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HONORING AND SUPPORTING CHILD VICTIMS: THE INDIAN HEALTH SERVICE AND OFFICE FOR VICTIMS OF CRIME CHILD ABUSE PROJECT

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SPECIAL THANKS AND APPRECIATION

OFFICE FOR VICTIMS OF CRIME
CATHY SANDERS, DEPUTY DIRECTOR
FEDERAL CRIME VICTIMS DIVISION

INDIAN HEALTH SERVICE HEADQUARTERS EAST
DR. JUDITH THIERRY
DR. RICHARD OLSON

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IHS/OVC CHILD ABUSE PROJECT HISTORY AND EVOLUTION

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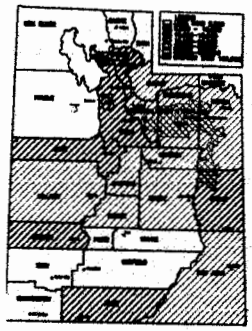
- Northern Ute Indian Reservation: 2-4 million acres
- Terrain: alpine to high desert
- Indian Communities: (population up to several hundred)
  - Whiterocks
  - Randlett
  - Myton



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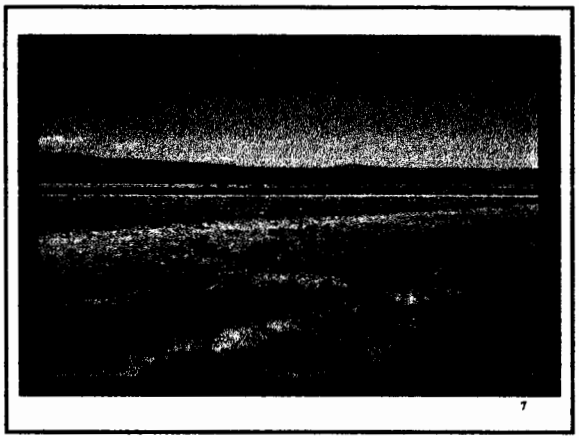

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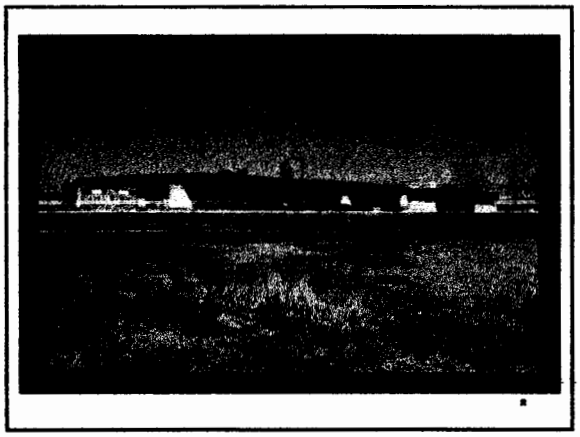

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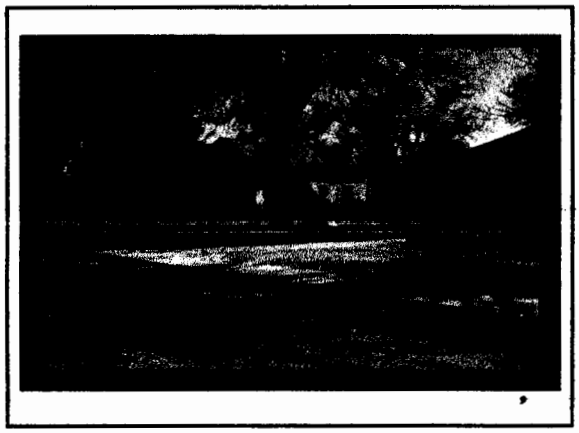

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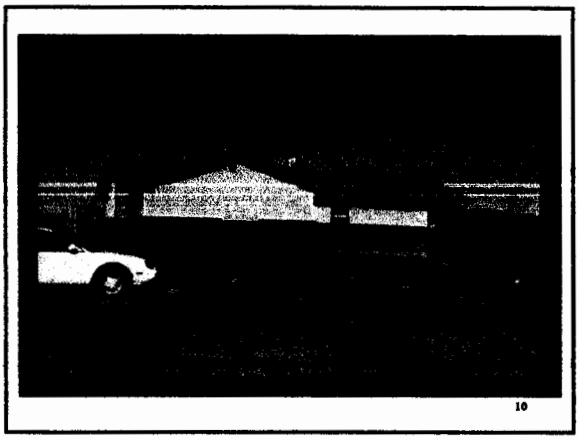

