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CONFIDENTIAL PSYCHOLOGICAL EVALUATION

Date of Evaluation: November 12, 2014 Date of Report: Nov. 14, 2014

RE: [REDACTED] DOB: [REDACTED]
[REDACTED] DOB: [REDACTED]

Referral and Reason for Evaluation

I am a female clinical and forensic psychologist, licensed in New Mexico since January 1985. I speak Spanish fluently and I have training and experience in the evaluation of children as well as adults. I first volunteered to evaluate women and children in the Artesia detention facility on October 7, 2014.

I evaluated [REDACTED] and her son [REDACTED] on November 12, 2014. They were referred to me by the attorneys of the Artesia Legal Defense Team.

My findings, which are detailed in the pages below, indicate that [REDACTED] is suffering from severe Post Traumatic Stress Disorder. [REDACTED] also has many symptoms typical of children who have suffered trauma. In addition, he is significantly anxious and depressed, and at risk for long-lasting developmental problems.

Background Information

[REDACTED] is a 23 year old indigenous Mayan from Todos Santos, a small village in a mountainous region in western Guatemala. [REDACTED]'s first language is Mam (Maya), and she also speaks some Spanish. She is a devout Evangelical Christian.

The history that follows is based on my clinical interview of [REDACTED] as well as on a sworn statement she gave while in detention in Artesia. The date on the English translation of Irma's statement is November 6, 2014; the actual interview, which was in Spanish, occurred before that date. [REDACTED]'s statement is long, articulate and detailed. She describes herself as competent in Spanish, and that is confirmed both by her sworn statement document and by my clinical interview. Although she attended school for only three years, [REDACTED] clearly is of average or above average intelligence. Her sworn statement ends with an eloquent and poignant appeal for the opportunity to have a safe and happy life with her husband and child.

[REDACTED]'s account impressed me as totally credible. Psychology has not yet, and may never, come up with a fail-proof lie detection or truth detection test. However, there is research that has isolated key elements that appear in people's spontaneous accounts of their real experiences. In 1991, I was trained in the methods of Statement Validity Assessment (by David Raskin and Philip Esplin). Irma's account, both in her written statement and in my clinical interview, has all the elements of a true statement.

[REDACTED]'s childhood was marked by poverty and loss. The losses of most of her family members occurred before she was old enough to form independent memories. While growing up in a family that consisted four young orphaned sisters, [REDACTED] learned the family's sad history from her older sister, [REDACTED].

[REDACTED]'s parents were poor farmers who, for a short while, fled to Mexico to avoid the violence during Guatemala's long civil war. They had a large family — four sons and four daughters — but by the time [REDACTED] was four years old (1996), all her brothers, one sister, and both parents had fallen victim to the violence, or had disappeared while trying to keep the family safe and together. [REDACTED] was 15 when she became head of the family, and she raised her three younger sisters. [REDACTED] was the next-to-youngest of the sisters. She wanted an education, but the family was too poor to pay for it, so when she was 8 years old, [REDACTED] began working at a farm in Ixcán, where she and her sister [REDACTED] washed clothes and worked with the corn and coffee crops for around eight years.

In 2008, the year she turned seventeen years old, [REDACTED] met her future husband, [REDACTED]. They dated for a few months, then in September moved together to Todos Santos. They lived as a committed couple and were active members of an Evangelical Christian church, where [REDACTED] served as deacon and [REDACTED] sang in the women's choir. [REDACTED] became pregnant in the fall of 2008. She and [REDACTED] were legally married on April 6, 2009, and their son [REDACTED] was born a few months later.

██████████ said that she and ██████████ were poor, but they loved each other and shared their Christian faith. After the traumatic loss of most of her family in her early childhood, ██████████ was very happy to have found a good man and to have the opportunity to establish a stable and loving family in the church community they had joined.

