

**No Safe Haven Here:  
Mental Health Assessment of Women and Children Held in U.S.  
Immigration Detention**

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Commissioned by



## Acknowledgements

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We thank the volunteers of RAICES and the Mennonite Church for providing shelter and comfort to these refugee women and children and a respite on a difficult journey. For us, the Hospitality House signified moral values that should serve as an example to all and a reminder of our shared humanity.

We would also like to thank Nora Angelica Benavides, Maricarmen Vizcaino, and Maria Torres, graduate students from the University of Texas at El Paso, who very capably transcribed and translated hours of recorded interviews for this report.

Our efforts to assess the mental and behavioral health of refugee Central American women and children has been a life-changing experience for members of our research team. We express our commitment to join a list of people and organizations who are seeking to keep this issue alive and visible until we are able to end the separation and detention of women and children refugees.

Finally, we acknowledge the brave women of Central America who have made their way to the United States in horrendous circumstances seeking to keep their children and themselves alive. We hope we have been able to contribute in some small way.

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## Executive Summary

The 1951 Refugee Convention of the United Nations High Commission on Refugees (UNHCR) defines a refugee as someone who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country." Further, the UNHCR is particularly concerned with refugees in Latin America and the Caribbean and uses the term *refugee* to describe persons fleeing from violence in Central America (U.N. High Commission for Refugees 2014). Thus, in this document, we refer to immigrants detained in the South Texas Family Residential Center in Dilley, Texas ("Dilley"), as *refugees* because they have been persecuted by virtue of their membership in a social group, are outside their country of origin, are fleeing extreme violence, and fear returning to their countries of origin, which provided no protection from violence and persecution.

Throughout the report, refugees who agreed to speak with the team and to an assessment of mental health outcomes are also referred to as *study participants*, *participants*, or *respondents*.

During fieldwork from July 22 to July 24, 2015, a team of mental and behavioral health specialists collected the following data at Dilley, at the Greyhound Bus Station in San Antonio, and at the Hospitality House, a shelter in San Antonio where refugees are housed temporarily en route to resettlement areas throughout the United States:

- Quantitative survey data on 26 individuals, including four children, assessing depression, anxiety, and post-traumatic stress
- Qualitative data, including trauma narratives, from 26 individuals
- Demographic fact sheet on each participant with cost and means of travel to the United States, profession, and level of formal education in sending country; family traveling with participant; and family left at home
- 4.5 hours of recorded interviews

Refugee narratives (see translated samples in Appendix A) discuss the following:

- Conditions in countries of origin, including extreme violence and violence against children
- Travel between sending country and the United States, including costs and means
- Dangers and challenges faced during travel
- Initial contact with immigration authorities
- Experience of the detention center
- Family separation

## Summary of Observations

### Children

- Child's reference to sending country: "We were living in a horror movie"
- Angry and unfocused
- "Yelled a lot" (and to get child's attention mothers had to "yell a lot")
- Inadequate stimulation, uninteresting toys in playroom, and playground equipment inaccessible because of the extreme summer heat
- Repeated questions about missing family members, trouble eating and sleeping, worries about family members
- Interrupted schooling: removed from school because of safety concerns in sending country; no advancement in Dilley, because participants reported classes started over at the beginning every time a new child joined
- Often released sick from the Dilley detention center and embark on bus trips to resettlement areas ill and without food, blankets, medicine, or palliative care

### Sending country (Harvard Trauma Questionnaire Part One)

- Sexual violence, including rape and other types of sexual assault or sexual humiliation
- Domestic violence, including sexual violence and beatings
- Community violence, robbery, extortion, and kidnapping
- Violent gangs, especially the Mara Salvatrucha (MS-13) and Mara 18; threats and extortion, threats to children, police collusion with gangs, gang stalking; young daughters particularly vulnerable
- Drug traffickers and trafficking
- Witness killing or serious injury due to violence of family member
- Lack of food, water, and shelter
- Friends and family forced to denounce them, putting them and their families at risk
- Natural disasters such as earthquakes and hurricanes
- Drug traffickers and trafficking

### Travel to the United States

- High cost and extortion, "safety" fees or "taxes" along various sections of train rides
- Kidnapping and family members held for ransom
- Victims or witnesses of rape, murder, and other violent crimes, including sexual crimes against children
- Exposure to extreme heat, rain, and other extreme weather conditions
- Long-distance walks without food, water, or shelter
- Lack of sanitary facilities or bathing

### Detention in the United States

- Reports of sexual assault, particularly in Karnes and in the literature (Lutheran Immigrant and Refugee Services and Women's Refugee Commission 2014)
- Separation of families in detention, holding children separate from parents and removing fathers from families
- Constant fear of deportation and being murdered if sent back to home countries
- Threats of deportation from Immigration and Customs Enforcement (ICE) or Corrections Corporation of America (CCA)/GEO Group (GEO) staff used as form of coercion

- Centers deliberately kept very cold in temperature, children crying from fear and discomfort, mothers anxious that children will get sick, children sick from the cold
- Taunting, abuse, and intimidating looks from ICE or CCA/GEO staff; reports that refugees were told they would never be released and would die in detention
- Mothers told to “control their children” if children were active
- Mothers threatened with loss of their children if they didn’t comply
- Sense of surveillance of researchers while inside the center
- Emotionally closed participants, not communicative or forthcoming
- Uncertainty regarding length of detention and lengthy detentions even after cleared for release

### **Poor health in detention**

- High levels of anxiety and depression
- Significant weight loss among children; meals of beans and rice, with no meat; centipedes in food; missed meals if children not hungry at set mealtimes
- Unattended late-term miscarriage in which the neonate “fell out” onto the floor
- Child illness allowed to develop into pneumonia
- Fully preventable deaths from hyperglycemia ([Gilna 2013](#); [Mehta 2015](#))
- Diabetes, untreated or inappropriately medicated
- Poor or excessive sleeping
- Nightmares
- Cognitive impairment
- Flat affect, emotional numbness
- Long waits to be seen by medical professionals
- Medical advice of “drink more water” for ailments from pneumonia to fever to broken bones
- Children released with fever, coughs, sore throats, and stomach ailments without medications

### **Mental health professionals in detention**

- Lack of contact for appointments after refugees signed up for care during their detention
- For adults, only group therapy
- Prayer groups for peer support for women, but not all participated in these groups
- Threats from mental health professionals that mothers would lose of their children
- Taunts from mental health professionals (according to attorneys), who are quoted as saying: “Why are you so sad? You are just going to be deported anyway,” and “If you stay this depressed they are going to take away your kids.”<sup>4</sup>

### **Release conditions**

- Clothing (blue, purple, or pink colored t-shirts) that easily identifies women as detainees at the bus station
- Lack of geographic knowledge
- Language barriers, although Spanish speakers fare better than indigenous speakers; bus vouchers in English, which was a problem for refugees
- No opportunity to bathe after release, no clean clothes

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<sup>4</sup> Discourse at CARA Pro Bono attorney debriefing meeting, Wednesday, July 22, Dilley, Texas.

- No blankets for bus ride or provisions for inclement weather or air conditioning
- Release at ICE's discretion, no way of predicting release time
- No way of contacting family members (no coins or cell phones to make calls)
- Little or no money to purchase food, water, or necessities such as diapers, medicine, and sanitary napkins during three to four days of travel by bus
- High bonds that cause additional stress
- Ankle shackles that cause shame and discomfort

### Resilience

- Issues common to all immigrants such as adapting to new environments; not knowing a new language, new country, new customs; different foods
- Reports of seeing a man with a rope or lasso up on top of one of the trains who served as a guide or protector for individual refugees (unclear if the man was part of a gang or cartel, a local individual, or a hallucination)
- Reoccurring theme of faith throughout the interviews

### Summary of Field Notes

**Violence and gang intimidation in sending country.** Many of the women described extreme violence in their countries of origin as motivations for traveling to United States. For example, many of the women reported being extorted by gang members and an inability to pay the money demanded of them. If unable to pay, women or their head of household would be killed by gangs (*pandillas, Maras, Mareros*). The gangs to which respondents referred were the Mara Salvatrucha (MS-13) and the Mara 18.

Women reported being sexually abused, assaulted, and extorted in sending countries. The public insecurity in sending countries confined many to their homes until they ran out of food. Respondents reported living under a constant state of surveillance. They reported experiencing extortion through phone calls during which the caller describes family details such as routines and personal characteristics, indicating that they were being watched and heightening the sense of fear and insecurity. Women reported fleeing their hometowns without notice and with limited financial resources.

Several refugees reported that after they ran out of money for extortion, gangs would demand that they hand over their children for recruitment into the gangs. If parents refused to give up their children, they and other members of the family, in addition to the children, would be killed. In one case, a mother reported being ordered to surrender her toddler for a human sacrifice so that the father could rise in the gang hierarchy. Since this report was extremely inflammatory, the investigator probed and was convinced that human sacrifice was what was meant ("he was being asked by the gang to offer his own blood (family member) to either move out of the gang or to move up in the gang"). In this case, the mother was advised by her mother-in-law to flee before her son killed her grandson, and she immediately fled to the United States with her toddler and without any financial resources.

Responding to the Harvard Trauma Questionnaire, women and children participants reported being exposed to shootings, losing family members to the gangs, witnessing family being killed in front of them, and witnessing bodies in the streets. Those who did not comply with gang requests or who were in rival gangs were murdered. Children were often confronted with the

impossible choice to join the gangs, participate in drug trafficking, or die. The women felt the only way to protect their children was to leave their countries of origin.

**Dangers on the journey.** The journey to the United States was traumatic for many of the women and children interviewed for this study. Participants described witnessing murders and rapes as they took the trains northward. One woman described witnessing the rape of two women and one 12-year-old girl, who subsequently disappeared. Participants reported having to pay repeated fees to be allowed to stay on the train, bus, or trailer. A participant witnessed an elderly man being thrown off the top of a train. Others described wandering in the desert with their guides without food and water, certain that they were going to die. One woman reported drinking dirty water from a puddle and then suffering from diarrhea throughout her journey.

The cost of travel to United States from sending country ranged from nothing to USD\$12,000, including the costs of buses, trains, coyotes, being held for ransom, temporary stays at halfway homes, and unexpected “fees.” Participants generally crossed the border with no money left after having been repeatedly extorted along the way.

**Stages of detainment: iceboxes and dog kennels.** Upon apprehension after crossing the border, participants described being incarcerated by U.S. immigration authorities in a facility that was extremely cold, which they referred to as the *hielera* (icebox/freezer), and subsequently transferred to cells that were like cages, known as *perreras* (dog kennels/doghouses), where they slept on the ground. Women reported that their children cried a lot because they were so cold. Families were separated at this initial point, with mothers sometimes not knowing where their children were and fathers sent to different detention centers across the country or deported. These locations are consistent with those described by prominent social work scholar Luis Zayas (Zayas 2014) in his interviews with 10 families detained at Karnes after fleeing their countries of origin. These initial holding cells were often cited as the most difficult and traumatic experiences for participants since arriving in the United States.

**Karnes and Dilley.** After the freezers and dog kennels, refugees were transferred to the detention centers in Karnes City or Dilley, Texas. There they had access to showers, food, and beds but faced different stressors. Dilley and Karnes are currently run by CCA and GEO Group Inc., two private contractors. Several organizations, such as the CARA Pro Bono Project and the Detention Watch Network, and the attorneys representing many of the women reported that these private prison contractors run the detention centers in a manner that is consistent with a prison setting rather than family or refugee housing. Stays in Dilley ranged from one or two days to several months.

**Family separation.** ICE separates families as a matter of course and in a way that risks family members losing each other permanently. One of the women interviewed had been separated from her 10-year old son as well as from her husband. The husband, interned on the East Coast somewhere, was desolate at losing his family and tried to commit suicide. The mother and her young daughter were released on the last day of the team’s field trip but are stuck in the shelter waiting for her son to be released. The woman reported experiencing migraines and not being able to sleep or eat since she could not stop thinking about her son. Her two youngest children would hear their mother cry at night and would also start crying, wondering why their brother and father were not with them.



Another woman was separated from her husband, had no idea where he was, and only heard through gossip that he had been deported. She did not know if he had safely arrived back home, causing her significant distress that was reflected in her survey scores. During the interview, the investigator lent her cell phone to the participant to call her daughter in Honduras, and she learned at least that her husband was safe.

Investigators see no reason to separate families like this, especially removing young children from their mothers. The practice piles on additional trauma and creates additional risk for depression, anxiety, and post-traumatic stress. If the human cost of family separation is not sufficient to warrant ending the practice, the government should consider taxpayer burden when spending tax dollars on foster care subsidies that would be unnecessary if families were kept intact.

## Detention Conditions

**Food quality.** Refugees report being fed only rice and beans, never meat (pork or chicken). Respondents reported getting chicken only during congressional visits. Refugees reported finding centipedes in their rice and beans. The food in the detention centers is reported to be fair to very bad. Deliberately serving bad, maggoty food with centipedes, withholding food, or providing it only a strictly structured times represents a well-known strategy to enforce discipline and domination, to dehumanize, to establish a state of exception, and to reinforce refugee perceptions of being in a zone of abandonment ([Agamben 2005](#); [Biehl 2005](#); [Carney 2013](#)).

**Strict, exigent meal times.** Meals are served at strictly scheduled times, and if meals are missed they are not replaced by compensatory snacks or other nourishment. Attorneys for the CARA Pro Bono Project said that court is often scheduled at lunchtime, and refugees are forced to miss lunch.

**Child weight loss.** There were several reports of children losing weight because of the poor quality of the food or exigent meal times. Refugees reported the meal hours at the detention center were fixed and that their children did not always eat at these fixed hours. One refugee reported that because of the poor quality of the food, her three year-old son lost seven pounds in one month; another reported her five-year-old daughter lost five pounds in two months; another reported that her teenage son had gone down four pant sizes. A supervising attorney from CARA related that a three-year-old child lost 14 pounds during detention because the mother was not permitted to enter the cafeteria, because she did not have shoes. For this case, legal action has been initiated.<sup>5</sup> One mother reported having access to apples and cereal to give her daughter when she was hungry; thus food availability may have been inconsistent and based on affective relationships between specific detainees and specific guards.

**Inadequate medical care.** One of the refugees reported her child was given an adult dose of a vaccine and became ill as a result. There were repeated measles and chicken pox outbreaks at Karnes. Quarantined sections were set up to keep the refugees with outbreaks separate from other refugees who were not ill at Karnes while the facility underwent a thorough sanitation.

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<sup>5</sup> Communication from attorney R. Andrew Free, CARA Pro Bono Project attorney debriefing meeting, Wednesday, July 22, 2015, Dilley, Texas.

A child participant reported that in Dilley people would get called to the doctor at night; however, they were being deported instead of going to the doctor. This made going to bed or going to sleep very stressful and created fear of doctor visits.

**Alternatives to detention.** Bonds were inexplicably inconsistent, ranging from no bond at all to USD\$15,000; most bonds were usually closer to USD\$5,000–\$7,500. There was no transparent logic to the different amounts. Ankle monitoring shackles were offered in place of bonds to some refugees. ICE contends that the monitoring bracelets result in 99.9% compliance with attendance at court dates (Peter 2015). However, refugees are not criminals whose whereabouts need to be monitored due to flight risk, since they are not seeking to return to their home countries because of threats to their lives. One refugee wearing an ankle monitoring shackle was given a court date in South Carolina but had no way of getting there and was unable to afford the USD\$600 in bus fare for herself and her sons. If she does not appear in court, she will be found in criminal contempt and will be subject to deportation as someone who has committed a crime.

Participants expressed shame and discomfort with the ankle monitors (e.g., Participant 14). One woman reported that the monitor was heavy and hot, and burned her skin. They were afraid people would see the monitors and treat them as criminals. Women with ankle bracelets on their feet would often ask if their bracelets were visible and if we could notice them protruding from their pants. The ankle bracelets also would also beep loudly when the batteries were low, and the women had to stop whatever they were doing and charge their shackle.

**Intimidation.** Participants reported being compelled by ICE officials to sign documents they did not understand and could not read because of the language, and without legal counsel. Participants reported being told their children would be taken away from them by Child Protective Services if they did not comply with ICE rules and demands or if they complained about mental health issues. Attorneys reported being interfered with, such as not being allowed to go into the courtroom, by CCA at Dilley.<sup>6</sup> The research team's investigation was also interfered with at Dilley without adequate transparency or explanation.

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<sup>6</sup> Communication from attorney R. Andrew Free, CARA Pro Bono Project attorney debriefing meeting, Wednesday, July 22, 2015, Dilley, Texas.

## Project Description and Methods

### Site Visit, July 22–24, 2015

The team traveled to Dilley, Texas, on July 22, 2015, to conduct interviews in the Dilley detention center.

Weeks prior to this, however, Kathleen O'Connor submitted a request to ICE to visit the Karnes detention center. She included all requested information about the team, including the surveys, the research protocol, flyers, consent forms, signed ICE code of conduct forms for all investigators, photocopies of team members' driver's licenses, and a form required by ICE requesting permission to visit. After several days investigating to whom to send this information, she was provided the name of Norma Lacy in the San Antonio Field Office by ICE Communications Director Richard Rocha. Lacy was out of town, so there was another delay of a few days. After sending the team's information, however, O'Connor almost immediately received an e-mail response denying permission. The team was advised that the information and request had been forwarded to Washington, D.C., to the juvenile outreach coordinator (no name provided). There was no explanation. Rocha thought the denial might have been because the team was requesting a visit of more than one day. However, notwithstanding ICE claims of transparency and our best efforts to conform to ICE rules, there was no reason given for the denial and no suggestions provided as to how to change the research plan to be acceptable to ICE so as to obtain permission to visit. No explanation was provided for the decision to forward our materials to juvenile outreach in D.C. There was no transparency.

The team coordinated with RAICES to conduct the surveys in support of their legal work with refugee families at Dilley and Karnes. Mohammad (Mo) Abdollahi, the contact person at RAICES, arranged for the team to visit both Karnes and Dilley centers as legal assistants. Abdollahi also arranged for required clearances for the team from ICE. Because O'Connor's clearance was curiously held up, the team had a plan B, which was to have Guillermina Gina Nuñez-Mchiri and Claire Thomas-Duckwitz work inside Dilley while O'Connor worked with refugees who had been released and were in San Antonio. Ultimately, all three investigators worked one day in Dilley and two days on the outside (plan C) because ICE arbitrarily kicked the team out and revoked all clearances (read more below).

To enter Dilley, the team gave their driver's licenses to the Corrections Corporation of America (CCA) guard at the front desk. Dilley is run by CCA under contract to the U.S. government. Team members passed through a metal detector. After passing through the security at the front entrance, the team walked across a short outdoor corridor to another building, where the attorneys met with interned clients. Each team member signed in again. We met with the attorneys, who showed us where we could sit to do our interviews.

