

Juvenile Justice Vision 20/20 Training Event
Juvenile Detention and Human Trafficking: Screening for Human Trafficking/Intake Best Practices
October 30, 2015
Presented by: Miriam Goodman, MSW

Miriam Goodman, Assistant Director of Anti-Trafficking and Trauma Initiatives at the Center for Court Innovation in New York, spoke about the importance of trauma-informed care as an intake best practice. She explained that, in practice, there is no one set of questions that can be used to identify victims; rather, it is learning how to ask questions that will help staff discover which juveniles should be considered victims. Goodman believes that workers should focus on engagement, not checklists to direct questions. By listening for specific cues, workers can direct which questions to ask.

Goodman began with a description of the Center for Court Innovation, an organization that seeks to reform how the justice system operates in order to create a more just system. This organization uses a combination of research, demonstration projects, and expert assistance to inform what they consider to be best practice. For example, the Center for Court Innovation has employed trauma-informed practices for people arrested on charges of prostitution.

As defined by Goodman, human trafficking relates to the recruitment, harboring, transportation, provision, or obtaining of a person for sex trafficking in which a commercial sex act is induced by force, fraud or coercion. Goodman believes that regardless of which method is employed to entrap victims – force, fraud or coercion – all are trauma based. Embracing trauma-informed care is best practice at all levels of the court system.

Goodman explained that individual trauma contributes to community trauma, as each individual brings his or her own personal “baggage” to the community as a whole. Interpersonal violence has intent behind it and greatly affects the message that one uses to inform self-perception. Emotional trauma, for instance, often leads to feelings of worthlessness. Each trauma survivor must be given a reason to trust those attempting to help them. They have been taught that they cannot trust anything or anyone by enduring repeated trauma. Anyone seeking to break this cycle must show they can be trusted and are different at all levels. According to Goodman, how the community responds to individuals who are survivors of trauma has both an immediate and lasting impact.

As Goodman explains it, trauma-informed practice is human-informed practice. Humans are complicated. We often are emotional and do not act in sensible ways. Instead, we react to our environment. For survivors of trauma, this reaction can be even more complicated, often displaying behaviors consistent with mental illness diagnoses. Goodman believes that as a community, we rely too heavily on medical diagnoses for mental illness when the basis for certain behaviors is really misdiagnosed, repeated trauma. In trauma-informed practice, the worker should be evaluating the experiences relating to trauma instead of relying on a diagnosis label. Viewing clients in this way often changes the context of their actions and thoughts. Rather than focusing on the behavior itself, workers should be asking themselves what is going on that is causing an individual’s behavior? Trauma-informed care recognizes that an individual

is utilizing the survival tools they have learned, instead of focusing on trying to immediately stop bad behavior, which can reinforce feelings of negativity. Goodman does point out, however, that this type of approach does not excuse bad behavior. Rather, it should be used to inform or give context to the actions of the individual.

Goodman spoke about instinctive human responses – Fight, Flight, and Freeze. She explained that when a traumatic event happens, fighting and running are natural and likely responses, but before either instinct kicks in, an individual will likely freeze. However, “freezing” is not often discussed by the larger community, but is important in that it is where judgment of self and by society often begins to affect the individual (“why did/didn’t you respond this way?”). Goodman explains that trauma is normal, but the length of time and healing process will vary by each individual.

In regards to human trafficking, Goodman emphasized that the lack of a pimp or trafficker does not mean an individual is not a Commercially Sexually Exploited Child (CSEC). She identified a number of elements that can act as a trafficker, such as poverty. “Selling oneself” for survival in any context can be traumatic. Goodman stressed the importance of survivors of trauma having a safe, judgment and label-free space in which to share. This includes a worker being careful not to demonize a trafficker or pimp, as victims often “love” that individual and will defend them at all costs.

Once an individual has been identified as a victim of human trafficking, Goodman explained the importance of asking questions differently (often directly) to get to the heart of the matter. She gave many examples of people she had worked with who had never shared what had happened to them, simply because no one had asked the tough questions. Goodman again stressed the importance of giving clients a safe space in which to tell their story. She also explained that in a power dynamic, the person with more power is responsible for managing the power, and should do so in a way that feels collaborative. Additionally, she encouraged using this time to clearly tell an individual what his/her legal rights are.

According to Goodman, the goal of anyone working with a trauma survivor should be engagement and support. The client needs to trust the worker before they will tell them anything. She explained that even if it appears the client is lying to a worker (or even if they really are), the worker must believe them in order to establish trust. Goodman explained that trauma-informed care should also focus on that individual’s strengths and should employ a community of services. She emphasized identifying the positive frame for surviving trauma, even though it may be through exhibiting negative behavior.

By upholding trauma-informed care, an individual’s behavior is normalized, within a context. Human-informed care requires that no “other” exists, but rather that we are all humans and share more in common than we have differences. However, trauma-informed care is a risk for both the worker and the client. The worker must be willing to be impacted by the client, within a professional space, and must consider how they will allow themselves to be affected (i.e. vicarious trauma).

Goodman went on to state that trauma-informed care is difficult to uphold. For one, workers and clients alike will bring their own experiences to the conversations, which can complicate matters. Additionally, the gray areas in life often create uncomfortable situations. In addition to commitment by an individual worker, Goodman expressed the need for agency support. She explained that everyone in the organization, from the front desk staff to security to the nighttime cleaning crew, need to be trained on how to provide trauma-informed care. It is important that agencies give employees the opportunity to create a professional space (not a group therapy session) to engage in real conversations with clients. This safe space often involves using uncomfortable words and/or questions.

Finally, Goodman explained the complicated nature of expected outcomes versus reality. Personal expectations and reality often will not align. She likened the trauma-informed worker to a salmon – constantly swimming upstream.

Additional Suggested Resources:

Trauma Stewardship – Laura van Demoot Lipsky

The Boy Who was Raised a Dog – Bruce Perry

To the End of June – Cris Beam

Trauma and Recovery – Judith Herman