

Protecting Children from Sexual Abuse In Health Care Settings

Supporting a Culture of Community Safety





Protecting Integrity of Professional Standards and Accountability

- ▶ IHS is Committed to Promoting a safe environment:
- ▶ Openness of communication
- ▶ Feedback and communication about error
- ▶ Supervisor/manager expectations and actions promoting safety

Ulrich, B., & Kear, T. (2014). Patient Safety and Patient Safety Culture: Foundations of Excellent Health Care Delivery. *Nephrology Nursing Journal*, 41 (5), 447–457. Retrieved from <http://ezproxylr.med.und.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=103907589&site=ehost-live&custid=s9002706>

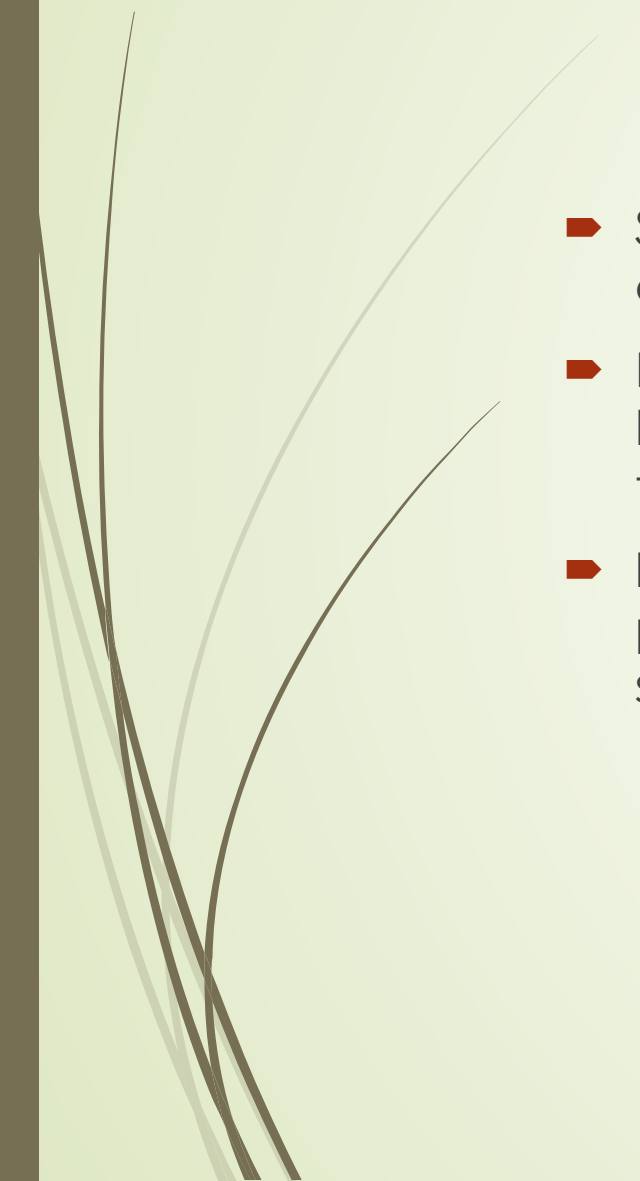


Objectives of this Training

- ▶ Review IHM Part 3, Chapter 20 *Protecting Children from Sexual Abuse by Health Care Providers* using a trauma-informed care approach.
- ▶ Discuss indicators of child sexual abuse.
- ▶ Discuss warning signs and common behaviors of an individual who may be engaged in sexually abusive activities.
- ▶ Highlight organizational safeguards that may be used to ensure patient safety and address professional standard violations.
- ▶ Demonstrate understanding of *IHM Part 3, Chapter 20 Protecting Children from Sexual Abuse by Health Care Providers* by applying interventions in case scenarios.
- ▶ Provide additional resources for employee guidance.



Sensitive Nature of the Content

- ▶ Some participants in this training may feel “triggered” by some of the content in this presentation.
 - ▶ Being “triggered” means that some part of the presentation suddenly brings back memories, or emotions from your past that are unpleasant, traumatic or emotionally painful.
 - ▶ If you have an unexpected emotional reaction to any content in this presentation, we suggest you acknowledge this experience and speak to someone about what you’re feeling or remembering.
- 



Employee Self-Care

- ▶ While this training is pertinent to employment within the Indian Health Service, the health and well-being of employees is always a priority.
- ▶ Contact your Employee Assistance Program if you feel like the presentation has triggered something for you and you need to discuss it.
 - ▶ Use of the EAP is confidential
 - ▶ Individual problem assessment, short term counseling, Critical Incident Stress Debriefing, and referrals for ongoing care.
 - ▶ The EAP office contact phone numbers: 1-800-222-0364 or 1-888-262-7848.



