National Judicial Network: Forum on Human Trafficking and Immigration in State Courts

Peer-to-Peer Session
April 6th, 2021
Figure 2: Regional Location of National Judicial Network Members (n=122 members) as of April 5th, 2021

Mid Atlantic (n=41) 36.9%
New England (n=3) 2.7%
Mid West (n=26) 23.4%
South (n=6) 5.4%
West (n=8) 7.2%
Pacific (n=27) 24.3%

The Network Slack has launched!!!
Upcoming Peer-to-Peer Session
Dates & Topics

May 4th – Human Trafficking Victims Identification & Red Flags

June 1st – Immigration Options for Survivors & Court’s Role

July & August – BREAK, Webinar TBD

September 7th – TBD

October 5th – TBD

November 2 – TBD

December 7th – TBD
Trauma for Judges
Where do you see it?
How do you identify it?
What do you do about it?

Judge Barbara Mack (ret.)
National Council of Juvenile and Family Court Judges, Member of the Board
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Presentation to the National Judicial Network Forum on Human Trafficking
Trauma is overwhelming stress that exceeds our ability to cope or integrate emotions connected to an experience. It can be acute, chronic, complex.

It is the harmful interruption of safety, dignity, agency, and belonging; fundamental needs of all people.

It can be individual, collective, systemic, intergenerational, and historical.
I THINK RATIONALLY
(way over here)

LIMBIC SYSTEM
(I feel here)

SPINAL CORD
(enters brain here)
Surviving Trauma

- The fight or flight response to fear is an automatic response to physical danger.
- It releases stress hormones (cortisol and adrenalin).
- Fear, anxiety, aggression, anger, trigger a quick, unthinking response.

The survivor brain doesn’t care about anything but escape. The thinking brain is in the back seat, the amygdala is driving.

Survivors need to be able to self-regulate; they need coping skills before dealing with the trauma.
Fight or flight response

- **Saliva flow decreases**
- **Eyes pupils dilate**
- **Skin blood vessels constrict; chills & sweating**
- **Heart beats faster & harder**
- **Lungs quick, deep breathing occurs**
- **Bowel food movement slows down**
- **Stomach output of digestive enzymes decreases**
- **Blood vessels blood pressure increases as major vessels dilate**
- **Muscles become more tense; trembling can occur**
Another option: FREEZE

- Decreased movement, compliance, avoidance, numbing, and restrictive affect.
- Serves to camouflage
- Gives time to organize self and figure out response
- Survival mechanism just like fight or flight
Prior Abuse
An overwhelming majority of girls (and other youth) in the justice system have histories of sexual or physical abuse.

73% nationally, 93% in Oregon, 81% in South Carolina.
• Sexually abused children are 28 times more likely to be arrested for prostitution later in life than those who were not abused.

• A 2015 report found that the “most common crimes for which girls are arrested – including running away, substance abuse and truancy – are also the most common symptoms of abuse.”

https://thelifestory.org/child-sexual-abuse
Trauma Bonding

Trauma bonding is a survival mechanism. It is the psychological bond between a perpetrator and a victim, based on the attachment where the victim adopts the worldview of the offender and becomes dependent on the offender for basic physical, emotional and psychological needs.

“He’s not my abuser, he’s my boyfriend. He takes care of me.”

Formerly known as Stockholm Syndrome
Historical Trauma

“Connects histories of group-experienced traumatic events to present day experiences and contexts, including the contemporary health of a group or community.”¹

Descendants of survivors of group-experienced trauma (holocaust survivors, Native Americans, African Americans, survivors of Japanese American confinement, among others) may experience intergenerational (familial) trauma in ways that affect individual and community physical and mental health.

¹ “Historical trauma as public narrative: A conceptual review of how history impacts present day health,” Mohatt, Thompson, Thai, and Tebes; Soc.Sci.Med 2014.
Impact of Trauma

- ACES (Adverse Childhood Experiences)
  - Physical and mental health issues, potentially lifelong
- Child Welfare involvement
- Lack of trust
- Running away
- Risky behavior
- Homelessness
- Substance abuse
- Vulnerability to sexual exploitation
Health Impacts

