

**8/3/09**

**HEARING:  
REDUCING  
SEXUAL  
ASSAULT  
IN  
ALASKA**

# Alaska State Legislature

**Senator Hollis French, Chair**  
State Capitol, Room 417  
Juneau, Alaska 99801  
Phone: (907) 465-3892  
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**Committee Members:**  
Senator Bill Wielechowski  
Senator Dennis Egan  
Senator Lesil McGuire  
Senator Gene Therriault

## Senate Judiciary Committee

### MEMORANDUM

#### Report and Recommendations: Reducing Sexual Assault in Alaska

##### *Introduction:*

Alaska has the highest reported rate of sexual assault in the United States. Between 2003 and 2007, Alaska's reported rate of forcible rape was over two and a half times the national average, with Anchorage reports at almost three times the national rate and Fairbanks reports at over five times the national rate. This does not include all sexual assaults in Alaska, since the definition used in the federal reporting system (the Uniform Crime Report) excludes child victims, male victims, and many other forms of sexual assault. Nevertheless, forcible rape is a greater percentage of all violent crimes reported in Alaska than it is nationally, at 12% of all violent crime in Alaska as opposed to 6% of violent crime in the United States on average.

Between 2003 and 2004, the Troopers received 1,184 reports of sexual violence cases involving forcible rape, sexual assault, or sexual abuse of a minor. Of those, some 884 were deemed to have occurred and to have an identifiable suspect. The troopers then turned over 449 cases, or about half, to the Department of Law for their screening. Of these, 271 were accepted for prosecution, and some 217 convictions resulted.

During hearings of the Senate Judiciary Committee conducted during 2009, committee members heard testimony as to what Alaska can do to reduce sexual assault and improve rates of prosecution and conviction.

The following issues were discussed:

##### *A. Inadequate and inaccurate data:*

1. The current system for tracking reports of sexual assault is inadequate at best. The Uniform Crime Report (UCR) excludes many kinds of sexual assault, making it

unreliable, even for reported crimes. Not all police departments in Alaska provide information to the UCR, though they are statutorily required to do so. According to the Department of Public Safety, 41 local police departments failed to file the data needed for the Uniform Crime Report in 2007.

2. Alaska has never done a victimization study (a survey that includes both reported and unreported cases). Because of this, we do not know if Alaska's rates of sexual assault are higher, or the rate at which reports are made are higher, or both. So, for example, Fairbanks may have a very high rate of sexual violence, or it may be that citizens are simply more likely to report that violence, or it may be that both these things are true. Nationwide, it is estimated that 52% of sexual assaults are not reported to law enforcement. Without a victimization study, there is no way to know if this is also the case in Alaska.
3. Finally, the statistics that are available, largely collected through studies done by the Justice Center of the University of Alaska, show differences in the groups that are most likely to be victimized in various regions. For instance, a review of Alaska State Trooper cases showed that 94% reports are of victims who were 15 years of age or younger, while 73% of reports coming to the Anchorage Police Department are from victims aged 18 and older.

*Recommendations:*

- *The legislature should fund a victimization survey to determine the actual rate of both reported and unreported sexual assaults in Alaska. This survey should be large enough to look at the state by region, so that programs and policies can be tailored to be most effective.*
- *Legislation should be enacted requiring the Department of Public Safety to collect annual statistics on reported sexual assault in Alaska as defined in state law. This legislation should require local police department participation.*
- *A data system should be developed to track sexual assaults from report to conviction. This will require interagency cooperation and so should be addressed by a group such as MAJIC or the Criminal Justice Working Group.*

*B. Certain resources have a disproportionate and positive impact on cases being accepted for prosecution, yet for the most part no consistent state policy has been implemented to ensure that these best practices are followed.*

1. UAA Justice Center studies show that certain factors increase the likelihood of prosecution and conviction. These include the presence of a Village Public Safety Officer (VPSO), a Village Police Officer or Tribal Police Officer for crimes in villages. In State Trooper cases where a VPSO was available, rates of serious assault went down by 40% and the likelihood of the case being accepted for prosecution went up by three and a half times.
2. When victims received a medical-forensic exam, it more than doubled the likelihood that their case was accepted for prosecution. Documentation of non-genital injury was particularly important in the eventual decision to prosecute a case. However, of the 15 Sexual Assault Nurse Examiner programs that have been instituted in Alaska, only 4 are currently active.
3. In cases where witnesses were located and interviewed, and where appropriate investigative follow-up and victim support was done, the likelihood of prosecution increased by more than three times.
4. Finally, DNA evidence is becoming increasingly critical to sexual assault prosecutions and testimony indicated that there are significant delays and backlogs in getting this evidence processed in a timely way.

*Recommendations:*

- *The legislature should continue to increase the number of villages with local law enforcement through the VPSO program.*
- *The legislature should consider grant funding for local hospitals to provide qualified Sexual Assault Nurse Examiners and to support the cost of existing programs. In addition, a pilot project which looks at the use of telemedicine in extending SANE services to rural communities without SANE nurses should be explored.*
- *Law enforcement agencies should prioritize sexual assault investigations so that investigators have the time to contact potential witnesses, work with victims, and collect any other evidence that may be available in these cases.*
- *The legislature and the Department of Public Safety must address the needs of the State Crime lab and look at methods to process DNA evidence in a timely way.*

*C. Alcohol use is significantly associated with sexual assault.*

1. In a study of Anchorage Police Department cases, over 60% of victims and 70% of suspects had used alcohol just prior to or at the time of the assault. Similar statistics were also found in a study of cases in Alaska's Sexual Assault Nurse Examiner (SANE) program. In Trooper cases, where the victims tended overwhelmingly to be children, the victim use was 27% and suspect use was 42%. In addition, significant numbers of victims report having consumed alcohol to the point of incapacitation (e.g., Anchorage 23%; Fairbanks 31%). This both increases the vulnerability of the victim to an assault and can make cases more difficult to prosecute.

2. The UAA Justice Center reports that rates of serious injury from assault are 36% lower in dry villages and, further, that cases involving alcohol use are less likely to be referred for prosecution and are less likely to be accepted for prosecution when they are referred.

*Recommendations:*

- *Alaska should continue to support programs and policies that reduce alcohol consumption*
- *Education efforts in sexual assault awareness and prevention should specifically address alcohol use and its potential adverse effects on personal safety.*

*D. Ongoing efforts to reduce recidivism by known sex offenders is critically important.*

1. In a 1988 study (Abel, et al), of offenders who participated and who admitted to child molestations and rapes, 97% were never arrested for these crimes. The lag time for detection of sex offenders ranges from between 6 years to 16 years according to various national studies.
2. Nationally, almost 45% of prisoners serving time for rape or sexual assault committed their crime while on probation or parole.

*Recommendations:*

- *Alaska should continue to fund and expand its sex offender management programs, particularly the current Containment Model, which utilizes offender polygraphs but in prison and on probation.*
- *Alaska's Internet Crimes Against Children Task Force, which locates offenders who are looking for victims using the internet, should be expanded. This program has resulted in arrests and convictions of adults who would otherwise have offended against children.*

Senate Judiciary Committee Report  
Page Five

The Senate Judiciary Committee would like to thank the many experts who provided their time and knowledge to the committee during these hearings. The committee particularly acknowledges the work done by the UAA Justice Center, which has provided vital leadership in its research regarding violence against women in Alaska.

*Justice Center, University of Alaska, Anchorage:*

Andre Rosay, Phd., Interim Director

*Alaska Department of Public Safety:*

Commissioner Joe Masters  
Deputy Commissioner Audie Holloway  
Katie Tepas, Acting Director, Council on Domestic  
Violence & Sexual Assault  
Sgt. Derek DeGraaf, Computer & Financial Crimes

*Anchorage Police Department:*

Sgt. Kevin McCoy, Sexual Assault Unit  
Sgt. Ron Tidler, Cyber Crimes Unit

*Alaska Sexual Assault Nurse Examiners (SANE) Program:*

Tara Henry, RN, MSN, SANE-A, SANE-P

*Alaska Department of Law:*

Rick Svobodny, Deputy Attorney General  
Sue McLean, Chief Assistant Attorney General

*Aleutian Pribilof Island Association:*

Richard Krause, VPSO Program Director

*Alaska Department of Corrections:*

Dwayne Peoples, Deputy Commissioner  
Dr. Anthony Mander, Clinical Consultant  
Rose Manafo, Criminal Justice Planner  
Bernie Troglio, Probation Officer



# ALASKA JUSTICE FORUM

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[Index to issue](#) | [Complete issue in Adobe Acrobat PDF format](#)

[UAA Home](#) > [Justice Center](#) > [Alaska Justice Forum](#) > 26(3), Fall 2009 > [Reducing Violence Against Women in Alaska](#)

## Reducing Violence Against Women in Alaska

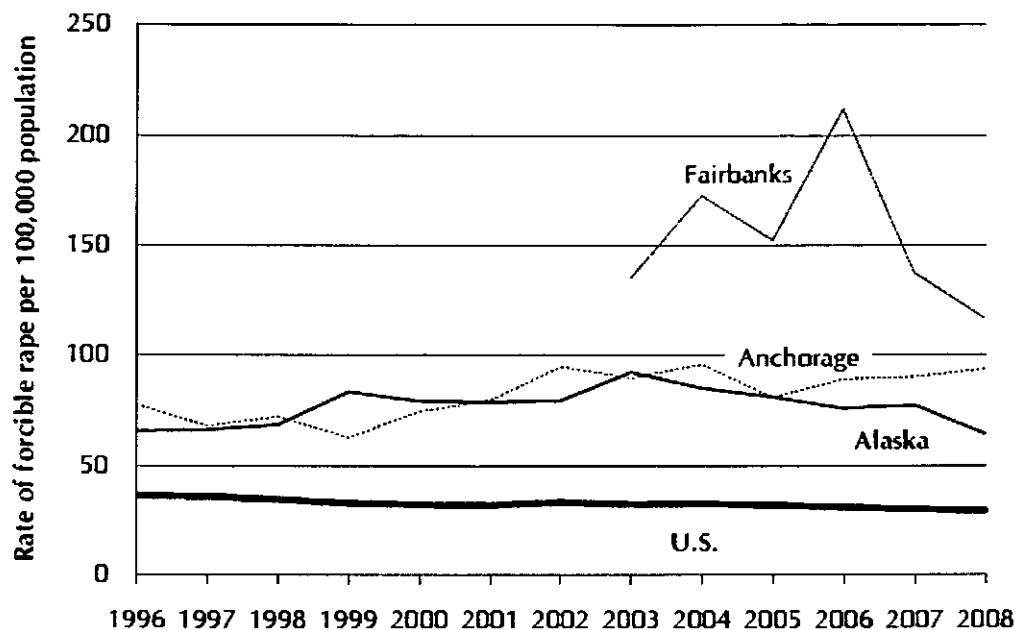
**Justice Center, University of Alaska Anchorage. (Fall 2009). "Reducing Violence Against Women in Alaska." *Alaska Justice Forum* 26(3): 5.** Alaska has long been plagued by high rates of violence against women. Relative to the average U.S. rate of forcible rapes reported to law enforcement from 2003 to 2008, the average Alaska rate was 2.6 times higher, the average Anchorage rate was 2.9 times higher, and the average Fairbanks rate was 5.0 times higher. Alaska has the highest rate of forcible rape reported to law enforcement out of all U.S. states. This article summarizes recent recommendations from the Alaska Senate Judiciary Committee and from Governor Sean Parnell to reduce violence against women in Alaska.

Alaska has long been plagued by astonishingly high rates of violence against women. National statistics on forcible rapes reported to law enforcement provide one example. Relative to the average U.S. rate from 2003 to 2008, the average Alaska rate was 2.6 times higher, the average Anchorage rate was 2.9 times higher, and the average Fairbanks rate was 5.0 times higher. Alaska has the highest rate of forcible rape reported to law enforcement out of all U.S. states. While changing these trends is a daunting task, several initiatives are currently being considered. In chronological order, they include recommendations from the Alaska Senate Judiciary Committee and initiatives from Governor Sean Parnell.

**See also:**

- [Violence against women](#)

**Figure 1. Rates of Forcible Rape Reported to Law Enforcement in the U.S., Alaska, Anchorage, and Fairbanks, 1996–2008**



Source of data: Uniform Crime Reports, 1996–2008

### Alaska Senate Judiciary Committee Recommendations to Reduce Sexual Assault in Alaska

Four major areas are outlined in the recommendations: (1) getting better data on sexual assault, (2) increasing the number of successful prosecutions, (3) addressing the alcohol and sexual assault nexus, and (4) reducing recidivism by known sex offenders.

A brief summary of the recommendations follows:

- Improve data systems to track sexual assault cases statewide from report to conviction.
- Fund a victimization study to determine the actual rates of both reported and unreported sexual assaults.
- Increase the number of villages with local law enforcement through the Village Public Safety Officer (VPSO) program.
- Consider grant funding for local hospitals to provide qualified Sexual Assault Nurse Examiners (SANEs) and continue to support the cost of existing programs.
- Review ways to increase the State Crime Lab's ability to process DNA evidence in a timely way.
- Continue to support, as a state, programs and policies to reduce alcohol consumption.
- Address alcohol use specifically, and its potential negative impact on personal safety, in education programs about sexual assault awareness and prevention.
- Continue to fund and expand Alaska sex offender management programs.

- Expand Alaska's Internet Crimes Against Children Task Force which locates offenders who are looking for victims using the internet.

### Governor Sean Parnell's Initiative to Reduce Domestic Violence and Sexual Assault

Three major areas are outlined in the initiative: (1) putting abusers behind bars, (2) helping victims heal, and (3) preventing abuse.

A brief summary of the recommendations follows:

- Launch a public education campaign encouraging Alaska's men to "Choose Respect."
- Increase law enforcement presence in every community that desires it, with new Village Public Safety Officers (VPSOs) and Alaska State Troopers.
- Fund specialized domestic violence/sexual assault training across multiple disciplines.
- Toughen penalties for sexual assault crimes, and toughen guidelines for prosecutors.
- Strengthen sex offender registry requirements.
- Expand prisoner re-entry programs to reduce recidivism among offenders.
- Increase support for victims of abuse including funding for shelters and the availability of pro bono legal services.
- Create a position within the Alaska Department of Law to coordinate state, federal, tribal, and non-profit domestic violence and sexual assault programs.
- Work with youth, community leaders, private sector, and religious organizations to raise awareness and develop prevention strategies.

For additional information, see the UAA Justice Center's violence against women webpage, the Alaska Senate Judiciary Committee's "Report and Recommendations: Reducing Sexual Assault in Alaska", and Governor Sean Parnell's "Choose Respect" Initiative.

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Senator Gene Therriault

## Senate Judiciary Committee


### AGENDA:

### REDUCING SEXUAL ASSAULT IN ALASKA

- |                   |   |
|-------------------|---|
| 10 a.m. - 11 a.m. | Dr. Andre B. Rosay, UAA Justice Center                                |
| 11:00 - noon      | Tara Henry, Sexual Assault Nurse Examiners program                    |
| Noon - 1:30 p.m.  | Break   |
| 1:30 - 2:15 p.m.  | Lt. Michelle Bucher, Anchorage Police Department                      |
| 2:15 - 3:00 p.m.  | Richard Krause, Aleutian Pribilof Islands Association<br>VPSO program |
| 3:00 - 3:45 p.m.  | Commissioner Joe Masters, Department of Public Safety                 |
| 3:45 - 4:30 p.m.  | Sue McLean, Alaska Department of Law                                  |

## SEXUAL ASSAULT IN ALASKA

**André B. Rosay, Ph.D.**  
 Director, Justice Center  
 University of Alaska Anchorage  
<http://justice.uaa.alaska.edu>



August 3, 2009  
 Alaska State Legislature  
 Senate Judiciary Committee

**UAA** Justice Center

## JUSTICE CENTER RESEARCH

- **Data Overview:**
  - Uniform Crime Reports, State & Local Data
- **Key Results from UAA JC Research:**
  - SANE, AST, APD, DOL Studies
- **Key Implications from UAA JC Research**
- **Additional Research Needs**
  - Victimization Survey, Statewide Surveillance System

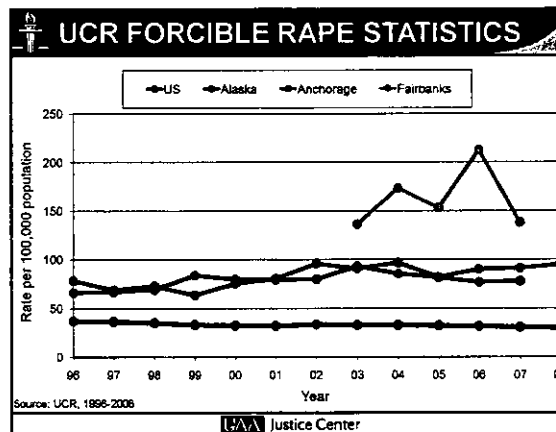
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## GRANT FUNDING

- **Council on Domestic Violence and Sexual Assault:**
  - 2003-WF-BX-0201, 2004-WF-AX-0033
- **U.S. Department of Justice:**
  - 2000-RH-CX-K039, 2004-WG-BX-0003, 2005-WG-BX-0011, 2007-WG-R-007
- **University of Alaska Anchorage:**
  - UAA Faculty Development Grant

Points of view in this presentation are those of the author and do not necessarily represent the official position or policies of the Council on Domestic Violence and Sexual Assault, the U.S. Department of Justice, or the University of Alaska Anchorage.

