



Megan Mack
Office of Civil Rights and Civil Liberties
Department of Homeland Security
Washington, DC 20528

June 30, 2015

Re: The Psychological Impact of Family Detention on Mothers and Children Seeking Asylum

Dear Ms. Mack:

We submit the attached complaint to register our serious concerns over and begin to document the impact of confinement in Immigration and Customs Enforcement's (ICE) family detention facilities on the physical and mental well-being of the mothers and children detained there. Attached you will find affidavits as well as evaluations by mental health professionals documenting in detail the traumatic psycho-social impact of detention in any of ICE's family detention centers. These evaluations confirm what numerous studies and other expert testimony have long attested: that the detention of families has serious consequences for detained families' well-being, and either creates or exacerbates trauma in the women and children detained there.

We urge your office to immediately and thoroughly investigate these cases of trauma in family detention. We further request a complete investigation into psychological and physiological impact that family detention is having on children and mothers. While we recognize that increased access to meaningful mental and medical health services is crucial to the currently detained population, we are confident that even an improvement in access to services would be insufficient to address this urgent situation.

There is no humane way to detain families. No amount of services in family detention could mitigate the traumatic impact of confinement on children and mothers, especially given that many are survivors of trauma, violence, and are seeking protection in the United States. This cost is particularly unacceptable given that there are established alternatives that could address the government's legitimate interests in managing immigration and ensuring appearance without inflicting this trauma and at a lower financial cost.

The concerns outlined in the attached cases relate to all family detention facilities. ICE's rapid expansion of its family detention has resulted in an over 3,000 percent increase in the detention of mothers of children in the last year, with a doubling of the detention capacity anticipated at both Berks and Karnes. Given the difficulty that mental health care providers face in accessing individuals in family detention, as well as the sensitivity around the nature of these cases, it is likely that these cases represent only a small fraction of those experiencing trauma in and as a result of family detention.

Impact of Detention on Asylum Seekers

Numerous studies have documented the traumatizing impact of detention both in the U.S. and international context.¹ This impact is particularly acute for children, asylum-seekers, and other vulnerable populations. A 2003 study of the detention of asylum-seekers found that 77 percent had "clinically significant symptoms of anxiety," 86 percent exhibited symptoms of depression, and 50 percent of post-traumatic stress disorder.² In follow-up, those who continued to be detained showed even more "distress," and the study's "findings suggest detention of asylum seekers exacerbates psychological symptoms." A Canadian study on the impact of detention on the mental health of asylum seekers compared to non-detained asylum seekers found that "depression levels were 50% higher among detained than non-detained participants, with 78% of detained asylum seekers reporting clinical levels of depressive symptoms compared with 52% of non-detained asylum seekers."³ A 2013 report by the Center for Victims of Torture of asylum seekers in U.S. immigration detention facilities found that detention is often re-traumatizing for survivors of torture, and "may lead survivors to relive their horrid experiences of torture, including the profound sense of powerlessness and loss of sense of self, contributing to further psychological damage."⁴

Impact of Detention on Children and Families

Detention has a particularly acute impact on children. The trauma and re-traumatization of children in ICE family detention settings described in the attached case stories consist not only feelings of hopelessness, but also severe cases of mental health concerns including anxiety, depression, and post-traumatic stress disorder. These cases, combined with existing research,

¹ See, e.g., Coffey, G.J., et al. "The Meaning and Mental Health Consequences of Long-Term Immigration Detention for People Seeking Asylum." *Social Science and Medicine*. 70(2010): 2070-2079. See also, U.S. Commission on International Religious Freedom, *Report on Asylum Seekers in Expedited Removal*, Volume 1: Findings and Recommendations, and Volume II: Expert Reports. February 2005.

² Keller, A., Rosenfeld, B., et al. "Mental health of detained asylum seekers." *The Lancet*. 2003 (362). P. 1721. See also, Physicians for Human Rights and Bellevue/NYU Program for Survivors of Torture: *From Persecution to Prison: the Health Consequences of Detention for Asylum Seekers*. June 2003.

³ Cleveland, Janet. "Psychological Harm and the Case for Alternatives." *Forced Migration Review*. September 2013. 7-8.

