

Rewards and Challenges of Opening a Children's Advocacy Center

by
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VIEW FROM THE FIELD

In 1992, the Tulsa Children's Justice Center was opened to provide medical assessment of cases of alleged abuse, and to serve as the home base for a multidisciplinary team supported by Child Welfare, the Tulsa Police Department, the Office of the District Attorney, the United States Attorney for the Northern District of Oklahoma, the Tulsa County Sheriff, and the University of Oklahoma Health Sciences Center, Tulsa Campus. The Child Abuse Network, Inc. (CAN Inc) was the agency charged with coordinating all services.

The importance of a multidisciplinary team is demonstrated by a now infamous Oklahoma case where the consequences might have been extraordinarily different had a team been in place. In 1995, two-year-old Ryan Luke was treated at the community hospital for a fractured femur, allegedly due to abuse by his mother or her boyfriend. A judge released the child to the care of his grandfather, following a court hearing at which the mother was represented by a powerful state legislator. Neither a physician nor a representative from child welfare testified at the hearing. The grandfather allowed the child to return to his mother's home, where he was murdered. Had a team been in place more appropriate actions could have occurred and Ryan might be alive today.

In the last six years, the Tulsa Center has experienced successes and challenges which have kept the work stimulating, frustrating, exciting, and rewarding. Challenges have included backlash issues, turf issues between team members, and misperceptions along the way, but the principal challenge has been maintaining the cohesiveness of the interdisciplinary team. Turnover of staff, particularly in the DA's office, law enforcement and Child Welfare has necessitated continual rebuilding of the team, retraining and refocusing of the mission. A written commitment from all agencies and departments involved in the team has been essential to providing stability through times of change.

Establishing permanent operational funding is a challenge familiar to everyone in the field. The Tulsa Center has benefitted from a successful partnership between the Oklahoma University medical college and the Board of Directors of CAN, Inc, which has helped provide private donations. A large endowment drive is underway to secure permanent funding. The CAN Board of Directors includes representatives from all the agencies networked by CAN, Inc, as well as influential members of the community, so funding obtained through Board efforts represents the community's commitment to child abuse and neglect intervention.

Another challenge has been in the area of public policy. Child abuse prevention has become an important focus within Oklahoma, but the investigation of abuse allegations and treatment for abused children have been neglected. It is essential that policy-

makers understand the importance of secondary and tertiary prevention coupled with assessment and intervention in child abuse cases. Although the OK state legislature passed a bill (named for Ryan Luke) requiring multidisciplinary teams, as so often happens, no money was appropriated to support the teams.

An accounting of the Center's successes must begin with the list of the more than 3,000 children who have received medical evaluations and other services through the Tulsa Children's Justice Center. The most unique feature of the program is the facility and the partnerships it houses. Located on the campus of the University of Oklahoma College of Medicine - Tulsa, the Justice Center houses CAN, Inc, a unit of child protection workers from the state child welfare division, and law enforcement officers. It also houses office space for assistant district attorneys and mental health professionals who work with the children and families, and a medical team consisting of a medical director, a full-time pediatric nurse practitioner, two part time physicians, a medical social worker, nurse and clinic coordinator. As other advocacy centers have learned, locating all services in a single facility has resulted in increased effectiveness of service delivery. The Center has also facilitated the training of medical students and residents.

A variety of challenges lies ahead. Research is helping with issues of the biomechanics of physical injury, as well as questions about what sorts of examinations and tests are necessary in cases of possible sexual abuse. The team is developing a policy to deal with the issue of when to do genital exams on physically abused children, and when to look for occult signs of physical abuse in sexual abuse cases. Differentiating between the need for a forensic, "rape-kit" exam and a standard exam continues to be an issue, linked closely to differentiating between the need for immediate response in the emergency room and a scheduled response at the center.

State reimbursement for medical examinations remains inappropriately low. Telemedicine connections to other sites in mostly rural Oklahoma is a goal not yet realized. Although training physicians in the area of child abuse is accomplished through a formal program in Oklahoma, insuring physician commitment to continuing work in the field is not always successful.

The view from the field in our area of the country is probably not unlike that encountered elsewhere. We continue to see the field of medical assessment of child abuse as clinically important, as well as academically challenging. We must continue to learn how to effectively deal with the media, with politicians and other policymakers, with potential funding sources, and with each other. Sometimes the fire gets pretty hot. But to those who ask, "How can you do this kind of work?", I respond, "How can you not?"