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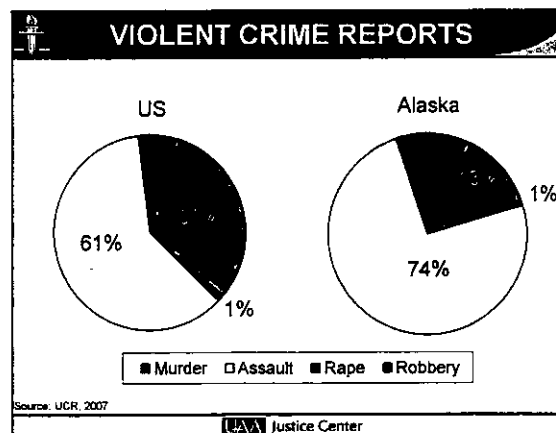


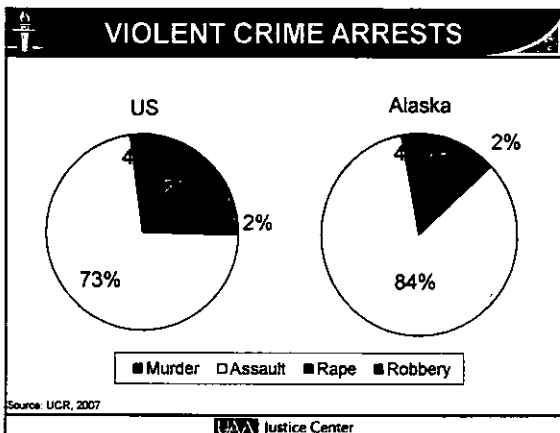
## UCR FORCIBLE RAPE STATISTICS

	2003-2007 Average	Factor Difference
U.S.	31.5	
Alaska	82.4	x 2.62
Anchorage	89.4	x 2.84
Fairbanks	162.0	x 5.14

Source: UCR, 2003-2007

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### RATE RANKINGS

Year	State	Highest Rate per 100,000 Women	To Be Below Highest Rate, Decrease # of Forcible Rapes	
			From → To	By
2002	AK	164.6	511 → 327	184 (36%)
2003	AK	190.6	600 → 334	266 (44%)
2004	AK	175.4	558 → 346	212 (38%)
2005	AK	167.6	538 → 344	194 (36%)
2006	AK	157.3	509 → 356	153 (30%)
2007	AK	161.0	529 → 335	194 (32%)
<b>Average</b>		<b>169.4</b>	<b>541 → 340</b>	<b>201 (36%)</b>

Source: UCR & US Census, 2002-2007

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- ### STANDARD UCR CAUTIONS
- **UCR Statistics exclude:**
    - Rapes not reported to law enforcement,
    - Statutory rapes,
    - Incapacitated rapes,
    - Rapes with male victims,
    - Other sex offenses,
    - Rapes with more serious offenses (homicide).
  - **Reporting agencies vary by year.**
  - **Rankings are invalid assessments (ignore variables that affect crime).**
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- ### VICTIMIZATION SURVEYS
- **No data on forcible rape or sexual assault for Alaska...**
    - Samples often too small
    - No forcible rape / sexual assault questions
  - **True victimization rates are unknown**
  - **Factors that affect reporting are unknown**
  - **Most vulnerable populations remain hidden**
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- ### COST OF VICTIMIZATION
- **Victim costs are \$114,517 per victimization**
    - Costs include tangible & intangible victim costs
    - Costs exclude all offender & justice costs
  - **Total victim costs in 2007:**
    - \$60.6 Million in Alaska, \$29.4 Million in Anchorage, \$4.9 Million in Fairbanks
  - **Reducing the rate by 36% would save:**
    - \$21.8 Million in Alaska, \$10.6 Million in Anchorage, \$1.8 Million in Fairbanks
- Source: Phelps and Volney (1981), Cohen (1998), NAS (1994), Miller et al. (1996), UCR (2007)
- UAA Justice Center

- ### STATE AND LOCAL DATA
- **Alaska SANE Study**
  - **Alaska State Trooper Studies**
  - **Anchorage Police Department Studies**
  - **Alaska Department of Law Studies**
- <http://justice.uaa.alaska.edu/vaw>
- UAA Justice Center

### STUDIES ONLY INCLUDE...

- **Offenses reported to law enforcement**
  - 52% of sexual assaults are not reported to law enforcement (BJS 2003); % in Alaska is unknown
- **Information from official reports**
  - Document report characteristics rather than offense characteristics; offense characteristics often remain unknown, particularly when victims used alcohol
- **Data up to 2006**
  - Need time to obtain legal resolutions

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### INTERPRETING RESULTS

- **If rates are higher among 15-19 year olds:**
  - 15-19 year olds have higher victimization rates,
  - 15-19 year olds have higher reporting rates, or
  - 15-19 year olds have higher victimization and reporting rates.
- **If 15-19 year olds are less likely to use alcohol:**
  - 15-19 year olds may just be less likely to report alcohol use.

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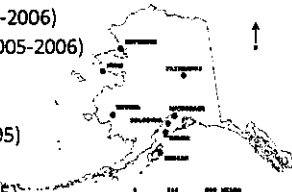
### POLICY IMPLICATIONS...

- **Difficult when victimization and reporting differences cannot be specified**
- **Higher victimization rates:**
  - Failing to protect a segment of the population
  - Ultimately a sign of failure
- **Higher reporting rates:**
  - Effective responses for a segment of the population
  - Ultimately a sign of success

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### ALASKA SANE STUDY

- **Collected 1,699 SANE records:**
  - 1,383 from Anchorage (1996-2004)
  - 105 from Bethel (2005-2006)
  - 144 from Fairbanks (2005-2006)
  - 9 from Homer (2005)
  - 4 from Kodiak (2005)
  - 21 from Kotzebue (2005)
  - 19 from Nome (2005)
  - 14 from Soldotna (2005)

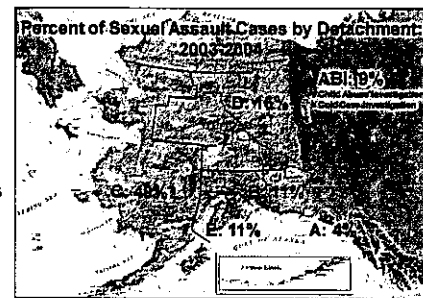


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### ALASKA STATE TROOPER STUDY




989 reports (2003-04)



**Note: this study did NOT include offenses reported to local or municipal departments**

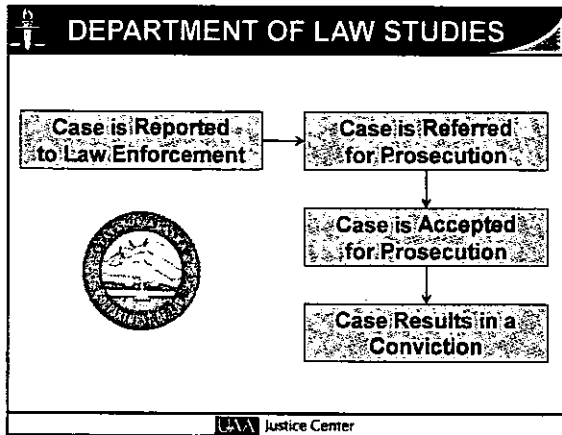
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### ANCHORAGE PD STUDIES

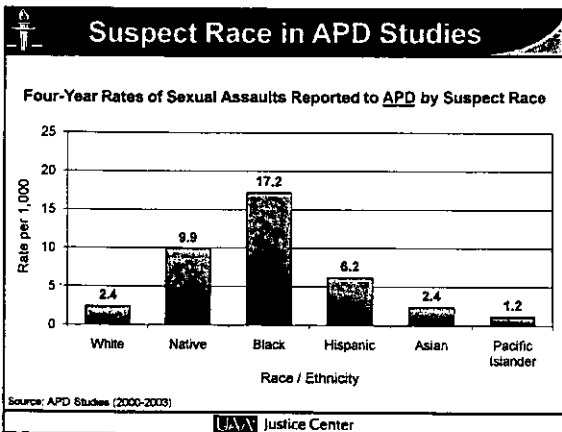
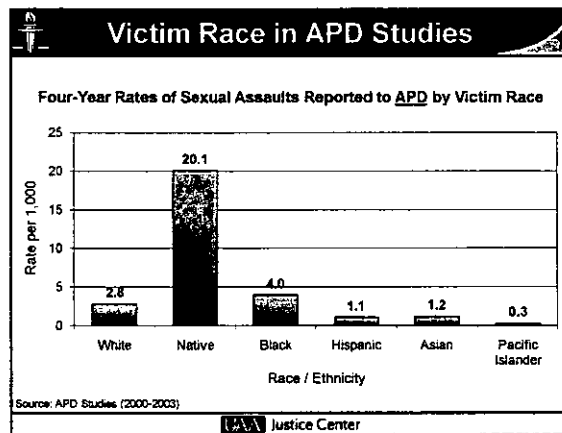
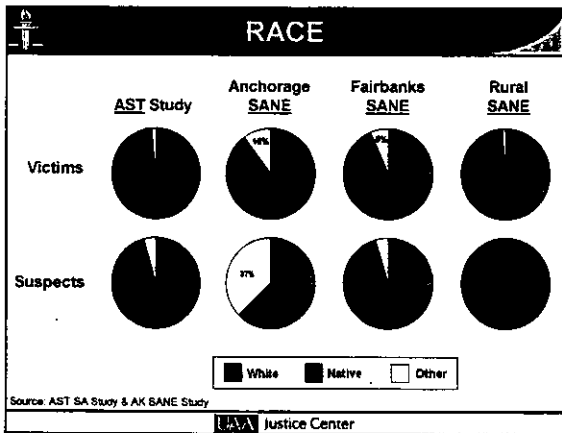


- **Sexual Assault Study I**
  - 2000 & 2001 reports
- **Sexual Assault Study II**
  - 2002 & 2003 reports
- **Sexual Assault Study III**
  - 2004 & 2005 reports

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- ### KEY RESULTS
- **Victim and Suspect Characteristics:**
    - Race
    - Age
    - Alcohol Use
  - **Legal Resolutions:**
    - Referral
    - Acceptance
    - Conviction
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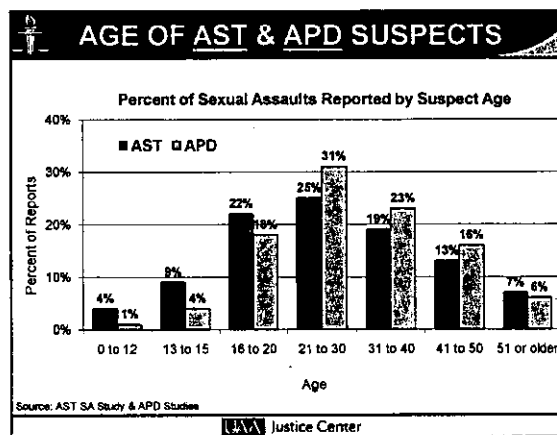
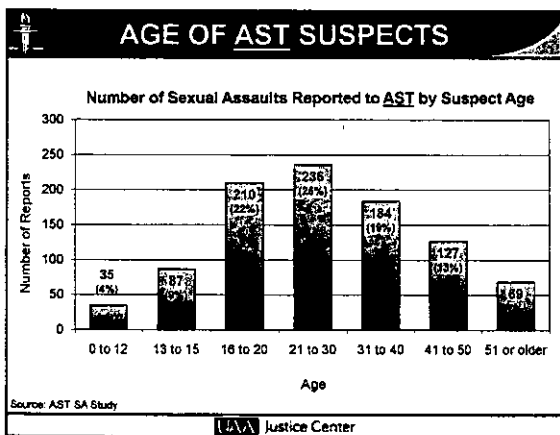
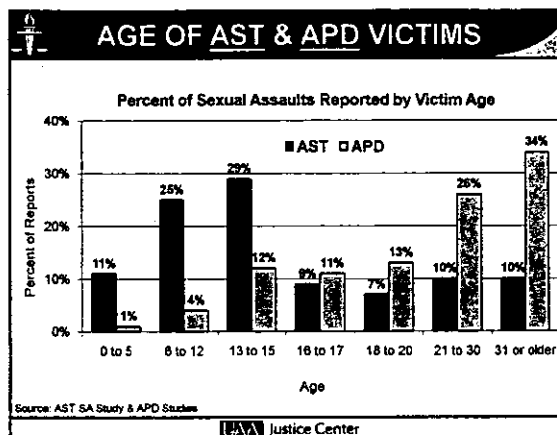
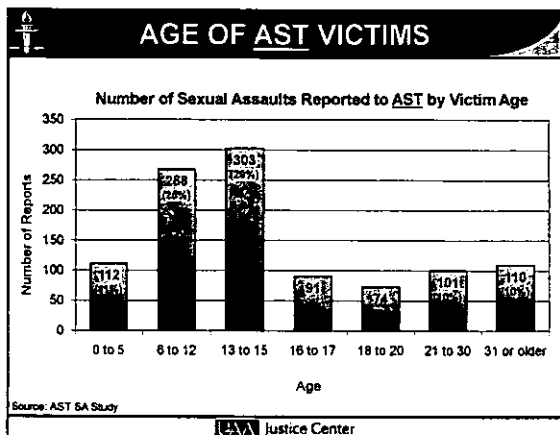


### VICTIM & SUSPECT RACE

% of Suspects Who Assault Someone of Their Same Race

	All Suspects	White Suspects	Native Suspects	Other Suspects
APD SA Study	52%	66%	79%	15%
SANE Study	53%	53%	88%	15%
AST SA Study	87%	86%	94%	7%

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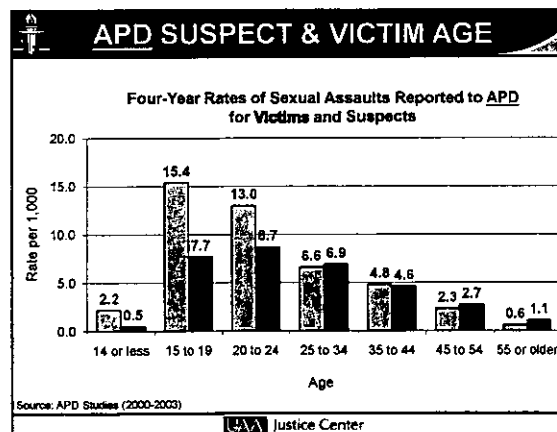


### AST SUSPECT & VICTIM AGE

**Five Most Common Age Combinations in AST Sexual Assault Cases (48%):**

1. Victims 0-12 years old, suspects 31+ years old
2. Victims 13-15 years old, suspects 16-20 years old
3. Victims 13-15 years old, suspects 21-30 years old
4. Victims 13-15 years old, suspects 31+ years old
5. Victims 31+ years old, suspects 31+ years old

Source: AST SA Study  
LVA Justice Center



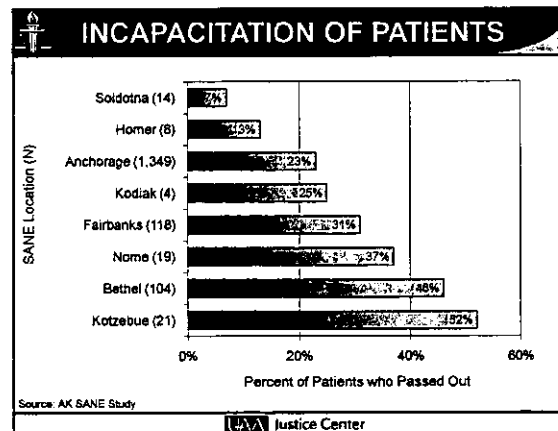
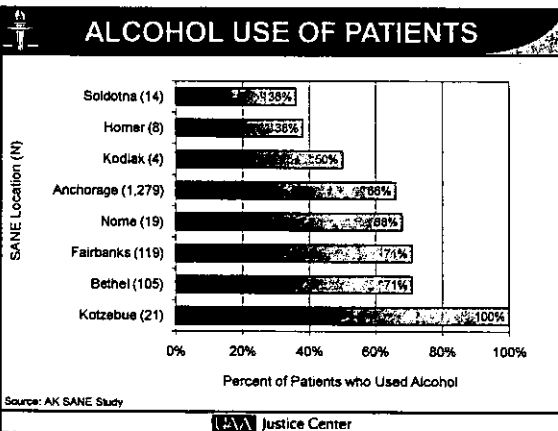
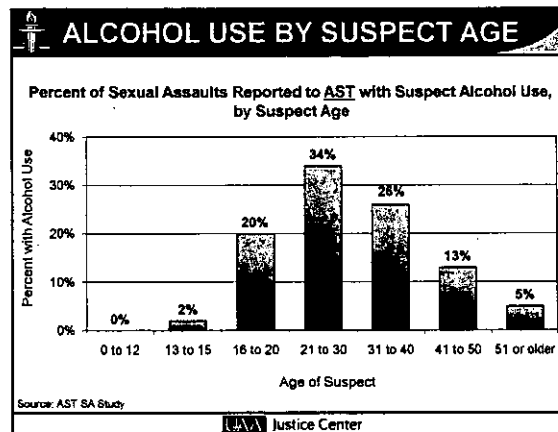
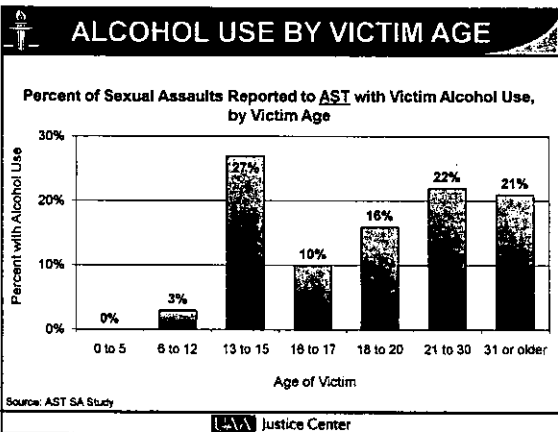
### YOUTH RISK BEHAVIOR SURVEY

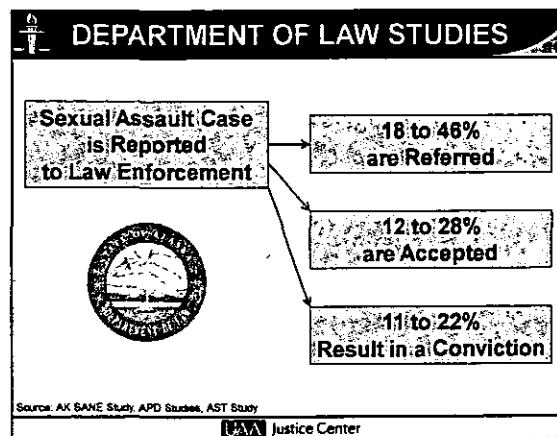
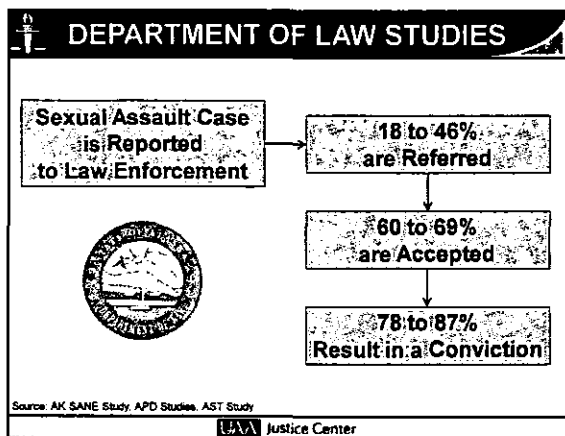
Sexual Risk Behaviors & Violence	Alaska	U.S.
% ever had sexual intercourse	45%	48%
% had recent intercourse (past 3 months)	31%	35%
If recent intercourse, % used alcohol/drugs	22%	23%
% physically forced to have intercourse	9%	8%

Source: 2007 YRBS, includes public school students with parental consent, excludes youth who dropped out of school and students who were enrolled in English as a second language classes, special education classes, correspondence schools, group home schools and correctional schools.