██████████ is a very devout Christian. Not only was he a deacon in the church, he was moved to act as a missionary, visiting families in the area to teach the Bible and the gospel of peace. This brought him to the attention of the gang known as M-18, which was active in Todos Santos and other nearby villages. Gang members soon made ██████████ the target of their violence. They frequently confronted him when he was on his preaching visits. They waited for him outside the church. They demanded that he join in their criminal activities. ██████████ refused them, explaining that he was a Christian, he believed in the Bible and was a man of peace. The gang harassed ██████████ with death threats and on many occasions threw stones at him and beat him with their fists. They held him at knife-point and threatened to stab him to death. ██████████ didn't always tell Irma about the beatings because she was pregnant and he didn't want her to worry. But one day when they were walking home from church, some of the M-18 men began taunting and threatening him. They said they saw him talking with a man in a rival gang. He said he was a Christian man, not part of any gang, and didn't believe in their criminal way of life. They began beating him and calling him a liar. ██████████ cried and screamed at them, but one of them grabbed and held her so that she couldn't help ██████████. This was one of many times that ██████████ was terrified that they would kill her husband.

The couple's son ██████████ was born in the summer of 2009. When he was just a few months old, he became ill with pneumonia. The nearest doctor was a long walk from their home. ██████████ and her husband were afraid that the gang members would attack them and kill them and their baby, so they postponed the trip, hoping he would get better on his own, but his health continued to decline. When the roads of Todos Santos were full of people celebrating *Día de los Muertos*, ██████████ and ██████████ felt safer, and started walking to the doctor's office. ██████████ died in ██████████'s arms before they reached the clinic. That loss occurred on October 31, 2009. ██████████'s death remains a very painful memory and loss for ██████████, which is evident when she speaks of it. She blames the gang, but also herself and ██████████ for the loss of their first-born child.

Not long after ██████████'s death, ██████████ became pregnant again. The threats and beatings by M-18 gangsters continued to afflict her and ██████████ even as they were deeply grieving the loss of their son. One Sunday, when they were returning home from church, a group of M-18 began beating ██████████ with their fists. They held ██████████ back when she tried to help her husband, and they threatened to rape

her while the beating of █████ continued. Following this incident, the couple decided that █████ and their unborn child might be safer if █████ fled the country to the U.S. After making preparations, he left in the middle of the night and eventually arrived safely in the United States.

█████'s absence did not have the effect they had hoped for. When the M-18 learned that █████ was gone, they came to █████'s home, demanding to know where her husband was. They told her that her husband was in a rival gang and that they planned to kill him as their enemy. She told them she didn't know where █████ was and that he had no connection to any gang because she and her husband are Christians. At that point two of the men threw her on the bed, restrained her hands, and one removed his belt, intending to rape her. The third man told them they shouldn't rape a pregnant woman. They didn't rape █████, but they did hold a knife against her belly and threaten to cut out her baby to make her husband return to Guatemala. She cried and begged them, but they laughed at her and beat her face bloody. They told her that they were hurting her so that her husband would return, and when he did, they then would kill him. They threatened to kill her if she went to the police. They threatened to kidnap her child when he was born.

After that attack, █████ did go to the police. The men were arrested, but released after one night in jail. They returned immediately to █████'s house, told her they knew she had reported them to the police, and then beat her and threatened again to kill her, to kidnap her child when he was born, and to kill her husband when he returned.

For the next two years she endured constant threats and rocks being thrown at her and her house. Although they stayed outside the house, they shouted to her by name and continued their threats. This occurred almost every day. The only way that she can understand the persistence of the gang members in their desire to make █████ return, is that they hate her husband because he is a Christian man who walked through the community preaching for peace and against gang violence.

█████ was born on July 20, 2010. From that point on, █████ rarely left her house. The threats continued, but no additional break-ins occurred until 2012 when the same three men from M-18 came into her house again. They threatened her with a knife and repeatedly beat her in the face with their fists. One grabbed █████ and poked a knife towards his face. █████ was screaming at the intruders, terrified that they would stab her baby to death right in front of her. █████ began crying loudly and didn't stop even when one of the men tried to quiet him by holding his hand over █████'s mouth. The gangsters left without using the knife on █████ or █████. Again █████ went to the police, thinking they might take

action because her attackers had threatened a 2-year-old, but the police told her they could do nothing. [REDACTED] bought a lock for her door to make it harder for the gangsters to enter the house.

The threats from the gang continued for two more years. On one occasion, while [REDACTED] and [REDACTED] were returning from church, the M-18 caught them in the street. One of them grabbed [REDACTED]'s arm to take him away from her. [REDACTED] screamed at them, and they laughed and told her that one day they would kidnap [REDACTED] and then kill [REDACTED] when he returned home.

