



Jude Pardee, Ph.D.  
Clinical and Forensic Psychologist  
217 Camino del Rincón  
Santa Fe, New Mexico 87506  
505 455 9922

CONFIDENTIAL PSYCHOLOGICAL EVALUATION

Date of Evaluation: October 8 - 9, 2014 Date of Report: October 14, 2014

RE: [REDACTED] Date of Birth: August 19, 1991

[REDACTED] Date of Birth: October 7, 2011

Referral and Reason for Evaluation

[REDACTED] was referred to me for psychological evaluation by legal staff of the Artesia Legal Defense Team. She asked to speak with a female professional about her emotional status and that of her young son. I am a female clinical and forensic psychologist, licensed in New Mexico since January 1985. I speak Spanish fluently. I first volunteered to evaluate women and children at the Artesia immigration center on October 7, 2014 and I evaluated [REDACTED] and her son on October 8th and 9th.

[REDACTED] was evaluated previously by psychiatrist Arnold Lane Leckman, M.D. on September 4, 2014. In his psychiatric evaluation report (dated September 6, 2014) Dr. Leckman diagnosed [REDACTED] with severe Post Traumatic Stress Disorder.

The current evaluation was conducted in order to supplement Dr. Leckman's report with psychological testing as well as to evaluate [REDACTED] young son, whom she calls by his middle name, [REDACTED].

Background Information

Professionals who utilize this report should refer also to Dr. Leckman's report, which contains a more detailed account of [REDACTED] early history. In this report I will summarize her history of the past seven years and the traumatic events that led to her flight from her native Honduras.

At age 16, while training to be a teacher, [REDACTED] met her future husband, [REDACTED]. She completed the three year program and worked as a teacher for a part of a year. During this period she became pregnant by [REDACTED], who was living with his mother. Both [REDACTED] and her mother were treating her well at the

is that, when she was three months pregnant with her son, she was violently raped by an older man who was influential in her hometown and known to her family. Instead of supporting her traumatized daughter, [REDACTED] mother rejected her. [REDACTED] then moved in with [REDACTED] and his mother. Later, shortly after the birth of their son, she and [REDACTED] moved into their own apartment. [REDACTED] began drinking heavily and became physically and verbally abusive towards [REDACTED]. He was involved with a gang and was dealing and using drugs. The abuse escalated over a period of around two years. [REDACTED] was beating and also raping [REDACTED] with increasing frequency and brutality. The abuse took place in front of [REDACTED] and the toddler also was punished physically, including at times when he tried to get between his father and mother during the abuse. He witnessed his father holding a gun to his mother's head and in her mouth and threatening to kill her. After beatings, [REDACTED] would leave for awhile and [REDACTED] was so intimidated that she was afraid to leave the house even to buy food. She received some help from friends and eventually was able to leave [REDACTED] and find work in a store. [REDACTED] knew that [REDACTED] or his gang friends would kill her if they found her. At the beginning of June 2014, she took what money she had saved and, with her 2 year old son, fled north to Reynosa, Mexico. They crossed the river and were detained by the U.S. Border Patrol near McAllen, Texas. [REDACTED] and [REDACTED] were among the first families placed in the detention center in Artesia.

### Evaluation Process and Results

During the interview and testing, it was evident that [REDACTED] mood was extremely depressed. She wept almost continuously while telling me that she feels increasingly worthless and hopeless. She feels as if she is being punished by God and has thoughts of killing herself but would never do it because of her son.

In spite of her own desperate mood, [REDACTED] was very affectionate with her son, who played on the floor nearby but would approach her as if to comfort her when she was crying. She responded by putting her arm around him, reassuring him and distracting him by showing him pictures in the books I had given him. She asked him to name colors of the colored pencils and the pictures in the books, and to show me that he can count to 10 and beyond in Spanish and to 10 in English. [REDACTED] told me that [REDACTED] is too young to attend the pre-school sessions at the facility, but that she is teaching him and talking with him all day long. [REDACTED] is a charming, intelligent and very polite little boy who just had turned three third a few days before we met.