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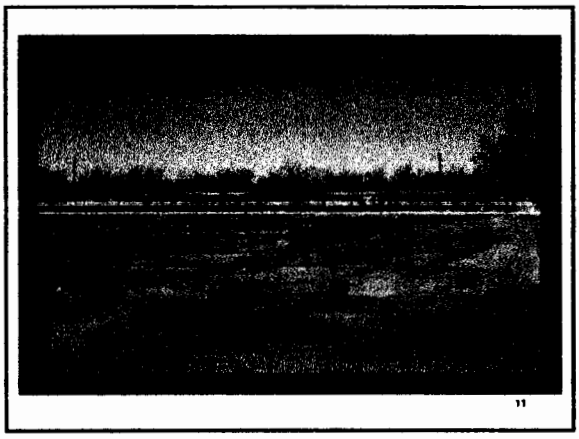

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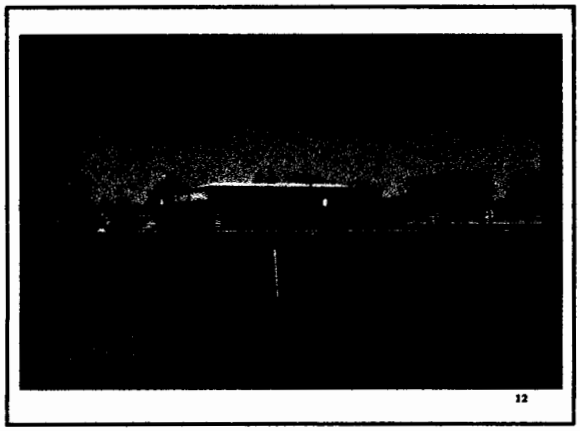

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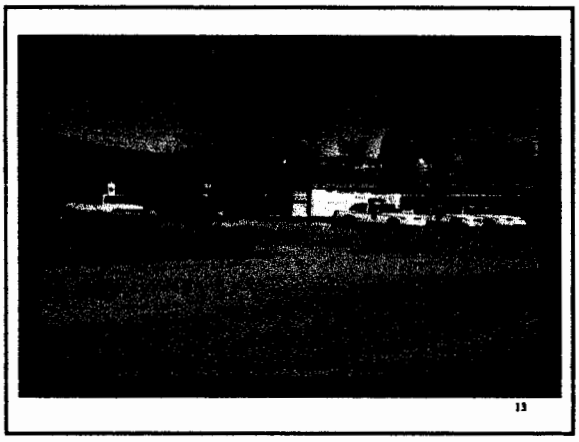

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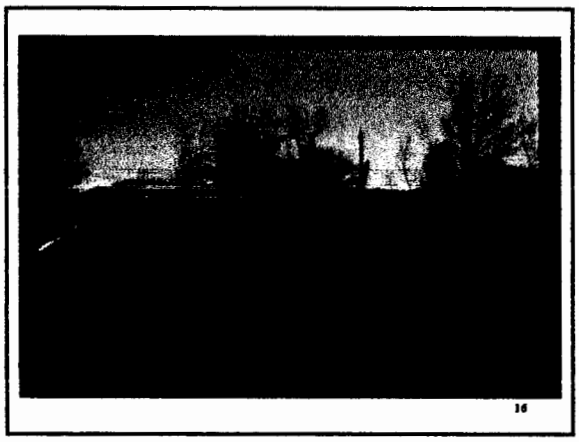

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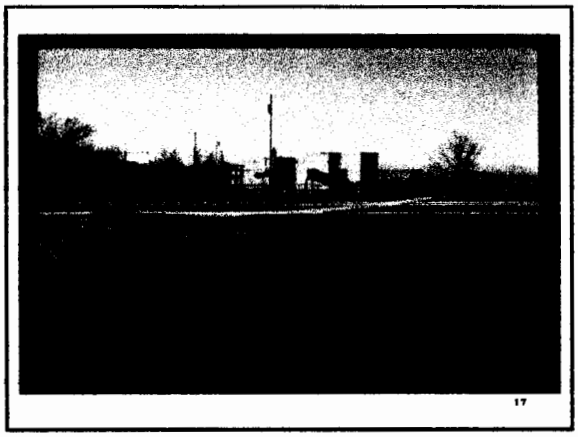