⁴ Center for Victims of Torture, Torture Abolition and Survivor Coalition, International, and Unitarian Universalist Service Committee. *Tortured and Detained: Survivor Stories of U.S. Immigration Detention*. November 2013. P. 10.

underscore that this impact can be reduced and healing can begin only in environments in which individuals feel safe and empowered. We believe strongly that long-lasting reversal of these conditions cannot be achieved while the family remains detained.

In the 2007 report *Locking Up Family Values*, Women's Refugee Commission and Lutheran Immigration and Refugee Service documented extensively the inadequacy of mental health services for trauma-survivors and others in family detention settings and interviewed several current or former detainees. The report found that "all exhibited symptoms of psychological distress that have been previously linked to the trauma of detention, including visible fear, crying and expressing desire for medication to alleviate their depression and anxiety."⁵ These concerns were echoed in the follow-up report *Locking Up Family Values, Again*, describing the resurgence of family detention as of June 2014, as well as other recent reports on family detention.⁶ This matches what experts describe as the impact that detention has on women and children, in particular because detention triggers feelings associated with helplessness and disempowerment in the situations they fled.⁷ In May 2015, Human Rights Watch released findings based on interviews in which detained mothers shared that "all their children were exhibiting signs of depression, which they attributed to being detained," including one case of a mother describing her daughter's desire to hurt herself.⁸

Indeed, the impact of detention on children has been extensively documented in the U.S. and the international context. The International Detention Coalition's (IDC) 2012 report *Captured Childhood* found that the unique vulnerabilities of children place them especially at risk of health and development issues, and that evidence exists of a "detrimental effect on mental and physical health of children held in immigration detention *for short periods*"⁹ (emphasis added). IDC found that "detention itself causes or reinforces children's mental and emotional health problems," and that detained children can exhibit various signs of anxiety, inability to sleep and

⁵ Lutheran Immigration and Refugee Service (LIRS) and Women's Refugee Commission (WRC). *Locking Up Family Values*. February 2007. P. 23; fn 27.

⁶ See, e.g., Detention Watch Network: *Expose and Close: Artesia Family Residential Center*. September 2014 and LIRS and WRC: *Locking Up Family Values, Again*. October 2014.

⁷ See remarks of Dr. Giselle Hass, "Statement regarding the Mental Health Needs of Women and Children Detained in Immigration Facilities," at a briefing entitled "Re-traumatizing and Inhumane: Detaining Immigrant Survivors of Violence Against Women and Children." January 2015. "The sole confinement, surveillance, security controls and harsher regime of detention aggravate the mental health problems of immigrant women and children because they replicate the dynamic of control and coercion that victims suffered in the past and induce the same sense of helplessness and victimization." P. 5, available at: http://www.asistahelp.org/documents/news/Mental_Health_Statement_GH_E49E41BF6BFF5.pdf. See also "Psychological Harm and the Case for Alternatives," FN 3 above.

⁸ Human Rights Watch. *US: Trauma in Immigration Detention*. May 2015. <http://www.hrw.org/news/2015/05/15/us-trauma-family-immigration-detention>

⁹ International Detention Coalition. *Captured Childhood*. May 2012. P. 50, emphasis added.

night terrors or nightmares, impaired cognitive development, or even more extreme psychological distress.¹⁰

The complaint we submit to you today is based on several evaluations that illustrate that family detention creates or exacerbates trauma for detained mothers and children. Many cite to severe anxiety, post-traumatic stress disorder, suicidal ideations and other symptoms of profound trauma in their clients. Multiple evaluations explicitly stated that these individuals would best be served by release from detention, yet these mothers and children continued to be detained for long periods of time – either they were offered no bond or humanitarian release or they were given excessively high bond amounts that they could not afford.