The tests I used in this evaluation included:

- Life Events Checklist (LEC-5)*
- PTSD Checklist for DSM-5 (PCL-5)*
- Beck Depression Inventory (BDI-II) - Spanish Translation*
- Trauma Symptoms Checklist for Young Children (TSCYC)*

The items on the *Beck Depression Inventory* include many symptoms that [REDACTED] had mentioned in the interview: sadness, hopelessness, self-blame, lack of confidence and low self-esteem. Her score on the questionnaire established that she is severely depressed and meets the criteria for Major Depressive Disorder.

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). I read my own Spanish translation of the items to [REDACTED] and she rated the intensity of the symptoms (from 0 = "Not at All" to 4 = "Extremely") that she has been experiencing during the past month.

The National Center for PTSD has provisionally established a score of 38 as the cut-off point for the diagnosis; [REDACTED] score of 62 confirms quantitatively the diagnosis of severe **Post Traumatic Stress Disorder** that Dr. Leckman reported at the time of his evaluation of [REDACTED] thirty-five days prior to this evaluation. [REDACTED] interview and her current responses to the questionnaire indicate that she continues to exhibit at a very intense level all the PTSD symptoms Dr. Leckman detailed for the diagnostic criteria for PTSD.

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. I read my Spanish translation of the items to [REDACTED]. She was thoughtful about her ratings and gave examples to support them. I am quite certain that [REDACTED] did not exaggerate [REDACTED] symptoms. The *TSCYC* includes two validity scales, one of which has been 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. [REDACTED] did not endorse even one of the 10 rarest items.

In addition to the Validity scales, the *TSCYC* has nine clinical symptoms scales: (1) Anxious, (2) Depressive, (3) Anger/Aggression, (4) Intrusive Post-Traumatic, (5) Avoidant Post-Traumatic, (6) Arousal/Reactive Post-Traumatic, (7) Total Post-Traumatic, (8) Dissociation, (9) Sexual Concerns.

[REDACTED] scores on the *TSCYC* indicate that he meets the criteria for the diagnosis of Post Traumatic Stress Disorder, because of his traumatic exposure to his father's beatings and rapes of [REDACTED]. Compared to the norming population of 3 year old boys, [REDACTED]'s 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. His scores on the Anger/Aggression and Dissociation scales were in the normal range for boys his age. [REDACTED] 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.

█ does not think anyone has molested her son since she is almost always with him. She didn't endorse items describing sexual acting out, which can occur in children who have been sexually abused. But she did tell me about a recent incident where her son became extremely upset when another boy at the facility tried to pull his pants down. An older girl brought █ back to █ and told her what had happened. █ also said that █ is extremely protective of his private parts. He gets upset and resists her when she cleans those areas.

### Summary and Recommendations

█ and her 3 year old son █ have been severely traumatized by repeated, violent abuse by █ husband. █ life was threatened on multiple occasions by her husband and other members of his gang. █ from an early age, was exposed to that terrifying abuse. When █ was 2 years old, █ found the courage and resourcefulness to escape their life-threatening circumstances. With her toddler, she made a long arduous journey in hopes of reaching safety and support in the home of her sister in New York.

Her three month detention has not begun to resolve █ PTSD; in fact, she is becoming increasingly depressed and hopeless, but she does retain hope that she will be granted asylum. Even burdened by emotional distress, █ impressed me as devoted and loving mother. However, based on this evaluation and Doctor Leckman's, it is my opinion that both mother and son will continue deteriorating emotionally until they are in a safe family environment. █ is distraught to see her son becoming more anxious and depressed in spite of her best efforts to keep him happy. He too now meets the criteria for a diagnosis of Post Traumatic Stress Disorder.

I recommend that █ and her son be released from detention as soon as possible, and helped to travel safely to join her sister in New York. She has every intention to appear for her asylum hearing, and no reason or capacity to avoid it.

Respectfully submitted,

*Jude Pardee, PhD*

Jude Pardee, Ph.D.  
Clinical and Forensic Psychologist  
Licensed in New Mexico, License number 310.

