

[REDACTED] LPC, SEP
[REDACTED]

Re: Maria Rosa Lopez
[REDACTED]

Date: 3/30/15

I, [REDACTED], LPC, hereby state freely, voluntarily and knowingly, the following:

Introduction:

I have prepared this independent assessment of Ms. Maria Rosa Lopez and her child, [REDACTED]. In preparation for this report I interviewed this family on March 14, 2015 at the Karnes County Residential Center at Karnes City, Texas. The session was conducted in Spanish, their primary language. Ms. Lopez and [REDACTED] willingly and actively participated in all portions of the interview. Results of this interview seem to reasonably and validly represent the current functioning of Ms. Lopez and [REDACTED]. This report documents the history of abuse experienced by Ms. Lopez and [REDACTED] with the objective to support immigration authorities in making their determinations.

Qualifications:

I am a Licensed Professional Counselor, licensed to practice in the State of Texas (Lic. No. [REDACTED]). I have a Master's degree in Health Psychology from Texas State University-San Marcos. I have experience in trauma and domestic violence as a result of my 5 years of work with survivors of domestic violence and sexual abuse. I have worked with hundreds of immigrants in individual, group, and family settings, including children, adolescents and adults. I have worked with a wide range of mental health concerns, including but not limited to Post-Traumatic Stress Disorder, depression, anxiety, relationship issues, and eating disorders.

Review of Symptoms:

Ms. Lopez reported a number of symptoms, which have occurred following her experiences in Honduras. She reports that these symptoms have been present in her life before and after each traumatic event of abuse and have intensified since she has been detained. Ms. Lopez has suffered serious mental health consequences of the severe trauma she has experienced, particularly as a result of extreme physical, sexual, emotional and verbal abuse at the hands of her most recent ex-partner.

Ms. Lopez is a 37-year-old Latina female and her son, [REDACTED] is 8 years old at the time of the interview. Both are immigrants from Honduras. Ms. Lopez seemed oriented to time and place during the session; she shared her story and responded appropriately to information that was presented. Ms. Lopez's session consisted of her sharing her experiences with domestic violence and sexual abuse and receiving validation for the effects she experienced, such as confusion,

guilt, self-doubt, a decrease in self-esteem, and isolation from loved ones. We discussed the effects of trauma in the adult body and in children. We also discussed parenting skills, such as attending to her son's feelings and normalizing his response to the abuse he has experienced.

Ms. Lopez reported experiencing several symptoms associated with post-traumatic stress disorder (PTSD). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Ms. Lopez meets with the following diagnostic criteria.

Criterion A: Stressor

Ms. Lopez has experienced direct traumatic events such as physical abuse she witnessed and survived from her father and an abusive relationship with the father of her children. She also described how she lost her first born child at the age of 8 months. Most traumatic was her most recent domestic relationship, including extreme physical abuse and rape.

Criterion B: Intrusive symptoms (1 required)

- Intrusive memories
- Nightmares
- Intense and prolonged distress after exposure to traumatic reminders.
- Marked physiologic reactivity after exposure to trauma-related stimuli.

Ms. Lopez described many nightmares in which she dreams about dead people and wakes up very frightened. She appeared to experience recurrent and distressing recollections of the abuse, as evidenced by repeatedly recalling and describing the same traumatic events during the counseling session. These symptoms were likely related to the abuse Ms. Lopez experienced at the hands of her recent ex-partner.

Criterion C: Avoidance (1 required)

- Attempts to avoid conversations regarding the abuse
- Efforts to avoid activities and places that remind her of the abuse

Ms. Lopez indicated that she did not receive any mental health services for her past history of abuse prior to getting involved with the father of her children. Nor did she receive counseling before her involvement with her most recent ex-partner, who was the most violent. She indicated that she has never previously disclosed some of her history of trauma, especially the recent rape she experienced from her most recent ex-partner before fleeing to the U.S.

Criterion D: Alterations in cognitions and mood (2 required)

- Persistent distorted cognitions about the cause and consequences of traumatic events that lead to blaming herself.
- Persistent negative emotional state
- Persistent negative trauma-related emotions (fear, horror, anger, guilt, and shame).

Ms. Lopez indicated throughout the session 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.

Criterion E: Alterations in Arousal and Reactivity (2 required)

- Hypervigilance
 - Sleep disturbances
- Problems in concentration and memory

Ms. Lopez still experiences hypervigilance because of the threats of her most recent ex-partner, and expressed feeling irritated at times. She stated experiencing inconsolable crying, lack of appetite, headaches, extreme fear, and inability to sleep and to stay asleep. She shared about the immense sadness and guilt she often feels about the abuse she has experienced.