Describing the impact of detention on the mental health and development of immigrant families at the Karnes County Family Residential Center, Luis H. Zayas, the dean of the School of Social Work at the University of Texas at Austin and a licensed psychologist and clinical social worker, found that profound consequences on the well-being of detained families at Karnes manifested even though families had been detained only two to three weeks. Mothers and children of all ages generally showed high levels of anxiety, depression, and despair, and children showed signs of developmental regression. He writes that:

*The psychological traumas experienced by these mothers and children—in their home countries, during their travel to the United States, and upon their detention in the United States—will require years of mental health services to alleviate. Moreover, the ongoing stress, despair, and uncertainty of detention—even for a relatively brief period of time—specifically compromises the children’s intellectual and cognitive development and contributes to the development of chronic illness in ways that may be irreversible.*¹¹

Names in quotation denote pseudonyms

Complainant 1: “Cecilia” Cecilia was raped at 13 years old. She fled El Salvador because her life – as well as the life of her daughter – was being threatened by her own family members, as well as gang members demanding sex. At the time of Cecilia’s psychological assessment in detention, her daughter was constantly sick, could not eat and was vomiting. The psychiatrist summarized the emotional and behavioral impact of detention on both mother and daughter:

[Cecilia’s] daughter is getting more aggressive and is having fights with other children. This behavior she had never seen her daughter have before this imprisonment. [Cecilia] is very sad. [S]he doesn’t want to do anything. She is upset all the time. She says this with tears flowing down her cheeks. Her head hurts. ... [S]he is not suicidal as she was when she was raped at 13, but she is very depressed. ...

¹⁰ *id.* P.51, fn 104.

¹¹ Declaration of Luis H. Zayas, PhD. December 10, 2014, *available at*: https://lofgren.house.gov/uploadedfiles/declaration_of_luis_zayas.pdf.

[Cecilia's] daughter cries every night. After her daughter goes to sleep she herself weeps every night. She cannot sleep. It is a mixture of awful memories and dread about being trapped in this prison. She eats not at all and then finds herself eating frantically. She demonstrates psychomotor retardation and agitation. She reports feeling exhausted. She feels worthless and hopeless. She feels extremely guilty about what her daughter has to go through. Sometimes during the interview she is crying so hard she can hardly talk. While [Cecilia] definitely has longstanding issues this depression is a result of being trapped and imprisoned in the prison at Artesia.

The psychiatrist diagnosed Cecilia with “severe Post-Traumatic Stress Disorder,” stating: “She has been threatened with death as has her daughter. She has been raped at 13 years old and again in her recent history she has been threatened with sexual violence and had to repulse an attempted rape. She has watched her sister sustain physical harm and been subjected to it herself. ... She has recurrent, intrusive, and involuntary memories of the trauma she has had.”

The psychiatrist concluded: “In addition she has a very troubled child and she herself is in a full-blown depressive episode which is worsening because there is no viable way out. She needs release as soon as possible. Her [\$20,000] bond appears to me to be unreasonable and quite destructive to her mental health.”

This assessment was issued November 24, 2014. Cecilia and her daughter were not released until January 29, 2015.

Complainant 2: “Juliza” Juliza is an indigenous Guatemalan woman who suffered persecution throughout her whole life due to her indigenous ethnicity. Beginning at the age of 13, Juliza was raped by her father’s family members, who referred to her as a “dirty indian” while they assaulted her. When she finally gained the courage to go to the police, she was sexually propositioned by the officers. After a family member continued to threaten her with death and more sexual violence, Juliza fled to the United States. When she told the Border Patrol officer that she feared returning, he said she was lying and deported her without a credible fear interview. Within a month of being back in her country of origin, Juliza was drugged, raped, and thrown into a river by the ladino family member who had been threatening her. Juliza fled to the United States again. She told the CBP officer again that she was scared, but was deported anyway.

Back in Guatemala and caring for her 8 year old son, gang members attempted to kidnap him. Juliza fled again, this time taking her son on the perilous journey with her. After more than eight months of detention, Juliza was granted relief by an Immigration Judge.

The licensed mental health counselor who evaluated Juliza concluded that she was suffering from PTSD in detention:

Difficulty sleeping and eating; recurrent nightmares related to various aspects of her experiences, a miscarriage brought on by the violence after one of her deportations is particularly distressing to her and the cause of many of the nightmares; intrusive memories of the fetus which she saw after the miscarriage; pervasive fear, shame and

guilt from the many sexual assaults which make eye contact difficult; cognitive distortions typical of victims of such violence, i.e., being “worthless,” and internalization of the horror so that she herself feels “horrible.”

The counselor concluded that detention was the wrong environment for her:

In order to process the traumatization that [Juliza] has experienced, she will need an extended period of time in a safe environment, free from harm. In her current situation, where she lives with fear of being returned to her country of origin where the violence took place, and is most probably going to continue, does not accord her the safety needed to heal from what has happened to her and keeps her PTSD symptoms active.