THIS REPORT IS CONFIDENTIAL AND TO BE READ BY ONLY THOSE WHO ARE REPRESENTING OR CONDUCTING A HEARING RE: THE BELOW NAMED INDIVIDUAL

PSYCHIATRIC EVALUATION

Conducted on September 4, 2014  
with the aid of a translator

RE: [REDACTED]

[REDACTED] is a 23 year old Honduran woman. She is married and has one son [REDACTED] who will be three in October. She has worked doing farm labor to help her family of origin. She has had 12 years of education. The first nine years were in her village and the last three were for teacher training in the larger town of Juticalpa, Honduras. She has also worked for part of a year as a teacher. She is married and now separated from her husband Hector who remains in Honduras.

She has fled with her young son to the United States of America to escape continued physical and emotional abuse from her husband and the very serious likelihood that she would be killed by her husband or his fellow gang members.

[REDACTED] was born and raised in Jano, Honduras on a small farm. Her family, mother, father and 9(?) children lived in a small house sharing the space. They worked a small farm raising beans, corn and coffee beans. When [REDACTED] was only 6 years old her father died of a sudden heart attack. After his death her mother continued to work to support her family. [REDACTED] went for 9 years to the primary school in Jano. After school she would help in the fields.

She eventually moved to Juticalpa to attend a secondary school which would allow her to work as a teacher. She attended and completed the three year course. During this time she was in part supported by money her mother would send her via an older man, [REDACTED], who came from a family with more money and mobility in Jano.

After moving to Juticalpa where she attended secondary school she met her neighbor and future husband [REDACTED] when she was 16 years old. He was living with his mother. Initially [REDACTED] was kind, generous and gentle in his behavior. Later they started dating and eventually were married.

When she first moved to Juticalpa her mother would send her money regularly to help her continue her education. The money would be delivered by [REDACTED] who was an older man from a wealthy family in Jano. She had known him and trusted him for many years. The last time he delivered the money he tricked her into meeting her in a more private space. He forcibly and violently raped her. She was severely traumatized by this. When she told her mother what had happened, her mother told her there was nothing to be done. [REDACTED] and his family had money and influence. Shortly thereafter her mother stopped talking to her, rejecting her.

In this same period she had become more involved with [REDACTED]. She had become pregnant. Soon she moved in with [REDACTED] and his mother and was greatly relieved to have the help of his mother with her pregnancy and then delivery of her son [REDACTED].

During her pregnancy and after the birth of her son the relationship with [REDACTED] seemed good and she felt like she had her own family.

Trouble began when she and [REDACTED] moved into their own apartment. [REDACTED] initially began drinking and when intoxicated he would verbally abuse her calling her "fat" or "ugly". He would grab her arms and shake her violently and call her a "dog". He would grab her so strongly that her arms were badly bruised. He would also slap her. This happened often.

She called the police for help but they never responded. She felt alone and defenseless. She started leaving their apartment to find a safer place with friends. [REDACTED] would beat her especially badly and threaten her life for this behavior.

Soon he started forcing himself on her sexually with increasing violence and abandon. He told her she was his property and he could have her whenever he wanted. She became aware that he was using and selling drugs.

At one point in this process [REDACTED] held a pistol to her temple and told her if she told anyone about his gang activity he would kill her. As she watched his criminal activity mount. She was aware that the gang had kidnaped a prominent person. As she met and saw some of the other men who were part of his gang this threat was repeated more and more frequently. I believe at one point another member of the gang, her husband's boss, held a gun to her head and threatened her life as well.

[REDACTED] gang activity was accelerating. His violence and threats were getting worse and worse. He was beating and raping her in front of their child.

He told her if she ever told anyone that he would kill or have killed her whole family. She knew he would eventually kill her if she did not do something. She knew she had to leave him. She had to leave for her own sake and to avoid having her son exposed to this violence.

She knew from his past threats that if he ever found her he would kill her.

She knew Honduras would not be safe.

