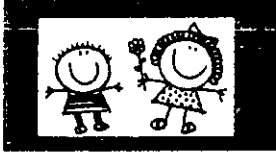


2/2/10

**REPORT:
CHILDREN'S
JUSTICE
TASK
FORCE**



Alaska Children's Justice Act Task Force

Sara Gray, Coordinator
Cathy Baldwin-Johnson MD, Chair
Jan Rutherford, Co-Chair
Shannon Baergen
John Bioff
BJ Coopes MD
Cyndy Curran
Derek DeGraaf
Bradley Grigg
Judge Charles Huguélet
Thom Janidlo
Lance Joanis
Pam Karakunas
Mike Lesmann
D Owens
Jared Parrish
Diane Payne
Barb Ramos
Cindi Stanton
Fred Van Wallinga
Rob Wood
Doug Wooliver

Visit our website at:
[http://hss.state.ak.us/ocs/
ChildrensJustice/](http://hss.state.ak.us/ocs/ChildrensJustice/)

Contact us at:
Phone: 907-465-3207
Fax: 907-465-3656
Sara.Gray@alaska.gov

Alaska CJATF Legislative Presentation 2/2/10

Overview

Title: Intro to the Alaska CJATF and recommendations for 2010-11
Presenter: Cathy Baldwin-Johnson MD, Chair

Background

- History of CJATF
 - 2009 projects
 - 2010 projects
 - Concerns noted by CJATF
1. Inconsistent interpretation of use of CACs statute
 2. Ability to assure confidentiality of medical and forensic interview peer review
 3. Inability of current assault statutes to adequately protect children

Recommendations

1. Clarification of use of required CACs where possible to include law enforcement
2. Minor revision to medical peer review confidentiality statute to include CAC organizations
3. New statute to allow confidentiality of forensic interviewing peer review
4. Evaluation of current criminal assault statutes as they relate to children with consideration of separate child assault laws



Our Mission: Identify areas where improvement is needed in the statewide response to child maltreatment, particularly child sexual abuse, make recommendations, and take actions to improve the system.

The Alaska Division of Public Health, Section of Women's Children's and Family Health,
Maternal and Child Health Epidemiology Unit
Alaska Surveillance of Child Abuse and Neglect (SCAN)

Overview of presentation

Title: Who, What, and Where of Fatal Child Abuse in Alaska

Presenter: Jared W. Parrish, MS

Background

- The Centers for Disease Control and Prevention recognizes child maltreatment (CM) as a serious public health problem
- Research indicates there are many resulting long-term health effects such as drug addictions, suicidal behavior, teenage pregnancy, obesity, and mental health problems resulting from CM

Public Health Implications

- No single agency has jurisdictional responsibility of all CM.
 - Child protective services address in home CM
 - Law enforcement responds to criminal CM.
- No standardized definition dictates what CM is, thus making comparisons and magnitude assessments impossible.
- The Alaska Surveillance of Child Abuse and Neglect (SCAN) links pre-existing data together to identify unique cases of maltreatment
 - Apply a standardized CDC developed public health definition of CM.
 - Using the Public health model as opposed to the legal model to CM, where prevention not conviction/prosecution is the priority the definition can be very sensitive to ensure all possible cases are captured. Thus the true magnitude of the problem, factors predisposing a child to CM, changes in rates of time, and effectiveness trials can be properly assessed.
 - SCAN is in its third year, and is 100% funded by the Title 5 MCH block grant
 - Currently mortality surveillance linkages multiple data sources and applies a working case definition to identify cases of maltreatment-confirmed, related, or suspected cases.
 - Morbidity surveillance is still being developed and will be implemented statewide, but employ a sentinel surveillance approach using regional hub sites to identify confirmed, related, and suspicious cases.
 - SCAN identifies, parent caregiver factors, incident factors, environmental/family factors, and child factors, and collects CDC developed data elements for epidemiological investigation.

