

CASE STUDY

USING THE CSES SCREENING PROTOCOL TO GUARD AGAINST VICTIMS FALLING THROUGH THE CRACKS

AT A GLANCE ...

Multiple agencies, multiple mistakes caused the victim to slip through the cracks – until she reached trained staff.



HEIDI OLSON

FOUNDER, PARADIGM SHIFT
TRAINING AND CONSULTING |
MSN, RN, CPN, SANE-P



BACKGROUND

Life is just one big long series of crazy events. So crazy that sometimes falling out of a police car ends up being a lucky break. For a pubescent girl, the head injury she got when she fell out of the police car was one of the luckiest breaks this young woman had had in her young life.

The young woman had been found, stumbling alone in the woods, in thin pajamas in the freezing cold, having just been in a car accident. Whether she was the driver or a passenger, no one knew because she was so intoxicated that she had trouble answering the officers' questions.

Unfortunately, the police weren't picking up on the red flags – although in fairness to them, she had a warrant out for her arrest for a stolen vehicle and they were interested in that matter, rather than why a young woman would be wandering about in the woods by herself.

The Lucky Break

Here's where her lucky break came: as she was exiting the police vehicle at the police station, she somehow fell out of the car and hit her head on the pavement. The police called an ambulance to take her to the emergency room.

Here in the hospital, without staff trained on the CSEC Screening Protocol, giant red flags the size of football fields were also missed. Emergency room staff were not questioning appropriately or with the concern the situation demanded of an unaccompanied minor, high on multiple substances. Her urine was cloudy and the girl requested that she be tested for sexually transmitted infections. As the lab was conducting the tests, they discovered live sperm in her urine, indicating recent sexual contact.

VICTIM'S PARENT

Unfortunately, it was assumed that this was nothing more than a case of a young woman making ill-advised choices for herself, rather than considering the very real likelihood that this was a child being exploited.

Eventually, the child's mom came to the emergency room, where staff now learned that she had been on the run for the last two weeks and had had some recent addiction problems with methamphetamine. Staff also learned that she had been treated for a sexually transmitted infection six months previously, when she was 13 years old ... which no one reported. Not a soul had at that time even thought about trafficking being an issue.

The plan was to admit her to an inpatient floor to sober up before being admitted to a drug rehab facility. By this time, however, she was now interacting with nurses trained on signs of abuse and exploitation, and I was called to make the determination as to whether a Forensic Nurse was needed. She did not have clear memories of her last sexual encounter, warranting a forensic exam, and I was able to lead her through the CSEC screening tool. Questions asked through the screening tool are far more effective and take into account the incredible sensitivities involved in a victim of human trafficking.



THE CRACKS

Later, in speaking to some of the untrained staff who had dealt with the patient, the misdiagnosis and repercussions of lack of training were obvious. Questions were not asked in such a way as to elicit the victim's honest responses. In addition, physical evidence contradicted the victim's statements and still no red flags were raised.

Given her two sexually transmitted diseases, as well as additional genital and physical injuries, her safety was of primary concern, and she was placed in a rehab facility in a different city.

Unfortunately, when I called to check on the victim a few days later, I learned that the child had run again. Evidence that had been collected at the hospital was provided to one of five law enforcement agencies involved in this case, which ultimately was used to locate the girl - and her trafficker. She was found in a hotel room with another young woman, their 24-year old male trafficker, and several other adult males. The girls had been used to provide sex services, denied money, denied food, and given drugs.



This case perfectly illustrates the differences between inadequate screening versus the CSEC Screening Protocol which was finally implemented to stop this young woman from slipping through more cracks.



**FOR MORE INFORMATION ON TRAINING
FOR HEALTHCARE AND ASSOCIATED
WORKERS, AND THE
CSES SCREENING PROTOCOL,
CONTACT HEIDI OLSON AT 575 571 8346
OR heidi@paradigmshifttc.com**