She began a job at a store in Juticalpa and carefully saved all the money from this work. After only a few weeks she left Honduras on June first of this year and made her way to Mexico with her two year old son [REDACTED]. Once in Mexico she made her way to the US border at Reynosa, Mexico. She crossed the river and was picked up by the Border Patrol near McAllen, Texas.

During the interview [REDACTED] was intensely emotional. Both the translator and I could almost palpably feel her terror and distress.

She would frequently tear up and several times wept during the interview.

Throughout the interview she was articulate, well oriented, alert and aware.

I did not give her any formal testing but she was clearly competent mentally.

She had no sign of hallucinations or delusions.

#### ASSESSMENT:

This patient has severe **Post Traumatic Stress disorder**

#### Criterion A:

[REDACTED] has been exposed to repeated and serious threats of death.

She has been repeatedly beaten and sexually violated.  
The beatings and sexual assaults became increasingly violent.  
The threats to her life were increasingly intense.

Without any doubt she meets Criterion A

**Criterion B:**

Unless current events distract her or she is able to distract herself, the memories of these times intrude recurrently and involuntarily. She reports using almost constant praying to protect herself from these memories. She does not sleep at all well. This is because when she sleeps she experiences nightmares which derive from the terror she has just escaped. She reports that there are times when she disconnects in a dissociative fashion. She reports and she demonstrated during the interview intense and prolonged distress when exposed to traumatic reminders. She reports and demonstrated during the interview intense physiologic distress when called upon to remember the traumatic events of her recent past.

To meet Criterion B one out of the five above symptoms is required.  
[REDACTED] meets all five criteria, four of them profoundly.

**Criterion C:**

She attempts and spends significant energy to avoid trauma related thoughts or feelings. As I reported above she uses praying to avoid the memories. She also attempts to avoid any external reminder of her traumatic years in Honduras.

She has both (again only one is required) the symptoms to meet Criterion C

**Criterion D**

She recalls every detail of her experience only too vividly  
She feels badly about herself. She has a sense of being bad, guilty, defective.  
She has profound shame about what has happened to her.  
She feels fear, horror, guilt and other trauma related emotions persistently  
She had and still still no interest in many activities which she would have before enjoyed.  
In Honduras she felt alienated detached from others. Here she has felt much safer and has welcomed the connections with others who have had similar experiences  
She can still feel positive emotions. She is profoundly grateful for the safety she has felt here.

Two of these seven symptoms are required for Criterion D.

[REDACTED] has four of the seven strongly; one less intensely and in my experience the ability to recall the traumatic events vividly is as much a symptom of PTSD as the inability to recall them.



Criterion E:

- She does not report irritable or aggressive behavior
- She has felt suicidal very strongly at times
- She reported and demonstrated hypervigilance
- She reports a strong startle response
- She has had some definite problems with concentration
- She does not sleep often or well.

Criterion E requires 2 out of the six symptoms. [REDACTED] has five of the six, but four strongly.

Criterion F requires these symptoms to have persisted over one month; her have been with her for three years and been getting worse over the last two.

Criterion G requires functional impairment. [REDACTED] has not been able to work for the last several years; her ability to be intimate in now nonexistent; She is feeling her ability to socialize is returning.

Criterion H requires that the disturbance is not due to alcohol or drugs. She does not use either.

**SUMMARY:**

[REDACTED] 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.

She has been raped.

She has been beaten, verbally abused and repeatedly by her husband. She has been violently and sexually assaulted by her husband for over several years. He and his gang have threatened her life and that of her family.

The unreliability of the Honduran police and the loss of her family support system left her especially vulnerable. After interviewing her and hearing her story for over an hour and after witnessing her pain, distress, grief and terror, I am convinced that she is quite a valiant and courageous young woman who has left all she knows to save her life and that of her son. She knows the chaos and the dangers that would await her should she return to Honduras.

I respectfully submit this report for your consideration. Please know that the short time allowed for my evaluation and the need to use a translator are limiting factors for completing a more thorough evaluation.

Arnold Lane Leckman M.D.  
September 6, 2014