Mortality Data

- Upon investigation of all infant deaths occurring in Alaska from 1992-2005, the death certificate (DC) identified 22 cases of maltreatment/homicide as a cause or contributor to death (0.15 per 1,000 live births). Including the related cases identified by SCAN the number increased to 74, and 133 with suspected cases (0.52 and 0.93 per 1,000 live births respectively). Among the 133 maltreatment-related cases, 35% were abuse (SBS, blunt force trauma), and 65% neglect (Loaded gun left out accessible, unsafe sleep w/intoxicated caregiver).

- For the years 2000-06 among those aged 0-9 years of age
 - Nearly 22% of all deaths are maltreatment-related
 - 70% occurred to infants
 - 63% were neglect related
 - 42% of abuse-related deaths were due to blunt force trauma (including SBS) or gun shot
 - 40% of abuse-related death directly involved substance abuse
 - Alaska Native children have 4 times the risk of a CM fatality compared with Alaska non-Native children.
 - Alaska Native children have 5 times the risk of a NEGLECT fatality compared with Alaska non-Native children.
 - Only 13% of all fatal SBS related deaths occurred to Alaska Native children
- Relative to Anchorage/Mat-Su region (2000 – 2006)
 - Northern region had 3 times higher CM-related infant mortality
 - 3 out of every 10 infant deaths were CM-related (~30%)
 - Interior region has no significant difference in CM-related infant mortality
 - 1 out of every 4 infant deaths were CM-related (~25%)
 - Southwest region had no significant difference in CM-related infant mortality
 - 1 out of every 8 infant deaths were CM-related (~13%)
 - Gulf Coast region had no significant difference in CM-related infant mortality
 - 2 out of every 9 infant deaths were CM-related (~22%)
 - Southeast region had no significant difference in CM-related infant mortality
 - 2 out of every 7 infant deaths were CM-related (~28%)
- For the most part maternal risk factors independently associated with CM vary by Alaska Native status, indicating a need for specific population identification when implementing CM prevention activities.

Take Home Points

- Independent associated factors uniquely differ between Alaska Native and non-Native populations
- Correctly targeted public health prevention programs are need based on evidence based data to impact maltreatment
- Alaska Native children ages 0 – 9 years have higher maltreatment-related mortality rates relative to non-Native infants for all years examined
- Neglect-related deaths account for much of this disparity
- Focus on Neglect-related mortality will have the largest impact on reducing overall maltreatment-related mortality, and is most suited for public health prevention messaging (i.e. positive parenting, risk reduction strategies, community empowerment)

Implications

Using a more sensitive definition and public health model lends the use of epidemiologic investigation that is based on local relevant data. Both appropriate messaging, and population identification will increase the impact of prevention/intervention efforts undertaken by the state and other partners.

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**



**NATIONAL
CHILDREN'S
ALLIANCE**



Alaska Children's Alliance provides:

- **Technical assistance & support to existing and developing:**
 - **Children's Advocacy Centers**
 - **Multidisciplinary Teams**
 - **Child Protection Teams**
- **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

Child Advocacy Centers provide:

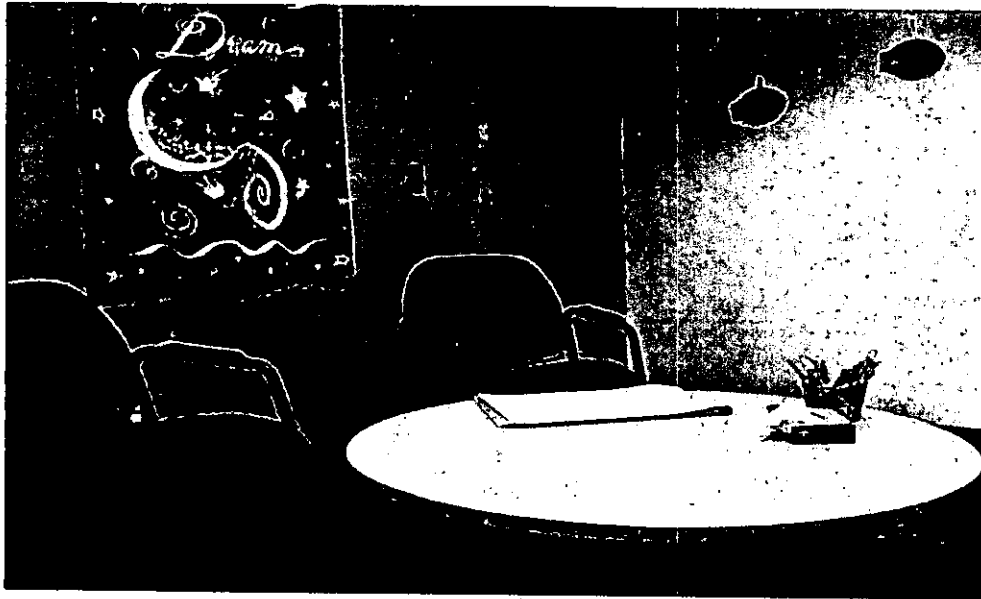
- A child and family friendly environment for coordination of investigative process in child abuse cases, specifically child sexual abuse