Complainant 3: Celia Celia is an indigenous Guatemalan woman whose entire family has been persecuted because her father married outside his ethnic group, and for more than two decades she, her parents and her siblings endured serious physical attacks and death threats at the hands of her paternal relatives. At the age of sixteen, Celia married and moved into her husband's parents' home; after witnessing her father-in-law repeatedly abuse her mother-in-law, Celia intervened to stop a beating and then escorted her mother-in-law to the police. After reporting the domestic abuse, Celia's father-in-law attempted to attack her and threatened to murder her in the middle of the night. Celia fled to the United States, but she was deported without having an opportunity to speak to an asylum officer about her fear of returning to Guatemala. Upon returning to Guatemala, Celia received death threats from a paternal cousin, while her husband was personally threatened by gang members with connections to her paternal relatives. Celia also received renewed death threats from her father-in-law, who promised to kill her when she least expected it for previously reporting his domestic abuse to the police.

Celia again fled to the United States, this time with her 10-month-old son. Over nine months of detention, Celia suffered immense stress caring for a breast-feeding infant in jail-like conditions. Her hair started falling out. She was exhausted from staying up nights alone crying and caring for her infant son who had become listless. According to the licensed mental health counselor who evaluated her, Celia's prolonged detention extended the "reign of terror" she suffered in her home country, aggravating her PTSD.

While detained, Celia suffered from a painful chronic intestinal condition and an infected tooth but has received no treatment or medication in detention. Her son's physical well-being and emotional development were severely negatively impacted by prolonged detention. He became irritable, aggressive and was suffering from a chronic ear infection, congestion and diarrhea.

The counselor who evaluated Celia – with over 25 years of experience working in the field of family violence and sexual assault – found that detention was re-traumatizing her:

Detention has the effect of creating an environment that forces Celia to re-experience her trauma on a daily basis, which serves to re-traumatize her. ... She is experiencing intrusive memories night terrors and physical symptoms. ... The impact of detention on Celia is to create a situation that exacerbates the trauma she is already struggling with. ... The fear, uncertainty, and lack of control over her life that [she] lives with while being detained mimics the fear, uncertainty, and lack of control she experienced in Guatemala.

The counselor described other psychological consequences for detained women and children:

It can be said that detention provides for women and children's basic needs; food and shelter. It is equally true that detention disempowers women and children. This lack of control over their future places women and children in positions of uncertainty, fear and isolation. ... [M]inimization of time spent in detention is strongly recommended.

“Women like Celia who are trauma survivors are psychologically vulnerable and thus at increased risk for developing mental health problems in response to being detained,” the counselor noted.

While parents often recall their child's first steps with joy, Celia felt only despair when her son learned to walk behind chained fences in Artesia and Dilley as it was, to her, a measure of how much of his young life was spent detained.

On April 9, 2015, an Immigration Judge granted Celia a form of humanitarian relief related to asylum (“Withholding of Removal”), and her son received asylum based upon the evidence of persecution to his mother.

Complainant 4: Suny Suny and her 8-year-old son Angelo suffered almost six months of unnecessary detention at Dilley before she was granted relief by an Immigration Judge. Suny fled Honduras in January 2015 with her husband and her son after being persecuted for her vocal denunciations of police corruption, abuses and impunity. Her mother had also been an outspoken critic of police corruption and was murdered in 2006. Suny was also vocal at Dilley in her criticism of DHS and CCA practices.

Her son Angelo was scarred by the persecution his mother was receiving in Honduras. He was inside their home when his mother was beaten by a police officer just outside. After the attack, he saw his mother with injuries and was deeply upset. Seeing her crying, he started crying himself and asking what was wrong. When Angelo himself was interviewed by an asylum officer, he stated that he is afraid of Honduras because “there is a lot of death” there. At age six, Angelo saw a dead body while staying with his grandparents. He was evidently scarred by this experience, as the Asylum Officer during the interview noted how hard it was for him to discuss this incident, and how he laid his head on the desk when thinking about it.

