized that cultural competency is a standard the CACs have to meet.

MS. ALUSKAK said the CACs also provide consultation with mental health services. Clients prefer a relationship where trust has already been built. Many clients will prefer natural support people instead of mental health professionals. There is training available for these natural support people.

MS. BRYANT said the Anchorage CAC has two part-time therapists on staff to provide trauma-specific training for children and families, specifically for those families that have no insurance. She noted there are very few resources for children who don't have insurance.

MS. BRYANT also explained the case review process is different at every CAC. In Anchorage, they do case review once a month and they have specific criteria for disclosure or evidence of abuse. Multi-disciplinary team review is the heart of CAC.

MS. ALUSKAK explained that all CACs use the NCATrak case tracking system. This is a national system where basic information is entered, and it is useful for evaluation. The system helps pull out numbers, case information and investigation outcomes. Villages seeing these numbers can realize that abuse is everywhere, not just in their village.

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MS. KARALUNAS added that it is difficult to track numbers in Alaska; OCS tracks their cases, but those are only cases where the abuser is within the family or the family is not protective. The State Troopers track other types of cases. The CACs get referrals from both entities, so they can track all cases.

MS. BRYANT said that CACs in each community provide education, outreach, presentations, and do whatever they can to get the word out.

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MS. KARALUNAS explained that child sexual abuse is clearly linked with increased risks for many problems, including alcoholism, suicide, violent behavior, depression, drug abuse, fetal death, and even heart disease and diabetes. The annual cost of child abuse in Alaska is averaged at over \$500 million per year. The CAC model also has a cost benefit, because cases move more quickly.

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SENATOR MEYER joined the meeting.

SENATOR DYSON noted he has friends who work with the prostitutes at Hiland Mountain. Virtually all of them have been abused as children. Most perpetrators were also abused. Breaking that cycle is hugely important. It used to be that about one-third of those molested were males.

MS. BRYANT said that about 35 percent of the children they see are males.

MS. ALUSKAK said the percentage is a little bit lower in Bethel, probably because it is harder for males to disclose.

MS. BRYANT added that the CAC model exists to stop the cycle, by providing caring intervention and treatment.

MS. KARALUNAS noted there are more reasons for the CAC model. When kids are seen at CACs there is faster resolution, faster charging decisions, and more cases prosecuted.

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She also said the research suggests that one in four girls and one in seven boys will be the victim of some type of sexual abuse or assault before age 18. Most shocking to many people is the age of the children; 41 percent of those children are one to six years of age, and 36 percent are between the ages of seven and twelve.

MS. KARALUNAS then explained a chart of the numbers of children served at CACs in Alaska, as well as the number of communities served. She said that no CACs rely solely on state funding for their existence, but that state funding is essential for sustainability and to leverage other funding. The need is increasing, as the number of CACs and children and families served increases. There is no increase in their budget, but the need is increasing. Caseloads are going up; they need satellite centers; Nome needs a nurse examiner; Copper River needs an additional full time staff position; Anchorage needs partial funding for a part time medical director; Fairbanks needs an increase in contract medical services; Kenai needs support for a satellite CAC in Seward.

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MS. KARALUNAS also stressed that all staff are on call seven days a week, which results in the need for additional funding.

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CHAIR DAVIS asked what the total amount of their budget for the coming year is, and what the funding sources are.

MS. KARALUNAS said funding was originally through a federal earmark, and the state started funding the program in FY 10. The amount in the budget has been \$3.2 million. She thought it was the same amount in the governor's proposed budget this year.

CHAIR DAVIS asked if the funding was done under OCS.

MS. KARALUNAS responded that it was.

SENATOR DYSON asked how many probable crimes occurred out of 100 reported.

MS. KARALUNAS said about half of those children will disclose some type of abuse, and about 25 percent of those cases will have some type of prosecution.

SENATOR DYSON said, "So out of 100 kids, only 50 percent disclose."

MS. BRYANT said that the other 50 percent either can't talk about the abuse or nothing has happened.

SENATOR DYSON asked if about half result in some type of prosecution.

MS. BRYANT said most children's cases don't go to trial; prosecutors don't want to put children in the position of having to testify, so they plead down.

SENATOR DYSON asked if the testimony produced at the CACs is sufficient.

MS. BRYANT responded that the law requires the child to be available to testify before the DVD can be used in court. If they don't remember, you can play the video, but they have to be available.

SENATOR DYSON asked if it is true that once the probability of a crime is established, children don't have to press charges.

MS. BRYANT said the state will press charges but the victim and family have to cooperate.

SENATOR DYSON asked if anything can be done to raise the rate of convictions.

MS. BRYANT said one problem is not enough prosecutors. Also, the court system is backed up with cases. Adult cases are more apt to go to trial.

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MS. KARALUNAS said that more training is needed for prosecutors who handle these types of cases. Child sexual abuse cases are unique, and require specialized training. Also, prosecutors are overwhelmed, and they don't have time to deal with these cases.

MS. ALUSKAK said that misunderstanding of traditional cultural language and lifestyle makes it difficult for prosecutions to happen, or even investigations.

MS. BRYANT said even judges need education in this area. There is a lot of misperception. Recently a judge said there was no relationship between people who view child pornography and whether they will harm a child. Research shows there is such a relationship.

SENATOR DYSON noted that many abused children are not forced, they are seduced. The perpetrator has used child pornography as an inducement. He then asked how much support there is from the community leadership in Bethel.

MS. ALUSKAK said it is a difficult question, but they do get some support.

SENATOR DYSON said many molesters present themselves as healthy and successful people, so allegations of child abuse can be surprising; people assume they must be false accusations.

SENATOR EGAN asked if the CAC is running any cases through the therapeutic courts in Anchorage.

MS. KARALUNAS responded the therapeutic courts are not set up to handle child sexual abuse cases.

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CHAIR DAVIS thanked the presenters. She said she knows the need for CACs is real. She said the CACs are successful even if cases are not prosecuted. Children can still be saved and made whole.

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There being no further business to come before the committee, Chair Davis adjourned the meeting at 2:40 p.m.