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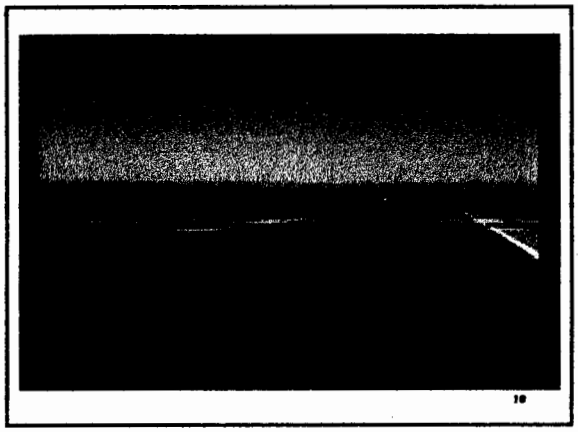

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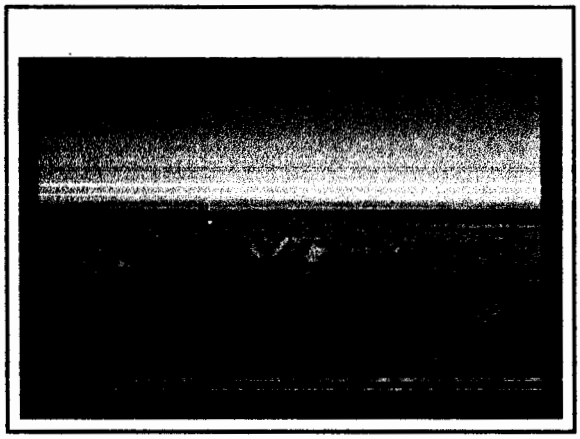