Criterion F: Duration (over one month)

•Ms. Lopez reports these symptoms began with the abuse in her home as a child and intensified again with abuse from the father of her children. The symptoms became much worse again during her relationship with her most recent ex-partner and particularly when she left him and arrived at Karnes City, Texas.

Criterion G: Functional Significance

•The symptoms cause Ms. Lopez and [REDACTED] significant distress, because they impede Ms. Lopez's ability to feel she is leading a fulfilling life, and were demonstrated by her intense crying and nervousness throughout the session.

Criterion H: Ms. Lopez did not report any substance or alcohol abuse or any medical condition to which the physical and emotional effects she is experiencing at the moment could be attributed.

Ms. Lopez also reports that, as a result of the abuse that [REDACTED] witnessed and experienced, he started to experience significant sadness, fear, and nightmares. Ms. Lopez recalled that during his nightmares he often says, "Let's go, don't leave me." Upon arriving at the detention center, Ms. Lopez shared that her son cries inconsolably, continues having nightmares, has experienced enuresis and headaches, was set back a grade in school, and has ear pain. During the session, [REDACTED] reported waking up at night without his mother noticing and not being able to get back to sleep until it is almost time to get up the next morning.

Background information and Interpretation of Findings:

According to Ms. Lopez, she experienced and witnessed domestic violence in her childhood from her father. Ms. Lopez shared that her relationship with the father of her three children was also abusive.

Ms. Lopez also described her relationship with her most recent ex-partner, which was the most violent relationship she had experienced and led her to fear for her life. She indicated that he pulled her hair, hit her, yelled at her, and kicked her. She shared that he continued to stalk her and harass her even after she attempted to end the relationship. During the last incident of abuse, he found out where she was staying after returning from the United States and raped her while threatening her with a knife and while her son was entertained with a video game. She recalled this incident very vividly, became very agitated, and struggled to make it through recounting the rape without experiencing severe flashbacks. She also recalled that her abuser cut her with a knife during this incident and he prevented her from getting dressed as a way to control her. Ms. Lopez's son [REDACTED] became agitated after noticing the blood on his mother and attempted to help her. However, Ms. Lopez's ex-partner kicked [REDACTED] as well. Ms. Lopez indicated that she immediately called the police but she was told to call again only if the abuser reappeared. During this incident, her ex-partner threatened her with more sexual abuse and disclosed his intentions to prostitute her with his friends. After this last incident of abuse, Ms. Lopez indicated fearing for her life and that of [REDACTED]. She also disclosed experiencing intense pain in her reproductive system and being diagnosed with what she understood from the doctor's explanation to be an infection because of the pain she was experiencing during urination. She shared that two of her older children are living with her sister in Honduras. Ms. Lopez indicated that her son [REDACTED] experienced physical, emotional and verbal abuse from her most recent ex-partner. He bore witness to the last incident of abuse she suffered from her ex-partner and many other incidents as well.

From the information provided by Ms. Lopez, I strongly believe she has been a victim and has survived severe domestic violence in several relationships, but most severely in her most recent relationship. Domestic violence exists where one person in a relationship exerts power and control over the other person by using an overall pattern of behaviors. In *Trauma and Recovery*, the author states that "the methods of establishing control over another person are based on the systematic, repetitive infliction of psychological trauma...to instill terror and helplessness and to destroy the victim's sense of self" (J. L. Herman, New York: BasicBooks, 77). Dr. K. J. Wilson explores the dynamics of an abusive relationship by listing abusive behaviors used by an abuser such as threats, using male privilege, intimidation, isolation, emotional abuse, and minimizing and blaming for the abuse (*When Violence Begins at Home: A Comprehensive Guide to Understanding and Ending Domestic Violence*, Alameda, CA: Hunter House, Inc, 19-22). In the *Comprehensive Textbook of Psychiatry*, the author states, "the common denominator of psychological trauma is a feeling of intense fear, helplessness, loss of control and threat of annihilation" (N.C. Andreasen, "Post-traumatic stress disorder," 4th ed., H. I. Kaplan and B. J. Sadock, Baltimore: Williams & Wilkins, 1985, 918-924).