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- ### ALCOHOL USE
- **APD Studies:**
    - Every year, over 60% of victims use alcohol,
    - Over 70% of suspects use alcohol.
  - **AK SANE Study:**
    - Over 65% of patients used alcohol, except in Homer and Soldotna,
    - Over 75% of suspects used alcohol, in every site.
  - **AST Study:**
    - 27% of sexual assault victims used alcohol,
    - 43% of suspects used alcohol.
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### RESOLUTIONS BY GEOGRAPHY

	All Sexual Violence		Rape / Sexual Assault		Sexual Abuse of a Minor	
	Bush	Non-Bush	Bush	Non-Bush	Bush	Non-Bush
Founded	78%	76%	74%	75%	71%	77%
Referred	62%	56%	64%	56%	52%	56%
Accepted	57%	50%	54%	44%	51%	55%
Convicted	59%	78%	75%	74%	82%	80%

Source: AST SA Study; significant differences in red; "Bush" is defined as off the road system

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### RESOLUTIONS BY GEOGRAPHY

	All Sexual Violence		Rape / Sexual Assault		Sexual Abuse of a Minor	
	Not Isolated	Not Isolated	Not Isolated	Not Isolated	Not Isolated	Not Isolated
Founded	78%	76%	74%	75%	71%	77%
Referred	62%	55%	64%	54%	52%	56%
Accepted	57%	51%	54%	47%	51%	54%
Convicted	59%	81%	79%	78%	80%	83%

Source: AST Study; significant differences in red; "isolated" locations are defined as ones without a Trooper post

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### EFFECTIVE STRATEGIES

- **Enhancing local paraprofessional police presence (VPSO, VPO, TPO):**
  - Reduces rates of serious injury caused by assault by 40%
  - Increases likelihood of accepting cases for prosecution in sexual assault cases by 3.5 times

31300 graduation, photo courtesy Alaska State Troopers

UAA Justice Center

### EFFECTIVE STRATEGIES

- **Strengthening local alcohol prohibitions**
  - Rates of serious injury from assault are 36% lower in dry villages
  - Cases with alcohol use are less likely to be referred for prosecution
  - Cases with alcohol use are less likely to be accepted for prosecution

Photo courtesy Alaska State Troopers, ABACE 2007

UAA Justice Center

### EFFECTIVE STRATEGIES

- **Enhancing investigation capacity**





Photo courtesy Jim White, *Journal of Forensic Investigation*, 2008, 5(4), p. 484. <http://bit.ly/5m8d1>

- Likelihood to refer cases for prosecution is enhanced by more than three times when:
  - witnesses can be located and interviewed
  - time and resources are available to gain victim cooperation
- Having time to investigate and close cases also increases likelihood that cases are accepted for prosecution

UAA Justice Center

### EFFECTIVE STRATEGIES

- **Promoting access to sexual assault nurse examiners**



Forensic Hospital, Prothonotary Anne Sheehan

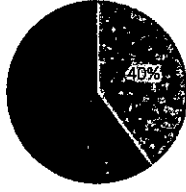
- Medical-forensic exams more than double the likelihood of accepting cases for prosecution
- Documentation of non-genital injury is particularly important: increases likelihood of referral, acceptance, and conviction
- Offers the best standard of care

UAA Justice Center

### RECIDIVISM

- **Examined offenders released from Alaska Department of Corrections in 2001, tracked recidivism for three years:**

- Rearrested and convicted
- Rearrested only
- Not rearrested



40%

No difference between sex and non-sex offenders

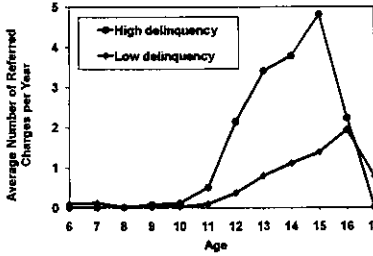
No difference in re-arrest for sex crimes

Source: McKelvie (2008)

UAA Justice Center

### RECIDIVISM

- **Examined juvenile sex offenders released from Alaska Division of Juvenile Justice in FY05-07:**



Legend: High delinquency (solid line with circles), Low delinquency (dashed line with squares)

Found two groups of offenders (high & low delinquency)

Both groups showed signs of desistance by age 17, even when controlling for detentions and institutionalizations

Source: Rosay & Everett (2008)

UAA Justice Center


### ADDITIONAL RESEARCH NEEDS

- **Statewide Victimization Survey:**
  - Need reliable and valid victimization estimates
  - Identify factors that hinder reporting
  - Evaluate criminal justice response
- **Statewide Surveillance System:**
  - Track all sexual assaults from report to conviction
  - Collect basic information from each report
  - Provide real-time information and explanations
- **Differentiate between high victimization and high reporting**

UAA Justice Center

### SEXUAL ASSAULT IN ALASKA

André B. Rosay, Ph.D.  
 Director, Justice Center  
 University of Alaska Anchorage  
<http://justice.uaa.alaska.edu>



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UAA Justice Center

## SEXUAL ABUSE AND SEXUAL ASSAULT CASES REFERRED - 2005 - 2009

Year/Charge	Total Referred	Pending	Accepted	Convicted	Percent of accepted cases	Accepted and Pending	Percent accepted and pending
<b>2005</b>							
Sexual Abuse of Minor	296	1	173	147	85%	6	3%
Sexual Assault	323	2	141	105	74%	0	
<b>2006</b>							
Sexual Abuse of Minor	260	8	123	100	81%	6	5%
Sexual Assault	320	4	156	119	47%	10	6%
<b>2007</b>							
Sexual Abuse of Minor	272	10	144	98	68%	22	15%
Sexual Assault	348	10	152	79	52%	33	22%
<b>2008</b>							
Sexual Abuse of Minor	242	23	116	51	44%	51	44%
Sexual Assault	271	26	117	39	33%	41	35%
<b>2009</b>	(projected)						
Sexual Abuse of Minor	135 (231)	34	72	3	4%	64	89%
Sexual Assault	171 (293)	31	66	5	8%	50	76%

COMPARISON – 2005 and 2007  
AVERAGE SENTENCES FOR SELECTED CRIMES

Year	Crime	Number of Defendants convicted (highest crime)	Average sentence (in years)	
2005	Sexual Abuse of Minor First Degree (SAM 1)	16	13.9	
	Attempted SAM 1	5	12.4	
	Sexual Abuse of Minor Second Degree (SAM 2)	47	4.9	
	Attempted SAM 2	20	4.0	
	Sexual Assault First Degree (SA 1)	12	15.6	
	Attempted SA 1	3	5.6	
	Sexual Assault Second Degree (SA 2)	12	6.2	
	Attempted SA 2	11	3.2	
	2007	Sexual Abuse of Minor First Degree (SAM 1)	13	37.3
		Attempted SAM 1	3	24.3
Sexual Abuse of Minor Second Degree (SAM 2)		22	17.8	
Attempted SAM 2		26	6.8	
Sexual Assault First Degree (SA 1)		4	41.25	
Attempted SA 1		0		
Sexual Assault Second Degree (SA 2)			15.8	
Attempted SA 2			7.3	

# Senate Judiciary Committee

## August 3, 2009

Department of Public Safety  
Commissioner Joe Masters



# Commissioner's Comments

- Sex crimes are a priority for DPS
- Sex crimes (sexual assault, child sexual abuse and child exploitation) are one of our highest public safety issues
  - Except our initial response to all of our calls for emergency service
- The problem is extensive and thus requires an extraordinary amount of resources
  - We are not able to give every case all the attention it deserves, but overall we do provide the best possible response and service.
  - Alaska, as a whole, has yet to systemically address the issue.

# Commissioner's Comments

- “The problems presented by domestic violence and sexual assault are complex. Solutions require change that must come from Alaska as a society. Individuals, families and communities must all become involved until everyone is clear that domestic violence and sexual assault will not be tolerated.” (CDVSA Legislative Task Force)
- Alaska needs to make the decision that we are going to actively collaborate so that we are no longer on the defensive. Until we do this, we will continue to remain reactive. We must go on the offensive.
- Partners: Communities, State of Alaska, Municipal Governments, Tribal Governments, Victim Service Providers, Religious Groups, Medical and Mental Health Providers and Others.

# Commissioner's Comments

- To effectively respond and plan we need to understand and know the size and scope of the problem.
- We have been working collaboratively over the last several years to obtain reliable and valid statistics.
  - We need to continue our research efforts so that we have reliable and valid estimates regarding victimization
    - AST's data:
      - Is not statewide data as it is not representative of all police agencies
      - Is not longitudinal
      - Does not evaluate convictions and sentences
    - Anecdotal information is costly in terms of money and resources, because it is not inherently accurate
      - If we underestimate the issue we are not properly serving victims

# Commissioner's Comments

- The problem is not just a criminal justice problem
- It is a social and public health problem
- Within DPS, CDVSA is best suited and situated to address the issue within both the public and private sector.
  - Members from Public Safety, Law, Health, Corrections and Education
    - DPS supports CDVSA in all of their efforts
  - CDVSA has developed a strategic plan for a violence free Alaska
    - Prevention, Crisis Management and Intervention, Perpetrator Accountability and Council Effectiveness

# Colonel Holloway

- CY 2007 Sexual Assault: 359 cases, 514 offenses with 65 offenses unfounded
- CY 2008 Sexual Assault: 284 cases, 347 offenses with 43 offenses unfounded
  
- CY 2007 Sexual Abuse of Minor: 353 cases, 565 offenses with 77 offenses unfounded
- CY 2008 Sexual Abuse of Minor: 253 cases, 394 offenses with 36 offenses unfounded

# Colonel Holloway

## What AST is Not Always Able to Do

- More follow-up with victims
  - Safety checks
  - Follow-up interviews and forensic exams
- Coordination with DOL and timely requested follow-up
- Necessary or more thorough crime scene documentation
- Thorough investigations into prior incidents with the suspect
- Sex Offender Registry (SOR)
- Getting out to communities for “rumors”

# Colonel Holloway

## What We Are Doing

- All AST authorized positions are filled
  - Less experienced work force
- BHP- 10 Troopers
- Court Service Officer (CSO) hires
- JAG Stimulus Grant (5 ABI and 3 Municipal)
  - Team approach is best practice and successful
- VPSO
  - 22 newly funded positions for FY 10
  - Training, mentoring, case oversight and assisting in recruitment
  - 60% increase in convictions where a VPSO is in the village
- Our response is always dependent on weather and other limiting conditions
  - Aviation services

# Katie TePas

## What We Are Doing

- With federal funds from the Office on Violence Against Women:
  - Sexual Assault Evidence Collection Kits
  - SART training
  - Equipment for municipal police departments and hospitals
  - Advanced level training
  - Payment of forensic portion of exams for municipal police departments
    - This is an earmark and thus we are concerned about sustainability
    - Cost of the forensic portion of the exam range from \$800-\$3200. This does not include the cost of transportation or per diem.
  - Funding a DNA analyst position and back log project for unknown offender sexual assault cases
    - 200 unknown previously worked with Polymarker and DQ-Alpha AND 90 backlogged unknown suspect
  - First responder training (pilot project)
  - Data analysis

# Katie TePas

## Previous Studies

- UAA Sexual Assault, DV and Stalking
  - We desired reliable and valid data as well as an objective critique regarding our response to these crimes
  - OVW and NIJ funds
- Sexual Assault study
  - Enhanced forensic training for rural troopers (OVW funds)
    - Needs to be re-occurring

# Katie TePas

## Proposed Studies

- Statewide victimization survey
  - Partnering with UAA
  - Partial funding from CDVSA (FY 10)
- Real time data from all police agencies specific to sexual assault
  - Will be seeking funding from NIJ and partnering with UAA
- Legislation for statewide criminal justice statistics to be collected by DPS (AACOP)
  - Based on Alaska criteria and not UCR

# Katie TePas

## CDVSA Funded Program Data

- Persons who sought services from CDVSA funded programs that identified SA as their primary issue
  - FY 2005: 516
  - FY 2006: 653
  - FY 2007: 740
  - FY 2008: 803

# Katie TePas

## CDVSA

- CDVSA (FY 10) funded 20 victim service programs
- Despite the significant incremental increase (\$1.2 PFD), the Council was unable to fund \$1,777,657 of the overall requests by victim service programs.
  - CDVSA has \$325, 511 in STOP stimulus funds
    - Services, Training, Officers, Prosecutors
  - CDVSA has \$517, 750 in VOCA stimulus funds
    - Victim's of Crime Act
  - CDVSA has \$218,00 is SASP funds
    - Sexual Assault Services Programs (direct service)

# CDVSA Strategic Plan

- CDVSA Legislative Task Force
  - Overarching recommendation was to develop and implement a strategic plan
- Crisis Management and Intervention
- Prevention
  - RPE (ANDVSA and Public Health)
  - Statewide primary prevention and public awareness campaign with ANDVSA
    - CHANGING OF SOCIAL NORMS
      - Provide knowledge, change attitudes and change behaviors
      - Coaching Boys to Men
    - Increase in awareness of the incidence of violence in Alaska
- Perpetrator Accountability
- Council Effectiveness
  - Define and describe the scope and impact of dv and sa

# Commissioner's Comments

- If we do a better job, victims will feel more empowered in reporting and every community and family will be safer.
  - A better job will mean an increase in cases which will impact all departments.
  - Over time, through **primary and secondary prevention** efforts, the number of assaults should decrease.
- We need to keep asking ourselves if we are doing enough and are we accurately defining and describing the scope of the problem.

# Now Is The Time

- If we do not acknowledge the problem and get on the offensive as a statewide team, we will continue to have generations of victims and offenders and we will not make an substantive improvement.
- Now is the time.



## 2007 NON-CONTRIBUTING MUNICIPAL AGENCIES

Adak Police Department  
Akiachak Police Department  
Alakanuk Police Department  
Aleknagik Police Department  
Chefornak Village Police Department  
Chignik Bay Police Department  
Emmonak Police Department  
Fort Yukon Police Department  
Galena Police Department  
Kake Police Department  
Kasigluk Police Department  
Kiana Police Department  
King Cove Police Department  
Klawock Police Department  
Kotlik Police Department  
Kotzebue Police Department  
Kwethluk Police Department  
Kwig Village Police Department  
Marshall Police Department  
Metlakatla Police Department  
Mountain Village Police Department  
Napaskiak Police Department  
Nightmute Police Department  
Nome Police Department  
Nunam Iqua Police Department  
Pilot Station Police Department  
Quinhagak Police Department  
Saint Mary's Police Department  
Sand Point Police Department  
Savoonga Police Department  
Seldovia Police Department  
Shaktoolik Police Department  
Shishmaref Police Department  
Stebbins Police Department

Togiak Police Department  
Toksook Bay Police Department  
Tuluksak Village Police Department  
Unalakleet Police Department  
Valdez Police Department  
Whittier Police Department  
Yakutat Police Department

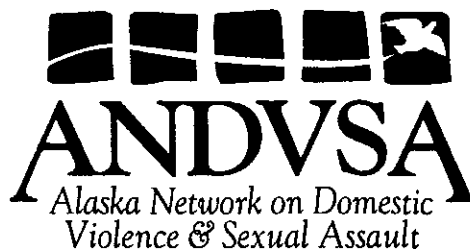
**PREVIOUS PARTICIPATION BY 2007 NON-CONTRIBUTING MUNICIPAL AGENCIES**

**YEARS OF PARTICIPATION**

Hoonah Police Department of Public Safety.....	1978
Kake Police Department.....	1999
King Cove Police Department.....	1999
Klawock Police Department.....	1987 – 1989 1991 – 2000
Kotzebue Police Department.....	1980 – 1983 2000 – 2001 2004 – 2006
Nenana Department of Public Safety.....	2000 - 2003 2005 (8 mo)
Nome Police Department.....	1978 - 1991
Sand Point Police Department.....	1989
Togiak Police Department.....	1994 – 1995
Valdez Police Department.....	1976 – 1983 1999 – 2002
Whittier Police Department.....	1978

Main Office

130 Seward St #209  
Juneau, Alaska 99801  
Phone: (907) 586-3650  
Fax: (907) 463-4493  
www.andvsa.org



Pro Bono Office

PO Box 6631  
Sitka, Alaska 99835  
Phone: (907) 747-7545  
Fax: (907)747-7547

October 12, 2009

Senator Hollis French  
716 W. 4th Ave., Suite 420  
Anchorage, AK 99501-2133

Dear Senator French:

Thank you for meeting with Lisa, Nancy and myself on October 7, 2009. Enclosed is a copy of the Office for Victims of Crime, Technical and Training Assistance Center's Final Report that the Network contracted to have prepared in 2007. As you will note, the Network has been working on addressing many of the issues raised in the Senate Judiciary Committee Hearing on August 3, 2009 for over 20 years and we are happy to share our expertise on these issues.

The OVC TTAC report is a result of the Network's request for technical assistance and consultation addressing three specific areas to be researched and recommendations to be developed into a strategic plan. First, we requested that the number of sexual assault actually occurring be determined and the rate of intervention; second, we requested an analysis of the use of telemedicine as a possible solution to provide care in remote areas of the state; third, we requested that training and adherence to and improvement of standards of care and state protocols for responding to sexual assault be evaluated. In addition, the Network requested that the consultant chosen to perform this work, have experience in sexual assault issues and in particular, those issues in rural areas. The consultant chosen traveled to Alaska, visited many communities and spoke with many of the key stakeholders. The result is the attached report.

While many of the issues remain the same 12 years later, we have made some progress. In 2009, the legislature appropriated the first monies to the Council on Domestic Violence and Sexual Assault for data collection and prevention. The data collection project is helping to fund Dr. Rosay's victimization survey to be conducted later this year. In addition, the Council contracted with the Network to initiate a public messaging campaign and move forward with a social norms campaign that will engage communities in shifting social norms around intimate partner violence. These prevention campaigns are the first step in the long term investment of moving upstream and preventing intimate partner and sexual violence before it occurs.

Further, as we indicated to you, we have continued to watch the promising development of telemedicine in other areas of health care delivery as a possible solution to providing access to victims in the remote areas of the state. While we are encouraged by further enhancements in many other areas of

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Member Programs

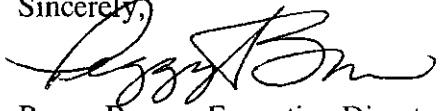
Anchorage AWAIC, STAR Barrow AWIC Bethel TWC Cordova CFRC Dillingham SAFE  
Fairbanks IAC Homer SPHH Juneau AWARE Kenai LeeShore Center Ketchikan WISH Kodiak KWRCC  
Kotzebue MFCC Nome BSWG Seward SCS Sitka SAFV Unalaska USAFV Valdez AVV

medicine, there are still significant challenges to implementing such a system that would provide forensic examination services to victims of sexual assault. If these challenges and issues could be addressed and all the key stakeholders were willing to make a commitment of providing equipment, training and funding, it would move the ability to increase reporting and to reduce sexual assaults forward.

Finally, as we indicated, we are in the beginning stages of planning a sexual assault mini-summit with federal earmark funds and will be looking at further exploring many of these issues.

If you have any further questions, please contact me.

Sincerely,



Peggy Brown, Executive Director

cc: Cindy Smith, Senate Judiciary Committee Aide  
Lisa A. Mariotti, Policy Director, ANDVSA  
Nancy Haag, Executive Director, STAR

**Office for Victims of Crime  
Training and Technical Assistance Center  
Final Report  
Alaska Network on Domestic Violence and Sexual Assault**

**Nature of technical assistance:**

OVC TTAC provided two days of technical assistance to the Network to explore the critical issues facing victims of sexual assault within Alaska, specifically rural Alaska. This technical assistance focused on interviewing and discussing sexual violence with the Network Director and others throughout the state to identify any common threads of concern that might exist. After significant contact with advocates, prosecution, law enforcement, and nurse examiners, it became clear that several themes permeate the state. This report will outline those themes and provide specific recommendations for future action.