When [REDACTED] was nearly 4 years old, in late May 2014, [REDACTED] had been figuring out how to escape. Heavy rains flooded her house and she took this as a sign from God that it was time to leave. She went to the home of her sister [REDACTED] who lives several kilometers away. During the few days [REDACTED] and [REDACTED] were preparing for [REDACTED]'s escape, the same three M-18 members who had been tormenting [REDACTED] somehow found out where she was. The gang members entered the house, grabbed [REDACTED], and held him at knife point. They told [REDACTED] that she'd better go back to her house or she would "see what we do to your child." [REDACTED] was again terrified that this time the three gangsters were so angry that they really would kill [REDACTED] right there in front of her. She was frozen with terror, but her sister screamed at the gangsters, went at them with a stick, and managed to drive them away. Before they left, though, they turned and said, "You, too," to [REDACTED] threatening her.

The trip from Guatemala to the United States added more stress to the fear [REDACTED] had been living with for years. Even though [REDACTED] borrowed 18,000 quetzals (around \$2000), to pay the *coyote*, [REDACTED] and [REDACTED] were left in a house in Mexico for a month, apparently so the *coyote* could find another customer for the remainder of the trip to the U.S. border. Crossing the Rio Grande, the canoe capsized, and [REDACTED] feared she and [REDACTED] would drown. The boatman managed to right the canoe and get everyone back on board. When they reached the shore, their clothes were sopping wet, so [REDACTED] settled herself and [REDACTED] under a bush near the river to rest and dry off. It was there that an immigration officer picked them up. [REDACTED] was relieved, and she tried to be cooperative with the officials, but she could not understand the language they were using. She described it as Spanish mixed with "some other language."

The immigration officials tried to get [REDACTED] to sign some papers and seemed angry when she refused. To do so would have meant that she was agreeing to be sent back to Guatemala. She tried to explain to them that she had left her home to escape brutal violence and could not go back. After all that she had gone through to escape torture and death, she was terrified when the ICE put her on a bus telling her that she and [REDACTED] would be taken to an airport and sent by plane

back to Guatemala. After many anxious hours in the bus they did arrive at an airport, but to [REDACTED]'s relief, were transferred to another bus and eventually arrived at the family detention center in Artesia.

When [REDACTED], [REDACTED] and I met for this evaluation, she and [REDACTED] had been in detention for more than four months. Both of them have been ill. [REDACTED] eats little and is losing weight. He has had a series of copious nosebleeds, the cause of which is still undiagnosed. He is socially withdrawn and keeps asking his mother when they can leave this place.

Assessment Procedures and Results

In addition to the clinical interview, I administered the following psychological tests:

PTSD Checklist - 5 (PCL-5) - Spanish translation.

Trauma Symptom Checklist for Young Children - my Spanish translation.

The *PCL-5* is a 20-item questionnaire corresponding to the DSM-5 symptom criteria for Post Traumatic Stress Disorder. DSM-5 is short for Diagnostic and Statistical Manual of Mental Disorders, fifth edition.

The items on the *PCL-5* are rated on a 5-point scale for the presence and intensity of the symptoms (from 0="not at all," to 4="Extreme") during the month preceding the evaluation.

Assessment of [REDACTED]'s Current Level of Functioning

[REDACTED] understood the instructions for completing the *PCL-5*. Because she has limited reading skills, I read the items to her. She approached the task thoughtfully, asked for explanations of concepts she didn't understand, and gave examples of her own experience of the symptoms. Throughout the evaluation, describing the terrifying events she experienced was very painful. [REDACTED] teared up frequently and had difficulty catching her breath, but she was very motivated, and she persevered.

Criterion (A), the "gateway" for a PTSD diagnosis, requires that the person being evaluated has experienced a serious stressor, e.g. threat of death, serious injury, torture, witnessing the violent death of a loved one, etc. *Without doubt, [REDACTED]'s experiences with the gang meet this criterion many times over.*

The symptoms of the PTSD diagnosis are classified into four groups, **Criteria B through E**.

Criterion B, (Intrusive symptoms) includes unwanted thoughts, memories and/or images; distressing dreams of the trauma; flashbacks; intense distress when reminded of the event(s); physical reactions such as palpitations, sweating, and/or constricted breath; the *PCL-5* has five items in this category and requires that at least one is present.