Protecting Children from Sexual Abuse by Health Care Providers

- ▶ This training is related to IHM Part 3, Chapter 20 *Protecting Children from Sexual Abuse by Health Care Providers* should be included in **new employee orientation** and as an **annual review**.
- ▶ This policy applies to **all** Indian Health Service (IHS) health care employees, including (but not limited to) regular employees, volunteers, and contractors.
- ▶ The policy covers sexual abuse, or reasonable suspicion of sexual abuse, committed at any location by any provider working for the IHS.



Trauma Informed Care



- ▶ Trauma and historical trauma can impact patients, communities, staff, and an organizational culture.
- ▶ Experiences of trauma and historical trauma impact interactions with the health care system and patient-provider relationships
- ▶ Providing trauma informed care which emphasizes physical, psychological, and emotional safety for both providers and patients creates opportunities to rebuild control and empowerment.
- ▶ For more information visit <https://wwwdev.ihs.gov/dbh/traumainformedcare/>



Protecting Children from Sexual Abuse by Health Care Providers

- ▶ **All** IHS employees are responsible for the care and safety of patients in our care. Patients have a right to be treated with respect and dignity at all times.
- ▶ **All** IHS providers are held to the highest ethical standards, because our patients are particularly vulnerable due to mental or physical health issues and the inherent power differential in the provider-patient relationship.
- ▶ **All** IHS staff have a responsibility to ensure the rights and safety of patients in our care, including the right to healthcare in an environment free from abuse or exploitation.
- ▶ Children are especially vulnerable to abuse and each person in IHS has a responsibility to:
 - ✓ Ensure the safety of children in health care settings
 - ✓ Abide by appropriate provider-patient boundaries, and
 - ✓ Scrupulously follow reporting requirements and investigation procedures as specified in this policy



Protecting Children from Sexual Abuse by Health Care Providers

- ▶ Providers should adhere to ethical standards of their given profession and licensing requirements.
- ▶ Under no circumstances should **any** IHS staff engage in sexual activity, sexual communication (through the use of technology or in person), or sexual contact with current or former patients under the age of 18, whether such contact is voluntary or forced.
- ▶ There is **zero tolerance** for all forms of sexual abuse of patients.
- ▶ **IHS facilities will post** information on how IHS staff members, patients, parents, and others may report sexually inappropriate behavior related to an examination, a provider's actions, or a provider's statements to the facility's administration, IHS Hotline, the Office of the Inspector General (OIG), and to the appropriate law enforcement and/or child protective services agency.
- ▶ **No administrative or other adverse action will be taken against an IHS staff member who, in good faith and in accordance with applicable laws and policy, reports suspicions of sexual abuse by a health care provider.**



What is sexual abuse?

- ▶ Child sexual abuse (which includes exploitation and sexually inappropriate behavior) is engaging a child in sexual activities, including genital or anal contact, that he or she cannot comprehend, is developmentally unprepared for, and cannot give consent for, or violates the law; non-contact abuse such as exposing the child to exhibitionism, voyeurism or sexually explicit material; using the child in pornography; and pandering the child for sex by others.
- ▶ Sexual abuse includes the employment, use, persuasion, inducement, enticement, coercion, or assistance of any person in order to engage in any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; the rape, statutory rape, molestation, commercial sex with, or other form of sexual exploitation of children; or incest with children. The sexual activities may include all forms of fondling, oral-genital, genital, or anal contact by or to the child.
- ▶ The most reliable indicator/sign of child sexual abuse is a child's statement that such activity occurred.



Inappropriate behaviors commonly used by abusers.

- ▶ “Grooming” is the progressive process where an abuser uses manipulative behaviors to gain the confidence of a child
 - ▶ Befriending and establishing an emotional connection with a child or child’s family member, with the aim of lowering the child’s inhibitions and the objective of sexual abuse.
 - ▶ A gradual process by which an offender draws a victim into a sexual relationship and maintains that relationship in secrecy.
 - ▶ Not only is the targeted child manipulated in this process, but the manipulation can also include the child’s family/support system and the abuser’s co-workers and professional organizations.
- ▶ “Abusers” are typically skilled at gaining the confidence of coworkers and colleagues. They use that process to create a positive image of themselves and avoid suspicion.