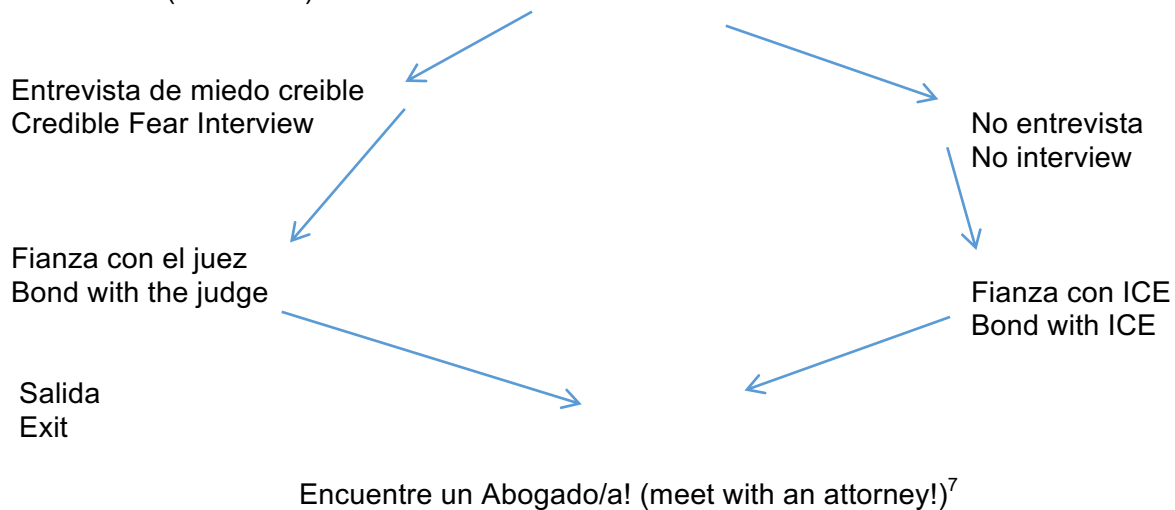
The room was a large metal trailer that had several private rooms. There were 15 round tables and four chairs per table out in the open, where we conducted our interviews. These were not totally private, but it was possible to sit close to the participant for a confidential interview. Legal and paralegal staff were using the private side rooms to meet with detainees. One section of the room was a waiting area, and we were advised that we could approach the women in the waiting area to invite them to participate in an interview. There was a sense of pressure, as if the opportunity to speak to an attorney might be taken away at any moment or that time would

run out for the refugees and they would be sent back to their living areas without seeing counsel.

The room was not unpleasant but very noisy and chaotic. There was a soft drink machine. It was not an ideal place to conduct confidential interviews because of the noise, the disorganization, the desire to not impede the attorneys, and the time pressure. A few fliers on the walls read: "Gymnastics for children" and "Crochet and Origami for mothers." Another sign read: "*Aviso traiga todos sus documentos* (Notice: Bring all your documents)."

Another poster read:

El Proceso (the Process)  
Su Entrada (Start here)



## Lack of Transparency and Intimidation

The team was abruptly stopped from doing interviews by an ICE officer on the first day at the Dilley detention center at 4:30 p.m. At approximately 2:30 p.m., an ICE officer began hovering and looming over an interview being conducted by O'Connor. She reported the peculiar feeling of a large, dark presence behind her that moved from side to side but that she couldn't directly see and that shifted out of sight when she looked behind her. She moved closer and closer to the participant to speak as softly as possible. Later she realized that the participant could clearly see the looming ICE agent and that it must have been intimidating, especially in an interview about very confidential matters such as rape, fear, depression, and other traumatic experiences. The looming was extremely inappropriate. According to attorney Aseem Mehta, such tactics of intimidation are common practice: "testimony from clients has revealed that [Dilley] operates through the use of intimidation and manipulation of its detained population" (Mehta 2015).

When the interview was concluded, the officer sat down and advised O'Connor that he hadn't wanted to interrupt the interview but that he needed the investigators to immediately stop what they were doing and provide copies of the surveys for approval by ICE Deputy Chief Counsel

<sup>7</sup> Chart transcribed by Nuñez-Mchiri

Herbert. Aseem Mehta, a pro bono attorney, had come up to listen to the exchange and talked with the officer at some length. Ultimately, the officer indicated our surveys had not been cleared. We were asked to return the next day, and the attorneys requested that we arrive at 7:00 a.m. so that we would get there when the attorneys got there.

The team returned to the Dilley detention center at 6:50 a.m. the following morning. After waiting for an hour, accompanied by Brian Hoffman, lead attorney for the CARA Pro Bono Project, we were advised that our clearances had been revoked and we would not be permitted entry to complete our work. No reason was provided by ICE for this decision.

In a subsequent conversation with Hoffman, he advised us that ICE told him that the team was cleared as legal assistants but not as “doctors.” This explanation seemed irrelevant, as we were acting as legal assistants conducting intake assessments and were not providing any medical services. In addition, we are all PhDs but only one of us is licensed to provide psychological services — in Colorado, not Texas. Again, we witnessed a lack of transparency on the part of ICE.

Intent on continuing this study, we left for San Antonio and drove to the Hospitality House to continue our work with detainees who had been recently released. We believe that the contretemps with ICE was actually a benefit, allowing us to capture a variety of viewpoints. We were also correct in assuming that the women would feel freer to share their experiences outside the confines of a detention facility, with no one looming over them.

## **San Antonio Greyhound Bus Station**

We followed up on the release process at the bus station. Families there had finally been released from detention and were en route to resettlement areas, but we were concerned to find that the conditions under which they were released could cause them additional anxiety and pain. Women and children were sent with vouchers, not tickets, and communication with ticket agents was sometimes difficult. On a few occasions, women were dropped off at the bus station without vouchers and had to call family or friends to send them a ticket; however, phone calls were a challenge since they neither had cell phones nor access to public phones. Refugees often seemed to arrive at the station hungry. On July 23, two families were dropped off with sick children but without medication for them. Two women from Honduras arrived from other detention centers, not Karnes or Dilley, and had not bathed for five days. One woman received a blouse from another passenger so she could change. These two refugees described feeling tired and dirty because they had not been able care for themselves.

The specific needs of women and children went unmet. For example, there were quotas for sanitary napkins. One teenage girl dropped off at the bus station had been on her menstrual cycle and had neither sanitary napkins nor money to buy them. Nuñez-Mchiri observed that most mothers arrived at the bus station with one to two children each; one had three children. Many did not have diapers for small children or money to purchase necessary supplies.

The most difficult thing investigators observed were families who boarded buses with up to five transfers, going long distances to New York, Maryland, California, or Colorado, without sweaters or blankets for their children and without money to buy food on their way. With luck, some refugees received money for their trip from their family members. One young woman was very excited to receive a meager USD\$50 for food on a trip of about four days from Texas to Virginia,

with a small child. Some refugees had no money at all and nothing with which to buy food. A bus ride of three to four days without food or blankets for small children was going to be terribly painful for mothers and children. The investigators, having the advantage of a car, bought medicine, granola bars, and diapers at the local Walgreens and gave cash to several family groups, as did RAICES volunteers.

Nuñez-Mchiri reported: "I felt distressed wondering what their bus rides would be like without food, money, medicines, and something to cover their children with. I only hoped that there would be other Samaritans on the bus who would be able to help these families throughout the way." Asylum seekers should not have to hope for Good Samaritans to help them on their bus journeys to resettlement; they should be resettled formally with appropriate infrastructure and care.

## **The Hospitality House**

The Mennonite Church owns several homes, in a neighborhood not far from the bus station, which are leased by RAICES as shelters for transiting refugees. The shelter is known as the Hospitality House. Refugees can wait in the shelter for their bus; bathe, eat and change; and stay overnight as long as they need to while waiting to be resettled. Each refugee is given an emergency backpack by volunteers that contains a few necessities and toiletries. However, some have little time between their release and their bus departure and do not have time to purchase food for the trip to the resettlement area, which may be several days on the bus. Filling this gap with packed lunches or other traveling food or funds for food is another recommendation.

Overall, the field conditions were not ideal and were often noisy and chaotic. It was not always possible to find a completely private space for the interview, especially at Dilley. The Hospitality House had plenty of rooms for interviews and proved to be the best field site for this research.

## **Methods**

At each venue, participants were approached and invited to participate in a study, which the team described as aiming to understand how people were feeling after their experience in the sending country, traveling to the United States, and living in an immigrant detention center. If agreeable, participants were escorted to a private space in which the interview was conducted. The project was explained to participants, who were given time to ask questions. Participants signed informed consent forms, and minors signed assent forms. Copies of the forms, signed by the investigator, were given to participants. During data analysis, all materials are being kept in a locked filing cabinet in the locked office of one of the investigators and will be destroyed when data analysis is complete. Total confidentiality of refugee participants in this study has been preserved.

Investigators administered a short demographic questionnaire that collected information about sending country, family and marital status, means and cost of travel to the United States, participant occupation in the sending country, and length of time in the United States. The Hopkins Symptom Checklist and the Harvard Trauma Questionnaire were administered, and trauma narratives were collected and audio recorded. The Spanish-language version of the Connor-Davidson Resilience Scale was also administered. Responses were added up and

calculated per survey instructions. A database was created in SPSS; data was entered into the database, and frequencies were calculated.

Data showed that more than half of all respondents reported clinically significant levels of symptoms of anxiety and depression; nearly half showed clinically significant levels of symptoms for post-traumatic stress. Among the four children, half reported extremely high rates of symptoms for anxiety and depression.

## Surveys

The Harvard Trauma Questionnaire (HTQ) and the Hopkins Symptom Checklist (HSCL), generally used together, were developed by the Harvard Program in Refugee Trauma in the early 1990s to evaluate the mental health of Southeast Asian refugees. The HTQ has subsequently been adapted to address trauma from political violence on a global basis. There is one abridged adaptation of the HTQ for children, the Harvard-Uppsala Trauma Questionnaire (HUTQ) that was implemented among Kurdish refugee children in Sweden ages 6–18 and includes only 30 items from the original HTQ (Sundelin-Walsten et al. 2001). In studies that have used the HTQ or HUTQ to assess child trauma, most of the children assessed have been adolescents age 15 or older (Geltman et al. 2005, Geltman et al. 2007, Punamaki et al. 2005, Hossein et al. 2010, Ovuga et al. 2008, Sundelin-Walsten et al. 2001). In previous research, the Harvard Trauma Questionnaire, which assesses symptoms of post-traumatic stress disorder (PTSD), and the Hopkins Symptom Checklist, which assesses depression and anxiety, were revised and adapted for children between 8 and 12 years of age (O'Connor, Vizcaino, & Benavides, manuscript in preparation). This version was used with minors in the current study. Increased attention on resilience reflects the clinical importance of understanding why some individuals develop negative mental health outcomes and others maintain health in adverse circumstances. The Connor-Davidson Resilience Scale (Connor & Davidson 2003), Spanish-language version, was administered to assess resilience among refugees.

## Quantitative Analysis

### Frequencies

Surveys were based on a Likert scale of “*nunca*,” “*un poco*,” “*bastante*,” or “*mucho*” with points between one and four respectively. Scores were added for each section, then divided by the number of items to obtain a total score for each outcome.

**The cutoff for symptomatology for anxiety and depression is 1.75:  $\geq 1.75$  indicates symptomatic for anxiety and depression.**

**The cutoff for PTSD is 2.0:  $\geq 2.0$  indicates symptomatic for PTSD.**

#### Frequencies

		Anxiety score	Depression score	PTSD score
N	Valid	26	26	25
	Mean	2.0346	2.0631	1.9400
	Std. Deviation	.72329	.64678	.65544
	Minimum	1.00	1.00	1.03
	Maximum	3.40	3.60	3.20
Percentiles	25	1.4750	1.5300	1.4050
	50	1.8500	1.9650	1.9800
	75	2.5250	2.5600	2.5150

Frequencies (n=26):

For anxiety, the mean was 2.036 and the standard deviation was .72. The five-point summary was 1, 1.48, 1.85, 2.53 and 3.4. For depression, the mean was 2.06 and the standard deviation was .65. The five-point summary was 1, 1.53, 1.97, 2.56 and 3.6. For PTSD, the mean was 1.94 and the standard deviation was .66. The five-point summary was 1.03, 1.41, 1.98, 2.52, and 3.2.

For anxiety and depression, the mean is above the cutoff of 1.75 for positive symptomatology; thus, more than half of all respondents reported symptoms of depression and anxiety at rates that indicate clinically significant symptoms of these outcomes. For PTSD, the mean did not reach the clinically significant cutoff of 2.0; however, the mean was within .02 percent of the cutoff score of 2.0. Thus nearly half of all respondents reported clinically significant symptoms of PTSD.



**Child mental health outcomes (n=4)**

Anxiety score			Total
1.20	2.50	3.20	
1	1	2	4

Depression score				Total
1.42	1.65	2.65	2.70	
1	1	1	1	4

PTSD score			Total
1.13	2.48	3.20	
1	1	1	3

Surveys used were the Harvard Trauma Questionnaire and the Hopkins Symptom Checklist, child versions. The cutoff score for positive symptomatology for anxiety and depression was  $\geq 1.75$ . The cutoff score for positive symptomatology for PTSD was  $\geq 2.0$ . Two of the children reported extremely high scores for all three mental health outcomes. One of the children was not able to complete the interview because the family was leaving for the bus station.

The sample was extremely small so any generalization should be made with caution. Further research is needed to understand the scope of mental health issues among Central American refugee children; however, these scores are a cause for concern.

## Clinical Summary

The pattern of separation of mothers from their children and violation of legal rights by ICE officials was supported by testimonies of the women interviewed by this team. These experiences at detention facilities likely contributed to a preexisting level of trauma and very likely exacerbated complex trauma symptomology experienced by these women and children. Forced separation between a parent and child for an indefinite period of time is, by its very nature, traumatic. The separation of family members may have resulted in a sense of reexperiencing past traumatic events associated with fear of not being able to protect one's children. For parents who experienced the very real possibility of kidnapping and murder of their children in their countries of origin, the potential for trauma and mental anguish is intensified. The severity of parental anguish may be magnified when occurring in a detention center, in an unfamiliar culture and language, and in the context of a history or prior trauma. For individuals who have been trapped and in hiding to avoid being killed by gang members, the sense of being trapped and confined in a detention center may also bring about flashbacks or a sense of reexperiencing the event.

The aggregated data show a mean score of .02% below the cutoff score for clinically significant PTSD symptoms. It is likely that this score is a low estimate of their traumatic symptomology, particularly when qualitative narratives are correlated with quantitative symptoms reported on surveys. Many of the women seemed to struggle with comprehending the survey questions and seemed unaware of the physiological sensations they were experiencing. For example, one participant denied experiencing specific physiological symptoms associated with anxiety, but was observed fidgeting, looking around the room (hypervigilance), trembling, and rapid breathing. It is likely that because they are not in a position of stabilization, as they are still coping with the trauma and anxiety of possible deportation to a country where they will almost certainly be killed, refugees are still in "survival mode" and are not tuned into some of the physiological sensations associated with trauma.

Approximately half of respondents reported clinically significant symptoms of post-traumatic stress, sufficient to warrant a diagnosis of PTSD. All reported having experienced multiple traumatic events sufficient to warrant further clinical follow-up. However, PTSD assessment and criteria may not sufficiently capture the trauma as it has been experienced by these refugees. Van der Kolk et al. (2005) noted the insufficiency of PTSD criteria in capturing what they termed complex trauma (van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola 2005), or what they described as "disorders of extreme stress not otherwise specified" (DESNOS). DESNOS relates to trauma that has been experienced over years, such as neglect, physical and sexual abuse, witnessing or directly experiencing domestic violence, and community violence. The exposure of these women and children to community violence for much of their lives as well the trauma and sexual assault described by many of the women are consistent with this form of long-term trauma. Symptoms of DESNOS include but are not limited to problems with emotional regulation; difficulty with memory; somatic symptoms such as chronic pain, dizziness, digestive problems, cardiovascular issues; feelings of despair and hopelessness; detachment from others; and minimization. These symptoms were noted frequently by the participants of this study and were observed by the investigators.

In addition to the chronic trauma experienced by many of the women and children in their countries of origin, all reported some level of trauma associated with their reason for fleeing

their countries. Many of them also experienced traumatic events such as witnessing rapes and murder, fear of paying bribes, and wandering lost in the desert without food and water. This likely had a compounding impact on the trauma already experienced in the refugees' countries of origin. Experiencing multiple traumatic events has what is termed a "dose effect," in which the individual experiences more intense symptoms of PTSD, depression, anxiety, and behavior problems.

The impact of trauma goes beyond the symptomology typically associated with traumatic events. The effects of trauma, detainment, and the uncertainty of the possibility of deportation pose risks to the parent-child relationship. Many of the women interviewed for this project described a sense of general worry that preoccupied their thoughts because of a commitment to the welfare of their children that led them to take greater risks with their own health and safety. Uncertainty of their future and the future well-being of their children likely contributed significantly to general sense of disquiet and anxiety. Because of this level of worry, it is likely that the extent to which they were attuned to their children and their emotional needs was compromised. Difficulty with attunement due to trauma, depression, or general anxiety over time has the potential to negatively impact the attachment relationship between a child and primary caregiver. Insecure attachment leads to long-term effects such as difficulty regulating emotions and connecting to others in relationships later in life.

Moreover, the possibility of transferring traumatic symptomology onto their children via the attachment relationship is of particular concern. Research indicates that traumatic symptoms experienced by primary caregivers can also be experienced by their children via microlevel interactions and that parental mental health outcomes are predictive of child outcomes. This phenomenon is referred to as the intergenerational transmission of trauma. Children who experience trauma for long periods of time may experience adverse impact on meeting their developmental milestones, generally.

Trauma also impacts the learning and memory of children over time (Siegel & Solomon 2003) as well as the development of executive functioning skills associated with the prefrontal cortex. In short, children who have been exposed to traumatic events do not simply experience the emotional sequelae commonly associated with these events. They experience long-term, adverse impact on their development. When the trauma is chronic and impacts the parent-child relationship, this contributes to additional difficulties in managing emotions and having healthy relationships later in life.

In terms of traumatic events, many of the women described extreme violence in their countries of origin sufficient to push them to risk their lives to journey to the United States. For example, extortion was frequently mentioned along with the inability to pay and consequent threat of death. Mothers reported that the consequence of nonpayment of extortion fees was either the assassination of a family member or the mothers themselves, or conscription ("delivery") of one or more of their children to the gang. Refusal to comply meant death. Others were told explicitly that if their children did not join the gang, they would murder the child and one other member of their families. The women and children were exposed to shootings, had lost family members to the gangs either by conscription or by murder, and reported witnessing bodies in the streets of victims who did not obey the gangs or belonged to rival gangs. Because of this extreme violence, the women interviewed felt the only way to protect their children was to leave their countries of origin.

Additionally, the journey to and arrival in the United States were traumatic for many of the women and children interviewed for this study. Participants described witnessing murder and rape as they took the trains northward. One witnessed an elderly man being thrown off the train. Others described wandering in the desert with their guides without food and water, certain that they were going to die. Arrival in the United States was little better. Upon being arrested by immigration authorities, many of the participants described being shuttled to a facility that was extremely cold, to which they referred as *hieleras* (freezers); and then to a place with cells that were like cages, which they called *perreras* (kennels). They reported significant distress among the children in the freezers and stated that their children cried a lot because they were so cold. These locations are consistent with those described in 2014 by eminent social work scholar Luis Zayas (Zayas 2014) in his interviews with 10 families detained at Karnes County Residential Center after fleeing their countries of origin.

## Background and Literature Review

The investigative team embarked on this project intentionally without reading everything that has been coming out in the news, although news about family detention has been somewhat difficult to avoid. The team engaged in the research with fresh eyes, a neutral position on ICE and the Department of Homeland Security (DHS), and open minds. They were able to allow participants to direct the qualitative interviews without unconsciously influencing their narrative with prior knowledge that might have informed the questions they asked. In writing up the results, they have pored over contemporary news and literature in great detail. That this research supports the findings in the literature as well as those of other agencies such as the Lutheran Immigration and Refugee Service (LIRS) strengthens the case for considering these centers as inhumane and counter to U.S. moral values and for closing them, just as they were closed in 2009.

### A. Central American Immigration

More Central Americans are being caught crossing the border than other populations, although statistics show that the number of apprehensions remain low, compared to peak rates in 2000 (Castillo 2014). In 2014, immigrants from Honduras, Guatemala, and El Salvador represented 40% of all apprehensions. After September 11, 2001, security conditions at the U.S.-Mexico border gradually became tighter, but immigrants continued to enter the United States in large numbers. The Central American post-war period has been marked by attacks, robberies, and kidnappings for ransom, regardless of social-class status. Thus immigrants kept crossing the Mexican and the U.S. borders, despite the fact that safety conditions for passage through Mexico are harrowing. The Central American experience of “crossing” the 3,000-mile-long journey from the isthmus to the U.S.-Mexico border is one that features threats of violence, rape, extortion, kidnapping, and death at the hands of gangs, cartels, and armed individuals who use force and fear to enforce their power over refugees on their journey north.