Angelo’s trauma was significantly exacerbated by his experiences in detention. Angelo was denied reunification with family members in the U.S. and nearly separated from his mother by ICE to be placed in Office of Refugee Resettlement (ORR) custody. An immigration judge ordered ICE three times to release Angelo from their custody to his aunt in the U.S. – first on March 12, 2015, then on April 9, 2015, and then on April 16, 2015. However, ICE inexplicably refused to release him directly to his aunt. Instead, on Saturday, April 4, 2015, with just thirty minutes notice to him and his mother, and no notice to his counsel, ICE tried to take Angelo from his mother and transfer him to what was described as an orphanage, i.e., the Office of Refugee Resettlement, for an indefinite period of time without providing any information on whether and when he might be released to his aunt.

When he heard that ICE was taking him away, Angelo began sobbing inconsolably. He could not bear to be separated from his mother and taken to an unknown location with strangers for an indefinite period of time. Shocked and distraught by the circumstances, Angelo and Suny chose to stay together at the Dilley family detention center, instead of being separated indefinitely without any guarantee that Angelo would eventually be released into his aunt's custody.

Angelo and Suny suffered terribly in detention. But on May 14, 2015, Suny won relief before an Immigration Judge.

Complainant 5: "Natalie" Natalie fled with her 4-year-old son "David" after gang members had threatened to kidnap her little boy if she could not meet their extortion demands. Natalie sought safety with her U.S. citizen child in Texas and a lawful permanent resident (or "green card") sister. Instead, ICE detained her for seven months with her son while he suffered emotionally and received insufficient medical treatment for his eye condition, and while she herself suffered untreated, undiagnosed continuous vaginal bleeding.

The Ph.D. clinical and forensic psychologist who evaluated Natalie and her son summarized the combination of re-traumatization and new traumatization she experienced – the sense of helplessness she felt at watching her son suffer bullying and being unable to obtain proper care for his "lazy eye" condition, which needed surgery: "Now she awakens at night tormented by painful images of the horrors she has experienced as well as from a sense of hopelessness and despair at about the deterioration of her son's condition and her inability to take action on his behalf."

The psychologist saw immediately that Natalie's prohibitively high bond had directly contributed to her deteriorating mental state: "Since arriving at the Artesia center, she has grown increasingly depressed and anxious, particularly after she was given a prohibitively high bond. As their detention has continued for so many months, [she] is witnessing the progressive deterioration of her son's emotional condition and feels a desperate level of frustration that she cannot provide the security that he needs, nor get medical help for his strabismus."

Five months into her prolonged detention, the psychologist diagnosed Natalie with "Major Depressive Disorder," "Post-Traumatic Stress Disorder," and Anxiety.

The psychologist further evaluated her 4-year-old son, David. She found that his anxiety was the 98th percentile compared to other boys his age and his depression is in the 95th percentile compared to other boys his age. He also tested at 99th percentile for Post-Traumatic Stress Disorder: "[Natalie] is witnessing the progressive deterioration of her son's emotional condition and feels a desperate level of frustration that she cannot provide the security he needs, nor get medical help for his strabismus." Furthermore, because of his eye, David "is the victim of bullying by other children and is socially withdrawn. His severe emotional and social problems put his cognitive functioning at risk as well."

Natalie and David were detained in early July 2014 and were not released until February 2015, after the federal court injunction was issued in *R.I.L.R. v. Johnson* preventing DHS from detaining mothers and children for the political purpose of deterring others from coming to the U.S. When Natalie's attorney first met the family early in their detention at Artesia, David always had a smile, never complained, and was always a good kid. By the week before

Thanksgiving 2014, the attorney could see he was changing. Natalie confirmed that David was crying at night, not eating, being very clingy. Then Natalie told her attorney something that broke her heart. When they were taken into Roswell to see the doctor, as they were leaving the detention center in the white ICE van, he said, “Look mom, we are leaving.” Natalie was forced to explain to her 4-year-old that no, they were not being allowed to leave. Instead, they were transferred to Karnes a month later.

Complainant 6: Melida Melida and her 4-year-old daughter Estrella were detained for 11 months and 2 days. Estrella celebrated her fourth birthday at Artesia and spent roughly 20 percent of her young life in detention.