Six Stages of Grooming

- **Stage 1: Targeting the victim**

A potential abuser targets a victim by sizing up the child's vulnerability (such as poverty, loneliness, bullied, low self confidence)

- **Stage 2: Gaining the victim's trust**

A potential abuser gains trust by watching and gathering information about the child, getting to know his/her needs and how to fill them.

- **Stage 3: Filling a need**

Once the potential abuser begins to fill the child's needs, that adult may assume noticeably more importance in the child's life and may become idealized. Gifts, extra attention in the form of spending time, electronic interaction, providing transportation, and supporting the child in ways that other caregivers may not be may distinguish the abuser in particular.



Six Stages of Grooming

➤ **Stage 4: Isolating the child**

The abuser uses the developing special relationship with the child to create situations in which they are alone together. This isolation further reinforces a special connection. Examples:

- Babysitting, tutoring, coaching, invitations to their home, providing transportation and special trips all enable this isolation.



Six Stages of Grooming

- ▶ **Stage 5: Sexualizing the relationship**

At a stage of sufficient emotional dependence and trust, the offender progressively sexualizes the relationship. Desensitization occurs through talking, pictures, progressive physical contact, even creating situations (like going swimming or performing a medically unnecessary genital exam) in which one or both the offender and victim are naked.

The child may internalize blame for the interactions, be forming an emotional attachment to the abuser, or fear the repercussions of reporting the abuser's actions.

The child may also be so young that they are unaware any sexual activity took place.



Six Stages of Grooming


- ▶ **Stage 6: Maintaining control**

Once the sexual abuse is occurring, abusers commonly use secrecy and blame to maintain the child's continued participation and silence—particularly because the sexual activity may cause the child to withdraw from the relationship.



Examples of Warning Signs in the Health Care Setting

- ▶ Staff member who exhibits a lack of respect towards the patient's personal boundaries (physical, emotional and social).
- ▶ Staff member who seeks to minimize, rationalize and normalize their unethical behavior with colleagues, or persuades others to disregard agency policy.
- ▶ Staff member who seems to prefer working with only children, or certain type of children (gender/age/size), and tries to find ways to treat them alone when it would be appropriate for another person to be there.
- ▶ Staff member who engages in touching that seems clearly unrelated to the reason for the medical visit.
- ▶ Staff member who invites young patients to their home, or other locations, to have personal interaction outside the healthcare setting.
- ▶ Staff member who provides personal gifts, money, or extraordinary services to vulnerable patients or their families.



Staff should maintain appropriate patient and family boundaries, including:

- ▶ Limiting communication and contact to subjects related to the care of the children and services to meet family needs.
- ▶ Refraining from any inappropriate contact with patients outside of the scope of work, including but not limited to:
 - ▶ Providing child care outside of the IHS operated facility;
 - ▶ Providing transportation in personal vehicles;
 - ▶ Inviting children to locations away from the IHS operated facility, including staff housing;
 - ▶ Sharing personal information beyond what is typically appropriate to create professional rapport;
 - ▶ Exchanging personal contact information, including personal phone numbers, physical addresses, and e-mail addresses;
 - ▶ Interacting on social media;
 - ▶ Accepting gifts, both monetary and non-monetary;
 - ▶ Offering gifts or money;
 - ▶ Other social contact that is outside the patient-provider professional relationship.
 - ▶ Taking or possessing images of patients on personal devices at any time. Patient images obtained for patient health records will comply with the standard practice for photo-documentation.



Creating connections to the community while maintaining boundaries

- ▶ IHS encourages providers and staff to connect to the community that they serve by participating in various activities and events.
- ▶ The process of building appropriate relationships with the community can go beyond the healthcare setting. Examples of appropriate activities are:
 - ▶ Attending a community pow wow
 - ▶ Accepting an invitation to participate in a community ceremony, or other event
 - ▶ Shopping at the local grocery store
 - ▶ Coaching a community sports team
- ▶ These activities are appropriate when done with the support of a group.
- ▶ Isolated interaction with children, or young adults or small groups should be avoided in any context as it is potentially unethical.