The massive flow of Central American immigrants to the United States was a direct result of the brutality of the Central American civil wars of the 1980s and of the toll they extracted on indigenous and peasant communities. The lack of economic opportunities, combined with the massive amount of unemployed soldiers, including counterinsurgency specialists, in these countries, led to a rapid rise in banditry, drug violence, and street crime. This unexpected factor meant that instead of enjoying greater safety as a consequence of the end of the war, most Salvadoran and Guatemalan citizens were exposed to the greatest crime wave in their history, with the added caveat that neither individual citizens nor governmental institutions had any control over these mobile, translocal, transnational groups. Within a short period of time most social sectors lost faith in their state’s capacity to control these criminal elements and began to arm themselves, pay for private security, or endorse measures to eliminate them, while trampling on civil liberties. Shootings became an everyday occurrence, even in elite restaurants, malls, and public spaces.

The scars of a violent history remain engraved in the Central American immigrant population, even if the 1980s civil war is no longer taking place — it remains as an open wound and a fearsome memory. Indeed, war traumas have been substituted by new traumas such as those inflicted during the crossing of the 3,000-mile-long journey from Central America to the U.S.-

Mexico border and the daily risks of life in the United States in an anti-immigrant environment. In 2003, Arturo Arias first traced the 1980s exodus of Central Americans in the first issue of *Latino Studies*, where he explained the phenomenon of “originary terror,” resulting from refugees’ experiences involved in witnessing and surviving massacres during the civil war. Entering the United States primarily through California, Arizona, and Texas, Central American refugees have fanned out throughout the nation.

## B. Immigrant Detention

A significant source of anxiety and depression among detainees is the direct result of the uncertainty of not knowing where family members are or if they are still alive. Immigration authorities separate members of families from one another immediately upon apprehension. Mothers are separated from their children; they are sometimes reunited and sometimes not. Fathers are separated from their families as a matter of course and either sent to a different detention facility or deported. Families often do not know where their members have been sent. Mothers are threatened with the loss of their children if they hesitate to comply with ICE orders or if they report suffering from mental health issues; children are used as a means of social control. The term “family” detention is a peculiar misnomer.

The issue of immigrant detention is framed by national and policy reaction to the events of September 11, 2001. Prior to this event the Supreme Court had ruled that immigrants could not be detained indefinitely without due process. The Court reversed itself in 2003, ruling that immigrants could be detained in facilities indefinitely without the benefit of a hearing to establish their security risk or flight risk. This ruling established the legality of the Guantánamo Bay facility but it also opened the door to contemporary immigrant and family detention practices in which mothers and children, even families who have an order for release, are held in detention facilities for months (Greenhouse 2003; Mehta 2015; Swarns 2003).

To preserve children’s well-being, they should not be held in detention facilities. The *Flores* class-action decision in 1997 set forth the conditions under which children could or could not be detained in an immigrant facility: children may not be detained in a “secured,” that is prison-like, facility such as Dilley or Karnes, where they are not free to leave at any time. According to the *Flores* decision, children must be released immediately into the care of family members or legal guardians, and such individuals must be identified and located without delay. If the child’s guardian was also detained, such as is the case of “family” detention, that guardian must also be released to be able to care for the child. The language of the ruling reads, “If a relative who is not in detention cannot be located to sponsor the minor, the minor may be released *with an accompanying relative* who is in detention.” Thus the ruling is very clear: family detention is against the law according to the *Flores* decision (Planas & Foley 2015).

The Department of Justice was sued on behalf of Flores to uphold the terms of the agreement when large numbers of Central American children, accompanied and unaccompanied, began to be apprehended crossing the border in the summer of 2014. Family detention, which had been abolished in 2009 as inhumane, was revived to help an overwhelmed ICE manage the numbers of undocumented immigrants, of whom up to 99% were asylum seekers with special protections (Lutheran Immigrant and Refugee Services and Women’s Refugee Commission 2014). In July 2015, Judge Dolly M. Gee of the U.S. District Court for the Central District of California issued an order that the administration comply with *Flores*, noting that evidence from the past year showed that family detention violated these terms. In particular, the judge ordered that children

should be processed within five days of apprehension, or, if DHS is incapable of processing people that quickly, within approximately 20 days, but only if they are in the care of a relative in a nonsecure, licensed facility (Preston 2015). However, the government is vigorously protesting the *Flores* decision, has asked the court to rescind it (Human Rights First 2015; The Associated Press 2015), and in September 2015 filed an appeal.

As one assesses the mental health and well-being of refugee women and children, the use of for-profit prison contractors is of particular concern. As early as the Clinton administration, immigrant detention facilities have been outsourced to private prison contractors (Kirkham 2012). Nine out of ten detention centers are privately run (Plana 2015). The amount of money generated by immigrant detention is staggering — a \$74 billion enterprise — and there are many participants in this “economic constituency” (Karlin 2014). These include private prison contractors, prison guards, police, detention center staff, and politicians who receive campaign donations (Shen 2012). Private prison contractors profit enormously from the criminalization of immigration (Takei 2014), which they consider a “growth” industry in that profits depend on an increasing number of immigrants being detained and warehoused in privately run detention facilities. The story of family detention is nothing less than a story of “treating citizens like revenue sources” (Krayewski 2015).

One immediately sees that Latino bodies have been transformed into cash, and the misfortune of the vulnerable leads to enormous profits for private prison contractors. This relationship dehumanizes refugee families, treats them as criminals rather than asylum seekers, and could mute public outcry and oversight of their abuse.

The use of for-profit prison contractors in immigration facilities contributes to a total lack of transparency, as these corporations are not subject to Freedom of Information Act transparency law (Gilna 2013), and do not have to provide the public with any information regarding their activities. When considering the mental health needs of refugee families, this is extremely troubling. A lack of transparency and oversight can lead to abuse and neglect. We see this as an egregious problem that impinges not only on the rights of immigrants but also on the rights of taxpayers to know how their tax dollars are being used.

There have been many reports of abuse, medical neglect, and incompetence; there have been sexual assaults and rape of female inmates, criminal neglect of birthing mothers in which the babies died (e.g., Participant 14); there was a case of a disabled man being dumped out of his wheelchair by a guard (Wofford 2014); there have been suicides, which are the cruelest indicator of incompetence in so many ways, not least of which are the lack of mental health care, understaffing, and the lack of oversight that allowed despondent people the opportunity to hang themselves (Gilna 2013). There has been falsified records and billing (Wofford 2014). Clearly, outsourcing without oversight leads to abuse.

### **C. Psychological Effects of Trauma**

Pedersen et al. (2008) examined the long-term sequelae of political violence in their study of the Peruvian Maoist group Sendero Luminoso or Shining Path (Pedersen, Tremblay, Errazuriz, & Gamarra 2008). They found that those who suffered the most were rural Quechua speakers living in poverty conditions, subjected to terror and death from the Shining Path on one side and to police brutality on the other. These conditions are similar to those experienced by Central American refugees who are caught between violent gangs and complicit police. Women and

civilians with low social capital, such as children and low-income people, suffer the most from political and community violence (Harpham, Grant, & Rodriguez 2004; Khamis 1998; Stockdale et al. 2007).

**Negative mental health outcomes and subsequent increased risk.** The World Health Organization reports that depression accounts for 4.4% of the global disease burden (a loss of 65 million disability adjusted life years, or DALYs), a morbidity rate comparable to heart disease, diarrheal diseases, or asthma and chronic obstructive pulmonary disease combined (Chisholm, Sanderson, Ayuso-Mateos, & Saxena 2004). The prevalence of depression among adults in the United States is approximately 9.6% (CDC 2014). Persons most at risk for suffering depression are women (10.2%), Hispanics (11.7%), African Americans (12.9%), and the unemployed or uninsured. The Central American refugee population with whom this report is concerned thus are at risk for negative mental health outcomes through several known risk factors. However, there has been little research regarding the mental health profile of Central American refugees, a gap that this report only begins to address.

Depression, anxiety, and post-traumatic stress may lead to physical problems and chronic illness among individuals who do not receive appropriate mental health care. Behavioral health accounts for a significant part of global disability burden: half of U.S. adults will suffer a mental health issue in their lifetimes, and 27% will suffer a substance abuse problem. Refugees who have been through horrendous experiences are at significant risk for depression, anxiety, and post-traumatic stress. If not treated appropriately, these conditions may result in higher health-care cost burden down the line, in addition to substantial human suffering.

**Depression and chronic illness** (O'Connor et al. 2015). The refugee experience, with associated depression, anxiety, and post-traumatic stress, puts individuals at increased risk for comorbid chronic physical illnesses that are known health issues among Hispanics in general, such as diabetes, cardiovascular disease, obesity and metabolic syndrome, and asthma. There is considerable evidence for the positive association between depression and chronic illness and for the increased risk of mortality from chronic illness in the presence of comorbid depression and multimorbid health status that includes depression (Bajko et al. 2012; Capuron et al. 2011; Capuron et al. 2008; Chapman, Perry, & Strine 2005; Chien, Wu, Lin, Chou, & Chou 2012; Cutshaw, Staten, Reinschmidt, Davidson, & Roe 2012; Eaton 2002; Nancy Frasure-Smith & Lesperance 2008; N. Frasure-Smith et al. 2007; N. Frasure-Smith, Lesperance, Irwin, Talajic, & Pollock 2009; Green, Fox, Grandy, & Group 2012; Hartley et al. 2012; Meng, Chen, Yang, Zheng, & Hui 2012; Nguyen et al. 2012; Niranjana, Corujo, Ziegelstein, & Nwulia 2012; Pereira, Barreto, & Passos 2009; Raji, Reyes-Ortiz, Kuo, Markides, & Ottenbacher 2007; Rose, Peake, Ennis, Pereira, & Antoni 2005; Viscogliosi et al. 2013; Wu, Chien, Lin, Chou, & Chou 2012).

Chapman et al. surveyed the literature on the associations between depression and chronic diseases, including asthma, arthritis, cancer, cardiovascular disease, diabetes, and obesity; they projected that by 2020 depression would be second only to cardiovascular illnesses in the global burden of disease (Chapman et al. 2005). A bidirectional relationship between depression and cardiovascular disease has been observed, with mortality rates higher in depressed patients (Nemeroff & Goldschmidt-Clermont 2012). Individuals suffering from depression are more than one and a half times more likely to develop heart disease, a risk that is more significant than the risk from passive cigarette smoke. Depressed individuals are four times more likely to suffer a myocardial infarction than healthy individuals, and depression interferes behaviorally with compliance to drug therapies and with rehabilitative and diet



regimens after a cardiac event (Bautista, Vera-Cala, Colombo, & Smith 2012). Depressed individuals are twice as likely to have a stroke within 10 years, and having a stroke or receiving a cancer diagnosis or diagnosis of a chronic illness increases the risk for developing comorbid depression (Kang et al. 2012). Research suggests a relationship between hypertension and depression (Ginty, Carroll, Roseboom, Phillips, & de Rooij 2013). Conversely, having a chronic illness negatively affects self-perception of quality of life, a risk factor for depression (Cutshaw et al. 2012).

Diabetes in particular has been positively associated with higher rates of depression in a bidirectional manner (Johnson et al. 2012; Katon et al. 2010; Rustad, Musselman, & Nemeroff 2011). Depression is commonly comorbid with diabetes and occurs among patients with diabetes at rates that are 30–40% higher than the general population, and two to three times higher than among healthy controls (Eaton 2002; Johnson et al. 2012). Psychosocial relationships can both mitigate or contribute to depression, exerting significant influence on outcomes among patients with diabetes (Arigo, Smyth, Haggerty, & Raggio 2014; Sussman et al. 2014). Patients with comorbid depression and diabetes are at increased risk of negative health outcomes, including risk factors such as poor self-care, higher rates of complications, and higher rates of morbidity (Gask, Macdonald, & Bower 2011; Gravely-Witte, De Gucht, Heiser, Grace, & Van Elderen 2007; Katon et al. 2010). The prevalence of depression is twice as high in individuals suffering from diabetes as in healthy individuals (Anderson, Freedland, Clouse, & Lustman 2001; Eaton 2002). Among individuals with a “triad” or multimorbid condition of diabetes, hypertension, and obesity, 16.5% also reported suffering from depression (Green et al. 2012).

Depression is associated with development of metabolic syndrome among women under 40, and a reciprocal relationship between obesity and depression has been observed (Capuron et al. 2011). Analysis of the immune response shows a bidirectional relationship between metabolic syndrome and depression through elevated levels of inflammatory markers in both conditions, establishing that both metabolic syndrome and depression are associated with dysfunctional immune response (Capuron et al. 2011; Capuron et al. 2008). Chronic stress and depression elevate levels of inflammatory cytokines, which in turn increase the risk of coronary artery disease (N. Frasure-Smith et al. 2007; N. Frasure-Smith et al. 2009). The presence of depression and other mental illnesses may contribute to the development of chronic illnesses; chronic illness may be a risk factor for the development of depression (Chapman et al. 2005). This considerable body of evidence suggests changes in policy with regard to the detention of refugees and asylum seekers; that detention may increase the risk for negative mental health outcomes, including depression, in already traumatized and depressed individuals should influence policy decisions about immigrant detention. In other words, detention may be making people chronically ill and for this reason, if for no other, the policy should be revisited.

Since four out of five leading causes of death among Hispanics are chronic illnesses that the evidence has shown are frequently comorbid with depression (Cutshaw et al. 2012), recognizing and addressing depression among Central American refugees is particularly relevant. The population of Central American refugees in this report, with high rates of depression and anxiety, are therefore at significant risk for developing chronic illnesses. In addition to human suffering, the potential for increased health-care costs should not be overlooked. It is recommended that the mental health of immigrants and refugees be addressed as a policy issue, and the conditions in which refugees are detained should be significantly improved so as

not to further contribute to negative outcomes among already depressed and traumatized human beings.

**Post-traumatic stress.** According to the DSM-IV-TR (APA 2000), post-traumatic stress disorder (PTSD) is an anxiety disorder characterized by exposure to a single traumatic event, and presenting with a number of symptoms such as recurrent intrusive negative thoughts; disturbing dreams that may include the traumatic event; and reexperiencing the event through unconnected, happenstance reminders (DSM-IV-TR code: 309.81; ICD-10 code: F43.1,F62.0). Many of the participants in this study reported significant and classic signs of post-traumatic stress, notably recurrent and intrusive thoughts, flashbacks, nightmares, hypervigilance, and sleep disturbances. PTSD may also present with a number of similar clinical phenotypes such as depression, anxiety disorder, and psychosis. Although PTSD has begun to be recognized as a growing problem in civilian communities and not solely a problem resulting from military deployment, the effects of psychological trauma and concomitant stress-related disorders are only recently being understood.

Trauma can result from a number of circumstances. Traumatic events can include armed conflict, civil war and genocide, accidents, the diagnosis of serious illness such as cancer, and witnessing or experiencing violent acts such as rape or domestic violence. Participants reported suffering as many as 15 or 20 of these types of events, both in the sending country and during travel to the United States. Children are at particular risk for developing long-term problems. Childhood trauma, such as the kinds of traumatic events the children in our study reported suffering, has been shown to put adults at risk for the subsequent development of adult-onset PTSD through re-traumatization via other negative stimuli (Binder et al. 2008).

Research has shown that in PTSD and stress-related disorders, for which Central American refugees are at risk, repetitive activation and deactivation of the hypothalamic–pituitary–adrenal axis (HPA), which controls mood, stress reactions, and the immune system, disrupts its usual functioning. Sufferers lose the ability to return to normal because this biological function becomes oversensitive (Rohleder, Joksimovic, Wolf, & Kirschbaum 2004). PTSD sufferers also may have preexisting vulnerability factors such as higher baseline cortisol levels (Flory & Yehuda 2015; Yehuda et al. 2014) or naturally high levels of glucocorticoid receptors prior to trauma exposure (Zuiden et al. 2011). Enhanced negative feedback sensitivity (Yehuda 1996) also puts trauma survivors at risk for chronic inflammatory response. Research on the biology of PTSD is challenging because PTSD is characterized by the experience of a traumatic event, which cannot be clinically staged or replicated; however, observational research can be conducted. Research among Central American refugees is warranted for the development of just and effective policy, because the mental health and psychobiological outcomes of the refugee experience are poorly understood and distinct from that of immigrants. Despite this, refugees are frequently treated in the same way as immigrants from a policy perspective notwithstanding their increased risk of negative health outcomes.

Placing a policy focus on ameliorating symptoms of PTSD, anxiety, depression, and stress-related disorders suffered by Central American refugees and asylum seekers is important because the long-term physical effects of these conditions increase the risk of metabolic disorders such as diabetes, obesity, atherosclerosis, and heart disease as well as cancer (Black 2006; Nowotny et al. 2010; Reagan, Grillo, & Piroli 2008) and the long-term health effects and health-care costs associated with these illnesses. For example, up to 40% of U.S. military veterans with PTSD suffer from a comorbid metabolic disorder (Heppner et al. 2009;

Rasmussen, Crager, Baser, Chu, & Gany 2012; Rasmussen, Smith, & Keller 2007). Elevated IL-6, an inflammatory cytokine positively correlated with stress, has been observed in Hispanic breast cancer patients (Erdei et al. 2010). Central American refugees are disproportionately represented in terms of exposure to stress and trauma because of social conditions in their home countries as well as traumatic experiences during travel to the United States, including extortion, kidnapping, fear of being murdered, and a harsh geography. As refugees and asylum seekers, these individuals have a right to fair treatment under international law and, at the very least, a right to administrative conditions and policy that do not exacerbate the trauma and health risks they have already suffered.

## Conclusion and Recommendations

The investigators acknowledge that the 21<sup>st</sup> century is witnessing the largest refugee crisis in history, with four million refugees from Syria alone (Tufekci 2015; U.N. High Commission for Refugees 2015). The problem eclipses any individual government's resources. For this reason, we believe that the global refugee crisis warrants a multinational effort to solve the causes of the problem. In the Americas, this means a joint effort through North, Central, and South America to resolve the problem of gangs. The Mara Salvatrucha gang was formed in the United States and exported to Central America, where it has caused so many problems for the refugees to whom we spoke. Surely the United States has some responsibility to ease the pain of Central American refugees, just as it shares in the problem of drug trafficking.

The failure of ICE to treat refugee women and children humanely appears to emanate from current policies that treat immigrants, including asylum seekers and refugees, as criminals and security risks. The events of September 11, 2001, have had significant impact on policymaking. In 2003, reversing itself from a spring 2001 decision, the Supreme Court ruled 5-4 that immigrants entering the country without appropriate documentation can be detained indefinitely without having the opportunity to show lack of criminal history or terror/security risk. The potential for traumatic stress reactions resulting from the 9/11 event on the part of political leaders is rarely discussed but appears to drive some of the more exigent and intolerant policy decisions at the highest levels. This shared psychic reactivity affects the ability or willingness of policymakers to distinguish between real threats to national security and innocent immigrants and refugees, ordinary human beings who are seeking a better life or fleeing from dangerous and violent situations. The argument that immigrants present risk to national security to the point that they all need to be detained indefinitely and without due process is specious.

### Moral considerations

In medical ethics literature, an individual does not have to be a Good Samaritan to be considered ethical. Individuals are not expected to put themselves or their interests at risk to help others, including refugees, to fulfill ethical responsibilities. However, the moral is quite different from the ethical; the archetype of the Good Samaritan illustrates moral character (Beauchamp & Childress 2013).