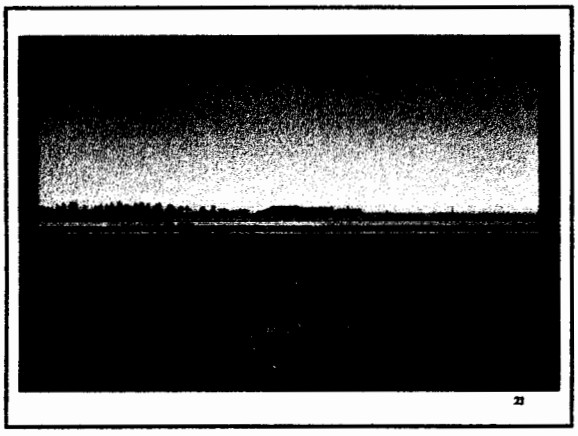

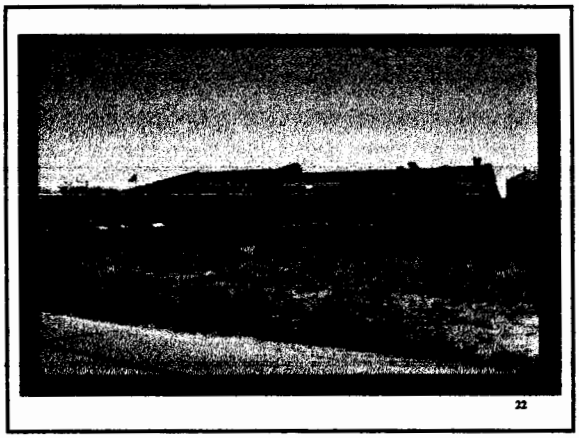

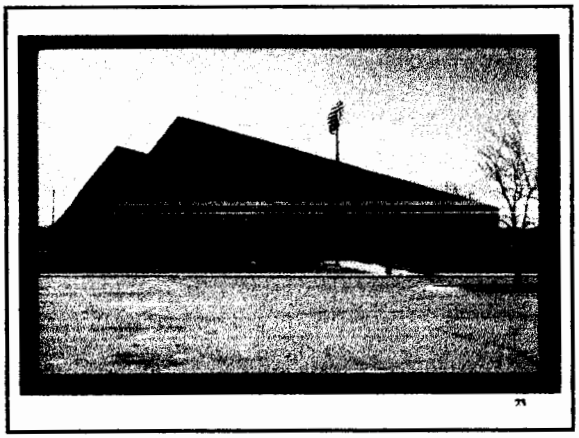

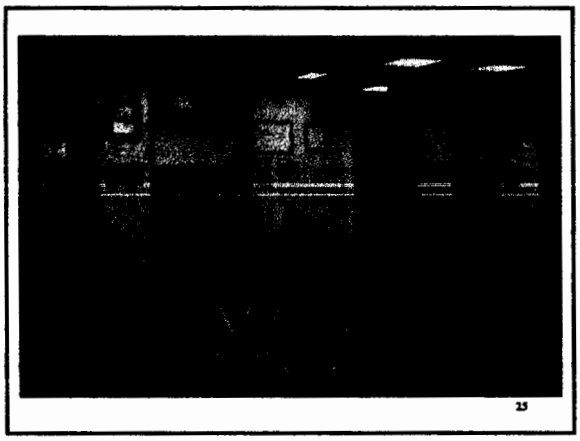

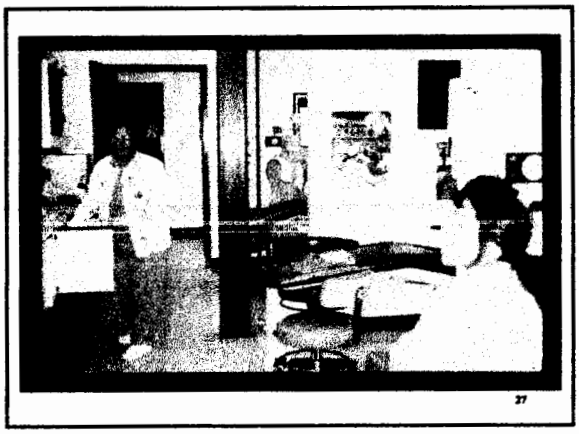

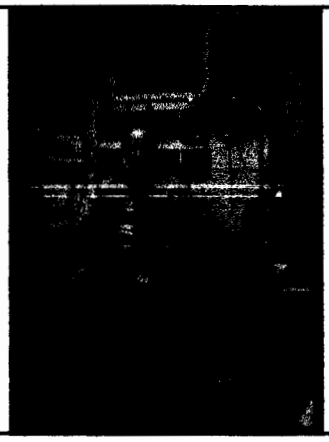

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STATISTICS

	Records (Pop. 6,000)	U&O Reservation (Pop. 3,162)	% Records	% U&O Reservation
Number of Referrals	* 220	115	*3.9%	3.6%
Substance Abuse Involved		45		or 39.3%
Child Abuse Referrals	6	6	3.4%	or 5.2%
Child Neglect Referrals	5	71	2.1%	or 62%
Sexual Abuse Referrals	15	38	6.3%	or 33%
Substantiated	69	89	*16.75%	or 77.4%
Unsubstantiated	151	16	*68.6%	or 13.3%
Referrals re-Open		40		3.4%
Referral to Social services or other agency		45		.6%
No Action Taken		1		
In Foster Care (as of 05/25/95)	43	97	19%	or 84.3%

Source of Information/ U&O Reservation: Wanda Thompson, U&O Tribal Social Services, 1994 figures taken from the U&O Child Protection Team and Referrals combined by Tribal Social Services (Grouds 5 of over, because of carry-over from quarter to quarter). Number represents unrelated children as well as non-enrolled children of enrolled members. (Enrollment figure of 3,162 from February 1995)

Records: Darla Taylor, Child Protective Branch of State Social Services, December 1994 figures taken when Jic Boss was involved with Tribal investigation of abuse/neglect.

*: Child Protection Team in the Division of Family Services, for Duchesne County and western half of Uintah County for 1995.

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BARRIERS TO RECEIVING MEDICAL EVALUATIONS FOR CHILD ABUSE VICTIMS RESOLVED BY THE IHS/OVC CHILD ABUSE PROJECT

- Geography
- Weather
- Distance to available service
- Wait for appointment
- Cost
- Local resource, community based
- Cultural considerations

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PROJECT HISTORY

- Began in 2002 as a coordinated effort between Indian Health Service (IHS) and Office for Victims of Crime (OVC) to provide training and resources in the medical evaluation of child maltreatment to physicians, nurse practitioners, and physicians assistants who care for Native Americans and Alaskan Native children
- Evolved from a successful pilot project at the Ft. Duchesne Indian Health Center in Utah (Northern Ute Reservation)
- Same model of care used by the state of Utah's Children's Advocacy Centers

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IHS/OVC CHILD ABUSE PROJECT

MISSION -

To educate Indian Health Service and Tribal medical providers on policies, procedures and requirements related to the medical examination of child abuse victims, interviewing techniques, written consultation, image documentation, and court testimony.