Melida also has a 10-year-old U.S. citizen daughter, a sister with a green card, and other U.S. citizen family and friends who were all waiting for her and Estrella in New York and willing to care for them while their case proceeds. Melida is terrified of returning to Guatemala, where the family of the gang member who was convicted of murdering her sister-in-law wants retribution.

Melida and Estrella suffered horribly in detention. Little Estrella was hospitalized for acute bronchitis and also suffered from acute pharyngitis, ear aches, fevers, diarrhea, and vomiting. Melida was diagnosed with PTSD, adjustment disorder with anxiety, and major depressive episode.

Then on May 15, 2015, the Dean of the University of Texas School of Social Work, Luis H. Zayas, personally evaluated Melida and Estrella. “The scientific literature is very uniform in its findings,” he writes, on how detention – and experiencing their mother being detained – affects children. “Detention and child-rearing in prisons are major childhood traumatic stressors,” he continues, “even under conditions of short or brief detentions.” Science shows that such toxic stress has lifelong effects on the developing brain:

Adverse childhood experiences, such as trauma and detention, have detrimental effects on children’s brain growth and neural development: childhood adversity increases the likelihood of psychopathy. Institutional rearing, that is, growing up in detention even for short periods of time – and particularly following the traumatic circumstances of migration – is one of the most adverse experiences for children. ... Stress under prolonged and intense conditions leads to structural and functional changes of some brain regions that are essential for self-regulation and other behaviors. As a result of the ongoing stress, despair and uncertainty of detention, children’s brain development is compromised, impairing not just their intellectual and cognitive development but also contributing to the development of chronic illnesses that can last into adulthood.

The psychological state of Melida and Estrella was especially dire. Estrella indicates “early childhood anxiety,” Dean Zayas writes. “When asked to step outside while the examiner met with her mother, E- did so but returned within several minutes,” Dean Zayas recounts. “She would not leave again even when urged by her mother. Estrella appeared anxious. Of note also is that when Melida spoke of the challenges of living in detention, Estrella was very keen in looking at her mother and showing a worried expression on her face.”

Dean Zayas concludes:

The child is exquisitely attuned to her mother's emotional state. The fear of separation from her mother and the hypervigilance necessary to follow her mother's emotional moods are having corrosive social and emotional effects on Estrella.

Melida herself "is extremely depressed" and is a suicide risk, Dean Zayas states. "While she denied any tendency to act on her suicidal ideation, it was not a convincing or animated negation and should give pause for the potential of a suicide attempt."

"It is my considered opinion that the continued detention of this child and her mother is jeopardizing Estrella's developmental trajectory as well as Melida's capacity to provide adequate parenting to her daughter," he writes, and explicitly recommends that both mother and child should be released.

Complainant 7: "Vilma" Vilma has been detained with her 11-year-old daughter "Delmy" at Berks for more than 10 months. Last month, Vilma discovered that Delmy had been sexually abused by her ex-boyfriend. This news was completely devastating to Vilma, and she felt extremely guilty that she had not been able to prevent it. She began to contemplate suicide. She thought about hanging herself in the detention center bathroom. Instead of releasing Vilma and Delmy to receive the help and safe surroundings they needed to heal, ICE refused to release them and instead placed Vilma in solitary confinement, away from her daughter, for 3 straight days.

Vilma was first sexually abused at about age 8, by her father's cousin, who lived with her. Her mother did not believe her. The abuse continued many years. She left at age 16 to escape the abuse.

The father of her eldest child abused her physically and sexually and often tried to take her daughter from her. The father of her two younger daughters was also abusive. For example, he tried to choke her once while she was pregnant. After her second daughter was born, she did not want any more children and began taking birth control pills. Her partner found out and labeled her a "prostitute" and began raping her. When she later became pregnant, he publicly denied the child was his and humiliated her.

"[Vilma] was very emotional throughout the interview," the licensed psychologist who performed her evaluation explained. "At times, she was sobbing so hard that she had difficulty speaking. She cried, wrung her hands and rubbed her forehead and neck repetitively during the interview." The psychologist found her responses to be "indicative of severe depression."