**Contacts made:**

Peggy Brown, Director, Network on Domestic Violence and Sexual Assault, *Juneau*  
Ginger Baim, Director, Safe and Fear-Free Environment, *Dillingham*  
Michelle DeWitt, Director, Tundra Women's Coalition, *Bethel*  
Colleen James, Nurse Examiner, *Homer*  
Tammy Young, Director, Native Women's Coalition, *Sitka*  
Katie Tepas, Victim Services Coordinator, Alaska State Troopers, *Anchorage*  
Chris Ashenberner, Director, Council on Domestic Violence and Sexual Assault, *Juneau*  
Angie Rosales, Victim Witness Coordinator, Municipal Prosecutors Office, *Anchorage*  
Diane DiSanto, Mayor's Office, *Anchorage*  
Nancy Haag and Mary Elam, Director and Program Manager, Standing Together Against Rape, *Anchorage*  
Tim Gilbert, Native Tribal Health Consortium, *Anchorage*  
Teresa Foster, Prosecutor, *Anchorage*  
Patti Bland, Director, Network Training Project, *Juneau*

**Overview of Sexual Assault in Alaska:**

The first and most pressing topic is that Alaska has led the nation in its rape rate for over 20 years. Specifically, the rate of adult sexual assault is 2.5 times greater and child sexual abuse is six (6) times greater than any other state. These statistics are based on reported rapes and represent a small percentage of actual assaults. Also troubling is the fact that American Indian & Alaska Native women are 3.5 times more likely to be sexually assaulted than any other race. The constant reality of sexual violence is something that community members and service providers face each day. The issue of sexual assault and certainly the issue of rural sexual assault are often, simply overwhelming.

There are sound services in place, strong leadership on the issues, community concern, a systems response that has significant successes, and a level of coordination and collaboration that surpasses much of the rest of the country. However, even with all of this in place, the sheer volume of sexual assaults and the vast, isolated geography of the state make fully meeting the needs of victims an almost impossible task.

Alaska has 20 programs that serve domestic violence and sexual assault victims. Other than Anchorage, these programs are dual in focus. This means that in addition to serving the extensive needs of domestic violence, the programs have responsibility for addressing the critical needs of sexual assault victims. Providing support and services to all areas of Alaska remains a priority although in most cases, these are only available in the larger communities or "hub" areas. These domestic violence/sexual assault hub programs are responsible for their community as well as the surrounding villages. Some programs have as many as 54 villages in their service area, most of which are not connected by a road system. These villages vary in size and can range from 70-80 residents to larger populations of 1,000 or more. Actual services within the outlying villages are sporadic at best. Efforts are made for program advocates to travel to villages as often as possible and each program provides a toll-free crisis line that can be accessed for support and information.

In general, villages do not have on-site medical services, law enforcement services, or mental health services. Most do have Health Aides and Village Safety Police Officers as resources who provide residents with various types of assistance. For sexual assault victims, they are able to provide initial care and comfort but are not trained to perform the forensic exam or investigate a crime. A complicating factor is that the Health Aides and VPSO are generally related to either the victim or the offender in any given community. This creates a significant lack of privacy for victims stepping forward to report the crime.

In cases where victims do decide to report, they are faced with waiting for contact with a state trooper that is generally located in the hub community. In-person contact with law enforcement and being transported to a hub for an examination can take days, depending on weather conditions. Even after crossing these obstacles, there may be difficulties with the existence and expertise level of the SANE/SART program in some hubs.

### SART/SANE:

The SART/SANE model began in Alaska in 1998 and there have been centers established in 14 communities over the years. In discussing current issues regarding this model, it is helpful to distinguish between the two acronyms. SART is the sexual assault response team which consists of advocates, law enforcement and medical personnel who have been trained and collaborate to bring a more coordinated, comprehensive response to victims of sexual assault. SART speaks to the overall coordination, action and protocols of responding to sexual assault. This is a three-pronged approach with the advocate,

medical personnel and law enforcement personnel being equally critical to addressing the needs to the victim. This model can be established utilizing services that are available in any given community. It may look differently from place to place but the overall goal is a coordinated response for victims. Although this model is preferred by communities, the coordination and supportive response to victims could be established in any community.

SANE speaks directly to the Sexual Assault Nurse Examiners who have received specific training for completing forensic examinations in cases of sexual assault. The SANE is an important part of the three-pronged approach to victims. The SANE component of SART has been a significant focus in Alaska over the past 10 years. Alaska has a few nurse examiners who are leaders on the issues of training, setting standards of care and addressing systematic change in the overall protocols for forensic examinations. These nurses are well known and respected locally, statewide and nationally and bring much skill and insight to the process.

Preliminary findings suggest that both the SART and the SANE structures need to be further reviewed and addressed. There are difficulties in activating and utilizing the SART structure to its fullest. There are concerns that in some communities, local police departments have returned to interviewing the victim alone for a couple of hours prior to contacting others on the team. In some communities, nurse examiners do not call out the advocate as they feel they are able to serve in both roles. These examples have not been documented but were related by those in the field who are experienced and currently active in providing intervention to victims and are aware of how their communities are responding.

The variation in SANE availability and functioning creates a dilemma in using this model at all. The existence of SANE exams in some areas has created a standard within the courts for evidence not attainable in other areas of the state. As a result victims do not receive equal care and opportunity for prosecution based on where they reside. The SANE model is not a realistic option for small communities in its current form. There are significant struggles to recruit, train and maintain nurse examiners in all communities, including the more urban areas of the state. Anecdotally, there appears to be a reduction in prosecution over the years which could be found to reflect the lack of SANE evidence in some communities.

To determine the most effective process for serving those victims who choose to come forward and report, there needs to be a full review of the SART/SANE responses. It would be helpful to assess what is currently happening in each community, identify specific barriers to effectiveness and determine solutions that would create effective responses to victims regardless of where they reside. Many of the existing struggles have been clearly articulated by current responders. The issues of turnover in staffing, extensive training needs to maintain expertise, team members not working together in some cases, cases being pled down in a significant numbers of cases, and the exacerbation of geographic isolation from services are all a part of what needs to be addressed more extensively to make the systems response to sexual assault more effective.

### **Telemedicine:**

In the face of these existing issues, communities have been seeking solutions. One of the most discussed ideas is that of telemedicine. These discussions are, for the most part, just beginning and there are varied views on its efficacy in real practice. Concerns regarding the use of this technology range from the extensive implementation costs, to the disclosure of evidence requirements, to the added demands on victims and the impact on their privacy. To implement telemedicine, there would need to be a large capital budget that could provide computers, digital cameras and other types of equipment to each location as well as a clear, well-developed implementation plan that would ensure victim safety.

There are specific concerns around the requirement to disclose all evidence to defense which would now include videos and phone call conversations. There are also concerns regarding the storage and transport of evidence while complying with the chain of evidence, the added costs to bring in additional witnesses involved in exams at remote location and the need that this creates to have witness training, medical training, and legal training at the village level.

Telemedicine is currently being used effectively in several areas of the state for other medical issues and in one area is being utilized for sexual assault examinations. While telemedicine seems to be an excellent solution to rural isolation in theory, there are many issues to be explored more thoroughly to ensure the protection and prioritization of victims.

### **Addressing and ending the violence:**

Beyond the SART/SANE discussions, the most common topic in the interviews was the continued high levels of sexual assault within the state. The common question was, "What are we going to do with stop this violence from happening to our people?" While the question itself comes from exhaustion, frustration and sadness, the fact that everyone is seeking solution is a positive thing. It is clear that there is a collective consciousness of people throughout the state, in all capacities, that the primary concern for Alaska is ending this on-going violence and the time is now. This collective will throughout the state speaks to the determination and hope that Alaskans have about solving this problem no matter how difficult it is. This speaks to the strength of the service providers and members of the communities.

To interrupt this pattern of violence there must be a grassroots community approach and will need to involve all members of the community. There must be an intolerance developed for this violence at every stage of the community and a solution based plan that is created by each community that fits their specific needs. There can be a basic model of approaches, education issues and community action activities to select from but

each community will need to use the information in ways that best fit their individual needs and infrastructure.

There has been significant work done in Alaska through a Center for Disease Control project called Delta that is focused on four (4) specific pilot sites within Alaska. There has been significant success and the Director is looking to expand this model to address prevention of sexual assault. The difficulty has been identifying funding streams that can be directed to this purpose. Existing funds remain dedicated to meeting the needs of those who are being victimized each day.

It is clear that ending violence of this magnitude must be initiated at the micro-level with individuals and communities. It will require a multi-faceted approach to building an environment that does not tolerate, implicitly condone, nor accept sexual violence in its many forms. It requires working with individuals and communities beyond the stages of increasing awareness but rather builds individual and community capacity to address these issues in collective ways. Working to determine community-driven solutions that empower individuals to work together in effective ways to interrupt the cycles of sexual assault will be required to empower each village and community to create a plan that will work for them.

Certainly having the highest rate of rape in the Nation for over two decades has devastated many communities and countless individual lives of Alaskans. Any community work that addresses the continued violence must be able to incorporate the healing of those who have experienced multiple traumas that have remained unaddressed through the years. Without this healing, it would be impossible to ask those community members to step forward to address and change the level of sexual violence that is currently happening.

The communities seem poised to begin this work and the advocates, legal system, medical system and law enforcement are all at the ready to work together. The ultimate issue is the lack of resources. The state has worked diligently to explore funding sources that would support these community-based initiatives without reducing the already limited funds available to those being victimized each day. A complicating factor for funding is that almost all federal grants are population based and Alaska, the size of one-third of the United States, with no road systems to most of its communities, gets the same level of funding as an area the size of the District of Columbia with a total area of 69 square miles. Said differently, Alaska is asked to serve an area that is 429.9 times larger than Rhode Island with basically one-half of the funding resources.

In closing, Alaska has a number of unique barriers that need to be considered. Solutions for addressing victims' needs in Alaska need to include progressive action plans that will identify the immediate and short-term changes that need to be addressed as well as a planned, long-term approach to create sustainable solutions at the community level. While there are strong core services in place that work diligently to address as many needs as possible, the needs far exceed the current resources.

This report provides a very brief overview of the problem areas to be addressed based on informal interviews with a few representatives across the state. It does not intend to serve as a full needs assessment on the issues facing Alaska. The report has recommendations for further support and action steps that could more fully address the issue of sexual assault, specifically rural sexual assault, within Alaska.

**Immediate issues that need to be addressed:**

- I. The Network needs to take a strong leadership role in assessing current responses to sexual assault throughout the state to ensure that all responses are best for victims.
  - Network-directed assessment of current responses to SA victims to include:
    - Rural response
    - Law enforcement availability and response
    - Medical and SANE/SART response
    - Prosecution Response
    - Development of effective solutions for victims
- II. Determine if and how the SART/SANE model is an effective model for Alaska and for victims by researching data on:
  - The usage and availability of SART/SANE
  - The impact on cases
  - The cost of maintaining SART/SANE in Alaska
  - Discrepancies in level of care based on location of victim
- III. Explore the possibility of telemedicine as a safe, supportive option for victims of sexual assault to:
  - Determine technology currently available
  - Access safety of this approach for victims
  - Identify resource needs, personnel needs and training needs for implementing this tool on a statewide basis
  - Create graduated levels of response based on these findings to ensure all victims receive some response
  - Develop policies and procedures for utilizing any technological solutions for gathering forensic evidence prior to implementation

**Short-Term Needs Identified:**

- Address levels of turn-over in key SART positions
- Develop and provide additional witness testimony training for nurse examiners to provide needed support and reduce turnover

- Standards of SART/SANE evidence not consistently available through state. Determine ways of minimizing this reality such as:
  - Training
  - Graduated system of care for all victims
  - Prosecutor training to manage cases without SANE exam
- Address the status of cases:
  - Being reported
  - Having forensic exams
  - Being prosecuted
  - Being pled out

**Long-Term Priorities:**

- I. Develop and implement a statewide strategy to address the overwhelming incidents and impact of sexual assault in Alaska, specifically rural Alaska.
  - With full community in-put and direction, create grassroots efforts to:
    - Increase awareness of incidents and impact of sexual assault on community members
    - Develop a no tolerance mentality that supports victims and holds perpetrators accountable with respect to cultural norms
    - Address and heal the multiple and generational issues of trauma that community members have experienced
    - Activate community to take lead on solutions, responses and prevention of sexual assault based on their individual needs and strengths
    - Spread effective models of solution to other communities throughout the state

Alaska Intimate Partner Violence and  
Sexual Violence Prevention Plan  
2010-2016

DRAFT



**ANDVSA**  
Alaska Network on Domestic  
Violence & Sexual Assault

This plan completes funding requirements  
for Grant US4/CE02285-06 of DELTA II.

**Alaska**

**Intimate Partner Violence and Sexual Violence**

**Primary Prevention Plan**

**2010 - 2016**

This plan was initially developed to complete the Center for Disease Control requirement for Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Program. A statewide sexual violence prevention plan is being developed and will be fully incorporated into this primary prevention plan.

## Forward

Intimate partner and sexual violence in Alaska is frequently referred to as an “epidemic,” but the true extent of its damaging effects goes unrecognized. These effects include developmental delays of children being reared in violence, child abuse, substance abuse, self harm, high intentional and unintentional injury rates, and other negative health outcomes. Perhaps most significantly, unaddressed intimate partner violence in families and communities leaves Alaska’s young people at risk for unbroken intergenerational patterns of intimate partner violence that spans decades and destroys lives. Intimate partner violence is a devastating reality for many Alaskans. Many organizations and agencies from private media to governmental agencies devote significant resources to address intimate partner violence or the chronic health and safety issues that are shaped by violence within our state.

Nationally, there is a growing movement to work towards preventing violence before it ever occurs by addressing the root causes of violence, using effective prevention principles, strengthening protective factors for our youth and communities, and by using proven or promising practices. Through this document, and emerging efforts around the state, Alaska has begun to join this national movement to work towards building healthier and safer relationships for all Alaskans.

In 2007, Alaska Intimate Partner Domestic Violence Needs and Resource Assessment was conducted by this Statewide Steering Committee and compiled by ANDVSA. Extensive efforts have been made to bring together all available information on prevalence of intimate partner violence, teen dating violence, and the risk and protective factors prevalent within Alaska. While clearly, additional state-specific data is needed, we were able to draw on the existing data and community-based knowledge to shape the goals and outcome of this plan.

Within this context, building on Alaska-specific and national resources to promote healthy relationships, we have developed a plan to prevent intimate partner and sexual violence and to promote healthy relationships.

This plan establishes a framework within which we can organize and coordinate a range of prevention and promotion efforts over the next 8 years. When working in tandem with one another, the seven goals put forward in this plan, act as a foundation, in which we can organize our efforts to collaboratively achieve our vision.

### **Vision**

As Alaskans, we reinforce the social and cultural norms that promote equitable and respectful relationships across the lifespan thereby creating violence-free lives for all Alaskans.

This plan asserts that intimate partner violence and sexual violence is preventable. Successful strategies will embrace these approaches:

- Establish a strengths-based approach to community building, youth empowerment, and healthy relationship / sexual health promotion throughout the state.
- Employ new and innovative approaches to build strong individuals, relationships, and communities.
- Empower youth to take an active role in developing and implementing IPV prevention.
- Ask difficult questions to create dialog and develop potential solutions.
- Develop gender-specific, culturally relevant, and regionally-appropriate approaches to engaging communities throughout Alaska.
- Build on prevention successes of partner agencies within the state and nationally.
- Learn from evidence-based practices in a statewide, national and international context.
- Expand collaborative efforts to strengthen protective factors and reduce risk factors of Alaskan individuals, relationships, and communities.
- Prioritize resources for IPV/SV prevention to create healthy, safe, educationally and economically thriving individuals and communities.
- Develop primary IPV / SV prevention systems to complement secondary prevention and intervention approaches throughout Alaska.

Over the course of the next six years, it is the intention of the SSC to work towards achieving the goals and outcomes within this document, to measure the effectiveness of the prevention/promotion strategies, and to determine how well this plan has been translated into action that results in measurable results.

On behalf of the Statewide Steering Committee, we hope that this plan is a resource for your agency and community and thank you in advance for supporting these efforts to ensure healthy and safe individuals, relationships, and communities for all Alaskans.

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- Denise Morris, CEO, Alaska Native Justice Center, Anchorage
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## Table of Contents

Forward.....	3
Vision.....	4
Acknowledgements.....	5
Table of Contents.....	6
Introduction.....	7
Purpose of the Plan.....	9
State Steering Committee History and Accomplishments.....	9
Letters of Endorsement.....	11
Goals .....	12
<i>Goal 1:</i> .....	13
<i>Goal 2:</i> .....	14
<i>Goal 3:</i> .....	15
<i>Goal 4:</i> .....	16
<i>Goal 5:</i> .....	17
<i>Goal 6:</i> .....	18
<i>Goal 7:</i> .....	19
Logic Models.....	20
Needs and Resources Summary.....	29
<i>Part 1: State Profile</i> .....	30
<i>Part 2: Magnitude of IPV</i> .....	32
<i>Part 3: Risk and Protective Factors</i> .....	34
<i>Part 4: Prevention System Capacity</i> .....	37
Appendix A .....	43
Local Prevention Plans.....	43
<i>Dillingham</i> .....	43
<i>Juneau</i> .....	55
<i>Sitka</i> .....	62
<i>Valdez</i> .....	68
<i>Ketchikan</i> .....	73

## Introduction

Preventing Intimate Partner Violence (IPV) and promoting healthy and safe relationships involves the convergence of complex issues, policies, and systems. An effective plan of action brings together diverse voices to work collaboratively and comprehensively to supporting a range of prevention efforts.

With funding support from the Center for Disease Control and Prevention (CDC) and coordination by the Alaska Network on Domestic Violence and Sexual Assault (ANDVSA), more than 20 individuals participated in the development of a comprehensive approach to promote healthy relationships and prevent IPV/ SV before it occurs.

The Statewide Steering Committee (SSC), worked together for an 18 month period from 2007-2009 to develop an Alaska Prevention Plan. These voices represented diverse professions, regions, cultures, and experiences.

We thank the representatives for their commitment and dedication to building safer relationships and communities in Alaska.

More than 30 individuals, youth and adults, took their time to respond to surveys, phone calls, and individual meetings to provide feedback to this plan. We know that this plan is stronger as a result of the contributions from across the state. Please accept our gratitude for your assistance in developing this document.

*This Plan was supported by the ANDVSA DELTA Project which is funded through Cooperative Agreement US4CE02285-6 with the Centers for Disease Control and Prevention (CDC). The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of ANDVSA or the CDC.*

### Shared Definitions

There has been considerable discussion about the terminology of intimate partner violence prevention and healthy relationship promotion. To use a common a language for the purposes of this document we have defined healthy relationships, healthy sexuality, and intimate partner violence in the following ways:

#### Healthy Relationship

A healthy relationship consists of a connection between people that increases well-being, is mutually enjoyable, and enhances or maintains each individual's positive self-concept. Healthy relationships are frequently characterized by:

Mutual Support	Compromise	Trust	Respect
Mutually Fair	Self-Confidence	Honesty	Equality
Understanding/ Empathy		Good communication	

**Healthy Sexuality**

Healthy sexuality implies experiencing sexuality in a state of physical, emotional, social, and cultural well-being while having the capacity to enjoy and control one's own sexual and reproductive behavior in accordance with personal and social ethics.