Availability and Use of Chaperones


- ▶ Chaperone. A member of staff who has a favorably adjudicated background investigation as required under 25 U.S.C. § 3207 and 34 U.S.C. § 20351, and **who attends a medical procedure or exam as a safeguard and witness, for both the child and the health care provider.**
- ▶ Two Uses of Chaperones:
 - Providers who are pending a favorably adjudicated background investigation must be within sight and under the supervision of a chaperone when in contact with or control over a child.
 - Chaperones should be offered and supplied by IHS providers if the patient is a child, adolescent, or young adult and the examination requires inspection or palpation of anorectal or genital areas and/or the female breast.
- ▶ Patient Education Regarding the Availability of Chaperones



Responsibility to Report Child Sexual Abuse or Reasonable Suspicion of Sexual Abuse

All IHS Staff are now responsible for:

- ▶ Reporting immediately, and in all cases within 24 hours, any incident or reasonable suspicion of sexual abuse of a child by a health care provider directly to the proper child protective and/or law enforcement authorities, and to the OIG Hotline at 1-800-447-8477.
- ▶ Reporting any incident or reasonable suspicion of sexual abuse of a child directly to their supervisor, the CEO, or alert the next supervisor in the chain of command if the first line supervisor is the one suspected of child sexual abuse, and the IHS Hotline at 301-443-0658 within the same day of the incident.
- ▶ Documenting the report in the IHS Incident Reporting System within five business days.



Any Suspicion of Sexual Abuse of a Child by an IHS employee including Health Care Providers should be reported through the following mechanisms:

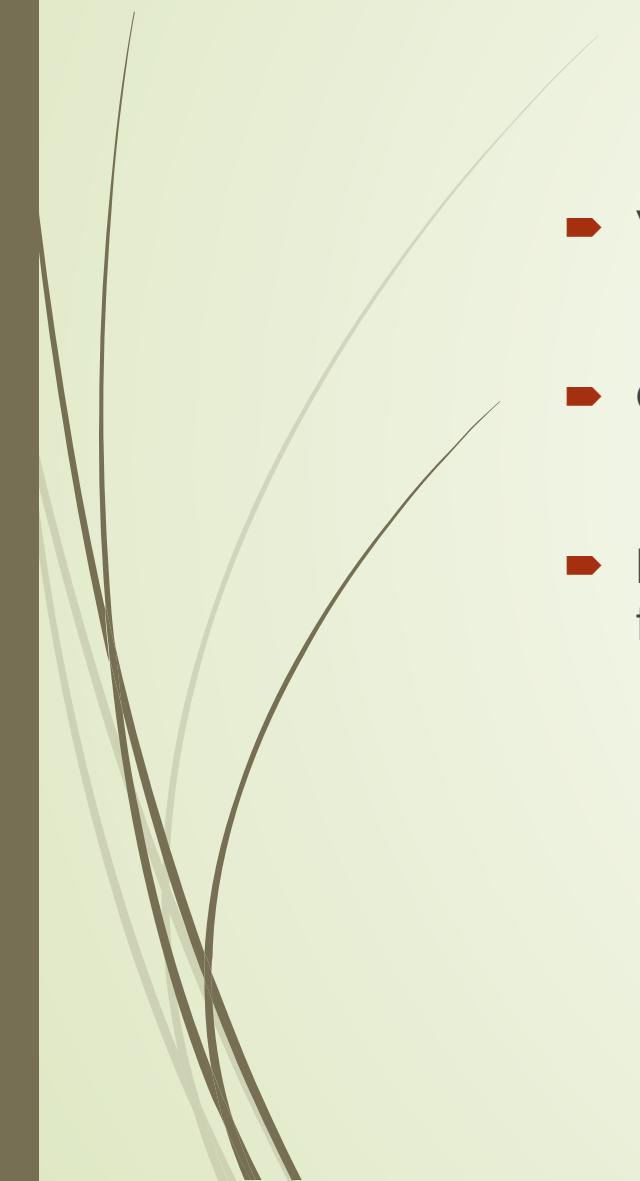
Report to Local LE/CPS
OIG Hotline
1-800-447-8477

Same Day Internal Chain of Command Notification
Direct Supervisor
CEO
IHS Hotline:
301-443-0658

Risk Management Incident
Report within 5 days



Unsure of Required Actions?

- ▶ Violations of professional ethics/standard of behavior
 - ▶ Gossip about suspicious behavior with inability to confirm information
 - ▶ Patient reports being uncomfortable with provider but will not give reasons for declining provider
- 



Unsure of Required Actions?