- Lack of care to vision, dental, physical and mental health
- Pregnancy, Sexually Transmitted Infections (STI), chronic reproductive health issues
- Malnutrition
- Current or historic physical injuries, often left untreated
- Physical issues related to stress, anxiety and depression
- Post Traumatic Stress Disorder (PTSD)
- Decreased self esteem and agency; shame, guilt and isolation
- Substance Use Disorder
Colorado Springs, 1967-99

Of 1969 women known to be engaged in prostitution between 1967-1999:

- Average age of death: 34
- Leading causes of death: homicide (19%), drug ingestion (18%), accidents (12 %), alcohol-related (9%)
- Homicide accounted for 50% of deaths in active sub-cohort
- Most of those were killed while soliciting (e.g. by buyers)
- These data are consistent with other studies
- “Women engaged in prostitution face the most dangerous occupational environment in the United States.”

In the Courtroom

What do we see?

How do we respond?
RED FLAGS!

Chronically truant/runaway/homeless/gang-involved youth
Excess cash
Hotel room keys
Multiple cell phones
Expensive goods or services they cannot afford
Signs of branding (tattoos, jewelry)
Lying about age/false identification; inconsistencies
Dramatic personality changes, evasive behavior especially around a new boy/girlfriend, partner or new group of friends
Lack of knowledge of a given community or whereabouts
Provocative clothing, sex toys, multiple condoms, lube, wet wipes
Be Observant

You can learn a lot by paying attention and asking non-judgmental questions.

- New manicure?
- New tattoo?
- New older boyfriend, or uncle coming to court that you didn’t know about?
- Are you worried someone is looking for you?
- Did you see anything bad when you were on the street/on the run?
View Behavior, including in the Courtroom, through a Trauma Lens

- Think about bad behavior as an intelligent response to trauma.
- Minimization, denial, and memory loss can be symptoms of psychological trauma; can make it hard to elicit consistent information.
- Rude, aggressive behavior may be a manifestation of severe trauma.
- They may be afraid due to past significant negative experiences with adults.
- They trust no one, usually with good reason due to their lived experience.
- They may be utterly compliant because of isolation, previous trauma, control by an exploiter, and the need to survive.
Guilt, Shame, Stigma

Guilt: belief that our behavior is harmful, dangerous or unacceptable.
   “I *did* something bad.” Guilt’s influence is positive.

Shame: Belief that one is not worthy of love or care.
   “I *am* bad. I *am* worthless.” Shame is destructive.

Stigma: Being discredited by a social group for deviating from accepted norms.

Shame is compounded by stigma and feeds the belief that
   “I am not worthy of love or belonging”
   (Definitions of guilt and shame from Brenè Brown)
Cycle of Change

Relapse → Pre-contemplation → Contemplation → Action → Preparation → Maintenance

*Each relapse leads to learning and upward growth*
Why Do They Run?

- “Push and pull” factors
- Impulsivity related to age, development, trauma
- Fear they “can’t make it” or “aren’t worth it”
- Fear that perpetrator will follow through on threats
- Trauma bonding
- Drugs/alcohol/nicotine withdrawal
- They “miss the drama,” are “bored”
- Their exploiter is the only person who has ever “loved” them and offers the most stability they have ever known.
- They do not see themselves as victims.
“At the very moment when some professionals felt relieved that a child at high risk was now finally in a physically safe place, the child often felt relationally ‘unsafe,’ unanchored, isolated and highly anxious about these new placements.”

Shukar, 2013, cited by Dr. Michael Pullman, University of Washington
What Information do Judges Need?

- Screening for trauma, as early as possible.
- Almost all youth involved in the justice or child welfare system have been exposed to trauma.
- Further screening, assessment, or evaluation, if indicated, for abuse, mental health issues, etc., in order to develop an individualized strength-based intervention strategy/treatment plan.
What Is a screening, and when should it be done?

- A brief and generally standardized procedure for identifying variables and risk factors that indicate the need for referral and help identify the level at which any service intervention should begin.

- Identifies red flags for issues (e.g., depression) that may indicate the need for a more thorough assessment or evaluation.

- Should be done at detention or child welfare intake (now required by JVTA), may also be appropriate for service providers.

- In determining when and where to screen, staff and providers should consider whether screening might trigger unintended system involvement.
Service Needs

• Advocacy (*transformative relationship*)
• Shelter
• Employment and/or vocational training
• Basic needs and drop-in services
• Legal advocacy
• Therapeutic services (mental health & D/A)
• Education
• Support groups (survivors, D/A, mental health)
How Should Judges Respond?