We see that many citizens feel that moral responsibility keenly, and many are acting on their moral character. We refer to the selfless attorneys providing legal service pro bono, to try to make things right, and to the many volunteers supporting their efforts and sacrificing time and their own families to provide essential assistance to refugees. Outrage from citizens at the treatment and detention of asylum seekers and refugees comes from a place of the moral among U.S. citizens. Volunteers assisting refugees are acting on moral values and from personal moral character. We do not believe that anyone to whom the moral is important could spend time with the refugees we met and not want to help them.

The political ambivalence surrounding immigration and refugees illustrates that there is a strong moral mandate to help in the "local moral world" of the United States (Kleinman 1980, 2007). For anyone with strong moral character, the moral trumps every other consideration. The challenge for the U.S. government, in determining how and whether to assist refugees and in

reexamining its detention policies, lies in deciding how moral we as a nation wish to be, to balance the ethical with the moral.

## Recommendations

- **End family detention.** It is a misnomer, as families are separated and can be harmed in the detention process.
- **Preserve family integrity.** Change policy so that families are not separated. Keep family groups, including fathers, intact. If families are separated, facilitate contact. Never separate special-needs children from their families. Recognize nontraditional unions such as common-law partnerships and lesbian, gay, bisexual, and transgender unions. Do not separate fathers even if the partners are not legally married and have different last names. Do not separate children because they have a different last name.
  - Family unity is especially important in Latino cultures; U.S. policymakers and immigration personnel seem to minimize this. Family separation contributes to negative mental health outcomes.
- **Recognize refugees as refugees.** Refugees and asylum seekers are not terrorists. They have a right to asylum hearings and should be treated with special consideration for their mental and physical health and well-being. The terms and language used to describe refugees should reflect their special status and suffering. The term “refugees” is more appropriate than “migrants,” “immigrants,” “detainees,” “undocumented,” “illegal,” etc.
- **Provide adequate language support.** Ensure appropriate and available language services for speakers of indigenous languages; be aware that refugees from Central America may neither speak Spanish nor English. Maintain a roster of individuals, such as academics or community members who are fluent in indigenous languages, who can be called upon via phone or Skype to provide translation services in detention facilities, resettlement areas, and where legal services are provided.
- **Provide adequate school services for children.** Young children need preschool programs. Provide tutors as necessary, identify special-needs children and children with learning disabilities immediately, and assign each child a social worker. Provide appropriate education for special-needs children and children with learning disabilities.
- **Support necessary mental health services.** Refugees are in particular need of mental health services; family residential centers should develop adequate resources and make such services available to refugees. Reports from participants housed in Dilley indicated mental health staff were unable to serve the needs of refugees and likely inadequately trained and overworked.
  - If detention continues in any capacity, ensure independent oversight of mental health services in the center so that incompetent or bullying service providers are discharged and there is an ombudsman to address reported abuses.

- **Ensure proper trauma training.** Mandate obligatory and appropriate mental health training for ICE/DHS, CCA, and GEO staff. Training in trauma, complex trauma, secondary trauma, and compassion fatigue is necessary for ICE personnel and for personnel of prison contractors from CCA and GEO — all personnel who are responsible for the care of refugees. Provide trauma and caregiver training for attorneys for self-care in this difficult work to improve mental health and reduce burnout.
- **Provide for ongoing mental health support.** In resettlement areas, there must be ongoing access to mental health professionals trained in working with trauma and refugees in resettlement areas and access to support groups where resettled refugees can learn and share information about mental health services and practical needs such as transportation, housing, child care, school enrollment, etc.
  - Foster resilience and post-traumatic growth using proven, validated strategies. These include the Trauma Resilience Model and/or Community Resilience Model and building on indigenous strategies for resilience that women bring with them from sending countries.
  - Facilitate access to faith-based support in detention centers and resettlement areas as faith was widely reported to contribute to resilience.
- **Provide formal resettlement support.** Asylum seekers should not have to hope for Good Samaritans to help them on their bus journeys to resettlement. They should be resettled formally with appropriate care. Resettlement protocols — that provide for food, water, appropriate clothing, blankets, diapers, and sanitary napkins — need to be developed and followed. Enlist a physician to write short-term prescriptions for refugees traveling to resettlement areas. Establish a fund for incidental expenses for families that have been released. Provide sack lunches at the detention center for refugees being released to the bus station so they do not go all day without food or water. Provide up-to-date maps of the United States and bus routes to volunteers and refugees.
- **Support meaningful alternatives to detention.** Eliminate the use of ankle monitors on refugees; they are dehumanizing and stigmatizing. Ensure court dates are scheduled in locations that are accessible to resettled refugees and in reasonable time frames. Ensure that refugees are not stranded in resettlement areas, miss their court dates, and end up in criminal contempt.
  - Fund community support programs that support refugee populations. Invest in alternatives to detention that are not run by private prison firms with no accountability.
- **Ensure transparency.** ICE and DHS should terminate relationships with CCA and GEO with regard to refugee and immigrant (i.e., noncriminal) housing. Any relationships between the government, DHS and ICE, and prison contractors such as CCA and GEO must be made completely transparent to taxpayers. Close the FOIA loophole for private prison contractors: legally require contractors to respond to Freedom of Information Act requests.

- There must be independent, civilian, or nongovernmental oversight of government and subcontracted immigration detention practices or alternatives to detention.
  
- **Solicit a UNHCR investigation into U.S. treatment of Central American refugees.**  
The findings of this and other studies show that refugees' human rights can be abused through their contact with U.S. immigration authorities and their detention in *hieleras*, *perreras*, and "family" detention facilities.

## References

- Agamben, G. (2005). *State of Exception* (1 ed.). Chicago: University Of Chicago Press.
- American Civil Liberties Union. (2014). *Alternatives to Immigration Detention: Less Costly and More Humane than Federal Lock-up*. Retrieved from Washington DC.
- Anderson, R. J., Freedland, K. E., Clouse, R. E., & Lustman, P. J. (2001). The prevalence of comorbid depression in adults with diabetes: a meta-analysis. *Diabetes Care*, *24*(6), 1069-1078.
- APA. (2000). *Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR (Fourth Edition ed.)*.
- Arigo, D., Smyth, J. M., Haggerty, K., & Raggio, G. A. (2014). "The social context of the relationship between glycemic control and depressive symptoms in type 2 diabetes." *Chronic Illn*, *11*(1): 33-43. doi:10.1177/1742395314531990
- Bajko, Z., Szekeres, C. C., Kovacs, K. R., Csapo, K., Molnar, S., Soltesz, P., . . . Csiba, L. (2012). "Anxiety, depression and autonomic nervous system dysfunction in hypertension." *J Neurol Sci*, *317*(1-2), 112-116. doi:10.1016/j.jns.2012.02.014
- Bautista, L. E., Vera-Cala, L. M., Colombo, C., & Smith, P. (2012). "Symptoms of depression and anxiety and adherence to antihypertensive medication." *Am J Hypertens*, *25*(4), 505-511. doi:10.1038/ajh.2011.256
- Beauchamp, T. L., & Childress, J. F. (2013). *Principles of Biomedical Ethics* (7th ed.). New York: Oxford University Press.
- Biehl, J. (2005). *Vita: Life in a Zone of Social Abandonment*: University of California Press.
- Binder, E. B., Bradley, R. G., Liu, W., Epstein, M. P., Deveau, T. C., Mercer, K. B., . . . Ressler, K. J. (2008). "Association of FKBP5 polymorphisms and childhood abuse with risk of posttraumatic stress disorder symptoms in adults." *JAMA*, *299*(11), 1291-1305. doi:10.1001/jama.299.11.1291
- Black, P. H. (2006). "The inflammatory consequences of psychologic stress: relationship to insulin resistance, obesity, atherosclerosis and diabetes mellitus, type II." *Med Hypotheses*, *67*(4), 879-891. doi:10.1016/j.mehy.2006.04.008
- Capuron, L., Poitou, C., Machaux-Tholliez, D., Frochot, V., Bouillot, J. L., Basdevant, A., . . . Clement, K. (2011). "Relationship between adiposity, emotional status and eating behaviour in obese women: role of inflammation." *Psychol Med*, *41*(7), 1517-1528. doi:10.1017/S0033291710001984
- Capuron, L., Su, S., Miller, A. H., Bremner, J. D., Goldberg, J., Vogt, G. J., . . . Vaccarino, V. (2008). "Depressive symptoms and metabolic syndrome: is inflammation the underlying link?" *Biol Psychiatry*, *64*(10), 896-900. doi:10.1016/j.biopsych.2008.05.019



- Carney, M. A. (2013). "Border Meals: Detention Center Feeding Practices, Migrant Subjectivity, and Questions on Trauma." *Gastronomica*, 13(4), 32-46. <http://www.jstor.org/stable/10.1525/gfc.2013.13.4.32>
- Carson, B., & Diaz, E. (2015). *Payoff: How Congress ensures private prison profit with an Immigrant Detention Quota*.
- CDC. (2014). *Depression in the U.S. Household Population, 2009–2012*. (172). Hyattsville MD: National Center for Health Statistics Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db172.htm>.
- Chapman, D. P., Perry, G. S., & Strine, T. W. (2005). "The Vital Link Between Chronic Disease and Depressive Disorders." *Prev Chronic Dis*, 2(1), 1 - 10. [http://www.cdc.gov/pcd/issues/2005/jan/04\\_0066.htm](http://www.cdc.gov/pcd/issues/2005/jan/04_0066.htm)
- Chien, I. C., Wu, E. L., Lin, C. H., Chou, Y. J., & Chou, P. (2012). "Prevalence of diabetes in patients with major depressive disorder: a population-based study." *Compr Psychiatry*, 53(5), 569-575. doi:10.1016/j.comppsy.2011.06.004
- Chisholm, D., Sanderson, K., Ayuso-Mateos, J. L., & Saxena, S. (2004). "Reducing the global burden of depression: population-level analysis of intervention cost-effectiveness in 14 world regions." *Br J Psychiatry*, 184, 393-403. <http://www.ncbi.nlm.nih.gov/pubmed/15123502>
- Cohen, M. (2015). "How for-profit prisons have become the biggest lobby no one is talking about." *Washington Post*, April 28. <http://www.washingtonpost.com/posteverything/wp/2015/04/28/how-for-profit-prisons-have-become-the-biggest-lobby-no-one-is-talking-about>
- Connor, K. M., & Davidson, J. R. (2003). "Development of a new resilience scale: the Connor-Davidson Resilience Scale (CD-RISC)." *Depress Anxiety*, 18(2), 76-82. doi:10.1002/da.10113
- Coutin, S. B. (2011). "Falling Outside: Excavating the History of Central American Asylum Seekers." *Law & Social Inquiry*, 36(3), 569-596.
- Cutshaw, C. A., Staten, L. K., Reinschmidt, K. M., Davidson, C., & Roe, D. J. (2012). "Depressive Symptoms and Health-Related Quality of Life Among Participants in the Pasos Adelante Chronic Disease Prevention and Control Program, Arizona, 2005-2008." *Prev Chronic Dis*, 9. doi:ARTN 11002010.5888/pcd9.110020
- Detention Watch Network. (2012). "The Influence of the Private Prison Industry in Immigration Detention." *Detention Watch Network*.
- Eaton, W. W. (2002). "Epidemiologic evidence on the comorbidity of depression and diabetes." *J Psychosom Res*, 53(4), 903-906. <http://www.ncbi.nlm.nih.gov/pubmed/12377301>

- Erdei, E., Kang, H. N., Meisner, A., White, K., Pickett, G., Baca, C., . . . Berwick, M. (2010). "Polymorphisms in cytokine genes and serum cytokine levels among New Mexican women with and without breast cancer." *Cytokine*, 51(1), 18-24. doi:DOI 10.1016/j.cyto.2010.03.014
- Field, O. (2006). *Alternatives to Detention of Asylum Seekers and Refugees*. Geneva: <http://www.unhcr.org/4474140a2.html>
- Flory, J. D., & Yehuda, R. (2015). "Comorbidity between post-traumatic stress disorder and major depressive disorder: alternative explanations and treatment considerations." *Dialogues Clin Neurosci*, 17(2), 141-150.
- Foley, E. (2015). "Backlash Against Mass Family Immigrant Detention Grows As Senate Democrats Pile On." *Huffington Post*, June 2. [http://www.huffingtonpost.com/2015/06/02/family-immigrant-detention\\_n\\_7495282.html](http://www.huffingtonpost.com/2015/06/02/family-immigrant-detention_n_7495282.html)
- Frasure-Smith, N., & Lesperance, F. (2008). "Depression and Anxiety as Predictors of 2-Year Cardiac Events in Patients With Stable Coronary Artery Disease." *Arch Gen Psychiatry*, 65(1), 62-71.
- Frasure-Smith, N., Lesperance, F., Irwin, M. R., Sauve, C., Lesperance, J., & Theroux, P. (2007). "Depression, C-reactive protein and two-year major adverse cardiac events in men after acute coronary syndromes." *Biol Psychiatry*, 62(4), 302-308. doi:10.1016/j.biopsych.2006.09.029
- Frasure-Smith, N., Lesperance, F., Irwin, M. R., Talajic, M., & Pollock, B. G. (2009). "The relationships among heart rate variability, inflammatory markers and depression in coronary heart disease patients." *Brain Behav Immun*, 23(8), 1140-1147. doi:10.1016/j.bbi.2009.07.005
- Gask, L., Macdonald, W., & Bower, P. (2011). "What is the relationship between diabetes and depression? a qualitative meta-synthesis of patient experience of co-morbidity." *Chronic Illn*, 7(3), 239-252. doi:10.1177/1742395311403636
- Gilna, D. (2013). "Suicides at CCA-run ICE Detention Center Spark Investigation." *Prison Legal News*, August 15.
- Ginty, A. T., Carroll, D., Roseboom, T. J., Phillips, A. C., & de Rooij, S. R. (2013). "Depression and anxiety are associated with a diagnosis of hypertension 5 years later in a cohort of late middle-aged men and women." *J Hum Hypertens*, 27(3), 187-190. doi:10.1038/jhh.2012.18
- Godard, T. (2015). The Economics of the American Prison System. *smartasset.com*, August 12.
- Gravelly-Witte, S., De Gucht, V., Heiser, W., Grace, S. L., & Van Elderen, T. (2007). "The impact of angina and cardiac history on health-related quality of life and depression in coronary heart disease patients." *Chronic Illness*, 3(1), 66-76. doi:10.1177/1742395307079192

- Green, A. J., Fox, K. M., Grandy, S., & Group, S. S. (2012). "Self-reported hypoglycemia and impact on quality of life and depression among adults with type 2 diabetes mellitus." *Diabetes Res Clin Pract*, 96(3), 313-318. doi:10.1016/j.diabres.2012.01.002
- Greenhouse, L. (2003). "U.S. Can Hold Immigrants Set To Be Deported." *New York Times*, April 30.
- Harpham, T., Grant, E., & Rodriguez, C. (2004). "Mental health and social capital in Cali, Colombia." *Soc Sci Med*, 58(11), 2267-2277. doi:10.1016/j.socscimed.2003.08.013
- Hartley, T. A., Knox, S. S., Fekedulegn, D., Barbosa-Leiker, C., Violanti, J. M., Andrew, M. E., & Burchfiel, C. M. (2012). "Association between depressive symptoms and metabolic syndrome in police officers: results from two cross-sectional studies." *J Environ Public Health*, 2012, document ID: 861219. doi:10.1155/2012/861219
- Heppner, P. S., Crawford, E. F., Haji, U. A., Afari, N., Hauger, R. L., Dashevsky, B. A., . . . Baker, D. G. (2009). "The association of posttraumatic stress disorder and metabolic syndrome: a study of increased health risk in veterans." *BMC Med*, 7, 1. doi:10.1186/1741-7015-7-1
- Human Rights First. (2015). Fact Sheet: August 2015. <http://www.humanrightsfirst.org/resource/one-week-snapshot-human-rights-first-dilley-family-detention-facility-post-flores-ruling>
- Johnson, J. A., Al Sayah, F., Wozniak, L., Rees, S., Soprovich, A., Chik, C. L., . . . Majumdar, S. R. (2012). "Controlled trial of a collaborative primary care team model for patients with diabetes and depression: rationale and design for a comprehensive evaluation." *BMC Health Serv Res*, 12, 258. doi:10.1186/1472-6963-12-258
- Kang, J. I., Chung, H. C., Jeung, H. C., Kim, S. J., An, S. K., & Namkoong, K. (2012). "FKBP5 polymorphisms as vulnerability to anxiety and depression in patients with advanced gastric cancer: a controlled and prospective study." *Psychoneuroendocrinology*, 37(9), 1569-1576. doi:10.1016/j.psyneuen.2012.02.017
- Karlin, M. (2014). The United States Was Welcoming to White European Immigrants, But Not to Peoples of Color. *Truthout*, September 7. <http://www.truth-out.org/news/item/26029-the-united-states-was-welcoming-to-white-european-immigrants-but-not-to-peoples-of-color-today#>
- Katon, W. J., Lin, E. H., Von Korff, M., Ciechanowski, P., Ludman, E. J., Young, B., . . . McCulloch, D. (2010). "Collaborative care for patients with depression and chronic illnesses." *N Engl J Med*, 363(27), 2611-2620. doi:10.1056/NEJMoa1003955
- Khamis, V. (1998). "Psychological distress and well-being among traumatized Palestinian women during the intifada." *Soc Sci Med*, 46(8), 1033-1041. <http://www.ncbi.nlm.nih.gov/pubmed/9579755>
- Kirkham, C. (2012). "Private Prisons Profit From Immigration Crackdown, Federal And Local Law Enforcement Partnerships." *Huffington Post*, June 7 (Updated Nov 26, 2013).