VISION -

Creation of an Indian Health Service-wide standard of care for the child abuse victim, the creation of a national IHS data base and statistical tracking mechanism, and the establishment of highly qualified experts who can serve as resources.

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FUNDING

- Office for Victims of Crime:
  - 2000: $214,000
  - 2002: $200,000
- Indian Health Service Headquarters East:
  - 2005: $286,000
- Pursuing partnership with University of Utah so private and foundation funding sources can be sought for more permanent on-going project funding

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PARTNERS - PAST, PRESENT, AND FUTURE

- 2000 Training: St. Luke's Regional Medical Center
  Boise, Idaho
- 2003 Training: Project Making Medicine
  University of Oklahoma Health Sciences Center
  Oklahoma City, Oklahoma
- 2005 Training: University of Utah
  Primary Children's Medical Center
  Salt Lake City, Utah

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COURSE REQUIREMENTS

- Is a two year training commitment
- Year One -
  - One week intensive didactic/classroom training (CME's provided)
  - Needed hardware/software purchased for each site for photo-documentation of clinical findings and to establish the telemedicine link
  - Participants conduct medical examinations of child victims of abuse with photodocumentation

continued . . .

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- One week preceptorship with national expert faculty of your choice (hands on clinical and mentoring experience scheduled at student and faculty convenience, CME's provided)
- Sites establish telemedicine link with base (computers of participant and Project Director are able to transfer data with Second Opinion software)
- All cases conducted by participants with specific data sent to Project Director for consultation, peer review, teaching via software provided
- National expert consultation available as determined by Project Director

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- Year Two -
  - Participant photodocumentation skills perfected
  - One week advanced preceptorship with national expert faculty of your choice (hands on clinical mentoring experience with focus on case interpretation as a consultant; scheduled at student and faculty convenience, CME's provided)
  - Cases conducted by participants sent to Project Director for consultation, peer review, teaching via software provided
  - Development and implementation of site specific policies and procedures for service

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- Participation in monthly Grand Rounds (CME's provided)
- Site visit by Project Director
- Certificate of Excellence Award upon successful completion of both years of training
- Encouraged to be "expert" for local geographic area
- Attend at least one national child abuse conference with a specific medical track on a yearly basis
- All IHS/OVC Child Abuse Project resources still available to all those who have successfully completed the course

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HOW DOES THE IHS/OVC CHILD ABUSE PROJECT WORK?

Year One:

- Participant sites identified
- Classroom didactic training
- Conduct exams on site
- Preceptorship
- Telemedicine link established with base
- All cases sent to base for review
- Monthly peer review

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Year Two:

- Medical exams continue on site
- Monthly peer review continues
- Advanced preceptorship
- Program development
- Site review
- Successful course completion
- Consultant in geographic area
- Continuing child abuse education

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PREVIOUS PROJECT PARTICIPANTS

2000 CLASS

- Alaska - Bethel, Dillingham, Kotzebue, Juneau
- Arizona - Whiteriver, Tuba City, San Carlos, Gila River
- New Mexico - ACL Hospital
- Montana - Ft. Belknap, Ft. Peck, Crow Agency, Northern Cheyenne
- Wyoming - Ft. Washakie

*Those highlighted in red will complete the course.

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PRESENT PROJECT PARTICIPANTS

2003 CLASS

- Alaska - Bethel, Kotzebue, Juneau
- New Mexico - Gallup, Shiprock, Pine Hill
- North Dakota - Belcourt
- Michigan - Baraga, Sault Ste. Marie
- Montana - Northern Cheyenne
- Oklahoma - Clinton
- South Dakota - Sisseton, Wagner, Ft. Thompson

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NATIONAL EXPERT FACULTY

- Dr. Astrid Heger, Executive Director
  Violence Intervention Program
  LAC+USC Medical Center, Los Angeles
- Dr. Lori Frasier, Medical Director
  Child Protection Team
  Primary Children's Medical Center, Salt Lake City
- Dr. Robert Block, Chair, Department of Pediatrics
  University of Oklahoma, Tulsa
- Dr. Carolyn Levitt, Executive Director
  Midwest Regional Children's Advocacy Center
  St. Paul

