June 10, 2019

Judicial Council of California

To Whom it May Concern:

Subject: Criminal Procedure: Vacatur Relief for Human Trafficking Victims 236.14: SPR19-15

Background
Founded in the fall of 2013, HEAL Trafficking is a united group of survivors and multidisciplinary professionals dedicated to ending human trafficking and supporting its survivors, from a public health perspective. HEAL Trafficking is a global network of over 2500 professionals in 35 countries, including physicians, advanced practice clinicians, nurses, dentists, psychologists, counselors, public health workers, health educators, researchers, social workers, attorneys, administrators, and other professionals who work with and advocate for survivors of human trafficking. Over 600 of our network of esteemed professionals experienced in caring for trafficking victims are living and working in California. In particular, our president and co-founder, Dr. Susie Baldwin, is a preventive medicine physician who works as the Medical Director of the Office of Women’s Health in the Los Angeles County Department of Public Health. Previously, she worked as Associate Medical Director and Sexually Transmitted Disease Controller in the Division of HIV and STD Programs, and in the Chief Science Office as Principal Investigator for the LA County Health Survey. She provided specialized care for HT survivors in Los Angeles from 2005 – 2012. Dr. Baldwin has received LA County’s Commercially Sexually Exploited Children Champion Award, the Department of Public Health’s Award for Excellence and the Physician Recognition Award for Health Equity.

HEAL Trafficking works to mobilize a shift in the anti-trafficking paradigm toward approaches rooted in public health principles and trauma-informed care by expanding the evidence base; enhancing collaboration among multidisciplinary stakeholders; educating the broader anti-trafficking, public health, and health care communities; and advocating for policies and funding streams that enhance the public health response to trafficking and support survivors. HEAL Trafficking engages in work that combats all forms of human trafficking; supports trafficked people of all genders, ages, races/ethnicities, religions, origins, cultures, and sexual orientations; believes all trafficked persons deserve access to a full range of health care including medical, mental/behavioral health, reproductive health, dental, and substance use disorder treatment services; approaches human trafficking from a public health perspective that incorporates a socio-ecological framework and prevention strategies; and promotes a survivor-centered, trauma-informed, evidence-based, practice-based approach to anti-trafficking efforts. HEAL Trafficking believes that efforts to eliminate trafficking in persons must incorporate a public health perspective.

Response to Request
Victims of human trafficking experience both physical and psychological coercion. Traffickers use tactics that are designed to cultivate fear and subjugation in their victims, including isolation, degradation, threats, and creating the sense that they are omnipotent and can control the victim’s destiny. Victims typically experience dangerous and degrading conditions that impact their physical and mental health, both in the short and long term. We have observed and treated physical and mental health issues caused by trafficking. These include depression, anxiety, insomnia, social phobias, and symptoms of post-traumatic stress disorder (PTSD), as well as physical conditions such as headaches, gastrointestinal disorders, musculoskeletal injuries, sexually transmitted infections, and pelvic pain.

We have sometimes been called upon to provide services for trafficking survivors who are involved with the court system — such as when they cooperate in the investigation and/or prosecution of their traffickers, or in civil cases against traffickers. In these patients, we have observed an increase in mental and physical symptomatology caused by the intense stress of the ongoing legal cases. These symptoms include nausea, gastrointestinal reflux, and diarrhea, worsening of
headaches, increased depression and anxiety, and exacerbation of insomnia and nightmares. The legal process requires these patients to revisit their prior traumas, and reignites intense fear about retaliation from traffickers for escaping. We have witnessed worsening of physical and mental health symptoms when patients are navigating legal and even bureaucratic hurdles.

While the end result of vacating convictions is a good one for victims, we want the Judicial Council to understand that the process of achieving that result may be traumatic for victims. **We therefore urge the Council to adopt forms and procedures that minimize the trauma of the process.** Any stressor or activity that results in victims feeling coerced, abused or helpless can be the basis for re-traumatization and result in an increase of symptoms such as nightmares, flashbacks, erratic emotions, fear, despondency, increased anxiety and/or depression, physical symptoms and suicidal ideation.

We advise, therefore, that **victims’ privacy and safety be protected as fully as the Court system allows.** As noted, even bureaucratic hurdles can trigger traumatic symptoms. This is especially true when victims are required to provide details and documentation about their trafficking experience. We recommend that this be minimized, and that repetition not be required. The simpler the forms, the better they will be in terms of avoiding re-traumatization.

We recommend consulting with trafficking survivor groups before considering the implementation of any requirements to physically visit a courthouse. Visiting a courthouse may trigger a re-visiting of trafficking trauma, especially revisiting the very courthouse where a trafficked person was convicted.

We are aware that trafficking victims often have multiple arrests and convictions, and understand that the vacatur process can take 45 days or more, however anything the Courts can do to streamline this process may improve physical and mental health impacts in-the long-term.

Finally, if a Court orders convictions to be vacated, it is extremely important that the records be, in fact, cleansed. Trafficking victims have difficulty trusting anyone, let alone systems that they believe have failed them in the past. If a Court orders a conviction to be vacated, and it still remains on a victim’s record, this can trigger new trauma, trust deficits, and prevent them from rebuilding their lives and thriving.

Trafficking victims have a long journey to healing and the court system can exacerbate their underlying trauma. **We urge the Council to take these impacts into account and implement a trauma-informed, victim-centered approach to dealing with these difficult issues.** Thank you for considering our comments.

Sincerely,

Hanni Stoklosa, MD, MPH
Executive Director, HEAL Trafficking