[http://www.huffingtonpost.com/2012/06/07/private-prisons-immigration-federal-law-enforcement\\_n\\_1569219.html](http://www.huffingtonpost.com/2012/06/07/private-prisons-immigration-federal-law-enforcement_n_1569219.html)

- Kleinman, A. (1980). *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine, and Psychiatry*. Berkeley: University of California Press.
- Kleinman, A. (2007). *What Really Matters: Living a Moral Life amidst Uncertainty and Danger*. New York: Oxford University Press.
- Krayewski, E. (2015). Are For-Profit Prisons, or Public Unions, the Biggest Lobby No One's Talking About? *reason.com*.
- Lee, M. Y. H. (2015). "Clinton's inaccurate claim that immigrant detention facilities have a legal requirement to fill beds." *Washington Post*, May 15.  
<http://www.washingtonpost.com/blogs/fact-checker/wp/2015/05/15/clintons-inaccurate-claim-th...>
- Lutheran Immigrant and Refugee Services and Women's Refugee Commission. (2014). *Locking Up Family Values, Again: The Continued Failure of Immigration Family Detention*.  
<http://lirs.org/>
- Mehta, A. (2015). *Declaration of Aseem Mehta, BIA Accredited Representative*. Dilley, TX. (Appendix B)
- Meng, L., Chen, D., Yang, Y., Zheng, Y., & Hui, R. (2012). "Depression increases the risk of hypertension incidence: a meta-analysis of prospective cohort studies." *J Hypertens*, 30(5), 842-851. doi:10.1097/HJH.0b013e32835080b7
- Miroff, N. (2015, 10/3/2013). "Controversial quota drives immigration detention boom." *The Washington Post*, October 3. <https://www.washingtonpost.com/world/controversial-quota-drives-immigration-detention-boo...>
- National Immigrant Justice Center. (2015). *Eliminate the Detention Bed Quota*.  
<http://www.immigrantjustice.org/eliminate-detention-bed-quota>
- Nemeroff, C. B., & Goldschmidt-Clermont, P. J. (2012). "Heartache and heartbreak--the link between depression and cardiovascular disease." *Nat Rev Cardiol*, 9(9), 526-539. doi:10.1038/nrcardio.2012.91
- Nguyen, H. T., Arcury, T. A., Grzywacz, J. G., Saldana, S. J., Ip, E. H., Kirk, J. K., . . . Quandt, S. A. (2012). "The association of mental conditions with blood glucose levels in older adults with diabetes." *Aging Ment Health*, 16(8), 950-957. doi:10.1080/13607863.2012.688193
- Niranjan, A., Corujo, A., Ziegelstein, R. C., & Nwulia, E. (2012). "Depression and heart disease in US adults." *Gen Hosp Psychiatry*, 34(3), 254-261. doi:10.1016/j.genhosppsy.2012.01.018

- Nowotny, B., Cavka, M., Herder, C., Löffler, H., Poschen, U., Joksimovic, L., . . . Kruse, J. (2010). "Effects of acute psychological stress on glucose metabolism and subclinical inflammation in patients with post-traumatic stress disorder." *Horm Metab Res*, 42(10), 746-753. doi:10.1055/s-0030-1261924
- O'Connor, K., Vizcaino, M., & Benavides, N. A. (manuscript in preparation). "Adapting the Harvard Trauma Questionnaire and the Hopkins Symptom Checklist for children aged 8 - 12."
- O'Connor, K., Vizcaino, M., Ibarra, J. M., Balcazar, H., Perez, E., Flores-Padilla, L., & Anders, R. L. (2015). "Multimorbidity in a Mexican community: Secondary analysis of chronic illness and depression outcomes." *International Journal of Nursing*, 2(1).
- Organization of American States. (2004). *Mexico Declaration and Plan of Action to Strengthen the International Protection of Refugees in Latin America on the 20th Anniversary of the Cartagena Declaration on Refugees*, November 16. [http://www.oas.org/dil/mexico\\_declaration\\_plan\\_of\\_action\\_16nov2004.pdf](http://www.oas.org/dil/mexico_declaration_plan_of_action_16nov2004.pdf).
- Pedersen, D., Tremblay, J., Errazuriz, C., & Gamarra, J. (2008). "The sequelae of political violence: assessing trauma, suffering and dislocation in the Peruvian highlands." *Soc Sci Med*, 67(2), 205-217. doi:10.1016/j.socscimed.2008.03.040
- Pereira, J. C., Barreto, S. M., & Passos, V. M. (2009). "Cardiovascular risk profile and health self-evaluation in Brazil: a population-based study." *Rev Panam Salud Publica*, 25(6), 491-498.
- Peter, T. A. (2015). "Letter from El Paso: They treat you like an inmate." *Politico*, August 3.
- Plana, R. (2015). Bed Quota Fuels 'Inhumane' And 'Unnecessary' Immigrant Detention: Report. *Huffington Post*, April 15. [http://www.huffingtonpost.com/2015/04/15/private-prison-immigrant-detention\\_n\\_7072902.html](http://www.huffingtonpost.com/2015/04/15/private-prison-immigrant-detention_n_7072902.html)
- Planas, R., & Foley, E. (2015). "Family Immigrant Detention Ruling Already Having A 'Groundbreaking' Effect For Women And Children." *Huffington Post*, July 27. [http://www.huffingtonpost.com/entry/family-immigrant-detention-ruling-already-having-a-groundbreaking-effect-for-women-and-children\\_55b6a579e4b0224d88337f6f](http://www.huffingtonpost.com/entry/family-immigrant-detention-ruling-already-having-a-groundbreaking-effect-for-women-and-children_55b6a579e4b0224d88337f6f)
- Preston, Julie (2015) "Judge Orders Release of Immigrant Children Detained by U.S." *New York Times*, July 25. <http://www.nytimes.com/2015/07/26/us/detained-immigrant-children-judge-dolly-gee-ruling.html>
- Raji, M. A., Reyes-Ortiz, C. A., Kuo, Y. F., Markides, K. S., & Ottenbacher, K. J. (2007). "Depressive symptoms and cognitive change in older Mexican Americans." *J Geriatr Psychiatry Neurol*, 20(3), 145-152. doi:10.1177/0891988707303604
- Rasmussen, A., Crager, M., Baser, R. E., Chu, T., & Gany, F. (2012). "Onset of posttraumatic stress disorder and major depression among refugees and voluntary migrants to the United States." *J Trauma Stress*, 25(6), 705-712. doi:10.1002/jts.21763

- Rasmussen, A., Smith, H., & Keller, A. S. (2007). "Factor structure of PTSD symptoms among West and Central African refugees." *J Trauma Stress*, 20(3), 271-280. doi:10.1002/jts.20208
- Reagan, L. P., Grillo, C. A., & Piroli, G. G. (2008). "The As and Ds of stress: metabolic, morphological and behavioral consequences." *Eur J Pharmacol*, 585(1), 64-75. doi:10.1016/j.ejphar.2008.02.050
- Robbins, S. (2015). "Immigrant quotas aid for-profit prisons." *The Columbian*, June 13.
- Rohleder, N., Joksimovic, L., Wolf, J. M., & Kirschbaum, C. (2004). "Hypocortisolism and increased glucocorticoid sensitivity of pro-inflammatory cytokine production in Bosnian war refugees with posttraumatic stress disorder." *Biol Psychiatry*, 55(7), 745-751. doi:10.1016/j.biopsych.2003.11.018
- Rose, R. C., Peake, M. R., Ennis, N., Pereira, D. B., & Antoni, M. H. (2005). "Depressive symptoms, intrusive thoughts, sleep quality and sexual quality of life in women co-infected with human immunodeficiency virus and human papillomavirus." *Chronic Illness*, 1(4), 281-287. doi:10.1177/17423953050010041001
- Rustad, J. K., Musselman, D. L., & Nemeroff, C. B. (2011). "The relationship of depression and diabetes: pathophysiological and treatment implications." *Psychoneuroendocrinology*, 36(9), 1276-1286. doi:10.1016/j.psyneuen.2011.03.005
- Shen, A. (2012). "Private Prisons Spend \$45 Million On Lobbying, Rake In \$5.1 Billion For Immigrant Detention Alone." *thinkprogress.org*, August 3. <http://thinkprogress.org/.../12/08/03/627471/private-prisons-spend-45-million-on-lobbying-rake-in-51-billion-for-immigrant-detention-alone/>
- Siegel, D. J., & Solomon, M. (Eds.). (2003). *Healing Trauma: Attachment, Mind, Body and Brain*. New York: W. W. Norton & Company.
- Stockdale, S. E., Wells, K. B., Tang, L., Belin, T. R., Zhang, L., & Sherbourne, C. D. (2007). "The importance of social context: neighborhood stressors, stress-buffering mechanisms, and alcohol, drug, and mental health disorders." *Soc Sci Med*, 65(9), 1867-1881. doi:10.1016/j.socscimed.2007.05.045
- Sussman, T., Yaffe, M., McCusker, J., Burns, V., Strumpf, E., Sewitch, M., & Belzile, E. (2014). "A mixed methods exploration of family members'/friends' roles in a self-care intervention for depressive symptoms." *Chronic Illn*, 10(2), 93-106. doi:10.1177/1742395313500359
- Swarns, R. L. (2003, April 26, 2003). "Illegal Aliens Can Be Held Indefinitely, Ashcroft Says." *The New York Times*, April 26.
- Takei, C. (2014). *Warehoused and Forgotten: Immigrants Trapped in Our Shadow Private Prison System*. New York: ACLU. [https://www.aclu.org/sites/default/files/field\\_document/060614-aclu-car-reportonline.pdf](https://www.aclu.org/sites/default/files/field_document/060614-aclu-car-reportonline.pdf)

- The Associated Press. (2015). "California: Judge Asked to Rescind Release of Immigrant Detainees." *New York Times*, August 7 Retrieved from [http://www.nytimes.com/2015/08/08/us/california-judge-asked-to-rescind-release-of-immigrant-detainees.html?\\_r=0](http://www.nytimes.com/2015/08/08/us/california-judge-asked-to-rescind-release-of-immigrant-detainees.html?_r=0)
- Tufekci, Z. (2015). "The Plight of Refugees, the Shame of the World." *New York Times*, August 13. Retrieved from <http://www.nytimes.com/2015/08/14/opinion/zeynep-tufekci-the-plight-of-child-refugees.html?action=click&pgtype=Homepage&version=Most-Visible&module=inside-nyt-region&region=inside-nyt-region&WT.nav=inside-nyt-region>
- UN High Commission for Refugees. (2014, 12 November 2014). "Q&A: A UNHCR expert looks at what forces Central American children to flee." *UNHCR newsletter*, November 12. <http://www.unhcr.org/print/54638ee09.html>
- UN High Commissioner for Refugees. (2015). *Statements by High Commissioner: Global conflicts and human displacement: 21st Century challenges, delivered by António Guterres to the Ditchley Foundation*, July 11. <http://www.unhcr.org/55ba370f9.html>
- van der Kolk, B. A., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (2005). "Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma." *J Trauma Stress*, 18(5), 389-399. doi:10.1002/jts.20047
- Viscogliosi, G., Andreozzi, P., Chiriac, I. M., Cipriani, E., Servello, A., Marigliano, B., . . . Marigliano, V. (2013). "Depressive symptoms in older people with metabolic syndrome: is there a relationship with inflammation?" *Int J Geriatr Psychiatry*, 28(3), 242-247. doi:10.1002/gps.3817
- Vladeck, S. I. (2004). "The Detention Power." *Yale Law & Policy Review*, 22(1), 153-195. <http://www.jstor.org/stable/40239604>
- Wofford, T. (2014). "The Operators of America's Largest Immigrant Detention Center Have A History of Inmate Abuse." *Newsweek*, December 20.
- Wu, E. L., Chien, I. C., Lin, C. H., Chou, Y. J., & Chou, P. (2012). "Increased risk of hypertension in patients with major depressive disorder: a population-based study." *J Psychosom Res*, 73(3), 169-174. doi:10.1016/j.jpsychores.2012.07.002
- Yehuda, R., Pratchett, L. C., Elmes, M. W., Lehrner, A., Daskalakis, N. P., Koch, E., . . . Bierer, L. M. (2014). "Glucocorticoid-related predictors and correlates of post-traumatic stress disorder treatment response in combat veterans." *Interface Focus*, 4(5), document ID: 20140048. doi:10.1098/rsfs.2014.0048
- Zuiden, M. v., Geuze, E., Willemsen, H. L. D. M., Vermetten, E., Maas, M., Heijnen, C. J., & Kavelaars, A. (2011). Pre-Existing High Glucocorticoid Receptor Number Predicting Development of Posttraumatic Stress Symptoms After Military Deployment. *American Journal of Psychiatry*, 168(1), 89-96. doi:10.1176/appi.ajp.2010.10050706
- Zayas, Luis, Declaration of Luis Zayas, December 10, 2014, [https://lofgren.house.gov/uploadedfiles/declaration\\_of\\_luis\\_zayas.pdf](https://lofgren.house.gov/uploadedfiles/declaration_of_luis_zayas.pdf)

## Appendix A: Participant Narratives

### Participant 12

The participant came to the United States seeking political asylum. The interview was conducted in the Greyhound Bus Station while the participant was waiting for her bus.

Her brother was shot several years ago by the Maras. They tried to shoot him in the head by shooting him through the nostril; however, the bullet went out the side of one of the nostrils and not into his head.

She brought him to the hospital and reported the incident to the police. She told them everything about all the violence that had occurred in her neighborhood. She became a protected witness. Upon leaving the police station, they put a covering over her face and drove her around in a car with dark windows, pointing out where the criminals lived. Two or three days later, her neighbor told her that people knew she was the one who had turned in the criminals. She hurried to her house, grabbed her things to leave, and moved to another neighborhood.

It was two years later, and she thought everything was fine. However, one day the Maras came to her neighborhood and threw a smoke bomb so nobody could see. They had big guns and shot everything up. They killed her brother in the street. She found out and ran to find him and saw his body.

She and her children took shelter in a nearby church and left the next day for the United States. They brought everything — videos, newspaper clippings, and legal paperwork from the police as proof that they needed asylum. They came by bus and walking, crossing at Reynosa. She has her daughter and son with her. When asked if she had an attorney, she said, “*No. Solo Dios.* [No. only God.]”

Her mother, sister, brothers, and sister-in-law left for the United States a month before her.

Details about her husband were unclear; he did leave with her and her children. He may be in another detention center or in Mexico. She was only in the detention center for a day or two, possibly because she had extensive documentation of her case.

She spoke really quickly at first when interviewed with very flat affect. She almost never made eye contact, and she didn't smile. She often left out a lot of details. It was almost as if she were just trying to tell the story as quickly as she could without experiencing any emotion.

When asked to slow down and tell her story with more detail, she exhibited much sadder affect and began crying.



### Participant 13

Participant 13 was a woman, age 32, from Honduras. She arrived June 30 in the United States. She arrived mostly by foot and bus. She paid USD\$8,000 for her trip, traveling with her son, brother, sister-in-law, and nephew. She has brothers and a sister in the United States and left her youngest brother and her mother behind. She is married. She studied up to the sixth grade of elementary school.

In Honduras, she and her oldest son would buy and sell cattle for food. She left her husband and went with her children to her mother's home because her mom had diabetes and needed to be cared for. She did not want to leave her children with another person. Her oldest son studied in Honduras, and he graduated from school, which she considers to be one of her greatest accomplishments. Another son was also in school, but his friend was murdered, so she took him out of school. She felt bad about doing so, but she feared for his life.

She reported experiencing a lot of headaches due to "sinus problems" [headaches can also be somatic symptoms of depression and anxiety that people often do not recognize as emotional].

During the interview, she became emotional and started crying.

She had been without a partner for the past five years because her husband has been in the United States and she has been in Honduras.

She reported a traumatic experience: a home invasion and robbery with attempted rape. She also reported having been robbed one night at gunpoint of 50,000 lempiras.

She was affected by Hurricane Mitch and experienced homelessness when she lost her home due to the flooding.

She would have to hide at night due to fear of being killed or kidnapped. Her father and cousin were killed. She was threatened with "*Sino nos das el dinero te vamos a matar*. [If you don't give us the money, we will kill you.]" The extortionists would knock on her door and her window, and would harass her at home. She would turn lights on and have dogs to try to dissuade them from bothering her.

In October of 2014 she was assaulted by two men. She was at home. Two men entered her home. They robbed her, and one man tried raping her. She did not know if they were going to rape, kill, or kidnap her from her home — she imagined the worst. One man asked where her money was. He asked for a specific amount of money: "*Donde estan los 7,000 lempira?*" Who would know those specific details, she wondered. She had 3,000 lempira. They also asked where she kept her gun. She said she did not have a gun, and they asked where was her father's gun. "How would they know her father had a gun?" she asked. They ransacked her room looking for money, jewelry, and a gun. They took her cell phone; it was a Sony Erickson. The assailant told her "she was dead" ("*estas muerta*") while twisting her arm and pulling the clothes off her body. She pleaded for her life, saying, "*No me hagas nada, llevate todo*. [Take everything you want, but let me live.]"

With her younger daughter sleeping in another room, she tried doing everything possible so the assailants would leave. Her older son was driving home on his motorcycle, and he pressed the

horn several times, which scared the assailants to run out of her home with the money, leaving her without clothes in her room.

The son and neighbors ran after the two assailants but were unable to stop them. She was sure one of the men who assaulted her knew her family because he had asked very specific questions.

She tried pressing charges, though the police officer said that if she did not recognize her assailants, she could not press charges and she should just go home. She believed she recognized one of the assailants who was standing toward the front of her house serving as a lookout for the other assailant. She felt she had seen his body type/shape, and she thought it was someone she knew, though he did not speak during the entire ordeal. She also felt it must have been someone she knew because he avoided speaking during this encounter so she would not identify his voice. She was not able to identify the assailant who took her money and who had attempted to rape her in her room.

On another occasion, she witnessed her cousin being murdered in front of her.

The participant reported being afraid for her and her family, particularly for her young daughter.

She wants to fix her immigration status because her daughter's father is a U.S. citizen and she does not want her to die or be hurt in her country.

**Detention.** The participant has been sick with gallstones (*pedras en la visicula*) while in the detention center. She was hospitalized but not much has changed in her health status. She feels alone and that she has no one to speak to, though she mentioned her husband is in the United States as well as a sister. She relies mostly on her conversations with God for support.

### Participant 14: Field notes

These notes were the result of a conversation with a mother, Participant 14, during lunch at the Hospitality House shelter.

The family left Honduras in mid-April because they received a threat that MS-13 would kill one boy and one family member if the two boys (ages 12 and 15) didn't join. She wouldn't turn them over. This began when MS-13 started extorting from the family because they owned a small business. The family tried to pay the money that MS-13 asked for, but they eventually didn't have any money. They asked for the children instead. The family decided to leave Honduras because the police could not protect or control the situation with the gangs, and she believes the police are allied with the gangs.

They paid \$12,000 to leave, which included bus tickets and a coyote fee. She left behind two adult children, and she is worried about them. The adult children sold their parents' appliances in the home and other possessions, and they wired them the money little by little so they could pay the total amount necessary for their journey. They were detained after crossing the border and were in the Karnes detention center.

Her husband has already been deported. She is hoping to go to North Carolina, but needs USD\$600 for a bus ticket. She has a court date on August 3 in Charlotte, N.C. She doesn't have the money; however, her lawyer has indicated that she may be eligible for workers' comp because of two separate injuries to her hip and finger that occurred while she was working at the detention center. They don't know exactly what was wrong with her finger because the X-ray machine was broken when they tried to X-ray her. She reported her children have been traumatized and that everything scares them. She reported her oldest son who is with her (Child Participant 2) often wakes up in the middle of the night thinking that he is in Honduras.

She stated that the detention center was "*muy complicado. . . . Hay muchos niños, la comida no es buena.*" She reported the guards gave her children dirty looks and were constantly telling her to watch her children (who are both older and observed as well-behaved). She stated there were two suicides or suicide attempts and that there were centipedes in the food. She reported the food was typically rice, beans, and lettuce.

The children went to school, which was mandatory. She reported there were 21 children typically in each group (class). She reported the teachers were nice and that they provided incentives. Her children took English, social studies, math, and physical education, and her son, who was part of the conversation, was able to name many of the teachers. There was also a secretary and principal at the school. There was a psychologist who was available to everyone at the center. One could fill out a request to speak with him, and she did this at the beginning of their stay because she was concerned about the trauma experienced by her children. She stated the children were never contacted back about an appointment with him. She reported he held a group for the mothers one day per month. She stated that it was helpful, but that the women didn't feel free to talk about everything because he was a man.

The two boys looked sad and sniffled throughout the conversation with their mother. They were sitting at the kitchen table at the Hospitality House while we spoke. They corroborated and expanded upon this conversation when interviewed individually later.

**Participant 14: Transcribed and translated narrative from audio-recorded interview**

[K is the investigator and I is the interviewee]

K: Do you were telling me, what was the event in your life?

I: Danger of my family and my four kids and us two, we have been in danger of death

K: What was the most traumatic or terrible experience in your life [Harvard Trauma Questionnaire Part Two]?

I: Well, what happened to me in April, I was in this country for seven years and a half, working . . . I was working on, we would take care of pigs, four pig houses, and I could care for 12 chicken houses of 27,800 each. We would do the work all by ourselves, me and my husband. After seven years and a half that we were here working on that, we would wash the houses too, the pig houses.

Well, we left because we thought that the country was not the way it is now regarding crime and all that, so we said our older kids have graduated, so much time working here in this country and well we decided we could leave but it wasn't going to be that soon. So we had to go, we can say we were forced to leave because we had not planned our trip so soon, but we had to leave on January of 2013 because they broke into our house around 11:00 p.m. and stole two laptops a PlayStation and some games. We believe they were the ones that stole it, but we also think it was the kids of the other people they were looking for.