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

Child Advocacy Centers provide:

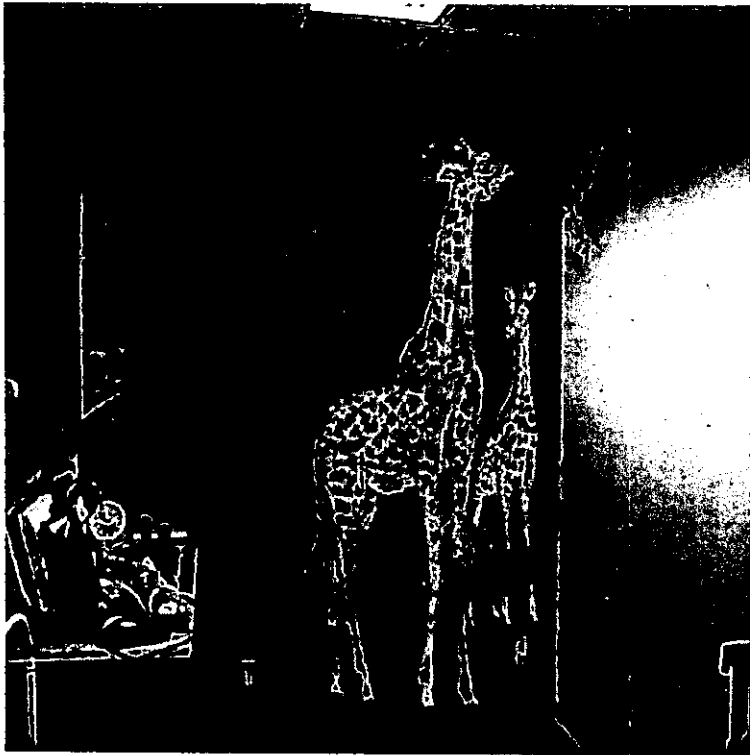
- **Specialized Forensic Interview**



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

Child Advocacy Centers provide:

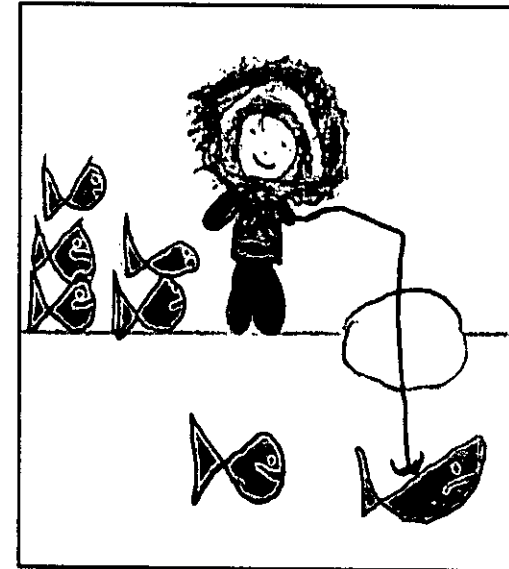
- **Specialized, Non-traumatic Medical Exam**



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

Child Advocacy Centers provide:

- Collaboration with mental health services for earlier response to referrals



Child Advocacy Centers provide:

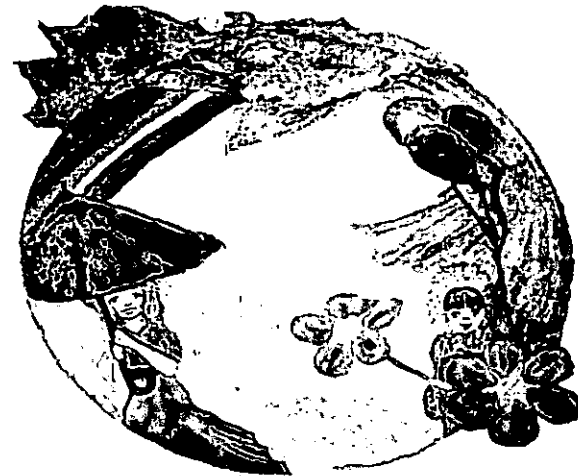
- Identification of risks and assessment of needs of child and family and referrals to address those issues



"Everything was well explained-you guys are doing a great job. Thank you."

Child Advocacy Centers provide:

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



“All the caring personalities was very comforting. Everyone kept us apprised of what was happening and were giving us very helpful information. It was nice to be treated so respectfully and I think everyone here helped my daughter find a little peace in this terrible situation.”

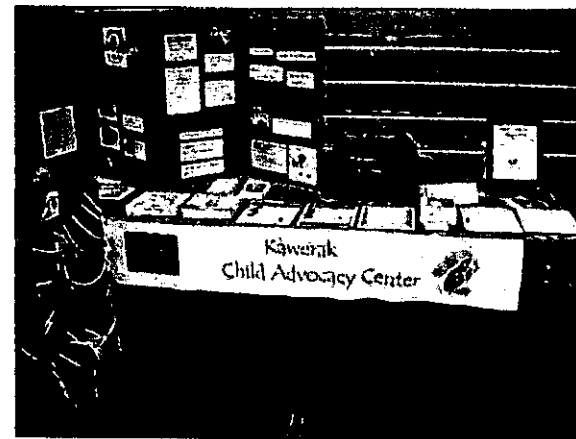
Child Advocacy Centers provide:

CASE TRACKING/DATA COLLECTION:

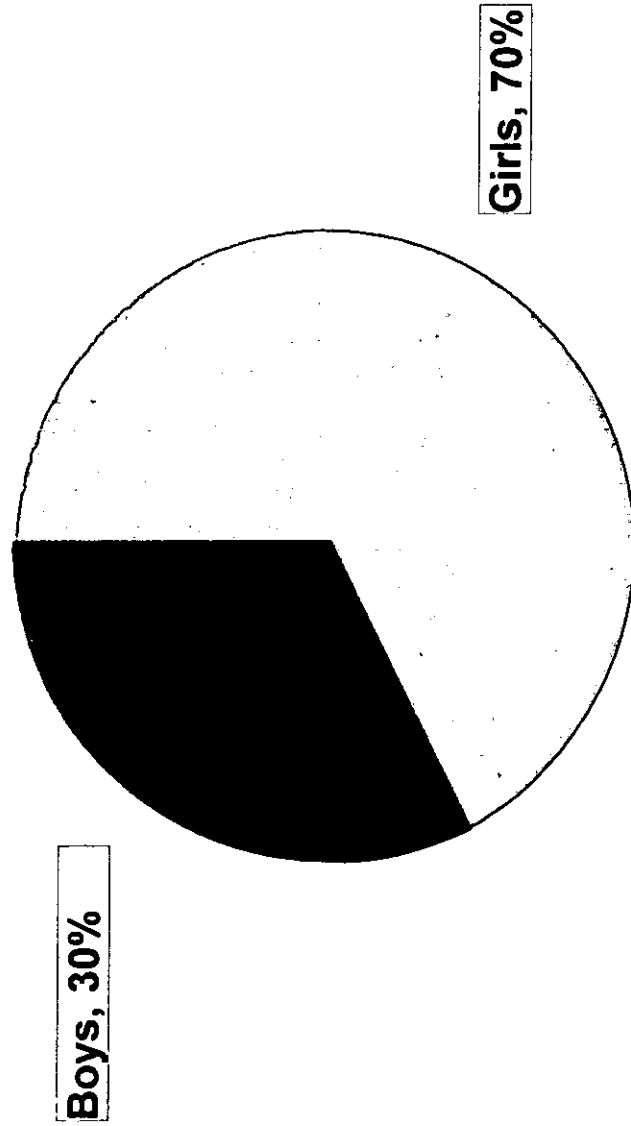
- System for monitoring case progress and tracking outcomes
- CACs in Alaska use a uniform data collection system, NCA Trak which is required for funding
- Helps identify strengths and challenges of the team & the system response