**Intimate Partner Violence**

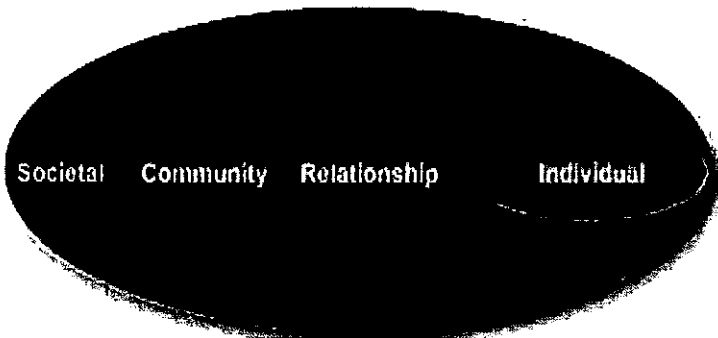
A pattern of assault and coercive behaviors including physical, sexual, economic and psychological abuse that adults or adolescents use against their intimate partners. Intimate partner violence can be seen in both same sex as well as heterosexual relationships.

**Sexual Violence**

Sexual violence refers to sexual activity where consent is not obtained or freely given.

**Primary Prevention of IPV and Promotion of Healthy Relationships**

Across the nation, there is growing recognition that reversing health disparities in communities share many commonalities regardless of health concern. First and foremost, successful strategies rely upon prevention, rather than intervention, often primary prevention. Primary prevention efforts seek to bring about change in individuals, relationships, communities, and society.



*The focus of primary prevention is to prevent intimate partner violence before it occurs and it is distinguished from secondary prevention because it explicitly focuses on action before there*

is a threat of violence. Primary prevention efforts foster social norms and environments in which intimate partner violence and sexual violence does not occur. The primary prevention of IPV: 1) Promotes the factors associated with healthy relationships and healthy sexuality, and 2) Counteracts the factors associated with the initial perpetration of sexual violence and intimate partner violence. This work values and builds on the strengths of diverse individuals, cultures, and communities to eliminate the root causes of intimate partner violence, to create healthier social environments.

## Purpose of the Prevention Plan

The social, health, educational, and economic costs of intimate partner violence (IPV) are far too great within Alaska. This plan seeks to reverse this trend and to ultimately reduce risk and build strengths to prevent violence before it ever occurs. We know that the impacts of strengthening individuals and relationships in Alaska will positively impact each and every one of us and will influence business, health, education, public safety, and the cultural well-being of all our neighbors across Alaska.

This plan is merely a first step in statewide efforts to prevent violence by reinforcing the social and cultural norms that promote equitable and respectful relationships across the lifespan.

Ultimately, we hope that this plan can support your efforts in creating a healthier and safer Alaska

Whether you become involved in prevention where you work, worship or play, your efforts to promote healthy relationships can make a lasting impact on the lives of many Alaskans.

### SSC Recruitment

Original SSC membership included representatives from each DELTA pilot site, university representatives, health and tribal health consortium, tribal justice organizations, rural workers, ANDVSA member programs, local government and others. The SCBT intentionally incorporated diverse perspectives including individuals active in an administrative and managerial capacity, direct services, and research-based work. Geographical, experience-base, and cultural backgrounds were also considerations. Agency retention and make up of the Statewide Steering Committee remained fairly consistent from inception to present.

### SSC History

Since September of 2007, the Statewide Steering Committee has collaborated on every aspect of this plan through in-person quarterly meetings and periodic participation in IPV prevention subcommittee work groups. Subcommittees assisted in these key areas: Alaska Profile and Direction (needs and resource assessment), public-used plan, develop evaluation, communication and dissemination, and document preparation. In 2008, the SSC also developed subcommittees to support plan development and implementation around each key goal area: infrastructure, media, youth, education, root causes, data, and community engagement.

### SSC Processes

To examine intimate partner violence in Alaska, the Alaska DELTA Project Profile and Direction Subcommittee examined local intimate partner violence prevention and intervention efforts taking place statewide. The communities are geographically and ethnically diverse, and range in size from urban to rural, or geographically isolated. Most communities in Alaska remain inaccessible by road.

To better understand efforts to prevent intimate partner violence around Alaska, the Profile and Direction subcommittee developed and conducted key informant interviews and co-developed a statewide telephone-based survey with individuals in 12 communities, as well as representatives of other statewide organizations and agencies, public and private. Information sought in the key informant interviews and statewide surveys included: perceptions of intimate partner violence, prevalence, consequences of, and individual and community efforts to address intimate partner violence and intimate partner violence prevention.

In addition to the literature review, crime statistics, and key informant interviews, the entire SSC committee participated in an environmental scan that reviewed the Strengths, Weaknesses, Opportunities, and Threats (SWOT) of IPV prevention and healthy relationship promotion across Alaska. This scan identified resources and strengths from which we can build our prevention efforts on.

The review of data reinforced that there is a dearth of information on adequately evaluated primary prevention strategies for preventing IPV nationally, and specifically for rural, remote, and Alaskan Native communities. The data limitations provided direction for future research priorities including: Alaska-specific IPV risk and protective factors, effective prevention strategies for Alaska, and root causes of the statewide health disparities.

These research priorities have been included in the AK plan to promote healthy relationships and prevent intimate partner violence.

Finally, the Profile and Direction Subcommittee gathered and analyzed state and national data related to intimate partner violence from a variety of sources:

1. Alaska Council on Domestic Violence and Sexual Assault data
2. Alaska Division of Juvenile Justice case data
3. Alaska-specific Behavioral Risk Factor Surveillance System (BRFSS) data
4. Alaska Youth Risk Behavior Survey 2003
5. Kids Count Alaska 2006-2007
6. Descriptive Analysis of Sexual Assault Incidents Reported to Alaska State Troopers: 2003-2004
7. Initial Report and Recommendations of the Alaska Rural Justice and Enforcement Commission
8. Municipality of Anchorage Domestic Violence Analysis, Incidents Reported to Police in Anchorage Alaska 14 years study, 1989-2002
9. World Report on Violence and Health- World Health Organization  
SSC Decided No Executive Summary
10. Alaska Justice Forum, Winter 2004, Volume 20, No. 4. Justice Center Sexual Assault Study. University of Alaska, Anchorage

Letters of Endorsement [Will be inserted here when politically viable and timely]

DRAFT

# GOALS TO PREVENT INTIMATE PARTNER VIOLENCE IN ALASKA 2009-2015

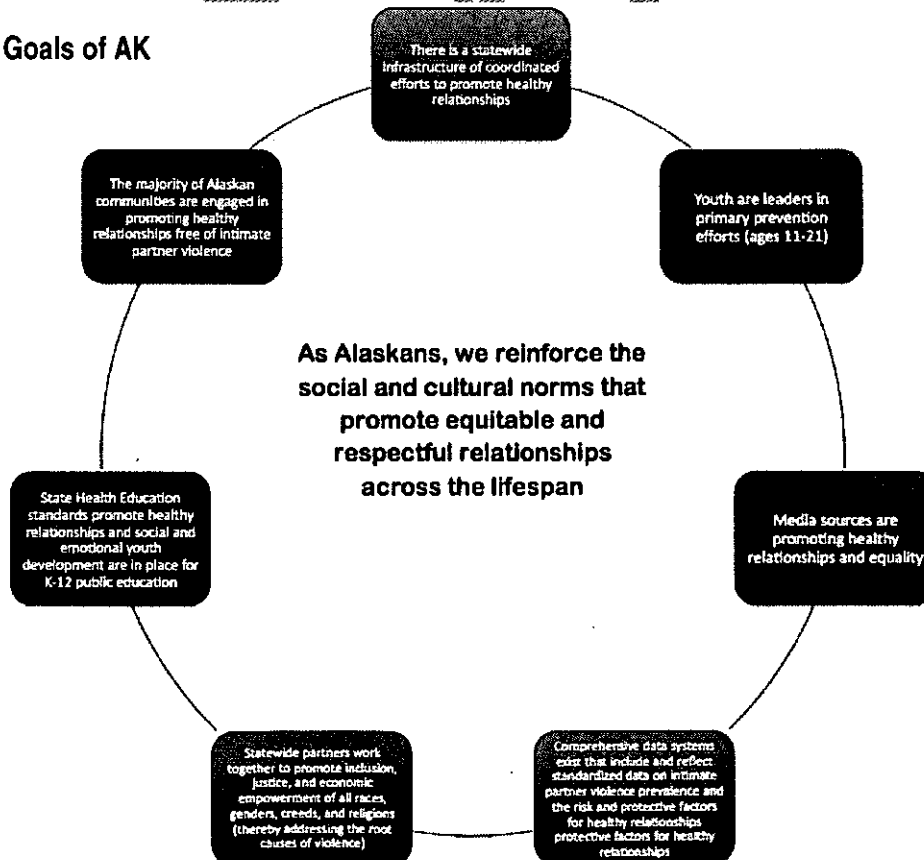
## Introduction

Based on the needs and resource assessment, the SSC has developed a shared vision, and a framework for IPV prevention and healthy relationship promotion within AK. The goals and outcomes were generated by the entire statewide steering committee. These are broad goals and measurable outcomes that will support healthy relationship development and prevent IPV.

Contributors to this plan, worked together to review evidence or promising strategies. The number of IPV-specific evidence-based strategies is limited, and those appropriate for Alaska communities, even fewer. In response, this plan prioritizes both research efforts of IPV prevention strategies (currently being used in communities and promising strategies nationally) and support for local community adaptation of promising practice from related fields.

Many of the specific actions and strategies put forward within this document are to be carried out at a statewide level, lending support and establishing an infrastructure for community-driven strategies. The SSC has also prioritized developing a cache of prospective strategies for community level consideration. As we move prevention efforts forward, we anticipate that additional partners will help to establish this cache, building on various prevention, marketing, research, or community expertise.

## Vision and Goals of AK



**Goal 1) There is a statewide infrastructure of coordinated efforts to promote healthy relationships**

**Rationale:** Intimate partner violence prevention and healthy relationship promotion has had limited coordination and resource allocation in Alaska. These prevention efforts are complex and require comprehensive, coordinated, well-resourced approaches to ensure successful programming at a state and local level. Through increased resource designation to IPV prevention, seamless training and support, and meaningful prevention policy, we can provide a support structure to support the goals and outcomes within this plan and IPV prevention in Alaska.

**Outcomes:**

**Resources**

- 1.1 By January 2010, funding for existing primary prevention programming and initiatives is maintained
- 1.5 ANDVSA, CDVSA, DHSS, and SSC partners have identified funding strategies (2010) and secured a 20% annual increase in funding for "intimate partner violence prevention plan" implementation.
- 1.6 From 2010 to 2015, there will be a minimum 10% annual increase in human resources dedicated to the ongoing support of IPV primary prevention at state organizations, as compared to baseline
- 1.2 Starting in January , there will be a minimum of 10% annual increase in new funding sources (local, state, federal, tribal) for IPV prevention throughout Alaskan communities.
- 1.3 By January 2011, new primary prevention programming and initiatives will be established to promote healthy relationships at the state level
- 1.4 By January 2011, new primary prevention programming and initiatives will be established to promote healthy relationships at the local level

**Statewide Training & Support**

- 1.7 By January 2012, training infrastructure is in place to support primary prevention initiatives and programming
- 1.8 By January 2012, evaluation infrastructure is in place to support primary prevention initiatives and programming

**Statewide Policies**

- 1.9 Policies that support the primary prevention of intimate partner violence are identified (2012) and adopted (2014), as reflected in public documents such as state legislation, local and tribal policy, memorandums of understanding, and agency documents.

**Strategies:**

- Educate potential funders about IPV primary prevention and needs for state-level funding
- Identify short and long-term funding for IPV prevention plan implementation, technical assistance, and local efforts.
- Identify and document key staff or "human capital" to implement plan
- Maintain and establish working groups for various goals and for overarching IPV prevention capacity building
- Develop media campaign messages that have Alaska-specific messages to prevent IPV
- Establish recommendations for initiating comprehensive prevention efforts in diverse communities across Alaska.

**Goal 2) Youth are leaders in primary prevention efforts (ages 11-21)**

**Rationale:** Effective IPV prevention efforts must build skills and create opportunities for young people to promote healthy relationships. The most effective programs focused on protective factors for youth in the areas of teen pregnancy, substance abuse, and bullying identify youth development and youth leadership as important components. A growing number of youth in Alaska have become more interested in promoting non-violence in relationships and equality in communities. We intend to build on this enthusiasm and movement to shape prevention efforts in this state.

#### *Outcomes*

- 2.1 By 2010, there are local resources and opportunities for youth to build skills and participate in small projects that promote peace and equality
- 2.2 From Sept 2010-2015, there will be a 10% increase in the number of youth recognized as statewide leaders in promoting healthy relationships
- 2.3 By 2012, there is a 40% increase in local and statewide youth leadership training opportunities to promote healthy relationships in and out of school (e.g., conferences, policy-making situations)
- 2.4 By 2012, a 10% increase in youth will providing healthy relationship messages and that are youth-accessible and interesting, both in and out of the school
- 2.5 By Dec 2014, 60% of state and local decision- making boards, commissions, task forces, and advisory groups have designated seats and identified adult mentors for youth.

#### *Strategies*

- Identify and coordinate human resources working on youth leadership to promote healthy relationships and prevent intimate partner violence.
- Compile youth group objectives from across the state to coordinate youth efforts across the state.
- Engage youth coalitions throughout the state that already exist to get more involved in youth-led programming
- Support and expand youth leadership events (e.g., LeadOn!, youth Rotary, AFN Elders and Youth)
- Identify best practices in youth development both nationally and statewide
- Encourage youth groups to have youth leadership as a goal for their own agency's objectives
- Provide healthy relationship train-the-trainer opportunities (e.g. Lead On!) at the youth events
- Research and identify 5 evidence-based promising practices for youth development and leadership training
- Draft legislation that will create designated seats utilized on youth-focused prevention and promotion decision-making boards
- Provide trainings (topical, leadership, legal)
- Support and launch a youth led social marketing/ media campaign (ties in with Goal 3)
- Use of innovative strength building programs (Girls on the Go, Men of Strength etc, Leadership Asset Youth)
- Recognize and honor youth leaders in various locations across the state

**Prospective Partners:** United Way, AASB, MCH, Behavioral Health, Boys and Girls Clubs, Big Brothers Big Sisters, Boy / Girl Scouts, Youth Development Academy, Alaska Network for Youth, AFN, Member Programs, Spirit of Youth, Rural Cap, Alaska Lung Association, Alaska Youth for Environmental Action, Anchorage Youth Development Coalition, Schools, Church Group Leaders, others? *Alaska State Community Service Commission- Mita Mattson, Covenant House, Jake's place, Member programs, public health, tribes, youth centers , residential and afternoon centers, RYLA, MediaAK*

#### **Goal 3) Media sources are promoting healthy relationships and equality**

**Rationale:** Media is a primary source of information and entertainment for youth ages 11-21. Exposure to violence and repeated gender stereotypes may cause many youth to feel confused about relationships and violence. Prolonged exposure to violent or aggressive media portrayals results in increased acceptance of violence as an appropriate means of solving problems and achieving one's goals. A growing body of evidence (in tobacco cessation and other areas)<sup>1, 2</sup> confirms that public health driven campaigns speaking to teens in their own voice are effective approaches to influencing behavior.

#### **Outcomes:**

- 3.1 By 2010, there are youth-led, media-supported campaigns promoting healthy relationships
- 3.2 By 2010, journalists and public relations specialists employed with Alaska radio, television, and newspaper outlets understand the role of media in promoting healthy relationships and preventing intimate partner violence
- 3.3 By 2011, 50% of regional and state media sources are promoting healthy relationships in their advertising and programming
- 3.4 By 2012, campaigns developed to promote healthy relationships and positive imaging in the media includes regional artists and "celebrities"

#### **Strategies:**

- This goal has 2 foci (1) Awareness of the role of media and (2) media campaign/ social marketing for all of DELTA
- Use promising existing media campaigns and adapt to Alaska and tailor to specific Alaska audiences.
- Recruit Alaska spokespeople to promote healthy relationships in Alaska
- Develop advocacy plan to recruit media outlets
- Establish awards for positive advertising and media messaging
- Tie into existing youth groups to develop/ create/influence media campaign
- Statewide campaign to counteract negative imaging, gender stereotyping and violence
- Link in to local and national campaigns (e.g., my strength is not for hurting- that's not cool)
- Launch campaigns promoting positive identities and relationships
- Launch campaigns exploring cultural implications for IPV and promoting strong cultural identities
- Develop a cache or templates for media campaigns to be adapted and printed upon request of communities (built on research of national and international campaigns)
- Establish tools to develop media literacy and media education in AK
- Seek legislative resolution to protest negative imaging and gender stereotyping

**Prospective Partners:** Private Radio, TV, and Newspapers across Alaska, Public Radio / TV across Alaska, Alaska Teen Media Institute, MediAK, campus radio stations, military media, musicians, marketing firms, UAA Journalism, UAF Journalism, Alaska Broadcasting Association, Anchorage Daily News

#### **Goal 4) Comprehensive data systems exist that include and reflect standardized**

McKenna J, Gutierrez K, McCall K. Strategies for an effective youth counter-marketing program: recommendations from commercial marketing experts. Journal of Public Health Management and Practice, 2000; 6(3):7-13. See also Columbia Marketing Panel. (1996). Tobacco Counter-Marketing Strategy Recommendations. Draft Report.

Bauer UE, Johnson TM, Hopkins RS, Brooks RG. Changes in youth cigarette use and intentions following implementation of a tobacco control program: findings from the Florida Youth Tobacco Survey, 1998-2000. Journal of the American Medical Association 2000; 284(6):723-728.

This report was compiled by ANDVSA and completes funding requirements for grant US4CE022585-6

**data on intimate partner violence prevalence and the risk and protective factors for healthy relationships**

**Rationale:** Accurate and relevant data for IPV prevention remains scarce in Alaska, particularly for prevalence and protective factors amongst youth. Our success in addressing IPV will be determined in part by our understanding of IPV/SV in Alaska across regions, cultural, economic groups. Our success will also be determined by our ability to effectively evaluate healthy relationship strategies to develop Alaska-appropriate solutions.