We had our kids in a different city, they were in Marsella, Atlantida, with my mother-in-law and we moved them to Pinalejo. Well, the little ones, 12 and 15 years old now, every time they would talk to us they would ask when we would leave. When are we coming? And we would ask them why are you so worried? And they would say, oh no it's just that we don't want to be alone, mommy, we don't want to be alone when are you coming? And they would ask the same of their dad, but we really didn't know and they would not tell us why.

So then after they broke into the house [the children] told us not to go back because they were really scared and they had moved to a different apartment, they were in Marsella, Atlantida, and they moved to Pinalejo, Santa Barbara. So they said, well we were more calm because we are in a town that seems, well it is not a big city. So when they broke in, my husband said, we need to leave now, as soon as possible, and we can't wait longer after what happened.

So we left, and when we arrived there, well, they told us they wished we hadn't come, the little ones, because every time they would go to school the "Maras" would take their money. There were two "Maras": the MS, and the 18 whose nickname was "Los Pequecos" and the other ones were "Los Santos." So they said they didn't want us to worry or they were scared we were going to be mad. They wouldn't tell us they would take their money on their way to school. And they would take the money in exchange, well my kids would give them the money so they wouldn't recruit them, they said they had to become a "Mara" so they would give them the money so they would leave them alone.

When we moved to Pinalejo, when we saw that they broke in, well we didn't see who broke in but we were really scared, we thought we were followed to Pinalejo. So then when we got there

in January we started to receive extortion phone calls. They called and told us that even though we left the jungle they knew where we were and that we had to give them our kids so they could recruit them, our little kids. So I made a deal with them; I was going to give them money and as long as I would pay them they wouldn't recruit my little kids. So they told me ok, you are going to give us 20,000 lempiras monthly [about USD\$940], and I said yes, that it was ok but they wouldn't take my kids. So we started paying 20,000 a month, but because our countries are really poor, it is very hard to get 20,000 lempiras month by month and we had to give 20,000 to each group totaling 40,000 [USD\$1,875].

So what we did is that we sold some land we had to be able to pay them. But we didn't get very much money, and we had . . . we were still paying off the houses, we hadn't even finished paying off the houses. We also had a little business selling clothing and shoes but it was not enough, it was a lot of money. So we started selling what we had. We sold two properties, then we got loans from banks. We would keep enough to at least buy food and we would pay them, so we lost our land. We couldn't afford paying them anymore and, well, we had to sell some cars me and my husband had, we didn't even get the chance to get the license plates for them. We sold them, of course well below cost, but it didn't matter as long as they didn't take our kids. So we couldn't continue paying the houses, so we transferred them to someone else so they would continue with the payments.

So after 26 months of paying them 40,000 lempiras, we paid them two years, two months, and we weren't able to pay anymore. So we told one of the gangs, because every 30<sup>th</sup> I would pay them. I told them I couldn't pay anymore, I didn't have any more money, and we had nothing. So he said, "We know," and they were laughing, "You have to give us your kids," after everything you would still have to give them to us. So they said you have until April 18<sup>th</sup>, and on that day you will give us your kids. So I told them crying ok.

After I spoke to them I told my husband I was not going to give them my kids, so he said what are we going to do? I told him, let's go! So we borrowed some money and we left.

Unfortunately he was deported. I do feel really bad today because well when were both working it was easier to provide for my kids, but now I am alone because he was deported, and I feel it is going to be harder for me because, well, my brother, he does not have a job right now and that is why he hasn't bought me a ticket to leave [to North Carolina].

I feel it is harder as a mother, I feel bad because I brought my kids here so they wouldn't torture them, and in some way I have been torturing them all the way. We have suffered a lot, a lot, in Mexico, in the prison we ended going to, we suffered a lot. I would work in the kitchen [in the detention center] to buy them stuff, a soup or something because the food there is bad. So sometimes I fell I as running away from torture, and I am torturing them myself, because they are away from their brothers and their dad.

K: And you haven't talked to your husband?

I: No, I haven't been able to talk to him, what I want more than anything is to go to North Carolina to see if my brother can help me. I want to be able to make it; I am really scared of losing my kids that are back there. I thought I would get here fast and then I would bring them, but I also think about how hard it is to cross Mexico. And sometimes there are kidnappers when you cross the river, when we crossed we found eight masked men after the river.

K: After crossing? Here in the U.S.?

I: Yes, after crossing in the mountains they suddenly came out and they asked for our money, but we told them we had no money, and they searched us to see if it was true. We told them we had nothing, and I took out my bag and they took everything from us. After that they told us to run, to leave, that they don't want to see us anymore. It is very hard, very hard.

K: Could you tell me a little bit more about crossing Mexico?

I: México is, well, when we left Honduras, when we arrived to Guatemala, the buses don't stop, the drivers alert the police that a person from Central America is in the bus, so the police arrive and they take you off the bus. They tell you, well ma'am you already know, if you want to leave you need to pay, if you don't pay you can't leave. So you have to pay and they tell you 200 or 300 depending on the number of people, in my case we were four so we had to pay 400 Quetzales [about USD \$55]. We couldn't get back in the bus, and when you enter Mexico, it is the same thing, they stop the buses.

K: How many times do they stop?

I: They stop you in Guatemala, they stopped us two times.

K: And every time you have to pay?

I: you have to pay 400 Quetzales, 100 each, we were four, 400 Quetzales and then when you enter Mexico is the same, the bus when approaching the gate, the immigration gate they count you and they tell you how much you need to give. We were charged 1,000 pesos [USD\$61] in the first gate in Mexico, after that we traveled from Mexico D.F. to Monterrey in a trailer, hiding in a truck because they stop the buses and pull people out so we didn't want to be deported. So we hid in a trailer and on a gate they told the driver that if we didn't pay 3,000 pesos [USD\$185] they would take us off the bus, almost arriving to Monterrey.

When we got there a guy that saw us getting out of the trailer told us I will take you to my house, he saw us in the trailer and he made the driver stop and made us get off; he told us I will take you to my house, don't worry I will feed you and I can help you get on your way to Reynosa.

It was a kidnapper and he took us to his house and we were there for two days, he did not feed us, it was an old and ugly house, we would sleep on the floor and . . . [breaks off]

K: You had to pay this person?

I: Yes, he called my kids and told them they had to pay 500 dollars and fast, he told them they had two days to pay, so my kids sent the money, they sold some stuff of what was left, things I had bought in this country and sent to them. So they sold that and sent him 500 dollars. So when he received the 500 dollars, he fed us and left us at the bus station, and bought our tickets to Reynosa. On our way to Reynosa we were stopped at an immigration gate, almost arriving at Reynosa, and they pulled us down again and they took 1000 lempiras and 1000 pesos, and they took 200, 200 pesos and 1000 lempiras more and some other money, I don't know if 3,000 that my husband had with him as well, well they took all that we had, and left us with no money.

So when we got there, there is a huge bridge in Reynosa and a guy there told us, "You have to come with me to my house." They don't kidnap: "you have to come with me."

K: Another kidnapper?

I: Another one in Reynosa, he said I will cross you over the river, I can help you, come with me, but he made us go.

K: He spoke in a sweet tone?

I: he would talk like a Mexican, rude, and he told us, "They call me 'El Perro' and I will help you, come with me, get in the car NOW," he said, like forcing us. After that my husband said, let's go or this guy is going to kill us here or he can kidnap us. So we left with him and he had us there for 15 days, in a house where he has a lot of people, mother, kids, women, everything there.

K: How many people were there?

I: Around 40.

K: In a house?

I: In a two-story house, it was his house there in Reynosa, he was called "El Perro", and he was covered by tattoos.

K: And do you think he was part of the Sinaloa or . . . ?

I: Yes, he was like from the Sinaloa cartel, so then he had us there and we told him when are we going to get money? He told us well call your family, we said we had no family to send us money that we only had kids in Honduras, so call them, he said, and tell them to get you the money to cross the river. I asked him how much we needed to give him. He said 2,000 dollars.

Well it took a while for my kids to get the money, they had to borrow it because my kid, the boy worked in a maquila and my daughter was not working. My boy was working on a maquila that makes cable assemblies for U.S. cars, for Ford and Chevy, he makes cable assemblies for cars.

So he borrowed 10,000 lempiras in the maquila, and my daughter got the rest from somewhere else until they completed it all. So they sent the 2,000 dollars and they let us out, they took us to the river, and they helped us cross. When you are crossing they give you nicknames, we were the, well how do you say? The tomatoes, and they would say these are the tomatoes, oh they are the tomatoes? And they know it is us, they would also say here I send four pigs, they call you pigs, the drug dealers. So after crossing they told us, there is another group in front of you, follow them, go with them. But the group was gone already and that's why the men jumped us, but thank God we had no more money and they didn't do anything to us, but we were really scared.

K: How long were you in the house in Reynosa?

I: 15 days.

K: Oh my God.

I: 15 days, sometimes they would give us food, others not. My kids cried so much, they would tell me, mommy, we are really scared and I would tell them don't cry, because if they see you crying they can do something to you. That's what affects me the most, I was running away so they wouldn't get tortured over there, and I torture them all the way here. So I would say God I am trying to avoid something and I am torturing them, but thank God we are here now and we got out of jail. We were treated so badly.

K: After the man in the U.S. let you pass, what happened? Did the border patrol find you?

I: We were lost for five hours because there are three streets and one can get lost because we took the middle road. We said there are three streets, so I told my husband let's take the one in the middle maybe that's the correct one, and it would lead us back to the river. We started walking at 10:30 a.m., we hadn't have anything to eat so then the older kid was the most affected, he started to like faint and wanted to throw up because his stomach was empty, he didn't want to walk anymore. So then the smaller one started feeling bad too, he was all pale and the older one had fainted so we were carrying him between me and my husband, and we were lost for five hours. We arrived to a big bridge, and there was a policeman there so he gave us water, there was another lady with us as well with a little girl and we would give them water on the way so we had no more left. There were some puddles and that's where we would get our water from to drink and to splash some on the kids so they would hold a little longer. So when we arrived with the policeman he gave us water and asked us if we were out there a long time, so we told him we were lost for five hours. He told us not to worry that he was going to help us, he gave us water and opened the car door, and he instructed us to put the kids inside so they could get some of the fresh a/c because they were both fainted already.

K: It is really dangerous.

I: It is really hard, you can't do anything about it, so he helped us and had us there for a while, then another lady from immigration arrived and that's when they took us and separated us from my husband.

K: Your husband was taken to a different place?

I: They took us to the same place, they call it the iceboxes, they took us there, and it is horrible, super cold, no beds no mattresses, you sleep on the floor.

K: In McAllen?

I; Yes, in McAllen, we were there in Texas.

K: They make it cold.

I: The rooms are extremely cold.

K: They do it on purpose, they are afraid of a virus and they believe it calms people if it's cold



I: Yes, but it's full of lice, you can't imagine how you get all full of lice. After that they take you to a place they call the doghouse, because they have these huge fences like dogs and they give you a small mattress and an aluminum blanket.

K: We saw pictures.

I: Yes, we were there, they give you these blankets that look like aluminum, very thin but after being in the icebox where you are sleeping on the floor you feel much better. And over there you sleep freezing and the sanitary services, you have no privacy, and you have to throw the toilet paper right there in the bottom so it is all contaminated.

K: How long was that?

I: We were three days in the icebox, I was on one side and my kids were about two rooms down, and during the night I wouldn't sleep because I was always keeping an eye on them because, well, I got really scared that they would take them away from me, so I was always watching out for them and making sure they were still there.

K: Was your husband still with you?

I: Yes, he was in another room in front of me.

K: In another part of the same building?

I: Yes, right there, we saw when they took him.

K: And you haven't seen your husband again?

I: No, I haven't seen him since then, since that time, no, I haven't seen him, and they took me out of there and took me with my kids to the doghouse, and they gave the kids a bath, the kids could take a shower and change their clothes, but I wasn't with them, they kept them separated from me there. They are not with you; they go back with you after you get to [the doghouse], that's when they give them back to you, but we were there more than two months.

K: Without seeing your husband?

I: Without seeing him.

K: So then, from the moment you arrived . . .

I: At the icebox I never saw him again. No, never saw him again.

K: It is very unjust.

I: Yes, very unjust, and when I was in Karnes, well, I would ask the officers to let me talk to him, and they gave me two calls so I would talk to him 10 minutes. The first time I spoke with him he said he was in a separate room because supposedly he had tuberculosis.

K: He did?

I: Yes, they said he had that, but no, he doesn't, he doesn't have anything like that.

K: He was exposed?

I: Like he says, it was a punishment, a lot of people there were isolated like that even though they had nothing, so they had him a month like that [in isolation], and then he was deported, without an interview or nothing, he was just told to sign his deportation order.

K: Without being processed?

I: No, they only had him isolated a month and then he was deported.

K: No fear interview?

I: No, nothing; he is in Puerto Isabel.

K: He was put on a plane?

I: I think on a plane.

K: All the way to Honduras or Mexico?

I: All the way to Honduras; he was sent to Honduras, but I don't know how he was able to arrive because he had no money. I don't know if they gave him some for the ticket, I don't know I haven't spoken to him, I don't know how he managed. And, I don't know, I imagine they are thinking of coming back here because they can't be over there, they can't. I feel that if they stay there they are going to kill them, I am really scared, I mean scared for them, for my kids, and I am in this country, and I know the laws of this country. Here the law is followed. In Central America you always feel like the U.S. is like the dad you know? You feel that the law is followed here, if someone is doing something wrong, that person is punished. In countries like ours you can't say anything, you can't complain to the government because they are all in it. And they kill you and problem solved, that's how hard it is in our country.

K: After McAllen, how long to get to Karnes? And how long where you there?

I: Three days in the icebox, two days in the doghouse, five days and then we arrived to Karnes on May 10<sup>th</sup>, Mother's Day we got there.

K: Happy mother's day.

I: Yes, very hard.

K: And how was Karnes?

I: Very hard. I got fungus in my feet, a toenail fell off; I got a lot of hives in my body, I still do, and my kids as well they are covered with hives. They put some kind of liquid in the mattresses, they say is to kill insects, but that's not true; it is liquid soap and water, and they just do it so they can move the beds and check them. So they put that liquid on the bed, but there is no smell. And

because I would work there I would see how it was a little liquid soap and water, and they would put it in the beds. So I got hives all over my body.

K: And your kids stayed with you?

I: Yes, there were with me all the time.

K: Well, at least.

I: Oh yeah, I thank God for that, they were always with me, and I always took care of them. Never left them alone.

K: And how was the food?

I: The food was bad.

K: You said it was rice and beans?

I: Old beans, they have some big *gusanos*, we would get *gusanos* out of it.

K: What is a *gusano*?

I: They are some little long animals with a lot of little feet, and they walk really fast.

K: Centipedes?

I: Yes, big, they are long and black and very ugly.

K: In your rice?

I: In the beans, and the rice had some little centipedes. And then you would ask the kids do you want to be here? And they would say, no! And then they would make us go get our food, we had to scan our ID so they would see that we eat. They would tell us we don't care if you eat but you have to scan your ID.

K: Even if you don't eat?

I: yes, you can throw the food away if you want, and the trash cans were full of food, but you have to scan your ID. That was so they would pay for the food, they would make us scan the ID.

K: And there was a break schedule, or dinner schedule, like from 5 to . . . ?

I: No, just, no you would just get, sometimes in the morning some wheat rice and lettuce and beans, always beans, beans and rice and beans.

K: No beef? Chicken?

I: When we were about to leave, some congressmen visited and they asked for a list of women, and I had a bandage in my hand and I was limping so they asked to speak to me. They gave me their cards and well that helped a lot, that day we ate chicken.

K: A congressman gave you his card?

I: Yes they did.

K: So you could call him?

I: Yes, they gave me their cards so I could call them, they were a lot, but they didn't want them talking to us, they wouldn't let us get near.

K: Do you still have the card?

I: Yes, I have it with me.

K: He spoke Spanish?

I: Yes, they spoke Spanish.

K: What was his name?

I: There was a representative, a Rick Gutierrez the congressman; he speaks Spanish.

K: He's from Texas, I think.

I: From Illinois.

K: Oh yeah, I know who he is, yes, yes.

I: He was very nice, and they took us where they take you to court, and they disconnected the cameras and told us to speak openly and to trust them. They told us to tell them everything and that they weren't going to tell on us and they were going to help us. And RAICES were there all the time.

K: Very good, RAICES.

I: Yes, they're very good, they are like angels to be honest. When they would call us regarding a visit from RAICES and some sisters from the Sacred Heart church a lady named Shannon, she would visit me. She would always advise me to pray, and we would pray together, also the center would send me postcards. She would say very nice things and to my kids. I would always talk to them when they arrived but they didn't like it. When the congressman left they treated us bad, and they looked at us differently because we had spoken to the congressmen and told them about what was going on. They have a small store where they sell things like instant soups and other things, but they were very expensive and they were charging tax and they said they shouldn't charge taxes because we weren't working. They spoke to all of us, to a lot of us, but we were the ones who took the message to the ladies outside we spoke on behalf of some girls that had these huge blisters in their skin and how the doctors wouldn't help them except by

giving them an ointment. And we spoke on behalf of the pregnant women and another lady who had a miscarriage and she was still there. Petrona was her name, and she had the miscarriage right there.

K: A miscarriage?

I: Yes, right there.

K: They didn't help her?

I: No, she was still there.

K: She was pregnant and miscarried?

I: Yes, the baby just fell.

K: And they weren't taking care of her before?

I: No, nothing, and she works for them, she cleaned the restrooms and she receives three dollars.

K: She was cleaning while pregnant?

I: Yes, but she miscarried, and she has been there seven months; she is still there.

K: And did you have to go to bed at a certain time?

I: Yes, some afternoons at 7 some at 8 there was a medical break for the women who were sick, the doctor would see them. They would go to that break, and we would go to our rooms, and at 8 they would do the count; they were always doing the count to see if we were all there, including the kids, and if you weren't there you would get reported and by 10 you would have to be sleeping.

K: Are you free to walk around?

I: Outside after 10, no.

K: During the day?

I: During the day, yes, you could be outside, but at the break time no, and then to eat from 6:30 to 8:30 and lunch from 12 to 1:30, and kids would eat from 11 and dinner was from 5 to 6:30. But it was the same bad food, only when the congressmen went they gave us chicken and we were all happy. After that they gave us three more times but the chicken was raw and hard and they would put some flours that would make it very hard.

K: Never beef or pork?

I: No, never any food like that; we haven't eaten that in so long.

K: And is that the most horrible thing that has happened in your life?

I: Yes, the most horrible and also in the street I hit my hip and I am hurt, I never took care of it, it's still the same.

K: Let's see.

I: Here.

K: You had a fracture?

I: No, just dislocated, and they only put a bandage in it and gave me something for the pain, they would give me Tylenol, 500 mg, and the pain wouldn't go away, the pain was always there. And then I wouldn't take the pill anymore because it was hurting my stomach. So they told me if you don't want to take it, don't do it, but they would make me go to the doctor still. They made me sign a paper where it said that I was rejecting taking the medicine.

K: So you feel you didn't have appropriate medical care?

I: No, the doctor was a black man, he wouldn't check you, you would only tell him where it hurts, and I told him my hip hurt, and he saw my hip and only gave me a pill for the pain.

K: And the other women?

I: Yes, they would go out because all you want is to go out and get medicine, because they don't give you medicine. Like the lady with the girls that were burnt, she would grab some salt from the kitchen and she would bathe the girls with warm water and salt to help them with the blisters. The ointment they used wouldn't help, and then they wouldn't give it to them they would only apply it.

K: So sad.

I: Yes, it is very hard and the doctor is not even a specialist; we would ask for a pediatrician to see our kids, and he would ask what is that? I would tell him you don't know? He's a doctor and he doesn't know. Yes, it is very hard; Karnes is very hard, and we were running away from crime and everything we suffer in our country and then that happens here, it is not ok, not ok to be honest. And they say more people are going in now the 26, 27 mothers and kids around 1,300.