This is consistent with Ms. Lopez's account of her story, especially when she recalled the abuse of her most recent partner. The symptoms described by Ms. Lopez are consistent with symptoms exhibited in trauma victims. In Ms. Lopez's case, it appears that her most recent partner has subjected her to the use of physical, emotional, sexual and verbal tactics in an effort to maintain

power and control over her. During the session, Ms. Lopez's physical and emotional demeanor was congruent to her narrative of her history of trauma. In particular, her intense display of emotion was during her recollection of the rape from her most recent partner, which leads me to believe that she experienced severe domestic abuse. In fact, leaving the abusive relationship is considered the most dangerous part of domestic abuse. 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. Although the information in this letter does not encompass her total experiences, it provides some idea of the abuse she faced.

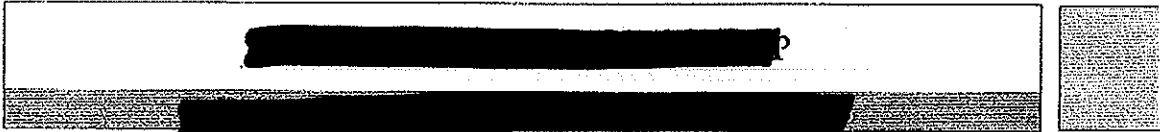
Impact of Detention:

It has been cited in several research studies that detention is related to negative and persistent mental health outcomes, including depression, PTSD, and anxiety. It is highly recommended that time spent in detention be minimal, especially when children are involved. Detention is neither developmentally nor socially appropriate for children, particularly for a child who has witnessed severe violence and been the target of threats of further violence. Because of the controlling factor of living in a detention center, it leads to re-traumatization and intensifies fear in the survivor. This research is reflected in the case of Ms. Lopez and her son. [REDACTED] specifically reported an inability to understand the reasons why they are locked up and cannot leave. [REDACTED] expressed his immense sadness at seeing his friends leave the detention center and being left to wonder why he and his mother cannot leave. During our meeting, he grew sad as he shared his feelings with the counselor during a drawing activity about his friends constantly changing. [REDACTED] also stated as a feeling "ganas de salir" (wanting to leave) and anger for not being able to leave the detention center. Ms. Lopez is particularly concerned about the emotional and physical well-being of her son, [REDACTED]. It is clear that [REDACTED] needs therapeutic services related to the trauma he experienced and that detention impedes recovery for Ms. Lopez and her son. In my professional opinion, it may be difficult for Ms. Lopez and [REDACTED] to participate fully and effectively in the preparation of their asylum claim while in detention.

Conclusions and Recommendations:

Ms. Lopez is in great need of medical and mental health services. The traumatic events that Ms. Lopez experienced throughout her life will likely have a lasting mental impact. She will continue to be vulnerable to re-traumatization and triggers, which will increase if left untreated.

Working on her mental health and medical treatments will significantly enhance her wellbeing and opportunities of becoming a productive and self-sufficient individual. Also, distance from the perpetrator of the abuse, who has threatened to prostitute her and to kill her and her son and has hurt them both, will offer necessary protection for Ms. Lopez and her son. Ms. Lopez and her son are facing more retaliation in the form of the severe physical or sexual abuse from her most recent partner because she attempted to leave the relationship and fled the country. In fact, the last incident of abuse, the rape, indicates that the abuse is escalating which often happens when



the victim is attempting to leave the abuse. As a survivor who has already attempted to flee twice, she faces an increased danger.

Despite the complex trauma Ms. Lopez and [REDACTED] have experienced, they remain hopeful in their desire to be safe and to create a better life for themselves. It is worth noting the resiliency both, mother and son, have regardless of their hardships. The mother-son bond they share is very admirable. As [REDACTED] stated in his drawing of feelings, his love for his mother is very important to him, as is faith for Ms. Lopez.

At this time, it seems likely that Ms. Lopez and [REDACTED] will need long term counseling in order to fully heal from their history of trauma. In particular, Ms. Lopez is likely to make a great deal of progress toward healing and her goal of self-sufficiency if she is able to access counseling and other support services. I strongly recommend that Ms. Lopez and her son receive supportive psychotherapy, with an emphasis on PTSD and complex developmental and shock trauma, to facilitate a decrease in symptoms. To my knowledge, such counseling is not available to them in Honduras.

I hereby certify, under pains and penalty of perjury, that the forgoing statements are a true and correct representation of my professional opinion to the best of my knowledge and belief.

Sincerely,

[REDACTED] LPC
[REDACTED] LPC, SEP
Counselor
[REDACTED]