**Outcomes**

- 4.1 By June 2010, a broad group of researchers and practitioners in the state will identify the risk and protective factor data available relevant for "healthy relationship" promotion.
- 4.2 By January 2012, Alaska will be funded to participate in the National Incident Based Reporting System (NIBRS).
- 4.3 By January 2012, mechanisms for gathering data exist that are culturally sensitive and ensure safety when reporting abuse (with particular attention to confidentiality in small villages and the need for aggregating data across villages)
- 4.4 By 2012, researchers collecting data on interpersonal violence will coordinate to create a central clearinghouse (including website) to share and access information about the risk and protective factor data available for "healthy relationships" and encourage unduplicated data collection
- 4.5 By 2012, a dynamic body of knowledge will be initiated by the SSC that clarifies the root causes of intimate partner violence in Alaska
- 4.6 2016, there are 3 promising IPV prevention strategies and national evidence-based strategies that have been evaluated within Alaska

**Strategies**

- Adopt and participate in the National Incident Based Reporting System (NIBRS)
- Develop a workgroup to identify IPV data needs, coordinate IPV data research efforts, and collection mechanisms
- Coordinate with Federal, State, Tribal agencies to enhance data
- Determine data sharing technology to assist statewide data coordination
- Develop an electronic communication strategy that will increase advocacy of IPV prevention research efforts.
- Establish more asset (protective factors)-based survey mechanisms, build on resiliency work in-state.
- Review the SPF-SIG report on population-based indicators
- Develop an infrastructure for practitioners to communicate promising practices
- Develop protocols or guidelines for culturally responsive data collection, and reporting
- Identify local policymaker and other organized groups who will advocate for ongoing funding sources for IPV prevention research
- Research prevalence of youth dating violence

**Prospective Partners:** Alaska Network on Domestic Violence and Sexual Assault, Council on Domestic Violence and Sexual Assault, Alaska Family Violence Prevention, Alaska Native Justice Center, Alaska Dept of Health And Social Services (Public Health, Behavioral Health), UAA, UAF, legislators, local councils, tribal health, Alaska Federation of Native. Governor. Senators. Alaska Mental Health Trust

**Goal 5) Statewide partners work together to promote inclusion, justice, and economic empowerment of all races, cultures, genders, and classes (thereby addressing the root causes of violence)**

**Rationale:** A disproportionate number of health disparities and risk factors are present within marginalized communities in Alaska. Specific communities and cultural groups have unique prevention needs that should be addressed by tailoring strategies and nuances to enhance prevention effectiveness.

### **Outcomes**

- 5.1 By 2012, there will be a 50% increase in the number of organizing efforts among Alaskan males to collectively work to promote and respect social equality
- 5.2 By 2012, key health service, nonprofits, funders, and administrative leaders will recognize the root causes of intimate partner violence
- 5.3 By 2012, state policy makers will understand the relationship between economic disparity and health indicators as evidenced by new policies and proposals
- 5.4 By 2013, key health service, nonprofits, funders, and administrative leaders will commit resources to address the root causes of violence
- 5.6 By 2013, local and state policy makers will commit to programmatic and policy decisions which promote economic parity
- 5.7 By 2014, intimate partner violence prevention program planning and implementation will reflect the diversity of cultures and communities in Alaska

### **Strategies**

- On all of our committees, organizations, boards, "root causes" are discussed
- Outreach, education, training on root causes of IPV (include youth as messengers) is carried out strategically
- Establish documentation of causal factors of IPV/SV and other social/health disparities
- Work with AFN in the development of resolutions – articulating root cause and relevant strategies
- Work with coaches' certification program to make coaching boys to men a part of their curricula
- Engage boys and men in healthy relationship promotion that includes land-based and outdoor activities
- Support programming that integrates traditional Alaska Native healthy living with healthy relationships.
- Host a conference focused on men's role in ending interpersonal violence
- Promote the Flags on Mountain campaign
- Record and share male elders' stories about equality and respect among men and women
- Implement the "Inspiring Moments" campaign
- Promote media campaigns where men take a lead in intimate violence prevention
- Engage men to serve as positive role models to adult youth
- Engage civic organizations and others to speak about IPV prevention and root causes
- Complete an analysis of economic, educational, and health disparities with a gender and culture-based lens to segment issues and identify population appropriate solutions.

**Prospective Partners:** Groups who are funded to address poverty, housing, racism; rural voices; marginalized populations, rotary clubs, service organizations with majority male membership, college and high school coaching organizations, LeadOn! youth and planning team, Native youth organizations or groups, AFN, local DELTA-funded communities who have worked to organize men (e.g., Dillingham), ANTHC; Alaska White Ribbon Campaign; UAA fraternities

**Goal 6) State Health Education standards that promote healthy relationships  
And social and emotional youth development are in place for K-12 public education**

**Rationale:** Healthy relationship education and social and emotional development is one piece of a broader strategy to help children and adolescents to make good choices and navigate life-changing developmental minefields such as substance use, bullying, sexual relationships, and violence

**Outcomes:**

- 6.1 By Jan 2010, representatives of the State Steering Committee and the Department of Education along with health educators from the schools and universities will develop state education health standards that promote healthy relationships and social and emotional youth development in accordance with evidence-based guidelines
- 6.2 By Sept 2012, the State Board of Education will adopt the state education health standards drafted in 7.1
- 6.3 By Sept 2013, all professional and paraprofessional education staff will be required to complete evidence-based professional development that fulfills the Alaska health education statute adopted in 7.2
- 6.4 By 2014, professional and paraprofessional education staff will integrate k-12 health education promoting healthy relationships and social and emotional youth development into the classroom

**Strategies:**

- Bring together identified representatives of the SSC, schools, universities, community based health educators and the Dept of Education to develop guidelines as described in 7.1
- Adapt or identify culturally responsive IPV prevention curriculum that has an emphasis on diversity or represents Alaska populations
- Evaluate promising curricula for use in Alaskan communities, such as the Fourth R
- Introduce bill that comprehensively addresses healthy relationship and social and emotional curriculum
- Engage the Statewide School Board to advocate for an incorporated curriculum that is comprehensive and works to address multiple risk factors
- Work with the coordinated school health efforts and special interest groups to review overlapping interests.
- Bring together identified representatives, school, university and community based health educators, Dept of Ed representatives to develop guidelines as described in goal
- Develop educational materials to publicly explain this work, including definitions of healthy relationships
- Ask LeadOn! youth to present in their communities on healthy relationships in their community
- Advocate for an incorporated curriculum that is comprehensive and work to address multiple risk factors

**Prospective Partners:** Coordinated School Health Program workgroup; groups that are doing healthy lifestyle trainings; Head Start program; special interest groups with similar interests in health curricula; South Central Foundation; Health Education Committee; AFN; ANTHC; Boys & Girls Club; First Alaskans Institute; Covenant House; Rural Cap; Joel's Place; Coaches' certification program – work with these programs and make this part of that training - tap into coaching boys to men; Local Schools; Commissioner and State Board of Education

**Goal 7) The majority of Alaskan Communities are engaged in promoting healthy relationships free of intimate partner violence**

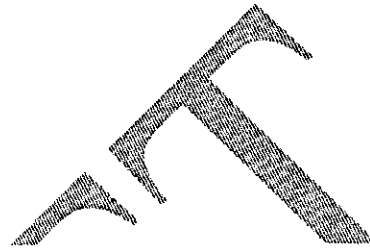
**Rationale:** Many individuals are unaware that IPV is preventable. Other Alaskans are concerned about the levels of intimate partner violence, but are uncertain what to do about it. While most communities are best-positioned to develop appropriate messages and create change, many communities state that they lack the resources or support to effectively carry out comprehensive intimate partner violence programming.

**Outcomes:**

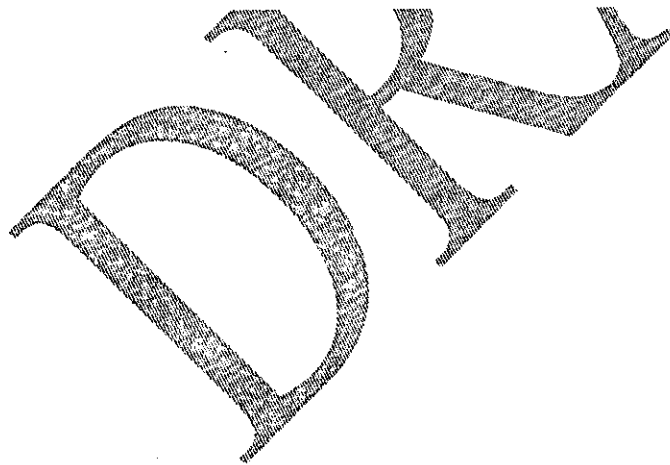
- 7.1 By 2011, at least 50% of youth-serving professionals (or at least 50% of community members in # of communities) can identify their role in promoting healthy relationships
- 7.2 Starting in 2011, there is a 10% annual increase in the number of community leaders and/or youth serving organizations that promote healthy relationships (compared to baseline)
- 7.3 By 2011, at least 25% of the target audience for a statewide social marketing campaign to promote healthy relationships will recall messages about the characteristics of a healthy relationship
- 7.4 By 2012, at least 50% of the organizations doing primary prevention of IPV will know how to access a cache of evidence-based strategies for promoting healthy relationships and preventing IPV
- 7.7 By 2012, at least 80% of state-level stakeholder groups (see work plan for examples) will be aware that IPV is preventable
- 7.8 By Jan 2011, at least 60% of key prevention stakeholders will have a clearly identified role in primary prevention on the statewide prevention team.
- 7.5 By 2013, at least 25% of Alaska's communities are using primary prevention technical support and training available through the public health department or ANDVSA.
- 7.6 Starting in 2014 there is a 10% annual increase in communities that have active, committed groups working collaboratively on individual and relationship wellness (as measured by # of task forces, program, activities, and work plans

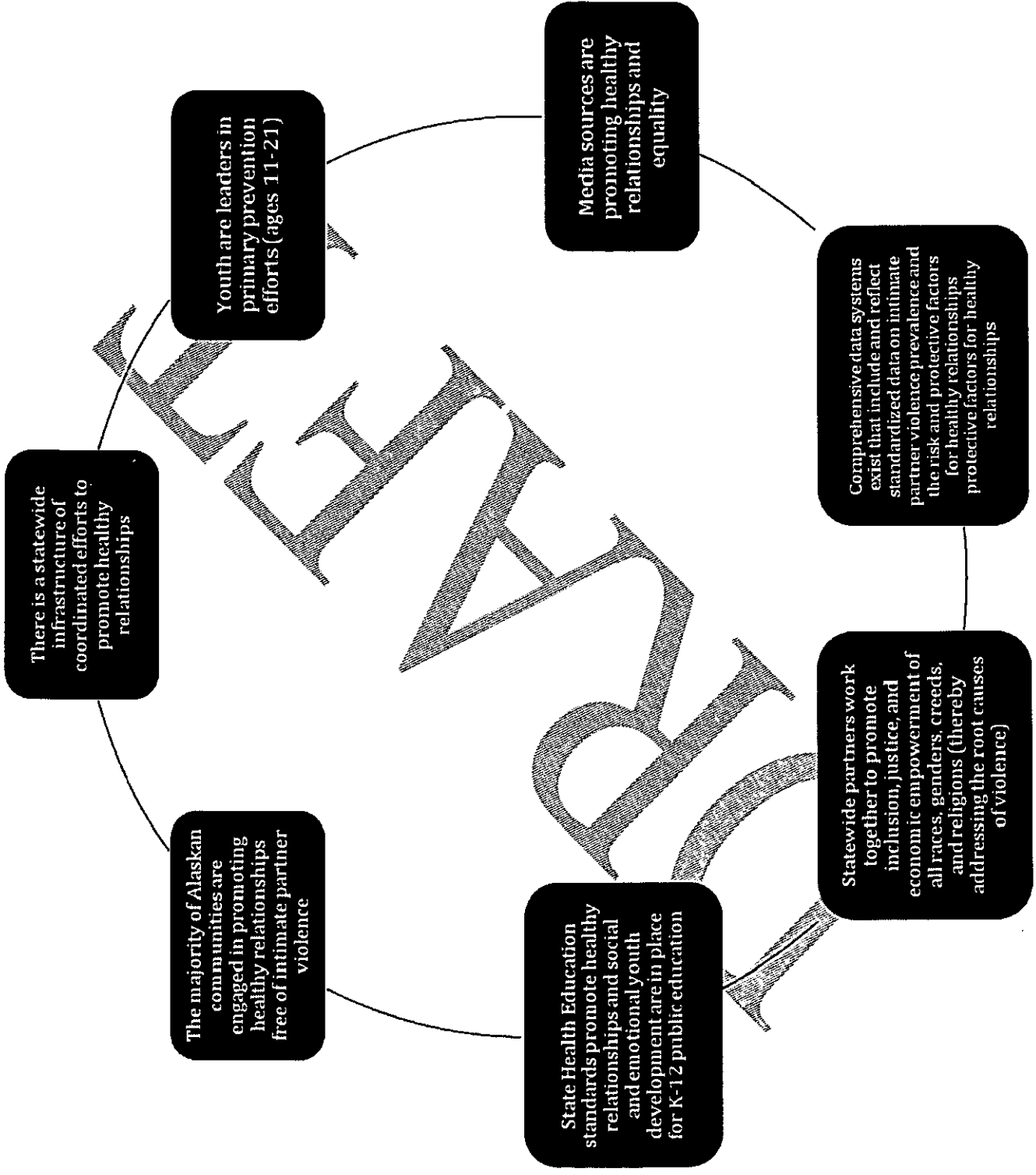
**Strategies:**

- Identify and recruit community natural helpers to initiate healthy relationship discussions on a community level
- Develop accessible training and support technical assistance (coaching, etc) for IPV prevention coalition building on a community-level for IPV prevention capacity building.
- Collaborate with statewide youth organizations providing training to youth-serving organization staff to assist with healthy relationship promotion within usual activities.
- Develop mechanisms to share promising practices in Alaska
- Implement statewide media campaign
- Implement population focused media efforts
- Incorporate prevention efforts in the theater, art, music, film, poetry



# Logic Models





# Goal 1: There is a statewide infrastructure of coordinated efforts to promote healthy relationships

Resources/Inputs	Strategies and Activities	Outputs	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
<ul style="list-style-type: none"> <li>Clarify and prioritize available resources in DELTA III</li> </ul>	<ul style="list-style-type: none"> <li>Educate potential funders about IPV primary prevention and needs for state-level funding</li> <li>Identify short and long-term funding for: Statewide Steering Committee group, implementation, technical assistance,</li> <li>Identify staffing or "human capital" to implement plan</li> <li>Maintain and establish working groups for various goals and for overarching IPV prevention capacity building</li> <li>Develop media campaign messages that have Alaska-specific messages</li> <li>Establish recommendations for initiating comprehensive prevention efforts in AK</li> </ul>	<ul style="list-style-type: none"> <li>Materials (for segmented audiences)</li> <li>#of presentations to funders</li> <li>strategic funding plan with checklist or action plan for prospective funders</li> <li>#of funding streams</li> <li>agreements from agencies designating staff for implementation</li> <li>coalition</li> <li>protocols for diverse membership recruitment</li> <li>Alaska specific messages defining healthy relationships</li> <li>List of "small wins" for working groups and statewide capacity building group</li> <li>Historical document explaining the DELTA SSC and process (spirit of intent document)</li> <li>Marketing materials on IPV prevention (tv ads, radio ads, posters, web-based materials, event templates etc.)</li> <li>Umbrella website that includes prevention activities and strategies</li> <li>Social networking sites that discuss prevention</li> <li>#of messages aired, material distributed</li> <li>guidelines for initiating ipv prevention in communities</li> <li>baseline and evaluation tools</li> </ul>	<ul style="list-style-type: none"> <li>1.1 By January 2010, funding for existing primary prevention programming and initiatives is maintained</li> <li>1.5 By Jan 2010, ANDVSA, CDVSA, DHSS, and SSC partners have developed funding strategies for "intimate partner violence prevention plan" implementation.</li> <li>1.6 From 2010 to 2015, there will be a minimum 10% annual increase in human resources dedicated to the ongoing support of IPV primary prevention at state organizations, as compared to baseline</li> </ul>	<ul style="list-style-type: none"> <li>1.2 Starting in January 2011, there will be a minimum of 10% annual increase in new funding sources (local, state, federal, tribal) for IPV prevention throughout Alaskan communities.</li> <li>1.3 By January 2011, new primary prevention programming and initiatives to promote healthy relationships are established at the state level</li> <li>1.4 By January 2011, new primary prevention programming and initiatives to promote healthy relationships are established at the local level</li> <li>1.7 By January 2012, training infrastructure is in place to support primary prevention initiatives and programming</li> <li>1.8 By January 2012, evaluation infrastructure is in place to support primary prevention initiatives and programming</li> <li>1.9 By Dec 2012, policies that support the primary prevention of intimate partner violence are identified and adopted, as reflected in public documents such as state legislation, local and tribal policy, memorandums of understanding, and agency documents.</li> </ul>	

## Goal 2: Youth are leaders in primary prevention efforts (ages 11-21)

Resources/Inputs	Strategies and Activities	Outputs	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
<ul style="list-style-type: none"> <li>• Clarify and prioritize available resources in DELTA III</li> </ul>	<ul style="list-style-type: none"> <li>• Identify and coordinate human resources working on youth leadership to promote healthy relationships and prevent intimate partner violence.</li> <li>• Identify key contact person at each youth organization to coordinate youth efforts across the state.</li> <li>• Compile youth group objectives from across the state.</li> <li>• Engage youth coalitions throughout the state that already exist to get more involved in youth-led programming</li> <li>• Engage youth leadership events (e.g., LeadOn!, youth Rotary, AFN Elders and Youth)</li> <li>• Identify best practices in youth development national and statewide</li> <li>• Encourage youth groups to have youth leadership as a goal for their own agency's objectives</li> <li>• Do a train-the-trainer at LeadOn! at the youth events</li> <li>• Research and identify 5 evidence-based promising practices for youth development and leadership training</li> <li>• Draft legislation that will create designated seats on youth-focused prevention and promotion decision-making boards</li> <li>• Provide trainings (topical, leadership, legal)</li> <li>• Youth led social marketing/media campaign (ties in with Goal 3)</li> <li>• Use of innovative strength building programs (Girls on the Go, Men of Strength e.c., Leadership Assct Youth Coalition)</li> </ul>	<ul style="list-style-type: none"> <li>• Job descriptions that include youth leadership development as a part of their job</li> <li>• A database of youth-serving organizations</li> <li>• Training and networking opportunities for youth-serving organizations</li> <li>• Toolkit for promoting youth leadership</li> <li>• Compiled list of youth leadership examples in Alaska and nationally</li> <li>• Guidebook for decision making bodies to involve youth members and youth mentors</li> <li>• A resolution on youth designated seats</li> <li>• #of trainings</li> <li>• #of youth organizations that participate</li> <li>• #of youth participating in healthy relationship promotion</li> <li>• #of programs carried out that promote protective factors and youth leadership</li> </ul>	<ul style="list-style-type: none"> <li>• 2.1 By 2010, there are local resources and opportunities for youth to build skills and small project developments that promote peace and equality</li> <li>• 2.3 From Sept 2010-2015, there will be a 10% increase in the number of youth recognized as statewide leaders in promoting healthy relationships</li> </ul>	<ul style="list-style-type: none"> <li>• 2.2 By 2012, there is a 40% increase in local and statewide youth leadership training opportunities to promote healthy relationships in and out of school (e.g., conferences, policy-making situations)</li> <li>• 2.4 By 2012, youth will provide healthy relationship messages and that are youth-accessible and interesting, both in and out of the school</li> </ul>	<ul style="list-style-type: none"> <li>• 2.5 By Dec 2014, 60% of state and local decision-making boards, commissions, task forces, and advisory groups have designated seats and identified adult mentors for youth.</li> </ul>