The psychologist diagnosed Vilma with Post-Traumatic Stress Disorder as well as Recurrent and Severe Major Depressive Disorder:

[Vilma] presents with a history of repeated trauma dating back to childhood, when she was the victim of sexual abuse by a family member. She went on to experience intimate partner violence by both of the fathers of her children. The cycle of abuse described by [Vilma] is, unfortunately, quite prevalent in victims of child sexual abuse. In fact, two out of three sexual abuse victims will be re-victimized. Specifically, child sexual abuse is also associated with rape and sexual victimization by a partner in adulthood. The experience

of repeated trauma and re-victimization increases feelings of shame and hopelessness, as endorsed by [Vilma].

Moreover, the psychologist found that “[Vilma] is at extremely elevated risk for suicide, due to multiple factors, including her recent suicidal ideation and intent.”

The psychologist concluded that Vilma is suffering from “serious and chronic mental health problems,” and that “her detention likely exacerbates her mental health problems.” The psychologist further concluded: “Given that her daughter may also be a victim of abuse, it is essential that [Vilma] receive the support she needs to heal, and to support her daughter’s recovery as well.”

On Friday, June 19, at 3 a.m. in the morning, Vilma and her daughter were pulled from their beds at Berks and wrongfully deported. In a rare move, a U.S. Court of Appeals judge has [ordered ICE to immediately return the family to the United States](#). Vilma has pending proceedings before that court, and ICE’s lawyer had assured the judge that they had no intention of deporting the family.

Earlier this year, Vilma had been one of the witnesses to the [“institutional sexual assault” of a 19-year-old Honduran woman by a 40-year-old guard](#) at the Berks detention center.

Complainant 8: “Kira” Kira and her four-year-old son “Luis” were detained for 5 months at Artesia Family Residential Center. Kira and her son fled Guatemala after suffering four years of horrific violence and constant threats at the hands of a powerful gang. The gang had previously targeted Kira’s husband, “Andre,” a deacon in the local church, for preaching his religious message of non-violence—in their eyes, a message of disloyalty and dissidence. Kira and Andre decided that he should flee to the United States in an attempt to save the family from harm. Immediately following Andre’s escape, the gang began to persecute Kira. They threatened her with rape and murder, beat her face bloody on multiple occasions, threatened to cut her unborn child out of her belly, threatened to kidnap her son after he was born, and grabbed and held her son at knifepoint on multiple occasions. Kira went to the police for help twice, but they turned her away. Kira and her son fled to the United States in search of protection, but were instead detained.

A Ph.D. clinical and forensic psychologist diagnosed Kira with “very severe Post Traumatic Stress Disorder.” The psychologist found that Kira was experiencing “very intensely” all five listed intrusive symptoms: unwanted thoughts and memories; distressing dreams of trauma; flashbacks; intense distress when reminded of events; physical reactions like palpitations or constricted breath.

The psychologist diagnosed Luis with “severe anxiety and depression.” Luis’s “condition has worsened physically and emotionally in the nearly five months that he and his mother have been in detention,” the psychologist concluded:

[Luis] 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 if they can leave this place. ... When his mother was emotional, he leaned against her as if to comfort her and reassure himself.

Continued detention is “exacerbating her suffering and that of her young son.” It is also putting Luis “at risk for lifelong emotional problems.” The psychologist recommended that Kira and Luis “be released from the Artesia center immediately and helped to reach a safe, supportive family environment.”

Complainant 9: “Olivia” Olivia and her 3-year-old son were detained for over 3 months at the Artesia Family Residential Center. Olivia and her son fled Honduras to escape the violence perpetrated by her son’s father. He repeatedly beat and raped her, sometimes twice a day and often in front of her son. The police did nothing to help Olivia and each time she tried to escape her abuser sent members of his gang to force her to return home. When her 3-year-old son interfered with his acts of abuse, Olivia’s partner beat him with a belt and held a gun to his head before forcing the gun into Olivia’s mouth.

Their detention had a detrimental impact on both of them. Her son would ask his mother if the ICE officer was going to shoot him when the ICE officer would reprimand him. His weight decreased dramatically throughout the time he was detained; he weighed 55 pounds when they left Honduras, and after a month in detention weighed 39 pounds. Olivia had nightmares and suffered from hair and weight loss.