██████████ is experiencing all five symptoms, three of them very intensely. I observed her emotional distress, which was palpable at many points of the time I spent with her.

Criterion C, (Avoidance symptoms), has two items — attempts to avoid thinking or talking about the traumatic event; and attempting to avoid situations or activities that bring up traumatic memories. The diagnosis requires that at least one is present. ██████████ uses prayer to avoid thinking and remembering, and she withdraws from conversations with other women when they are discussing violence and abuse and their fears of being returned to the violence they escaped.

Thus ██████████ has both of the symptoms in this category.

Criterion D, (Negative Alterations in Cognition and Mood), requires that two items of the seven detailed on the *PCL-5* be present for the diagnosis. ██████████ meets five. She has come to believe that the world is a very dangerous place; at times she can't help blaming her husband for leaving her unprotected from the gangs; she frequently is seized by feelings of fear, horror and anger; she has lost interest in activities that would have been pleasant for her before; and she frequently feels distant and isolated even when among other people.

Criterion E, (Negative Alterations in Arousal and Reactivity), requires the presence of two of six items.

██████████ has four of the six: jumpiness (easily startled); irritability; trouble concentrating; and sleep disturbance: She has trouble going to sleep and wakes suddenly during the night.

The symptoms have persisted for more than one month (**Criterion F**) and is not due to alcohol or drug use (**Criterion G**).

The presence of symptoms in Criteria B - E is necessary but not sufficient for the diagnosis of PTSD. The National Center for PTSD has provisionally established a score of 38 as the cut-off point. To reach that score, a person would have to be experiencing more than the minimum number of symptoms in each category, and to have many of those symptoms at a serious level of intensity.

██████'s score of 50 on the PCL-5 indicates that she is experiencing very severe Post Traumatic Stress Disorder.

Assessment of ██████'s current functioning

At times during the evaluation session, ██████ was in the children's area where there are books, video and coloring supplies. He returned frequently to make sure ██████ was still in the cubicle where we were meeting. When his mother was emotional, he leaned against her as if to comfort her and reassure himself.

Diagnosing PTSD in children involves criteria that are more behavioral than the adult criteria because young children have not developed the cognitive and verbal abilities to report on their emotional and behavioral symptoms. Children often don't express their intrusive, unwanted thoughts. Their avoidance symptoms may be expressed in withdrawal from play activities and from interacting with other children and these behavioral changes may also reflect alterations in mood and cognitions. Increased arousal and reactivity in children can manifest in temper tantrums, irritability, increased startle reactions, sudden changes in mood.

I explained the purpose of the *Trauma Symptom Checklist for Young Children (TSCYC)* and Irma agreed to having ██████ included in the evaluation. Her approach to this test was similar to that described above. She was thoughtful and serious. She took the time to check with me about her understanding of each item. She illustrated her ratings with examples from Kenny's behavior.

The *Trauma Symptoms Checklist for Young Children (TSCYC)* is a 90 item questionnaire that can be read by, or read to, a child's caretaker. The caretaker indicates how often the child has done, felt or experienced the described behaviors in the past month.

The *TSCYC* includes two validity scales, one of which is designed to determine whether a child's caretaker tends to indiscriminately endorse the most unusual symptomatology in their child regardless of the child's true symptomatic state. The other validity scale reveals the opposite tendency, that is, the caretaker tends to deny behaviors that are common in children.

Although ██████ rated her son as having many problems at an intense level, she did not endorse any of the items that pertain mainly to older children (the *TSCYC* has norms for children up to 12 years of age). There was no evidence that she was

exaggerating her son's problems, i.e. the validity scores on the test were within the average (valid) range.

In addition to the Validity Scales, the TSCYC has nine clinical symptoms scales:

- (1) Anxiety, (2) Depression, (3) Anger/Aggression, (4) Intrusive Post-Traumatic
- (5) Avoidance Post-Traumatic, (6) Arousal/Reactive Post-Traumatic, (7) Total Post-Traumatic, (8) Dissociation, (9) Sexual Concerns.

On the Anxiety scale, [REDACTED]'s score indicated a high level of fear and worry, higher than 97% of the children in his age range. He witnessed violence against his mother and on several occasions in the past — when he was 2 years old and again at age 4 — he was snatched from his mother's arms by men who were pointing knives at him and yelling threats. From the time he was born, he lived in a community where threats and violence were rampant.