## Goal 3: Media sources are promoting healthy relationships and equality

Resources/Inputs	Strategies and Activities	Outputs	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
<ul style="list-style-type: none"> <li>Clarify and prioritize available resources in DELTA III</li> </ul>	<ul style="list-style-type: none"> <li>This goal has 2 foci (1) Awareness of the role of media and (2) media campaign/ social marketing for all of DELTA</li> <li>Use promising existing media campaigns and adapt to Alaska</li> <li>Recruit Alaska spokespeople to promote healthy relationships in Alaska</li> <li>Advocacy to media outlets</li> <li>Awards for positive advertising</li> <li>Tie into existing youth groups to develop/ create/influence media campaign</li> <li>Statewide campaign to protest negative imaging</li> <li>Link into local and national campaigns (e.g., my strength is not for hurting- RWJF-DELTA broaden reach, that's not cool)</li> <li>Campaigns exploring positive identities and relationships</li> <li>Campaigns exploring cultural implications for IPV</li> <li>Have a cache or templates for media campaigns in communities (built on research of national and international campaigns)</li> <li>Statewide campaign to protest gender stereotypes and degradation in the media</li> <li>Establish tools to develop media literacy and media education in AK</li> </ul>	<ul style="list-style-type: none"> <li>AK Broadcasting Association annual meeting—be on agenda and present on role/power of media and need for positive messaging</li> <li>Tips and 'Please Don't Use' sheet for advertisers annual recipients of media award</li> <li># of radio personality endorsements, # of AK spokespeople agreements, AK famous/recognized spokespeople: Scotty Gomez (hockey), Kikkan Randal (skiing), Steve Helme!</li> <li>Toolkit or guidelines for youth-led media campaign</li> <li>Toolkits or statewide support for campaigns to Alaska Native men</li> <li># of groups involved in media campaign development</li> <li>Templates for marketing campaigns</li> <li>Facebook and MySpace advocacy sites</li> <li>Engaging media literacy toolkits</li> </ul>	<ul style="list-style-type: none"> <li>3.1 By 2010, there are youth-led, media-supported campaigns promoting healthy relationships</li> <li>3.2 By 2010, journalists and public relations specialists employed with Alaska radio, television, and newspaper outlets understand the role of media in promoting healthy relationships and preventing intimate partner violence</li> </ul>	<ul style="list-style-type: none"> <li>3.3 By 2011, 50% of regional and state media sources are promoting healthy relationships in their advertising and programming</li> <li>3.4 By 2012, campaigns developed to promote healthy relationships and positive imaging in the media includes regional artists and "celebrities"</li> </ul>	

## Goal 4: Comprehensive data systems exist that include and reflect standardized data on intimate partner violence prevalence and the risk and protective factors for healthy relationships protective factors for healthy relationships

Resources/Inputs	Strategies and Activities	Outputs	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
<ul style="list-style-type: none"> <li>• Clarify and prioritize available resources in DELTA III</li> </ul>	<ul style="list-style-type: none"> <li>• Adopt and participate in the National Incident Based Reporting System (NIBRS)</li> <li>• Develop a workgroup to determine what data exists and what data is needed and how to coordinate data collection</li> <li>• Coordinate with Federal, State, Tribal agencies to enhance data</li> <li>• Find out what technologies exist that allow you to access data across individual data systems (to assist statewide data coordination)</li> <li>• Develop an electronic communication strategy that will increase advocacy of IPV prevention research efforts.</li> <li>• Establish more asset (protective factors)-based survey mechanisms, build on work in-state.</li> <li>• Review the SFF-SIG report on population-based indicators</li> <li>• Develop an infrastructure for practitioners to communicate promising practices</li> <li>• Recommended process</li> <li>• Develop protocols or guidelines for acquiring culturally responsive, data collection, and reporting</li> <li>• Identify local policymakers and other organized groups who will advocate for ongoing funding sources for data collection and analysis</li> </ul>	<ul style="list-style-type: none"> <li>• NIBRS data</li> <li>• Data priorities</li> <li>• Technology options for data streaming in AK</li> <li>• Research champion</li> <li>• Risk factor data advocacy group</li> <li>• Electronic strategy for communication</li> <li>• List of statewide</li> <li>• Advocacy team</li> <li>• Tools to collect protective factor data</li> <li>• Resolution on more IPV data collection</li> <li>• Overview and guidelines for responsible, culturally responsive data collection and reporting</li> </ul>	<ul style="list-style-type: none"> <li>• 4.2 By June 2010, a broad group of researchers and practitioners in the state will identify the risk and protective factor data available for "healthy relationships."</li> </ul>	<ul style="list-style-type: none"> <li>• 4.3 By January 2012, Alaska will be funded to participate in the National Incident Based Reporting System (NIBRS).</li> <li>• 4.4 By January 2012, mechanisms for gathering data exist that are culturally sensitive and ensure safety when reporting abuse (with particular attention to confidentiality in small villages and the need for aggregating data across villages)</li> <li>• 4.5 By 2012, everyone who is collecting data on interpersonal violence will coordinate to create a central clearinghouse (including website) to share and access information about the risk and protective factor data available for "healthy relationships" and encourage unduplicated data collection</li> <li>• 4.6 By 2012, a dynamic body of knowledge will be initiated by the SSC that identifies the root causes of intimate partner violence in Alaska</li> </ul>	<ul style="list-style-type: none"> <li>• 4.7 2016, there are 3 promising IPV prevention strategies and national evidence-based strategies that have been evaluated within Alaska</li> </ul>

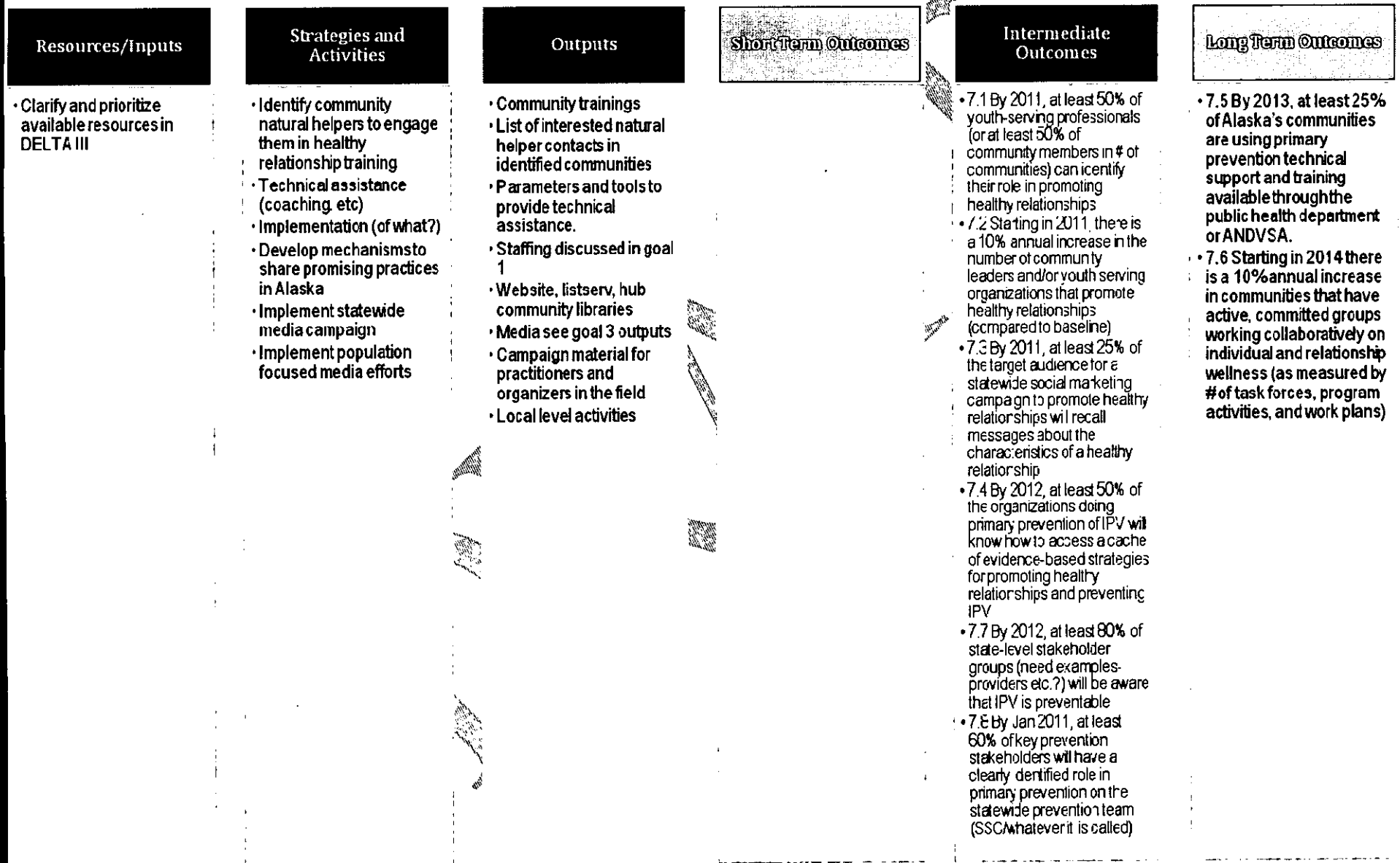
## Goal 5: Statewide partners work together to promote inclusion, justice, and economic empowerment of all races, genders, creeds, and religions (thereby addressing the root causes of violence)

Resources/Inputs	Strategies and Activities	Outputs	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
<ul style="list-style-type: none"> <li>• Clarify and prioritize available resources in DELTA III</li> </ul>	<ul style="list-style-type: none"> <li>• On all of our committees, organizations, boards, etc talk the "root causes" talk</li> <li>• Outreach, education, training</li> <li>• Ask LeadOn! Youth do these presentations in their communities</li> <li>• Write a document that shows how IPV/SV is caused by similar factors as other social/health problems</li> <li>• Work with AFN in the development of resolutions – articulating root cause</li> <li>• Work with Coaches' certification program to make coaching boys to men a part of their curricula</li> <li>• Consider social norms approach to teach Native youth about traditional ways of living a healthy life</li> <li>• Host a conference focused on men's role in ending interpersonal violence</li> <li>• Promote the Flags on Mountain campaign</li> <li>• Capture male elders' stories about equality and respect among men and women</li> <li>• Implement the "Inspiring Moments" campaign</li> <li>• Promote media campaigns where men take a lead in intimate violence prevention</li> <li>• Men serve as positive role models to adult youth</li> <li>• Engage civic organizations such as Rotary, Elks and others will have speakers talk on issues of IPV</li> </ul>	<ul style="list-style-type: none"> <li>• # of meetings, events, etc where root cause is discussed</li> <li>• Training materials to explore root cause</li> <li>• Research document – overlaying root cause and various health indicators (powerpoint, etc)</li> <li>• # of youth involved in educating on root cause</li> <li>• Alaska federation of native resolution</li> <li>• Certification program and coaches toolkit</li> <li>• # of programs focused on culture-based prevention strategies, integrating healthy relationship wisdom</li> <li>• Conference on Men Ending Violence</li> <li>• Flags on Mountain Inspiring moments campaigns</li> <li>• Elders stories on relationship values</li> <li>• Distribution of stories (radio, print, etc)</li> <li>• Male led media campaign materials</li> <li>• # of civic organizations engaged in project</li> </ul>	<ul style="list-style-type: none"> <li>• 5.2 By 2012, there will be a 50% increase in the number of organizing efforts among Alaskan males to collectively work to promote and respect social equality</li> <li>• 5.3 By 2012, key health service, nonprofits, funders, and administrative leaders will recognize the root causes of intimate partner violence</li> <li>• 5.5 By 2012, state policy makers will understand the relationship between economic disparity and health indicators as evidenced by new policies and proposals</li> </ul>	<ul style="list-style-type: none"> <li>• 5.4 By 2013, key health service, nonprofits, funders, and administrative leaders will commit resources to address the root causes of violence</li> <li>• 5.6 By 2013, local and state policy makers will commit to programmatic and policy decisions which promote economic parity</li> <li>• 5.7 By 2014, intimate partner violence prevention program planning and implementation will reflect the diversity of cultures and communities in Alaska</li> </ul>	

## Goal 6: State Health Education standards promote healthy relationships and social and emotional youth development are in place for K-12 public education

Resources/Inputs	Strategies and Activities	Outputs	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
<ul style="list-style-type: none"> <li>• Clarify and prioritize available resources in DELTA III</li> </ul>	<ul style="list-style-type: none"> <li>• Bring together identified representatives of the SSC, schools, universities, community based health educators and the Dept of Education to develop guidelines as described in 7.1</li> <li>• Adapt or identify culturally responsive curriculum—diversity as a guiding principle</li> <li>• Evaluate promising curricula for use in Alaskan communities, such as the Fourth R</li> <li>• Introduce bill that comprehensively addresses healthy relationship and social and emotional curriculum</li> <li>• Engage the Statewide School Board</li> <li>• Advocate for an incorporated curriculum that is comprehensive and works for ALL special interest groups</li> <li>• Work with the coordinated school health efforts and special interest groups to review overlapping interests.</li> <li>• Bring together identified representatives, school, university and community based health educators, Dept of Ed representatives to develop guidelines as described in goal</li> <li>• Develop educational materials to publicly explain this work, including definitions of healthy relationships</li> <li>• Ask LeadOn! youth to do these presentations in their communities</li> <li>• Advocate for an incorporated curriculum that is comprehensive and works for ALL special interest groups</li> </ul>	<ul style="list-style-type: none"> <li>• Culturally responsive curriculum for Alaska</li> <li>• Evaluation of Alaska Perspectives Fourth R curricula</li> <li>• Legislation</li> <li>• School board presentations and meetings</li> <li>• List of suggested comprehensive approaches to health education</li> <li>• List of overlapping core education areas that address risk and protective factors</li> <li>• # of coordinated education meetings participate</li> <li>• Training materials in healthy relationships and social and emotional learning</li> <li>• Meeting with key stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• 6.1 By Jan 2010, representatives of the State Steering Committee and the Department of Education along with health educators from the schools and universities will develop state education health standards that promote healthy relationships and social and emotional youth development in accordance with evidence-based guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• 6.2 By Sept 2012, the State Board of Education will adopt the state education health standards drafted in 7.1</li> </ul>	<ul style="list-style-type: none"> <li>• 6.3 By Sept 2013, all professional and paraprofessional education staff will be required to complete evidence-based professional development that fulfills the Alaska health education statute adopted in 7.2</li> <li>• 6.4 By 2014, professional and paraprofessional education staff will integrate k-12 health education promoting healthy relationships and social and emotional youth development into the classroom</li> </ul>

## Goal 7: The majority of Alaskan communities are engaged in promoting healthy relationships free of intimate partner violence



**Alaska**

**NEEDS AND RESOURCE SUMMARY**

**Intimate Partner Violence**

**Primary Prevention Plan**

**2010 - 2016**

**STATE PROFILE - Demographic Information**

Alaska has a statewide population of 686,293. (U.S. Census Bureau). There has been a gradual growth trend, with a total 50,000 person increase since 2000. This trajectory is likely to continue unless economic changes within the state eliminate or create employment in oil and mining industries.

Alaska's geographical constraints are unparalleled by any other state. Alaska's territory is equal to approximately one-third the entire landmass of the United States. Within Alaska's territory, there are over two hundred villages ranging in size from less than one hundred to six thousand people. Most of these villages are accessible only by boat or small bush plane with most services provided from hub communities.

Roughly half of the state's population resides in Anchorage 279,243 in 2008. The Anchorage School District, which enrolls approximately 20,000 youth between the ages of 10 and 14, reports 122 languages spoken. Anchorage is the commerce center of the state and many individuals work and travel to Anchorage for employment. In recent years, Anchorage School District has been determining how to best support the increased number of village youth that move in and out of the

Anchorage school systems.

**Racial Composition of Children (19 and Under), by Region, 2005**

Region	White	Alaska Native	Black	Asian/Pacific Isl.
Anchorage	72.6%	12.2%	6.9%	8.3%
Mat-Su	83.5%	10.9%	2.3%	3.2%
Gulf Coast	78.7%	13.8%	1.3%	6.3%
Interior	74.0%	16.2%	6.6%	3.2%
Northern	13.1%	83.6%	0.7%	2.7%
Southeast	68.4%	24.4%	1.2%	6.0%
Southwest	13.5%	83.8%	0.7%	2.0%
Alaska	67.2%	22.6%	4.5%	5.8% a

Also includes American Indians, who make up 0.5% of Alaska's population.  
 Source: Alaska Department of Labor and Workforce Development, Research and Analysis, Demographic Unit

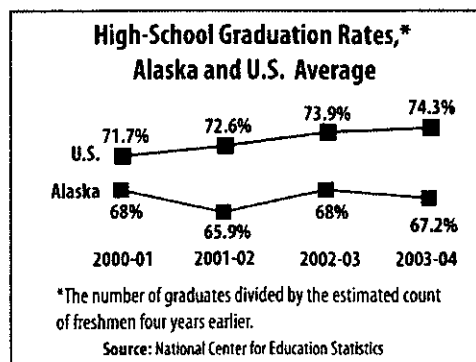
The state of Alaska is rich in the traditions of the Alaska Native people. Alaska's population is 15.4% Alaska Native or American Indian, compared to only 1.0% of the US population. (U.S. Census

Bureau) Some parts of the state are predominantly Alaska Native, such as the Bethel Census Area with 78.1% of the population identifying as Alaska Native or American Indian and 65.6% of the population speaking a language other than English at home. Twenty native languages are spoken throughout the state.

**Education**

Graduation rates in Alaska are below the national average at 67.2% in 2004. In 2005, Alaska's drop-out rate was higher than the national rate and ranked Alaska 36th among the states. 2005-2006 Department of Employment and Economic Development data indicates drop-out rates in Alaska vary by region. Rates were lowest in the Gulf

**Taken from Alaska Kids Count 2008**



This report was compiled by ANDVSA and completes funding requirements for grant

Coast and Southeast regions and highest in the Northern, Southwest, and Interior regions (Taken from AK Kids Count).

### Economy and Governance

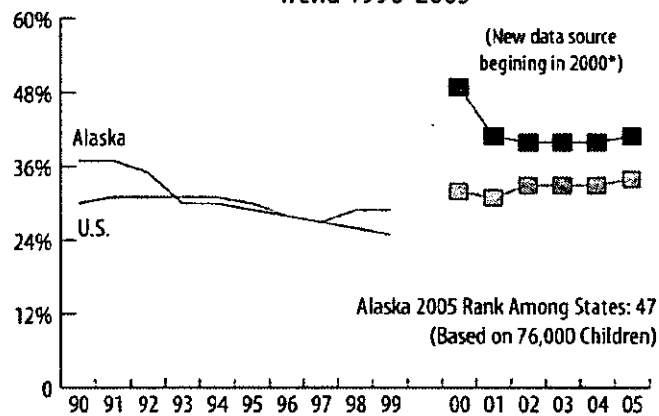
In addition to the Alaska state governing bodies, the Alaska Native Claims Settlement Act of 1971 established twelve Regional Native Corporations for the state. The corporations range from over 35,000 members to under 1,000 members. The federal government recognizes over 220 Indian Entities in the state (Department of Interior, Bureau of Indian Affairs). While there are similarities among Alaska Natives, geography, language, cultural markers make each tribe and Native village distinct.