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- Dr. Jay Whitworth, Director
  Child Abuse Network, Jacksonville
- Dr. Joyce Adams
  Clinical Professor of Pediatrics
  University of California, San Diego
- Dr. Rich Kaplan
  Midwest Regional Children's Advocacy Center
  St. Paul
- Dr. Deborah Lowen
  University of Oklahoma - Tulsa
  College of Medicine

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SCOPE OF PRACTICE FOR PARTICIPATING MEDICAL PROVIDERS

- The Project will train participants to perform the following services:
  - A medical interview
  - A complete physical examination including a directed medical examination and image documentation
  - Diagnosis and treatment of physical injuries, infections, trauma, other medical conditions

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- Participation in continuing educational opportunities
- Educational/resource information to families and caregivers
- Performance improvement measures that include peer review, data collection, and evaluation of services

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SCOPE OF PRACTICE FOR PARTICIPATING EXPERT FACULTY

- The Project Director and national expert faculty will provide the following services to participating medical providers:
  - A reliable and credible resource system for education AND consultation
  - Focused review of all submitted cases based on current evidence-based knowledge and practice with timely recommendations AND feedback

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- Consultation availability 24 hours/7 days a week
- Training and experience opportunities to obtain and maintain knowledge/skills in the evaluation of child maltreatment
- Regular case review for performance improvement/quality management

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PROJECT REFERRAL POLICY

- Project Referral Policy:
  - Referral sources include law enforcement, social services, prosecutor, court, child protection team - must be reported
  - Other medical providers may refer for assistance in determining normal variants, abnormalities, diagnosis of disease
  - During Year One ALL photodocumentation of cases conducted by course participants will be sent via telemedicine to the Project Director

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- Project Director will determine if a particular case needs national expert consultation
- If so, the Project Director will review the case with the expert faculty member and respond to the initial medical provider with recommendations
- After Year One based on individual participant performance and at the determination of the Project Director, only cases with abnormal, unusual, or undetermined findings will be required to be sent to the Project Director
- Verbal consult available 24/7 via telemedicine, written hard copy sent in 7 working days, hard copy expert consult in 10 working days

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SUPPORT DURING THE JUDICIARY PROCESS

- Project Director and national expert faculty will support project-trained medical providers by providing technical assistance
- Participants are asked to utilize depositions and/or affidavits and other standard law practices when allowed by the courts to minimize court appearances and travel/time costs by the Project Director and expert faculty
- If a court appearance becomes necessary, the particular circumstances of a given case will determine responsibility for associated time and travel costs

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MEDICAL INTERVIEW

- The medical provider shall create a sensitive and supportive atmosphere for children to discuss alleged events of maltreatment that is designed to –
  - Minimize discomfort
  - Gather information as objectively as possible within the child's developmental capabilities
  - Provide a safe, controlled, confidential environment
- Interview progresses from general open-ended questions to focused questions

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- Non-offending parent or guardian may be present at the request of the child
- Content of interview documented and made a permanent part of the record
- A verbal summary of the interview may be given to the non-offending parent or guardian along with resource materials
- A general and focused medical history and reason for referral will be obtained prior to examination
- This medical history is different from the forensic interview

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MEDICAL FORENSIC EXAMINATION

- Relaxed orientation to exam room, medical equipment, and procedure should occur and be specific for the child's age, developmental level, emotional status, and medical condition
- Medical forensic examination will include a complete physical assessment and utilize special tools/equipment for collecting and documenting evidence (colposcopy, photography, video, software, specimen collection, x-ray, other) regardless of findings

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- A developmental screen should be performed and documented (standardized)
- Informed consent must be signed before examination
- Reasons for referral may include but not be limited to disclosure or history of body injury or pain, genital or rectal infection, pregnancy, fear for personal health, disclosure of inappropriate personal contact, unexplained change in behavior
- Examination is attempted only with the child's consent and cooperation with a qualified assistant present
- Child may request the presence of a non-offending parent or guardian

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- Under NO circumstances will force or restraints be used, which may necessitate the exam being attempted on another day
- If the child is uncooperative and the exam must be done immediately or if the use of sedation is deemed necessary, the exam will be scheduled and conducted in an appropriate facility
- Documentation of the medical examination will be done in a timely manner and stored in a locked, secure place not a part of the regular chart
- Documentation will include medical history and examination, developmental screen, psychosocial history, chain of evidence and specimens, signed informed consent, images of injuries, lab and x-ray results, typed medical consultation
- All documentation to be completed and signed by medical provider within 10 working days