K: In Karnes?

I: In Karnes, they are making the buildings bigger, they are building, and I don't know why they don't stop that.

K: Because they have a contract with the company that manages that place; it is very bad.

I: But they said they had sue them, Karnes, and that they lost the case and appeals and they had 15 days to appeal and they lost the appeal, so I don't know why they are still there. They are building and painting and everything.

K: How interesting; thanks, I didn't know that, I only knew that the U.S. government hired a private company to manage that center and well they have a contract; it is very bad.

I: Yes, it is very bad, because the maintenance is very bad, and there is a guy there in Karnes that is supposedly sent from Washington, that the government has him supervising that everything is ok, and he always goes and sees what we eat, and he doesn't say anything.

K: What's his name?

I: I don't know, I don't know the name. I know is a Terrazas guy; he is black too, and he is sent from Washington, that the government sends him to see that everything is good, and he sees the food and the beans and rice. He goes into the kitchen and everything, and he sees that they only give us Tylenol, if the kids has 100 on temperature they give them a little bit of medicine for it, but if it was below they wouldn't give them anything. I don't know why that place is still open, honestly.

K: I don't know either, and RAICES doesn't either.

I: No, we don't understand why it is still open.

K: We want to inform people of what is happening.

I: The same guys who work there, they say there are some who say they won't keep working there because they see the injustices; there are some guys who work there, they say to us that they see the injustices, but they say, they say to us what we don't understand is to say, why when the congressmen come, don't they talk with us who work here, because they don't talk to us [the center workers], why don't they talk to you, all the women, they say, they always walk here and there, and they go on controlling what everyone says so that they don't talk with the people, he was saying, so they teach them what they want them to learn, and what they don't want them to know, they don't show them, so nothing is being done.

K: But this Gutierrez spoke with everyone?

I: Yes he, he was very mad because he, he called us inside, and we told them to look around and he saw the women outside.

K: Raul Gutierrez?

I: His name is Luis Gutierrez, congressman.

K: From Illinois.

I: Yes, from Illinois, and he gave me his card, look here, and he wrote his number on the back so I can call him.

K: Wow, how nice.

I: Yes, and he gave us more cards so we would give them to the other women, and if we needed anything he could help us, because they want to close those places down.

K: That is very important, they want to break those contracts with the private companies, which I am paying with my own taxes so they can treat you that way, so I am very mad.

I: Yes, yes, you're right, it is called GEO, they are GEO, and the company there the one working is called GEO.

K: Hell, exactly [the pronunciation sounded like Hell, very apt].

I: They are a lot of people, a lot of workers, and they are always sitting in groups of four just talking, but they are being paid around 25 dollars an hour,

K: 25 dollars an hour?

I: Yes, 25 an hour.

K: Oh my God.

I: And they don't work, they just talk among them.

K: Oh I am so sorry that has happened to you.

I: And they don't talk to you, they only talk among them, and they have cameras all around.

K: It is not against the constitution; what you are doing is not a crime; you are not criminals.

I: We are running away.

K: And you are in some kind of jail.

I: They would yell at them, and they would say, we are not criminals, get us out of here.

K: They call you criminals?

I: No, the kids would tell them we are not criminals for you to have us in jail.

K: Were they rude to you?

I: Yes, when the congressmen arrived, yes.

K: Called you names?

I: No, they would only scold you, and if you had something in the table, they would make you throw it away, they would tell you throw it out, and we would ask why? And they would tell us because you can't have that, grab it and throw it away. There were some women who were very rude, and they would tell you mind your kids and keep them with you. Kids could not be just wandering around or playing,



**Participant 14: Translated interview about the food**

The food that they give you is bad; that's why [the children] lost weight. They are really thin.

When he got here, he was pant size 33, and he went to 28. And he was 31 and went to 27, the other one. Because the food was bad. They just give you rice and beans. . . . It is almost always that and lettuce, that's it. But they didn't want to continue eating because there were some centipedes, like this big [demonstrates with fingers wide apart], that had a lot of little feet in the beans, and they were some small centipedes in the rice, so they saw them and didn't want to eat it.

**Participant 14: Translated interview about the ankle bracelet**

K: So you told me it's uncomfortable?

I: Yes, it's uncomfortable.

K: Tell me how it feels.

I: Well, to sleep it is even more uncomfortable, because one has to always be aware of it so that it's okay, because if not, for any reason . . .

K: Is it heavy?

I: Yes, it's heavy.

K: Does it pinch?

I: It's heavy, and it's made of plastic, so it cooks the skin, burns it here, like that [demonstrates how the ankle bracelet rubs her skin and makes a red mark].

K: Oh.

I: It makes me sweat because it's made of heavy plastic, totally heavy plastic.

K: Do you have wounds?

I: Not at the moment, but I am sure this is possible because it's really uncomfortable. It's bothersome, and it always makes marks. So it's uncomfortable because it's very big; the band is very big, for this reason it bothers me.

K: So do you have to stay here in the house or it rings? Or where can you go?

I: It's programmed for North Carolina — I am going to North Carolina.

### **Child Participant 1 (child of Participant 14)**

This boy was 12 years old at the time of the interview. He misses riding his bike and playing in the river with his friends. He also misses the food from Honduras. He was in the Karnes detention center. He stated he felt trapped there. He stated that he did make some close friends. He stated that he was able to go outside and play volleyball, soccer, and basketball.

He spoke about the stress of being in Karnes. He reported that it was very stressful at night because that's when people would get called to the doctor. When people got called to the doctor, it really meant that they were being deported. This made going to bed very stressful.

He corroborated his mother's story of his life being in danger.

### **Child Participant 2 (child of Participant 14)**

This boy was 15 years old at the time of the interview. His mother indicated that he has lost a lot of weight, four pant sizes. He spoke very haltingly and seemed very impacted by the events. He also reported nightmares.

### **Child Participant 2: Translated interview**

Child 2 (Ch2): Yes, they asked for rents, we did not have, did not have anything to give to them, so, well, they said, they said a lot of bad things to my mom; they said they were going to crush her with bullets, so, well, we got out to . . . We got out to buy food, we wouldn't eat, so two, two months we wouldn't go out ,and then after we would go out to buy food.

Ch2: So, the stores that were there, we had to buy, well . . . to buy, well . . . let's say, well . . . to, things to eat, well (girl knocks), we couldn't go to school, so one day we went to buy food, well . . . so then, they almost kill us there; they followed us in bicycles, motorcycles, and cars like they say.

After 3 hours that they were . . . you can't go out from there [no audio], but yes we were living in a horror movie, I calmed down, I would only cry in my room, I wouldn't go out, I would get depressed [crying], and no, I wouldn't eat anything. Until after, well . . . she went and talked to me, the . . . a . . . the principal of where I would study, and I would feel better, and I started eating something, a little.

After . . . we wouldn't go out, no place, and then that's when we traveled down here because, well . . . to be more safe. We changed . . . we lived, well . . . by the edge of the street and well . . . they told my mom they were going to throw a gre — grenade? A bomb.

Interviewer: Why do you cry?

Ch2: Mmm . . . because, well . . . last week when, we were, eh . . . I mean, we were coming this way, on the way here, mmm . . . because, well . . . we got lost and, well, we didn't even have water or, me . . . well . . . [crying]. I didn't have strength [crying], well . . . then, that's why I cried a lot, because I thought we weren't going to live anymore because yes, well, I was really dehydrated, just crying, that's why.

## Participant 15

Her husband had already left her for the United States, although they were still together. She was a stay-at-home mother with their daughter and son. She had a single sexual encounter with her neighbor because she was lonely. He had a repair shop across the street. After, he would say hello to her, and she would ignore him. He became more insistent and said her loved her and wanted to be with her. He tried to convince her to leave her husband, saying that he (her husband) had left her (to be in the United States). She refused him and told him, "I'm married with children." He offered her marijuana, to which she told him she wasn't that kind of a person and that he should go find someone who liked that kind of thing.

Eventually, he became more insistent, and he threatened her. He reported that he would kill her daughter and her if she did not leave her husband. She went home and was very distraught. Her husband asked her what was wrong. She told him that the neighbor said he was in love with her and that he would kill her and her daughter if she did not leave. She was advised to go to her parents' home and then leave. She got all her things from her home and fled to her parents.

Her mother-in-law asked her to leave her seven-year-old son with her and to just take her daughter, which she did. She bought bus tickets for 2,500 quetzales (about USD\$335) from a woman at 10% interest that needed to be paid back in 10 months. She walked four hours upon entering the U.S. border, and a man told her how to cross the river. She was able to cross, but was caught and detained for two months in Dilley.

She is worried about how to best pay back the money, because she can't work. She thinks her mother contacted the lender to tell her she was detained, and she hopes the lender will work with her.

**Detention experience.** She reported that her five-year-old daughter lost five pounds (from 33 to 28 pounds) in the two months they were detained and related that someone she met in Dilley had had the same experience, with her three-year-old losing seven pounds (from 32 to 25 pounds) in one month.

She reported that it was tough in Dilley because hours for eating were very fixed. Breakfast was 6:00–8:00 a.m., lunch was 11:00 a.m.–1:00 p.m., and dinner was 4:00–6:00 p.m. The children weren't hungry during some of those times, and they couldn't take food with them back to their trailers. They were made to throw away the food instead of bringing it with them. This was tough for them because they had to waste food when their children were hungry and losing weight.

She denied having any physical symptoms of anxiety such as shaking; however, physical symptoms were observed by the investigator. The participant appeared very nervous throughout the interview and tearful and nervous in the bus station. She reported she doesn't speak very good Spanish because her first language is Chuj (Guatemalan indigenous language); however, her Spanish was very understandable. She appeared to be suffering from significant generalized anxiety per her outward appearance.

The biggest concern she reported seemed to be about work and paying back her debt.<sup>8</sup>

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<sup>8</sup> The lender may consider the participant's mother liable for the debt, putting the mother at risk. This might be a cause of the participant's anxiety.

### **Participant 16: Domestic violence, Honduras**

Participant 16, an adult, is from Honduras. She traveled by bus for the majority of the journey to the United States, and she crossed the border walking. She is a single mother who came with a daughter, age 12. She left four children in Honduras with her sister: two boys (ages 16 and 17) and two girls (ages 4 and 10).

Narrative: She was with a man who beat her and humiliated her in front of her children. They dated on and off for years. They had a daughter together in 2010 (the youngest, who is back in Honduras with her sister). He kidnapped the daughter many times over the time they were together, starting when the daughter was four months old. The last time was when she was eight months old and still breastfeeding. He took her for a period of two months, until the child became ill. He engaged in a cycle of violence in which he would ask for forgiveness and then hurt her again.

Participant 16 eventually left him, and she hid from him. He kept tracking her down by asking family members where she was, and they told him. She moved between family members and suffered food and water insecurity, homelessness, and poverty.

To earn money, she used to sell tamales from her home; however, with the chaos caused by having to hide from her ex-partner, this became impossible. She tried to look for work in factories, but there were no jobs. Her 12-year-old daughter was being stalked by a gang member, and she was worried about her safety. For these reasons, she decided to emigrate to the United States. One of the hardest things for her since coming here has been not being able to work when she knows her children don't have enough money for basic needs in Honduras, and she is not able to send remittances. She is also very sad that she has been unable to speak to them.

She appeared as though she was anxious (wanting) to speak with the investigator, because she said she was available for an interview several times while the investigator was waiting to interview another participant.

She stated that it was overwhelming for her because she is in a new country and doesn't understand language or processes. Despite her difficulties, she seemed to find strength spiritually. She stated that "whenever there is something difficult, I look for clarity," and that she asks for help from God and prays during difficult times. She stated that she wants to leave her past behind and that she is looking for a better life for her children. When asked if she felt that she had fewer skills (HTQ) than before, she stated that she had more skills than before.

**In detention.** She stated that it was difficult in the detention center because she was unable to speak to her children or support them financially. Her 12-year-old daughter was housed with her. She stated that her daughter was well fed in Dilley, that she was not sick, and that she had no major problems. She did state that it was difficult for her to throw food away in the trash can (instead of bringing it with her) because her children at home did not have enough to eat.

### **Participant 16: Translated interview**

[Talking about her partner]

A cousin arrived one day and that's how he found me again; I ran away three times. The first one I went with my mom, and he found me by asking around. It was Christmas, in December, it was on December 24<sup>th</sup> he found me at my mom's by asking around, in a little town far away, it was the first time. The second time, he went to my friend's house — she's the one that has my kids now — and he found me there, in her house. I went to Puerto Cortez after that to a cousin's house, and I ran away when he found me, and he put a machete to my neck and told me to leave, that if I didn't come back by the afternoon when I left work he was going to kill me, so I had to run away, but he would always find me. And when he found me I stayed for two more days and he took advantage of the situation and took my little girl for two months and then returned her to me, and that was the last time he took her to his friend. After two years, after all of this, he came back threatening me with my boy and telling me I had to go back to him, because I belonged to him, and he was going to do whatever pleased him to me because no one in my family loved me. I don't have a dad, he died when I was 13, my sister is over here, my other sister has always been humble and away from us, and my brothers live with their families away so he would take advantage of the situation.

## Participant 17

The participant is from Honduras, 25 years old, traveling with her curly haired two-year-old son. She said she had two years of education and was a stay-at-home mom.

She reported that she left Honduras because her partner was involved in the Mara Salvatrucha (los Maras) and he was being asked by the gang to offer his own blood (family member) to either move out of the gang or to move up the gang. She was unsure if he was being promoted up the ranks of the gang or if he was seeking to exit the gang. She indicated the Maras asked for his own blood in return for the transaction of him moving up or out. *Tienes que entregar tu sangre* (you have to give up someone of your own blood). The man was willing to give up their two-year-old son, so she left. Her partner was going to offer their two-year-old son to the Maras. In other words, her reason for migrating was to avoid giving up her son as human sacrifice to the Mara Salvatrucha.<sup>9</sup>

She left behind her mother-in-law, who suggested she flee to save herself and her son. The mom said, "*Vete antes que mi hijo mate y entregue a tu hijo* [go before my son kills and delivers your son]." The participant and her son arrived to the border mostly by bus. She paid USD \$800 in total, paying \$300 in fees in Mexico at various stages while riding the train. She reported that the Maras asked for payment along the train route, and she paid \$200 once and \$100 later during the trip.

While on the train, she witnessed two women being raped and the rape of a 12-year-old girl. These women were taken from the train and were not seen again. She saw an older man being thrown off the train by the Maras when he did not pay the quota. Seeing the man being thrown off the train frightened her and the other passengers/refugees.

She was followed by the Maras in Palenque, which was the first station in Mexico, and the gangs got on the train with machetes. It was in Palenque that she had to pay the first *cuota* (extortion fee) of \$200 for her and her son to continue on the journey. This was also where the two women and 12-year-old girl were taken down and raped. In Quetzalcualco, the gangs asked her for \$100 more. She reported feeling like something ran over her, like she was pressed by a heavy iron.

She had been detained soon after crossing the river and did not go through Dilley. She had very little money left. She said she had not bathed in five days. She reported lots of stress and rapid heartbeats while crossing the river. The extreme heat of the sun in the summer gave her headaches.

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<sup>9</sup> The investigator probed this response as it was very shocking, but this is exactly what was meant. In the literature review, O'Connor searched practices of the Mara Salvatrucha to see if they included human sacrifice, and there is sufficient evidence of such practices that we believe this narrative is legitimate.

## Participant 18

Participant 18 is a mother, age 28, from El Salvador. She arrived with her family of five (three children and her partner) mainly by bus. The travel for the family cost USD \$8,500. She has a fourth-grade education. She was a stay-at-home mother and helped her husband run a home-based odd job business, doing small jobs such as painting and fixing tires. She left behind her mother, father, and two siblings.

The family was split up by ICE and separated into three separate detention facilities. The participant was separated from her 10-year-old child. The child is in a detention center near Brownsville. She thinks it is called Nueva Esperanza. Her husband and other son were separated from each other as well. Desolate at the loss of his family, her husband tried to commit suicide in his detention center. The participant was told her husband is in a center in New York, but she does not know for sure. The participant does not know exactly where her husband and son are, in fact, and has had no contact with them since being detained.

She reported that her husband was seen by a psychologist for the suicide attempt. Her husband's sister called and said he is doing better now. However, the participant is unable to sleep for worry about her 10-year-old son, alone in detention in Brownsville. The son has a speech impairment and can't speak; he would not be able to communicate well enough to articulate his needs or to advocate for himself. Brian Hoffman, the lead CARA Pro Bono Project attorney at Dilley, is working to reunite the family.

The woman and her two other children were released on July 24 and went to the Hospitality House in San Antonio. They don't have a sense of when they are going to the resettlement area, because the participant has no idea of when her son will be released, and the family cannot leave without him.

The mother can't sleep well, and she cries a lot, though she tries not to cry in front of her two children. At night, when she is crying her younger children begin to cry as well. The mother had never been separated from her children before. She is trying to distract herself to avoid thinking about her situation and pitches in at the Hospitality House with cooking and maintenance. A volunteer is helping her stay on top of her case and helping her find her son.

In terms of her health, the participant has a large bump on the right-hand side of her face, possibly a tumor growing inside her mouth.

The participant reported experiencing lots of violence in El Salvador. She experienced a lot of poverty and violence as a child. The family left the country because they were threatened with death. Her husband got phone calls from the Mara Salvatrucha, starting in May 2015. The Mara Salvatrucha (MS-13) said they were going to kill the family. This caused the father to suffer health problems, including hypertension.

The term she uses for MS-13 is *los mareros*: "*Los Mareros, mandan ellos y estan juntos con la policia* [The Mareros are in charge and are in league with the police]," she said.

The family was threatened for the last time on June 19, 2015. After that, the father cut off the phone service, destroyed and threw away their cell phone, and they emigrated to the United States for reasons of fear after hiding for three days with her mother.



She is afraid for her son, not knowing if he is eating or sleeping well, because she has not been able or allowed to talk to him. While she was detained in Dilley, she suffered from rapid heartbeat. "The separation is really hard," she said, crying.

It took them eight days to get to the United States. When they arrived, she had her three-year-old and her seven-year-old with her. The 10-year-old went with his father when they were separated, only to be separated again when the father was sent to the Northeast. Their resettlement area will be Carolina with a cousin, who asked that she call for him to help her. She provided the address to ICE for future communication about court dates to be sent to the cousin's house.

**Detention experience.** She spent 21 days in Dilley. She reported that Dilley was better than other places, because Dilley has bathrooms and food (although the food is bad). Dilley also has psychologists and doctors. However, when she went to the doctor with a fever, she was told to drink water. Her daughter suffered reactions to the vaccinations, which gave her fever, and again she was told to give her daughter water. At home, she would have applied a cool wet cloth.

She made an effort not to think, not to lose hope, to paint with her daughter so as not to think. During the journey to the United States, her little daughter kept asking, "Are we going to live here?" and each time they had to go on to a different place.

## Participant 20

Participant 20 was a young 18-year-old mother from Honduras. She had shocking scars across her face, in a pattern of slash marks, which appeared to be caused by a machete attack. However, she reported having been attacked by a dog at the age of two.<sup>10</sup> She said that after this attack, she went to live with her grandparents. As a child, she was neglected by her mother and left frequently with neighbors, including when her mother went out in the evenings. Her mother earned money by renting rooms; according to the participant, "*Nunca hay trabajo en mi país* [There is never work in my country]." She was briefly jailed for breaking curfew in her country while she was underage.

The participant left her country because her boyfriend had threatened to kill her and her daughter because she knew too much about his drug-related activities. She left against his will. She was going to Virginia to live with her father and stepmother.