[REDACTED]'s score on the Depression scale was even higher (above the 99th percentile), and according to his mother, her son's sadness and withdrawal have increased during the time they have been in the Artesia center. [REDACTED] can't understand why they are there. Depressed children with scores similar to [REDACTED]'s tend to avoid social interactions with other children and to worry constantly about potential harm to themselves and to those they love.

Of the three scales related to childhood PTSD, [REDACTED]'s score on Intrusive symptoms was in the average range. As noted above, very young children tend not to report their intrusive memories of trauma, and it may be that the threats and roughness [REDACTED] experienced at the hands of gang members were brief enough that his mother's comforting him afterwards was enough to assuage the traces of fear from those encounters. The Avoidance and Arousal PTSD scores were higher — in the 92nd and 95th percentiles — as was his total PTSD score of 94, which is high, but just under the clinical or severe level of PTSD symptoms. [REDACTED] is not experiencing significant Anger, Dissociation, or Sexual Concerns.

[REDACTED] has many symptoms common in children who have experienced and/or witnessed traumatic events. He is suffering from significant levels of depression and anxiety.

Summary and recommendations

[REDACTED] and her son endured an unending barrage of threats and violence from gang members that began even before [REDACTED]'s birth. [REDACTED] was beaten severely, twice when she was pregnant with [REDACTED] and again when he was around two years

old. On numerous occasions between 2008 and 2010, she witnessed vicious attacks against her husband by gang members who turned their abusive behavior on her and her son after [REDACTED] left the community. From the two occasions when [REDACTED] sought protection from the police, it was clear that there is none available to her in her own country.

On many occasions [REDACTED] was terrified that her son would be taken from her, that her loved ones would be murdered by the gangs, and that they would rape and kill her, as they had threatened. Even since she fled Guatemala, she has been plagued by fears that the same trio of gangsters who tormented her may have gone on to harm her sister for helping with [REDACTED]'s escape.

On the trip northward [REDACTED] suffered additional stress and fear: [REDACTED] and [REDACTED] were held prisoner for a month in Mexico, and they were ejected into the Rio Grande when the boat turned over during the crossing to Texas. [REDACTED] also experience intense fear when the ICE officials told her she was going to be flown back to Guatemala.

Although [REDACTED] knows she won't be attacked in the detention facility, she is living in a constant state of fear that she and her son may not be granted asylum. She believes, credibly, that if they are sent back to Guatemala they will be tortured and murdered as soon as they arrive.

The accumulated trauma documented in this evaluation has left [REDACTED] with very severe Post Traumatic Stress Disorder. Because of her traumatic childhood history of losing most of her family to violence, [REDACTED] is more vulnerable to developing more severe and long-lasting symptoms of PTSD than would a person with a more benign early history. Although she has shown signs of courage and resilience, [REDACTED] is unlikely to begin the process of healing until she is granted asylum. If she learns that she and her son are to be deported, the psychological stress is likely to be so overwhelming that she would be at risk for a psychotic breakdown or for suicide.

[REDACTED] is four years old and is suffering from severe anxiety and depression. His condition has worsened physically and emotionally in the nearly five months that he and his mother have been in detention.

Academics and journalist have documented the growing influence of transnational gangs in Guatemala, Honduras and El Salvador that have destroyed the capacity of civic organizations in those countries to serve and protect their people. From what I have read, and have heard from women in the Artesia center, the indigenous people who live in rural areas are the least protected and the most at risk for extortion and violence in their native countries.

There also is a growing body of scientific evidence establishing that detention of migrant children can result in long-lasting deleterious effects on their physical, mental and emotional health. These findings are published in reports from the United Nations.

I recommend that [REDACTED] and her son be released from the Artesia center immediately and helped to reach a safe, supportive family environment. [REDACTED] is an intelligent, honest, religious woman who is able and motivated to appear for her asylum hearing. As I mentioned earlier in this report, [REDACTED]'s account of the mortal danger that she fled, and would face again if returned to Guatemala, is completely credible. Continued detention is exacerbating her suffering and that of her young son. Continued detention is putting [REDACTED] at risk for lifelong emotional problems.

Respectfully submitted,

Jude Pardee, Ph.D.

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Licensed psychologist (New Mexico license #310)