- **Maintain a compassionate and non-judgmental attitude.** Being non-judgmental can be hard for judges, and it does not mean no orders or limits.
- **Be consistent;** follow through, and don’t make promises that cannot be kept.
- **Build trust, then relationship;** this is a very slow process and relationship testing is expected.
How Should Judges Respond (con’t)

- **Cultural Competency**: be sensitive to the unique cultural needs and experiences of each person. Judicial officers and providers must be aware of their own biases and cultural world views.

- **Self-determination & empowerment**: youth should have information relevant to their situations, be involved in decision-making when possible and appropriate, and be encouraged to make informed decisions.

- **Remember strength-based**
TRAUMA INFORMED PRACTICE

Respond with empathy and nonjudgmental, strength-based support

- Attend to safety, dignity, agency, and belonging as fundamental human needs
- Validate emotions
- Offer choices
- Reframe “bad behavior” as an intelligent function and result of trauma
- Understand: fight, flight, freeze, appease, dissociate
Understand that this is the long game and you will never know ALL of the story.
Courtroom Culture

- You determine the culture in your courtroom.
- Is your courtroom culture biased in favor of educated, well-off, white buyers?
- Biased against youth of color, who are disproportionately victims of exploiters, and who come into our courtrooms disproportionately?
- Is your courtroom biased in its choice of words like “child prostitute?” There is no such thing as a child prostitute, which presumes consent (offer and agreement) with a child who is legally unable to consent.
Courtroom Culture (con’t)

- Do you think about the culture of trafficking and sexual violence in trying to understand the youth’s experience?
- Does your court understand that a youth’s cultural identity may be contradictory, multi-faceted, and it may change.
- Are your court’s beliefs about a child’s DCST experience based on cultural stereotypes?
- Is your court trauma-responsive?
- Do you practice cultural humility and manage your feelings about buyers? “If you think buyers are disgusting, then you think I’m disgusting, too.”
The words we choose convey our thoughts and feelings.

They affect whether a person feels heard or ignored, included or excluded.
What NOT to Say in Court

- Never accuse or ask whether a youth is engaging in prostitution, or suggest it, directly or indirectly.
  - E.g. “I want you to see someone who can get you out of “the life.”
- Never ask a question that will shame the youth, and don’t let anyone else, including parents, shame them.
- Do not call these youths victims. They believe they’re exercising free choice, and see themselves as survivors, not victims. They ARE survivors. They are experts in their own lived experience.
- Do not talk about “rescuing” them.
What You Can Ask/Say

- How would you like me to address you?
- Are you safe?
- When you were on the street did you see any dangerous situations or any bad things happen?
- Did anything bad happen to you?
- I’d like to refer you to an advocate, someone who is there just for you. The advocate does not report to the court or probation, and whether you engage with them is up to you.
- Celebrate every success, no matter how small.
Vicarious Trauma

• Judges and court staff absorb the trauma they see and hear every day, like social workers, clinicians, first responders and law enforcement.

• Vicarious trauma affects how you feel, how you sleep, your physical health, your relationships, how you treat your staff and co-workers.

• “What conditions can we put in place to metabolize what we’re bearing witness to?”
“It’s a new anti-depressant—instead of swallowing it, you throw it at anyone who appears to be having a good time.”
Additional Resources for Judges
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- JudgeBenchCards_final.pdf (ncjfcj.org)
- NCJFCJ_Assessing_Trauma_Final.pdf
- NCJFCJ_DCST_Judicial_Voices_Final_Web.pdf
- www.kingcountycsec.org
- https://thelifestory.org/
- Adverse Childhood Experiences (ACEs) (cdc.gov)
- Familial Trafficking:
  - (PDF) Familial Sex Trafficking of Minors: Trafficking Conditions, Clinical Presentation, and System Involvement (researchgate.net)
- Historical Trauma: Trauma | The Administration for Children and Families (hhs.gov)
- Brené Brown film on Netflix: “The Call to Courage,” about shame, fear, empathy, and vulnerability (75 minutes). She is both insightful and funny.
- Trauma Stewardship TED Talk by Laura van Dernoot Lipsky:
  http://tedxtalks.ted.com/video/Beyond-the-Cliff-Laura-van-De-2;search%3A TEDxWashingtonCorrectionsCenterforWomen%20VTnYV2Kjno.facebook