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PEER REVIEW

- Case review conducted (called Grand Rounds) bi-monthly via computer and conference call
- Specific cases sent to all participating medical providers before the session
- Cases will be discussed by group, comments and recommendations made
- Log maintained of cases presented, attendance, and recommendations
- Scheduled in advance for one hour (four time zones)
- CME's awarded through the Indian Health Service Clinical Support Center for participation

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DATA COLLECTION

- Specific data collected to evaluate effectiveness of both process and outcome of project
- Analyzed for purpose of program improvement, program effectiveness, and justification for future funding
- Two forms of data to be collected:
  - Site specific data to be submitted by each participant prior to project and after completion of both Year One and Year Two
  - Case specific data submitted with every case

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SITE SPECITIC STASTICAL DATA

(Submitted yearly)

- Report for the last year:
  - Total number of all reported child abuse cases
  - Total number substantiated child abuse cases
  - Total number medical examinations performed
  - Total number of reported child abuse cases where alleged perpetrator was arrested
  - Total number cases accepted for prosecution
  - Total number of medical providers at this facility who perform forensic medical exams for child abuse

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CASE SPECIFIC STATISTICAL DATA

(Submitted with each case)

- Victim age, sex, date of birth, ethnicity
- Date and type of contact
- Referring agency
- Alleged perpetrator age, sex, relationship to victim
- Medical examination findings
- Specimens collected, labs/x-rays ordered
- Was the alleged perpetrator arrested
- Status of the case in the legal system

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PROJECT SITE VISIT

- Is a requirement for completion of Year Two
- Made by the Project Director to conduct review
- Patient records reviewed
- Those involved with child abuse cases will be interviewed (law enforcement, social services, victims advocates, multidisciplinary teams, other)
- Site specific policies and procedures will be evaluated for completeness and perceived impact on care and case processing
- Examination room and atmosphere will be evaluated
- Methodology provider uses to conduct medical examinations will be evaluated
- Other aspects evaluated as needed

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SITE SPECIFIC POLICIES AND PROCEDURES

- Criteria for identification of victims
- Education/experience/CME requirements for staff performing medical forensic exams
- Intake procedure on how to obtain services
- Forms to be permanent part of medical record
- Detailed description of services provided
- Scope of treatment available
- Referral system to be utilized
- How to obtain case consultation
- How information/data is documented/released
- Quality improvement activities

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SUCCESSFUL COURSE COMPLETION

- Upon successful completion of this two year course, the successful participant will be awarded a Certificate of Excellence
- This certificate is expected to be kept current by the participant attending at least one national child abuse conference per year that has a specific medical track (i.e. Huntsville, San Diego, other)
- Each successful participant will be strongly encouraged to become the "expert" in their respective geographic area with the resources of the project still available as needed

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HOW HAS THE IHS/OVC CHILD ABUSE PROJECT BEEN RECEIVED?

- More Indian sites have requested to participate than present funding can support
- NonIHS sites request to participate
- Utah State CJC's use same telemedicine model
- Frequent requests to present program at national conferences
- Service not publicized but well known in Utah
- Viewed as a successful innovative program in the Phoenix Area and in Indian Health Service
- Is nationally known as a high quality training program for managing child maltreatment

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WHAT PROBLEMS HAS THE PROJECT ENCOUNTERED?

- Funding not permanent and ongoing
- Turnover of medical personnel in the IHS
- Medical provider shortage in IHS
- Coordination for hardware/software hookup
- Delinquent data forms from participants
- Taking longer than two years to complete program
- Technophobia

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RECOMMENDATIONS AND STRATEGIES FOR YOUR COMMUNITY

- Be familiar with a PC and its operation
- Know who, where, and how child abuse evaluation services are provided in your area
- Demo copy of software with 25 folders available free from manufacturer (www.2opinion.com)
- Become familiar with child abuse experts in your geographic area for support and resource
- Be willing to organize/participate in fund raisers
- Always be an advocate for victims of abuse
- Contact the IHS/OVC Child Abuse Project

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The IHS/OVC Child Abuse Project is a successful and functional example of how a health disparity (lack of medical evaluation services for child abuse) can be eliminated through modern technology and cooperation between federal (Indian Health Service, Office for Victims of Crime), state (Utah State Attorney General's Office), and local agencies (Uintah Basin Medical Center, Ashley Valley Medical Center, others).

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FOR MORE INFORMATION:

http://www.ovccap.ihs.gov

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