COMMUNITY AWARENESS

- Presentations
- Classes
- Radio Show, Interviews, etc

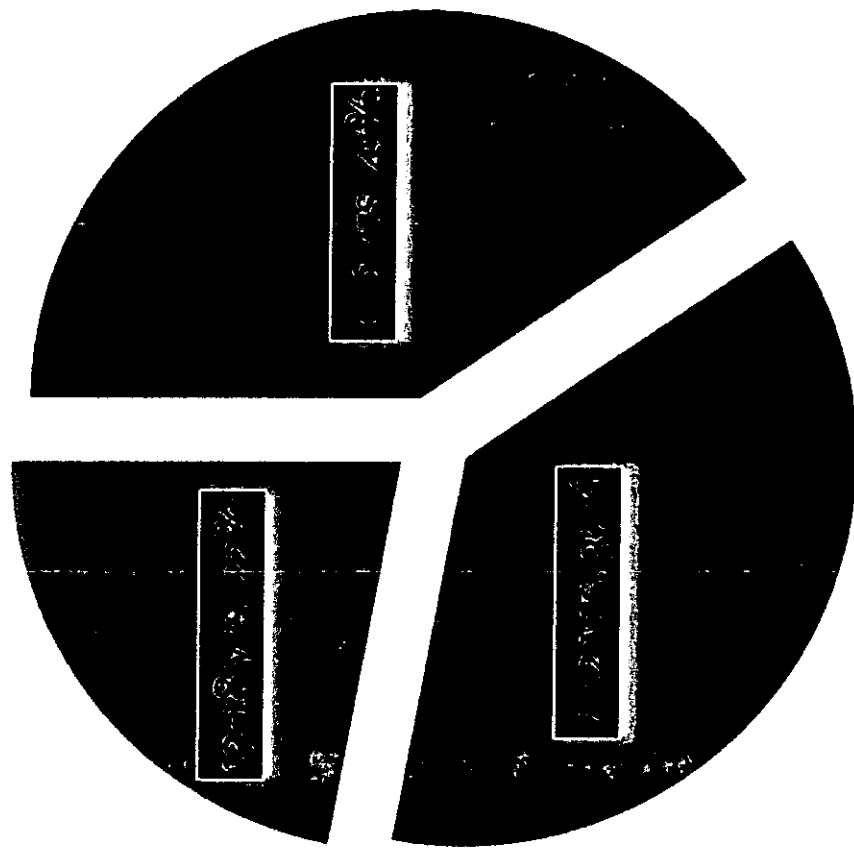


Gender of children seen at Alaska CACs in FY09



Ages of children seen at Alaska

CACs in FY09





CAC Research

Crimes against Children Research Center

University of New Hampshire

1,000 cases of Child Sexual Abuse studied at 4 CACs and 4 communities without CACs showed:

- ❖ More coordination of interviews at CACs – more police involvement in cases
- ❖ Children at CAC less fearful when interviewed
- ❖ Higher satisfaction among parents /caregivers when CAC used
- ❖ More referrals for mental health services through CACs
- ❖ More forensic medical exams when CAC used

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	8,017
Bethel 01	35	131	161	137	184	121	935
Copper River Basin 09	17					12	12
Dillingham 03	32	15	28	40	45	28	182
Fairbanks 03	21	126	163	140	142	213	880
Juneau 01	19	102	89	100	90	87	948
Kenai Peninsula 08	30				37	47	84
Mat-Su 99	11	142	98	152	145	167	1,479
Nome 02	17	16	37	24	23	29	196
TOTALS	209	1,133	1,332	1,333	1,587	1,527	12,733

THANK YOU FOR HELPING US MAKE

ALASKA A SAFER PLACE FOR

CHILDREN!