Much of the state government funding is derived from oil revenues. With fluctuating prices of oil, revenue in years to come is difficult to predict. The potential shrinking economic climate makes it difficult to advocate for new resources for programming. Sustainability of subsistence economy has also come into question in the past years with fewer salmon, changing environmental conditions interrupting historical ranges of various plants and animals impacting this livelihood strategy.

According to the 2000 Census, 6.7% of Alaskans live below the poverty level. Over 6% live in homes without complete plumbing facilities. Over 5% live in homes without complete kitchen facilities. Three percent of Alaskans do not have telephone service. In 2005, 11 percent of people were in poverty. Fifteen percent of related children under 18 were below the poverty level, compared with 7 percent of people 65 years old and over. Eight percent of all families and 25 percent of families with a female householder and no husband present had incomes below the poverty level. The chart below highlights unemployment and underemployment in Alaska. Many individuals in remote communities have few cash employment opportunities and offset minimal paid employment with subsistence living (hunting, fishing, gathering) which is a traditional, although increasingly less viable, way of life in Alaska (AK Kids Count 2006-2007).

In the past year, fuel prices reached a record high during the summer months (when fuel must be barged into communities). In an already overpriced market, fuel became inaccessible or required a much greater percentage of incomes in rural and remote communities. With shrinking fish returns and fewer subsistence options, cash resources and reliable food was unavailable to entire communities. In 2009, these communities made a statewide plea for assistance for basic necessities of food and heat.

**Percent of Children Under Age 18 With No Parent Working Full-Time**  
Trend 1990-2005



\*See text.

Source: 2007 National Kids Count Data Book

Alaska 2005 Rank Among States: 47  
(Based on 76,000 Children)

Communities across Alaska are varied, from tourism hubs to pipeline communities, from urban areas to villages, from farming communities to fishing communities. There are populations and influences of Alaska Native, Filipino, Old-believer Russian Orthodox, and emerging cultural enclaves across the state. There are communities that are dry (prohibits alcohol) and communities that are "wet". There are traditional communities and modern. It is difficult to make generalizations about the communities of Alaska or the conditions of living in Alaska. Prevention efforts will have to be tailored or defined for and by the communities of Alaska.

Regardless of location, Alaskans continue to be overrepresented in health, economic, and educational disparities. Ranking distinctively high in high-school drop out rates, child abuse, alcoholism, and intimate partner violence.

### MAGNITUDE OF INTIMATE PARTNER VIOLENCE IN ALASKA

Research indicates that intimate partner violence is a particularly challenging public health issue to address: it is simultaneously common and largely unseen (and unacknowledged). According to findings from the most recent National Violence Against Women Survey, 22.1% of women and 7.4% of men reported experiencing some form of intimate partner violence in their lifetime. In Alaska, existing research indicates a significantly greater prevalence of intimate partner violence: the 2006 Alaska Network on Domestic Violence and Sexual Assault Public Opinion Research Survey found that almost 75% had experienced or known someone close to them that has experienced some form of intimate partner violence. Findings from a 2006 study by the Violence Policy Center indicate that with a 2004 homicide rate of 2.83 / 100,000 residents. In recent years Alaska has often received the highest ranking for women murdered by men in the nation. Among the homicides in which a victim / offender relationship could be established, 100% of female victims were murdered by someone they knew: not a single female victim was killed by a stranger.

Criminal justice data is not always seen as reliable in Alaskan communities, as geographical isolation and the frontier nature of communities often precludes either reporting or response to incidents of abuse. In Anchorage, a mostly urban/suburban community with one of the more reliable systems for tracking incidents of IPV, the average annual number of IPV reports in 2002 was 3,014, and children were documented as present in 42% of the reported incidents<sup>i</sup>. Of incidents where children were identified as present, 48% witnessed a minor injury and 13% witnessed a moderate or major injury. Sexual abuse is also high in Alaska Native populations. Alaska Natives are 7.6 times more likely than non-Natives to be a victim of sexual assault and rape, with the highest rate of forcible rape among 15 to 19 year olds (28.9%).<sup>ii</sup> More than 3 out of every 4 American Indian and Alaska Native (AI/AN) women will be physically assaulted in her lifetime.

Intimate partner violence doesn't only affect Alaskan adults; the prevalence of intimate partner violence among Alaska youth is also a concern. 2003 YRBS indicates that 10.8% of Alaska high school students (both genders) self-report as having been slapped or physically hurt by a boyfriend or girlfriend, compared to 9.5% of respondents nationally. When weighted by gender, twelfth grade female high-school students self report at an even higher rate (and difference in prevalence): 12.3% of twelfth grade Alaska women report being slapped or hit by a boyfriend or girlfriend in the past month, according to 9.8% of twelfth grade female respondents nationally. Because the definition of intimate partner violence that informs this report includes sexual violence, included here is data

that indicates, according to the 2003 YRBS, that ninth and tenth grade Alaska women are more likely to report being forced to have unwanted sex than the equivalent national population; though rates for eleventh and twelfth grade women are slightly less in Alaska (9.7 and 12.0% respectively) than nationally (9.9 and 12.2% nationally). It is important to note here that the definitions of violence and relationships that inform the 2003 YRBS do not include threats of sexual and / or physical violence, psychological and / or emotional violence, and / or stalking. As such, the true prevalence of intimate partner violence prevalence amongst Alaska high school students is currently unknown, though it may be assumed that prevalence is much higher than reported.

2003 data reported to the state Council on Domestic Violence and Sexual Assault from local shelter programs and crisis centers reflected a slight increase (from 4,638 to 5,916 clients) in Alaska residents seeking services for intimate partner violence victimization. Of the clients seeking services from ANDVSA member agencies, a clear majority (41 percent) identified a spouse or partner as their abuser. Bruises and abrasions were the most commonly reported type of physical injury, while humiliation, isolation, and threats to property, pets, and personal items were the most common types of non-physical assaults (reported by 22.45, 7.25, and 6.73 percent of respective clients seeking services). Related to risk, 26 percent of clients requesting services reported having had parents who were in abusive relationships, and over 50 percent of clients reported that alcohol use was a factor in their assault.

In Alaska, teens living in geographically isolated communities who are Alaska Native face additional risks for victimization. A higher number of Alaska Natives experience physical abuse in their lifetime than non-Native Alaskans (33% of Alaska Natives compared to 22.2% of non-Natives), and disclosure of IPV in the past 5 years among Alaska Natives (11.8%) is more than twice the rate disclosed by non-Natives (5.4%). More than 1 out of 4 (28.6%) Alaska Natives were exposed to domestic violence during their childhood, and adults with lower incomes were significantly more likely to disclose recent physical abuse by an intimate partner. Twenty-six percent of clients requesting services at local shelter programs and crisis centers in Alaska report having had parents who were in abusive relationships, and over fifty percent of clients reported that alcohol use was a factor in their assault.

Criminal justice data is not always seen as reliable in Alaskan communities, as geographical isolation and the frontier nature of communities often precludes either reporting or response to incidents of abuse. In Anchorage, a mostly urban/suburban community with one of the more reliable systems for tracking incidents of IPV, the average annual number of IPV reports in 2002 was 3,014, and children were documented as present in 42% of the reported incidents. Of incidents where children were identified as present, 48% witnessed a minor injury and 13% witnessed a moderate or major injury. Sexual abuse is also high in Alaska Native populations. Alaska Natives are 7.6 times more likely than non-Natives to be a victim of sexual assault and rape, with the highest rate of forcible rape among 15 to 19 year olds (28.9%).

These statistics point to the clear need for prevention efforts that target risk factors common to Native and rural populations, such as intergenerational trauma, geographic isolation, suicide, and the effects of colonialism on families/historical trauma.

Within Alaska there is tremendous scope for expanding the accuracy and variety of IPV / SV

prevalence data, but what has been obviously absent from the available data is information linking specific risk factors or root cause elements with IPV and SV in Alaska, with particular attention to teen dating violence prevalence. Similarly there is very little data on protective factors for healthy relationships, healthy individuals, and healthy communities in Alaska.

The needs and resource assessment findings indicate that: 1) Intimate Partner Domestic Violence is an unfortunate reality for many Alaskans; 2) there is significant statewide awareness of the magnitude of Intimate Partner Domestic Violence and related need for prevention; and 3) many individuals, agencies, and communities would implement activities designed to prevent Intimate Partner Domestic Violence but lack the expertise and community resources to do so.

#### **RISK AND PROTECTIVE FACTORS FOR PERPETRATION**

Data that explicitly links risk and protective factors to IPV in Alaska is unavailable. The SSC carried out a SWOT analysis that highlighted much of the information we have on individual and community risk and protective factors: Weakness, Strengths and Opportunities have been included below:

#### **Risk Factors for Male Perpetration of IPV**

TABLE taken From the World Health Report on Violence and Health

##### **Individual Level:**

- Young Age
- Heavy drinking
- Depression
- Personality disorders
- Low academic achievement
- Low income

##### **Relationship Level:**

- Witnessing or experiencing violence as a child
- Marital conflict
- Marital instability
- Male dominance in the family.

- Economic stress
- Poor family functioning

##### **Community Level:**

- Weak community sanctions against domestic violence
- Poverty
- Low social capital

##### **Societal Level:**

- Traditional gender norms
- Social norms supportive of violence

### Risks and Gaps

- Lowest graduation in 18-24 range (AN males lowest)
- Psychosocial indicators are below average for boys and even lower for AN males
- Difficult to access money
- Seasonal affect / isolation
- Alcohol consumption is some of the highest in the nation
- Incarceration rate is very high
- Male participation on IPV prevention is low
- multigenerational- makes unhealthy community
- Low population / isolation / disconnection
- Cross-cultural non-understanding / racism
- Violence or submission of women is a part of some Alaskan faith-based community norms
- We don't train our own
- High rates of child abuse and sexual abuse
- Poor data quality standardization / data availability
- Health and social services are minimized in the state
- Health and social services and public Safety are not coordinated
- Many of us are working in silos
- Professional recruitment strategies are mismatched with community healing needs
- No health education standards, social and emotional learning, or comprehensive sexuality education.
- No guarantee that there is a school curriculum on relationships.
- State leadership and visionaries have not embraced primary prevention
- Historical- internalized oppression
- Frontier mentality- gender norms
- Unintended consequences of legislation
- Expensive to travel
- Difficult to replicate or compare diverse communities

### Strengths and Assets

- Low resident # means it is possible to reach most of the population
- Connection to land and subsistence activities
- We are a very word of mouth state
- Youth peer-to-peer initiatives
- White Ribbon and other community engagement activities
- Warrior program (family violence prevention initiative)
- Faith-based community engagement (engaged with the violent crimes compensation board).
- Healthy and safe schools committee
- Community engagement activities have had some success: ICE, community schools, elders to youth.
- Willingness to try new things in Alaska
- We have been involving youth
- Many of our programs empower youth
- strengths-based approach
- Alaska Native Land Rights or Community Living (not reservations like many other states).
- Strength of native community leadership, economy, healthcare
- Most wired state in the country
- Tribal Courts- tribal adoption, can set norms within tribes
- We have a statewide steering committee that understands relationships
- We are willing to ask difficult questions based on data
- There is a shift happening in the state- ex. OCS has been shifting to discussion on oppression and healing.
- There are other forums concerned about the safety of youth:
- The physical environment
- Strong networks and network spanners working for us
- 500 Nonprofit organizations improving Alaska

## Opportunities

- Elder and Youth Forum with AFN- Linking Elder and Youth
- DELTA funding and opportunity to develop a plan
- Build on successful relationships and networks
- National Congress of American Indians (our Senator will participate)
- Youth to youth trainings- expanding some of these efforts to a statewide component
- Getting leveraging funding because of past and existing collaboration.
- We have and are invited to many workshops, conferences for sharing information on prevention work
- Many communities have trialed curriculum. There is an opportunity to share curriculum (OWL, Anchorage School District (ASD), SEICUS, Roots of Empathy, the 4<sup>th</sup> R).
- Department of Education has a health curricula educator position pending
- Rural Cap (utilize volunteers in rural communities).
- Tap into university resources(graduate and undergraduate)
- Take advantage of conference / presentations, rural providers, school board, statewide PHN for presentation, statewide DATA collection efforts.
- There are other leaders, individuals, and agencies that would advocate for DELTA if they were informed.
- Statewide Steering Committee members are engaged and can engage others.
- There is an opportunity to engage faith-based communities
- Collaboration with work being undertaken by ICWA
- Work with new leadership (receptive)
- Community education systems and web/internet-based learning opportunities.
- Work more closely with faith-based communities

## Universal and Selected Populations Addressed in This Plan

While in Alaska there is not specific data on risk-factors for perpetration or victimization, the World Health Organization has identified some general risk and protective factors for intimate partner violence. Gender is the greatest determinant of perpetration or victimization. Men are the most likely to perpetrate intimate partner violence and women are most likely to be victims.

Many of the WHO risk factors associated with perpetration match the risk factors present in Alaska, including high rates of alcoholism, economic inequalities, and prevalence of child abuse or witnessing family violence, few economic opportunities, and other risks.

Based on available data and state level information the following selected populations have been chosen:

### 1) Youth Ages 11-21

After reviewing the data and discussing health, justice, education experiences across the state, there was consensus that systems in Alaska are failing many of our youth, especially Alaska Native youth and Alaska Native boys. Because most first time victimization and perpetration occurs between the ages of 16-21 (local data not available), the Statewide Steering Committee chose age groups 11-21 to be the target of two of our goals and have considered youth in many of the outcomes throughout this document.

### 2) Men and boys

In Alaska, as in other states the majority of perpetration is carried out by men. Alaska data also indicates that Alaskan many boys are already involved in risk behaviors that increase the likelihood of perpetration. The environmental scan indicated that there are few Alaska-trying strategies that have successfully engaged men in IPV prevention within Alaska. Surveys and community-based discussions indicate that men are underrepresented or largely not present in the discussion and solution around intimate partner violence prevention. This was established as a priority population to work with although we have fewer resources to build on in this area.

#### Universal Goals:

Many of the goals include outcomes that are more universal in nature. However, even goals and outcomes that were developed with universal populations in mind have placed some emphasis on geographical, cultural, and generational relevance.

For example, several strategies are focused on bringing Elders into the IPV prevention discussion and solution. This is building on the cultural practices of Alaska and will assist with overcoming historical trauma and reconnecting culturally significant adults with youth in the community.

#### System Goals:

We realized that many of the outcomes and goals for selected population will be chosen on a community to community basis, addressing health disparities and risk factors that fit within the community context. Much of the AK plan to prevent intimate partner violence and promote health relationships addresses system level goals and infrastructure that can support local level programming.

Several of our system goals involved education of specific individuals that are influential in the health and policy landscape. Policy makers and other IPV prevention educators were identified as essential population to focus on to successfully achieve systems goals.

### ALASKA'S IPV PREVENTION SYSTEM CAPACITY

Prevention system capacity is composed of the following eight dimensions:

1. System profile
2. Leadership
3. Strategic planning
4. Information sharing
5. Community and constituency focus
6. Human resources
7. System operations
8. Results/outcomes

The SSC did not use a formal measure of prevention system capacity, but rather engaged in discussions about state capacity to support primary prevention activities and strategies. Below is a summary of the two main areas of relevance to Alaska's prevention system: previous prevention efforts and policy.

**Prevention Efforts:**

Historically within Alaska, the vast majority of intimate partner violence prevention programming has fallen within secondary or tertiary prevention. Meaning most of the efforts are directed towards those who have had some experience as a victim or perpetrator.

Within the past ten years, several communities have begun to direct resources and energies towards primary prevention, stopping violence before it occurs. These efforts are primarily spearheaded by local domestic violence shelters. Most of these efforts are directed towards youth and often in school settings. Those communities with funding support and statewide technical assistance have been able to most effectively expand primary prevention organizing efforts within their community. There are many other primary prevention efforts for "selected populations" of this plan, which focus on reducing risk and enhancing protective. Many of these are shared with IPV risk and protective factors. Many of these programs have the ultimate goals of deflecting substance use, tobacco cessation, teen pregnancy and others. There are synergies with many of these programs which seek to address similar root causes and expand protective factors with individuals, influencers, and communities. Recent suicide prevention efforts have been trialed in remote villages and primarily Alaska Native communities. These are being researched and evaluated for effectiveness and feasibility for replication.

**Policy:**

Alaska statutes address the IPV and SV statewide, while individual communities have enacted (or not) specific community ordinances that are used to intervene in intimate partner violence and / or promote healthy relationships, ultimately leading to a reduction in incidence of intimate partner violence. Nationally, the primary law impacting intimate partner violence in Alaska and throughout the United States is the federal Violence Against Women Act (Title IV, sec. 40001-40703 of the Violent Crime Control and Law Enforcement Act of 1994 HR 3355), which addresses intimate partner and sexual violence, stalking, children exposed to intimate partner violence, health care to support victims of intimate partner violence, crisis support for victims of sexual violence, and efforts to engage men and communities in intimate partner and sexual violence prevention.

The central state statutes addressing intimate partner violence in Alaska are in Title 18 (Health, Safety, and Housing) of the 2006 Alaska State (A.S.) legal statutes. Chapter 66 includes statute A.S. 18.66.010, which establishes the Council on Domestic Violence and Sexual Assault (CDVSA) within the Alaska State Department of Public Safety. The purpose of the CDVSA is to plan and coordinate services for victims of intimate partner and / or sexual violence and their families; plan and coordinate services for perpetrators of intimate partner and / or sexual violence, and to provided for crisis intervention and prevention programs related to intimate partner and / or sexual violence.

Other sections of A.S. 18.66 address issues related to intimate partner violence including: protective orders (A.S. 18.66.100 – A.S. 18.66.170), definitions related to intimate partner and / or sexual violence intervention efforts in Alaska (A.S. 18.66.250), standards and procedures for health care in

intimate partner violence cases, continuing education for all public employees, court system employees, and prosecuting authorities (A.S. 18.66.310), and the establishment of intimate partner violence fatality review teams (A.S. 18.66.400). Other Alaska legal statutes addressing intimate partner violence directly or indirectly include: A.S. 11.41 (assault, stalking, kidnapping, etc), A.S. 11.46.300 – 310 (burglary), A.S. 11.46.320 – 330 (criminal trespass), A.S. 11.46.400 – 430 (arson) A.S. 11.46.475 – 486 (criminal mischief) A.S. 11.56.807 or A.S. 11.56.810 (terrorist threats), A.S. 11.56.740 (a)(1) (violating a protective order), and A.S. 11.61.120 (a)(2)-(4) (harassment).

There are currently no provisions in any state statute directly related to the provision or administration of programs or activities related to the primary prevention of intimate partner violence, including addressing populations at elevated risk for victimization or perpetration of intimate partner violence.

There is a high commitment amongst statewide steering committee and community level allies to initiate primary prevention efforts. Through advocacy of shelters, sexual assault services, health workers, steering committee members, and other community level advocates, greater attention has been placed on moving upstream. Noticeably, in recent years administrative and policy leaders are asking questions about prevention and reversing trends of the many of the chronic issues that exist within Alaska, including IPV.

[See Progress Report for greater discussion of Prevention System Capacity]

**DRAFT**