- Enlist Organization Resource and Leadership Staff for Further Guidance
 - Supervisor
 - Risk Manager
 - Quality Assessment/Performance Improvement
 - Peer Review
 - CEO

Document:

- Details of the specific concern or question
- Any other staff or patient witnesses
- Dates, times, circumstances of concerning issue
- Names of staff members receiving incident report (verbal or written)



Staff Rights

- ▶ Reprisals for reporting are prohibited
- ▶ Any attempt by any staff member as well as the provider under investigation, to restrain, interfere, coerce, or otherwise take reprisal action against another staff member who has reported the alleged violations is against the law. Such actions may result in disciplinary action.
- ▶ No FEAR Act, 5 U.S.C. § 2302 (b)(8)



Staff Rights

- ▶ Confidentiality. All allegations of child sexual abuse and related information will be maintained on a confidential basis to the greatest extent possible. The identity of the staff member reporting the alleged violations, as well as the health care provider under investigation, will be kept confidential, except as necessary to conduct an appropriate investigation into the alleged violation or when otherwise required by law.



Staff Rights

- ▶ Grievance Process. Reports and actions pursuant to this policy do not replace, substitute, include, or otherwise satisfy the different forums that staff may utilize, including but not limited to the following processes: the negotiated grievance procedure, Agency grievance procedure, Merit Systems Protection Board, Equal Employment Opportunity, or any other statutory processes.



Supervisory Role

- ▶ Ensuring completion of past employment performance checks. Thoroughly document pre-employment vetting in personnel file and be able to reasonably conclude employee performance meets the agency's professional standards of conduct prior to selection for hire.
- ▶ Ensuring adequate availability of qualified chaperones for each shift where new employees or contractors lacking CNACI clearance may come into contact with children
- ▶ Ensure chaperones have an adjudicated background check on file and they understand their role during direct patient care visits
- ▶ Ensure direct patient care staff are able to access a qualified chaperone as needed and are appropriately educating patients regarding availability



Supervisory Role-Receiving Reports of Child Sexual Abuse or Suspicion of Sexual Abuse

- ▶ Ensuring all reported incidents of inappropriate sexual contact are documented in the IHS Incident Reporting System by the reporting employee or entering the information when receiving an anonymous report;
- ▶ Notifying the health care provider's licensing board(s) and the National Practitioner Data Bank of any disciplinary actions, in consultation with OGC;
- ▶ Immediately removing a health care provider from any duties involving patient care interactions when a reasonable suspicion of child sexual abuse has been reported and following Human Resources guidance for further actions during the investigation; and
- ▶ Should supervisors suspect that a health care provider's relationship with a patient or family member fails to meet professional guidelines, counseling or other disciplinary actions may be taken, including terminating the provider's professional relationship with the patient and family and assigning the patient and family to different providers.




Supervisory Role-Protecting Reporters

- ▶ Keeping confidential, to the extent possible, the identity of the reporter of suspected child sexual abuse and taking steps to prevent retaliation;
- ▶ Keeping confidential, to the extent possible, the identity of the health care provider under investigation



Applying IHM Part 3 Chapter 20: Protecting Children from Sexual Abuse by Health Care Providers

Case Scenario 1




Michelle is finishing up her night shift as a Registered Nurse at 5:30 AM and realizes that she still had to check on a patient's temperature after administering a medication earlier. Michelle enters the room of her 6 year old male patient diagnosed with pneumonia, Chad, as the hospitalist is leaving. The hospitalist reports that Chad's mother went home to get a change of clothing and will return within the hour. As Michelle converses with Chad, he seems distressed and tells Michelle that "the doctor pulled down my pajamas and touched my privates". Out of concern, Michelle asks the designated shift chaperone to stay with the patient. Michelle returns to the nurses station and checks Chad's record in the EHR. She sees no indication of the need, or any order for, a genital-rectal exam.

- Michelle is suspicious of the situation. What should she do next?