Olivia was diagnosed with severe Post Traumatic Stress Disorder and Major Depressive Disorder in detention. One of the two psychologists who evaluated her concluded:

She has been repeatedly beaten and sexually violated. The beatings and sexual assaults became increasingly violent. The threats to her life were increasingly intense. ... She has profound shame about what has happened to her. She feels fear, horror, guilt and other trauma related emotions persistently. ... [She] is a profoundly traumatized young woman who has all the symptoms and more required to meet the criteria for a diagnosis of Post Traumatic Stress Disorder.

Her son was diagnosed with Post Traumatic Stress disorder at age 3. His scores were above the 99th percentile for symptoms of Anxiety and Depression, and for post-traumatic symptoms in the Intrusive, Avoidant and Arousal/Reactive criterion clusters. “[He] also had a significantly high score for Sexual Concerns. This likely is another reaction to his traumatic witnessing of the repeated rape of his mother.”

The second psychologist concluded: “[I]t is my opinion that both mother and son will continue deteriorating emotionally until they are in a safe family environment. [Olivia] is distraught to see her son becoming more anxious and depressed in spite of her best efforts to keep him happy.”

Complainant 10: Maria Maria and her 9-year-old son “Daniel” were detained for 6 months at the Karnes County Residential Center. Maria and Daniel fled Honduras for the United States because of severe domestic violence that included the rape of Maria at knifepoint with Daniel

nearby. During their months in detention, Maria relied on her Christian faith to maintain hope and prayed constantly. Daniel lagged in school and regularly felt sick to his stomach.

In detention, Maria experienced “inconsolable crying, lack of appetite, headaches, extreme fear, and inability to sleep and to stay asleep.” She shared with the counselor “the immense sadness and guilt she often feels about the abuse she has experienced.”

Maria struggled to speak to her attorneys about the intimate violence she suffered. “I strongly believe she has been a victim and has survived severe domestic abuse,” the licensed mental health counselor who evaluated Maria at Karnes concluded.

Throughout their session, Maria spoke of “her intense fear of her most recent ex-partner carrying out his threat of killing her for having him reported to the police, leaving him, and disobeying his threats.” “In fact, leaving the abusive relationship considered the most dangerous part of domestic abuse,” the counselor noted. “I fear that Ms. Lopez is in particular danger now that she has fled to the United States in an effort to escape her recent ex-partner and his abuse.”

Young Daniel had witnessed many of the incidents of abuse and had been assaulted when he came to his mother’s aid. A survivor of severe trauma in his own right, Daniel suffered further traumatization in detention. He “cries inconsolably, continues to have nightmares, has experienced enuresis and headaches, was set back a grade in school, and has ear pain.” During his nightmares, he often cried out, “Let’s go, don’t leave me.”

“[D]etention is related to negative and persistent mental health outcomes, including depression, PTSD, and anxiety,” the counselor noted. “Detention is neither developmentally nor socially appropriate for children.” The “controlling factor” of living in a detention center “leads to re-traumatization and intensifies fear in the survivor,” she explained. This research was perfectly reflected in Daniel’s case:

[Daniel] specifically reported an inability to understand the reasons why they are locked up and cannot leave. [Daniel] expressed his immense sadness at seeing his friends leave the detention center and being left to wonder why he and his mother cannot leave.

“It is clear that [Daniel] needs therapeutic services related to the trauma he experienced and that detention impedes recovery for Ms. Lopez and her son,” the counselor concluded.

Conclusion

The United Nations Committee on the Rights of the Child has found that “[t]he detention of a child because of their or their parent’s migration status constitutes a child rights violation and always contravenes the principle of best interests of the child.”¹² We urge your office to consider

¹² Recommendation 79, General Day of Discussion, 2012, *available at*: http://www2.ohchr.org/english/bodies/crc/docs/discussion2012/2012CRC_DGD-Childrens_Rights_InternationalMigration.pdf

the extensive evidence of the detrimental impact of detention on children and families, both internationally and in the current U.S. family detention context, as you investigate the attached complaints. These and similar cases so profoundly illustrate that the detention of children and their mothers in ICE's family detention facilities cannot be carried out humanely and without seriously damaging, potentially irreversibly, their health.

Respectfully submitted,

Karen Lucas
American Immigration Lawyers Association
klucas@aila.org

Katharina Obser
Women's Refugee Commission
katharinao@wrcommission.org

Beth Werlin
American Immigration Council
bworlin@immcouncil.org