Scenario 1: Michelle's Actions


- ▶ Michelle called security and another Registered Nurse to the patient's room to ensure safety until the parent returned.
- ▶ Michelle then called local law enforcement to report her concerns and the child's statement to her.
- ▶ Michelle paged her supervisor and then reported her concerns and provided an update of actions taken. Michelle's supervisor notified the CEO and medical director. The medical director found a replacement for the hospitalist and removed the hospitalist from service during the investigation.
- ▶ Michelle called the OIG hotline 1-800-447-8477 to report the incident
- ▶ Michelle called the IHS hotline 301-443-0658 to report the incident
- ▶ The patient was referred for a pediatric forensic exam
- ▶ Michelle completed a report in the facility's Incident Reporting system



Reminder of the process

All IHS Staff are now responsible for:

- ▶ Reporting any incident or reasonable suspicion of sexual abuse of a child by a health care provider directly to the proper child protective and/or law enforcement authorities following legally required timelines in consultation with OGC, and to the OIG Hotline at 1-800-447-8477.
- ▶ Reporting any incident or reasonable suspicion of sexual abuse of a child directly to their supervisor, the CEO, or alert the next supervisor in the chain of command if the first line supervisor is the one suspected of child sexual abuse, and the IHS Hotline at 301-443-0658 within the same day of the incident.
- ▶ Documenting the report in the IHS Incident Reporting System within five business days.



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OIG Hotline
1-800-447-8477


Same Day Internal Chain of Command Notification
Direct Supervisor
CEO
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Risk Management Incident
Report within 5 days



Applying IHM Part 3 Chapter 20: Protecting Children from Sexual Abuse by Health Care Providers

Case Scenario 2



Laura is a Family Nurse Practitioner and a new contractor at an Indian Health Clinic. She is currently examining a 14 year old female who presents to the clinic due to concerns regarding a breast abnormality. The patient's mother is present in the room during the visit. When Tammy, a medical support assistant, comes into the patient room to give the patient information regarding a referral Laura has made for her, the patient's mother tells Tammy that Laura took pictures of the patient's breast using Laura's cell phone.


- ▶ What actions should Tammy take?



Scenario 2: Tammy's Actions

- ▶ Tammy reported the incident to the clinic manager in order to get additional assistance. As soon as another staff arrives to be with the patient, Tammy calls law enforcement to report the incident.
- ▶ Tammy's supervisor alerts the CEO, the contracting officer overseeing Laura's contracted service, and the medical director. Laura is removed from service during the investigation.
- ▶ Tammy called the OIG hotline 1-800-447-8477 to report the incident on the same day of the incident
- ▶ Tammy called the IHS hotline 301-443-0658 to report the incident on the same day of the incident
- ▶ Tammy enters a report into the facility's Incident Reporting System.

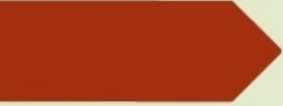
NOTE: The clinic manager also needs to address the policy violation involving proper use of chaperones for intimate exams and use of chaperones for contracted staff that do not have a background check completed. A properly trained chaperone would have been able to intervene before the provider could take a picture of a patient on her personal cell phone.



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Applying IHM Part 3 Chapter 20: Protecting Children from Sexual Abuse by Health Care Providers

► Scenario 3




Brian is an administrative support assistant at an IHS Regional Youth Treatment Facility. One evening, Brian went to a local restaurant to eat where he noticed his co-worker, Dr. Smith, an IHS psychologist, sitting in a corner booth with a recently discharged minor patient. The patient appeared to be distressed. Dr. Smith was sitting close to the patient, hugged her, and gave her some money. Then, Brian saw them leave the restaurant together and get into Dr. Smith's car.

- ▶ What should Brian's actions be?



Scenario 3: Brian's Actions


- ▶ Brian calls the local law enforcement agency and reports his suspicions of child sexual abuse.
- ▶ Brian calls the OIG hotline 1-800-447-8477 to report the incident
- ▶ Brian contacts his supervisor and reports the incident and his actions. Brian's supervisor alerts the facility CEO.
- ▶ Brian calls the IHS hotline 301-443-0658 to report the incident
- ▶ The next day when Brian returns to work, he enters an incident report into the facility's incident reporting system.



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Additional Resources

Indian Health Manual, Part 3, Chapter 23

[Ethical and Professional Conduct of Health Care Providers](#)

Indian Health Manual, Part 3, Chapter 29

[Sexual Assault](#)

Outside Activity

[Indian Health Service Circular No. 90-01](#)

Federal Employee Assistance

RAINN Website <https://www.rainn.org/>

Trauma Informed Care Training Link <https://www.ihs.gov/dbh/traumainformedcare/>

Tribal Forensic Healthcare website www.tribalforensichealthcare.org