She was traveling with her four-year-old daughter (meaning she became pregnant at approximately age 13, although in her recorded interview she says she was pregnant at 15). Her affect was flat; she seemed a bit cold, distant, and not in high alert. She denied symptoms of depression and anxiety on the Hopkins Symptom Checklist.

**Detention experience.** At 6:00 a.m. they turn on the lights. Breakfast is from 5:45 to 6:30 a.m. Her daughter was usually asleep at this time, so they did not get up in time to eat breakfast. She would have milk and cereal when her daughter woke up.

Lunch was 10:45 a.m. to 12:30 p.m. There were various menus. They had salads, lettuce, cheese, mashed potatoes, and even dessert. She and her daughter usually had lunch between 11:00 a.m. and 12:00 noon. She said she gained six pounds at Dilley. She weighed 109 when she left Honduras, and at the time of the interview she weighed 115.

At Dilley they have television, air conditioning, and toys. In the hallways, they have machines to exercise (*corredoras*) and video games. She would watch the *novelas* with the other women. Some groups of women would go into prayer groups; she prayed on her own.

Dinner was usually at 5:00 or 5:30 p.m. They had access to popcorn and sodas for snacks.

## Participant 20: Translated interview

[Tell me how you got with your partner.]

I: It was from March to July, when I came here, I was 18 years old, it was during that time. After I went with him, because he told me to go live with him, well I left. He took me to a house, the house was all furnished and everything. And he was always driving these cars, I wouldn't see him armed very often, but when he was I would ask him about the money, and I would ask

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<sup>10</sup> Investigator comment: Because of the pattern of the slash marks across the young woman's face, there may be cause to doubt that her facial scars were from dog bites, which take circular or puncture wound shapes. The woman's scars were diagonal slashes that went in a downward direction from left temple across to right chin and across the face. Investigators do not challenge a respondent's story in trauma research, so the woman was not queried on her scars. In addition, the facility with which she reported having suffered a dog attack seemed to indicate that she had been providing that answer for a long time and may have been coached, even by her attacker. Investigators can only speculate. —KO

where did you get that car from? And that was it, he would never tell me, he would just tell me, take what I give you, and he would ask me do you want to go here? There? And he would buy me expensive clothing and everything. So time passed by, and he would have parties in the house with his friends, and I would see them armed and everything and I thought it was really weird. He would drink a lot and smoke and do drugs and a mess.

G: Would he invite you to do drugs?

I: Yes, that too, but no, I never did; maybe some drinks, maybe a beer but nothing more. I wouldn't do drugs, but that's what he loved, the drug.

G: He liked it?

I: Yes, drugs, yes, well we call it *perico*.

G: Cocaine?

I: Yes, cocaine, exactly; well after a while I would ask him about things, and he would get drunk and looked for fights, several times, he would, he wouldn't hit me but he would push me and grabbed me by my arms really hard. So I didn't like that, and this one time I told him I was going home, and he told me that would be the biggest mistake in my life. So there were a lot of fights, and then we would be fine and, well, almost by the end I was home, and he got there carrying a lot of money and armed and drunk, and I asked him, what happened? Why are you so happy? What are you celebrating? And he just said, oh nothing, the rounds I did today were good, today was good day, but I didn't know what he meant I would just ignore him.

G: And what do you think he meant? The "rounds"?

I: That's what he said, so I was still wondering; I kind of imagined what he meant, but then he had a party that same day and, well, he was really drunk. There were some friends there, so I asked a guy, one of his friends, he was kind of drunk, so I started asking, and he told me they worked by contract and well Tocoa is full of drug dealers. There are a lot of people that don't look like dealers, but they are in charge of everything, killing, kidnapping, etc. So he told me that they worked under contract for the drug dealers, so he mentioned the names, and well they are very well known around there, because Tocoa is really small, so people kind of know the names like "los Peludos" and things like that, so we know of them. So he told me they worked for a guy under contract, and I asked under contract? I kind of knew what it was about, well that they distributed drugs, but they were also told to do other stuff and they had to do it. He told me they did contract killing as well, that if they receive the order to kill someone they would, in front of everyone or wherever. They were also the ones that took the girls out of the club. Normally clubs were full of young girls, so they were sent to take them out.

G: Take them out?

I: Yes they would take them, and well that happened very often so a lot of people wouldn't go out anymore, but I didn't know he was involved in that. So he said yes, they would do all of that.

G: Did you ever witness them taking a girl to the house?

I: No, not to the house, ever, because I would never go out; I was always home with my kid, I would never go out. He would only say the rounds were good, and he would go in car or motorcycle.

G: Motorcycle?

I: Yes, and after that he would stay home for like two days, he wouldn't go out. So that's when I got home, and he told me about that, so that's when I knew it was true, because sometimes he would get home after a trip and stayed there for two or three days in. So we got the point where I knew everything, and it was a time like always that he wasn't very conscious, so he was home and threw a party and he was drinking. When everyone left, he went crazy accusing me that I took his cocaine, that he had left it in a certain place and it wasn't there anymore. So we argued and he pulled and pushed me against the wall, and I was crying, so I started telling him that I already knew that he was a contract killer and everything. So he was amazed and told me not to get into what didn't concern me, that I was way too involved and knew too much so he pulled out his gun, and I really thought he was going to kill me. But no, I knew he loved me too much, he didn't have the guts. So he told me you are going to make me kill you and your daughter, you better not open your mouth, and he threatened me. He said he was going to kill me and my daughter and make it look like we disappeared so no one would know of us anymore. He wouldn't know either, if someone would ask he would say he didn't know where we were, so they didn't know he was responsible. So I went with my family, and I called here and that's when they helped me, he threatened me around the 5<sup>th</sup> or 6<sup>th</sup> of July and around the 11<sup>th</sup> or 12<sup>th</sup> I came here.

G: And who did you talk to? Who did you call to get help?

I: No, I didn't talk to anyone, I just told them I didn't want to be here anymore, but some of my friends were witnesses, because they would be at my house sometimes and they would see some stuff, but no.

G: Who told you to come here? How did you come here?

I: Yes, my family

G: Your family here or there?

I: From over there and here, well my mom didn't know what was happening exactly, but my grandma, well she knew he treated me badly, so she told me to go home, that I didn't have to be going through that, especially because we didn't have kids. He was very nice to everyone in my family but not after a while, so I went to my family and stayed there a couple of days and prepared my trip.

G: He didn't look for you?

I: No, he didn't, it was all very fast; I was there for around three days, and that's when I left.

G: And tell me how did you prepare for your trip? What did you do?

I: Well it was all like, well I told my mommy that I wanted to leave and I called here to the U.S.; they would always have a trip ready for me, my dad would always tell me I could come anytime I wanted, his wife as well; she would tell me come for a couple of days, it is very pretty down here. But I was really in love and had a lot of friends there and him, so I didn't want to leave but when things got hard, I didn't know how to leave. So I just told them, you know what? I am feeling like going and visit, and that's when I told them.

G: Did you talk on Facebook?

I: With my dad? Yes.

G: Through Facebook?

I: I would tell him, and he told me he was going to send me money, and well, he did; they moved really fast and asked my grandpa to get me a "coyote" to cross and, well, my daddy knew a guy, and that's the guy I came with over here as well as my cousin. Well, he's not my cousin but we were family and everything. So he has his trip planned, and he did it earlier. We didn't pay anything over there, not until we got to Mexico.

G: How much did you pay in Mexico?

I: In Mexico, I'm not sure, but they asked my dad for money. I think it was around 3,000 dollars and then 2,000, so they were charging 5,000, and when we got to Reynosa they asked for an extra 500 dollars. So everything was really fast, and I also had some money I brought, around 8,000 lempiras [about USD \$375].

G: And you changed it?

I: Yes, I changed them into quetzales in Guatemala and then pesos in Mexico, and that money really lasted.

G: You still have some left for your next trip?

I: No, what do you mean?

G: Do you still have some money left for your trip?

I: Yes, for now yes my dad sent me some more while I was at Dilley.

G: How much did your dad send you?

I: He sent 150 dollars while I was there, because I was supposed to be there long ,so I started using it, and I was left with around 46 dollars. But now he sent me 50 more.

G: And where are you going to?

I: Virginia.

G: And you dad works there? What does he do?

I: He is a heavy equipment mechanic.

G: Does he do well?

I: Yes, very good.

G: Do you know what he makes?

I: No, I don't know.

G: But he can support you?

I: Yes.

G: I'm going to ask you about trauma symptoms. Do you have memories or thoughts about what happened to you with this man?

I: No, I forgot all about it fast.

(Interview continues with only yes or no answers to survey.)

I: You went to school?

I: Yes.

G: And, tell me about your daughter, what happened to her dad?

I: My girl's dad, well I got pregnant when I was 15, and well while I was pregnant I was kicked out of my house so I went to his house. All nine months, all my pregnancy, and then a year after. He loved me and everything but then he came here, when the girl was one year old he came here. I was staying at his house, but then he took a long time, I'm not even sure how long but he took, a long time, and I had communication with his coyote, and he would tell me your husband is doing this and that. So when I was finally able to talk to him around December he left, and when he got back here he has very bad with me. I would tell him I didn't have milk or anything. So he told me, ok so you can see what it's like to have kids. So I started having issues with his mom, and I came back home. I have nothing with him anymore, but he never helped me; there were times when I really needed something for the girl, but he would say no and rejected me and humiliated me; he would say I was always going to be a no one.

## Participant 21

Participant 21 is 41 years old, from Guatemala, and arrived with three children, two teenage boys and one little girl. She is a single mother. She left behind her parents and siblings, one of whom is disabled (deaf) and has a tumor. She cries a lot, thinking of them, and goes for a walk or shuts herself in her room to cry and pray.

She achieved middle school education and continued by correspondence course. She had a small business in Guatemala, selling clothing, food supplements, and earrings. She earned very little, the equivalent of various amounts between 1,500 and 100 Mexican pesos.

She was detained in Karnes center for two months and three days.

The family traveled by bus from Guatemala to Chiapas, then to Mexico City, on to Guadalajara, and finally to Matamoros/Brownsville. The trip cost USD \$400.

She has had family murdered, and her two sons were being recruited to sell drugs. The youngest was considering it, but then the drug traffickers said he had to join them or die. The participant expressed considerable anxiety when discussing her situation with her children. She said they had to leave and come to the United States. She has witnessed armed kidnappings. She lost her nephew on September 15, 2011, to violence and witnessed her cousin being murdered in 2014. She suffers from repetitive intrusive memories of this murder, a clinical symptom of post-traumatic stress. She has also had a nephew disappeared.

She and her family were detained in Karnes detention facility for two months and three days. They had asked her for a bond of \$7,500, which she did not have. . . . She said she felt as if a bucket of ice water had been dropped on her when her cousin . . . refused . . . to pay for bond and transportation. A social worker/volunteer told her God would help her and that a family would help her.

She has signs of arthritis in her hands and feet and wonders what she will do to provide for her children.

## Participant 21: Translated interview

I: Well, when I lived with my oldest kid's dad, well, he was Mexican, a very, very different person, I was also very different, so when we went to Mexico he hit me and I bled from my mouth and nose, and I was pregnant at that time. Even though I didn't want to be with him anymore I had to, and he would tell me I was garbage and a cockroach and not worth anything at all. . . . Behind my family house, some guys with masks dressed in all black and armed with bombs and long guns and everything. They were looking for some guys that escaped, and they said they were going to kill them, so they were looking for them from house to house and well we live over here and they were behind our house. They were really armed, more than police.

G: Did they find them?

I: Not that I know because they were looking all around and we hid. . . .

G: [Have you suffered the] murder or death of another family member?

I: Yes.

G: Yes? Who was it?

I: My nephew and cousin.

G: Did they kill your cousin and nephew?

I: Yes.

G: How was that?

I: Well, they were on the other side of the road, my cousin's husband and my nephew, it was on September 15<sup>th</sup>, so they were there, and well the parade had passed and they were going to watch the soccer game, so they parked in front of a pharmacy that belonged to an aunt, or in-law of the guy. A car passed by with men, wearing masks, and one of them was shooting upwards until one of them stepped out of the car. So the other one was in the car' and they started shooting at the guy and well destroyed all of this. They grabbed my nephew by his hair and shot at him and killed him as well. It was back in 2011, and then my cousin was killed last year on the pharmacy side too, and my kids witnessed it. . . . This year also, around February, another nephew was shot, but he lived, although he is paraplegic. Two months ago they killed another cousin. . . . My son was threatened, he was told he had to get into one of those organizations that sell drugs, that if he didn't join them the same thing that happened to my cousin and nephew was going to happen to him. That he better do it the easy way or they were making him do it the hard way. So that's why we came here to the U.S., so they wouldn't do anything to my son or my other kids, that was the reason.

G: When was this?

I: Last year.

G: In 2014? How old was your kid?

I: He was 15.

G: And what did you kid say?

I: He told me, mommy look, I will tell you something but you cannot say anything, because I am the kind of person that when something happens to them I go and tell them off, but you cannot mess with the drug organizations or even go to the police because, well, they are involved as well. So he told me, mommy, this guy told me that now that I go to school I could take a package in my backpack and nobody will notice that I am taking it inside and that they would pay me after a week. And I told him, look my love I don't want anything to happen to you, look what happened to Jeffrey and Chalo and Ranai, I don't want the same thing to happen to you, or that they do something to you, because you have never lacked for food, even if it's only tortita with salt, but he has food. He said yes, mom I told them I was going to think about it and let them know. Very good my dear, but no, please don't get involved in anything like that. So he told me, mommy, I don't know what to do, I don't know if I should accept or not, and I asked him



what did you say? And he said well I told them I didn't think about it yet and to give me a chance to answer them the next time. So then he told me, mommy, Jere says that if I don't do it the easy way I will have to do it the hard way because if I don't join them they were going to start making my family members disappear, my brothers and you so I had to join them. And I told him look baby, I don't know what to do, you know I take care of my old man, I took care of my grandpa for five years, but he passed away on October 8<sup>th</sup>. So I told him look baby, it can't be like that, what do they think? How can they get little boys involved in that? And he said he knew of some kids they got into the group, some kids that cleaned shoes, and they killed them and another very young kid as well. So I had no money, and I got a loan and I told him, you know what? We are packing and leaving, we are leaving. So the first week of January we came here, we came and didn't tell anyone, no one. No one knew where we went to. So we came here. . . . So immigration got us, and they sent us to the icebox, then the doghouse, and we were there for a day, I was away from my kids. I felt a lot of pain thinking about how cold I was and my poor kids being cold as well. I didn't want my kids to suffer. So the next day we thought they were sending us back to our family, and we were surprised when we were sent to detention. So we were there two months and three days. . . .

Oh, I felt like the world fell on top of me because I thought, who is going to help me pay \$7,500 [for the bond]? It was like a huge bucket of cold water was dropped on my head, because I thought I was trusting in my cousin, I was sure she was going to help me and I thought oh my God, what's going to happen now? I don't want to go back, I need you God to give me strength, because I can't fall now. Because when I stress I get desperate and I feel like I am going crazy, I don't know I feel a lot of negative things, so I said please God help me, help me not to feel this and to believe in you. So when the social worker came and I told her about it, I asked her to pray for me because I felt that way. My cousin told me to ask for my deportation and to leave, but I don't want to. So she prayed and she said, the Lord says you are not going back, you are staying here, you are going to make it.

### Child Participant 3

*“Estabamos viviendo en una película de horror [We were living in a horror movie].”*

The participant was 15 years old at the time of the interview and is from El Salvador. She has a ninth-grade education, and plans to continue with tenth grade in the fall. She spent only one day in the detention center. She came with her mother.

Along her journey to the United States, they walked for part of the way through Mexico. They walked through the river and were detained at the bridge. She stated that they were lost without water for one day from 5:00 a.m. through the afternoon and that they thought they were going to die. She reported crying a lot.

Narrative:

The Maras<sup>11</sup> called her mother and threatened her, asking for money. The family didn't have any money, so the Maras threatened to shoot them if they didn't pay. They also threatened to throw a grenade in their home. The family didn't have food, either, and were confined to their home for safety reasons for two months.

The principal at the participant's school sent her food after a week. She cried a lot in her room during this time. Her mother tried to find out who was making threats and learned it was an off-duty police officer who watched them outside of their apartment.

On the infrequent occasions that the family did leave the house, the participant was followed by the Maras while riding her bicycle and the family was followed while in their car.

The family decided to leave and came to the United States walking and by bus. They walked through Guatemala. They also paid coyotes. They walked across the border at Piedras Negras.

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<sup>11</sup> “Maras” refers to gangs and was used interchangeably with *pandillas*, *mareos*, *Mara Salvatrucha*, *MS-13*, *Mara Salvatrucha 13*, and *Mara 18*.

#### Child Participant 4

Participant was a boy, age 16. He and his family were in the Dilley detention center for two days. They are from El Salvador.

His family had to leave for a few reasons. The first occurred when he arrived early at school one day. He was eating a *pupusa* by himself at school, and gang members pulled up on their motorcycles. They mistakenly thought he was part of another gang. They got off their motorcycles and told him they were going to slit his throat and cut his head off. Because the school opened at the back to the street, he was able to run to his motorcycle and get away. The gang members chased him, but he lost them on a busy street.

These individuals had also threatened other students and were known to have killed students who were actually members of a different gang. The participant inferred that he had seen their bodies. He reported that he had seen a lot of bodies.

He dropped out of school after speaking to his parents. He became very afraid to leave the home. He reported that he was followed by the Maras other times on his motorcycle, and that one time he almost got into an accident as a result of them chasing him. His parents owned a store and received a threat to pay USD \$500 before a deadline. They didn't have the money. They decided to leave one day before the deadline because they were afraid and felt they had to flee.

On their journey to the United States they got lost between 4:00 a.m. and 5:00 p.m. one day in the desert because their guide became lost. He also reported the river was really cold. He reported the cold river was the most difficult part of the journey.

During the interview, the participant became very tearful, and we had to pause our interview for a bit. He didn't understand the question measuring survivor's guilt.<sup>12</sup> After the investigator explained the question, he became tearful and his face became sad. He nodded and said (barely audibly) "*si*." The assessment was that the participant might have been experiencing the phenomenon of survivor's guilt due to all of his classmates being killed.

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<sup>12</sup> Item 28 on the child version of the Harvard Trauma Questionnaire: "Have you felt like you shouldn't have survived the scary event and you feel guilty about it?"

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## Appendix B: Declaration of Aseem Mehta

I, Aseem Mehta, make the following declaration based on my personal knowledge and declare under the penalty of perjury pursuant to 28 U.S.C. § 1746 that the following is true and correct.

1. I am a BIA Accredited Representative<sup>1</sup> and Fellow with the Immigrant Justice Corps. I have been providing legal representation and coordinating the provision of legal services to detained women and children with the CARA Pro Bono Project at the "South Texas Residential Family Center" ("STRFC") in Dilley, Texas since June 2015.
2. Through my day-to-day experiences working with and attending to the needs of these detained women and children, I have observed and documented a number of troubling patterns with regards to the treatment of these individuals. In particular, I have seen frequent and extended delays in legal process resulting in the prolonged detention of our clients and their children. I have witnessed or been made aware of more than one hundred families (amounting to more than 200 affected individuals) subjected to medical neglect that have left our clients and their children to suffer. And I have become aware of practices of intimidation and coercion that contribute to an environment of fear and desperation for our clients and their children. These patterns have persisted since the beginning of my time in Dilley in June 2015 until the present day.
3. First, the "STRFC" remains a venue for the long-term detention of women and children, as frequent and extended delays in the completion of legal processes has the end result of confining women and children in detention for weeks on end.
4. On June 24, 2015, Secretary Jeh Johnson issued a statement announcing changes in process to be enacted in "family residential centers." One such change was to offer individuals who established a credible or reasonable fear the opportunity for release, and for these individuals to be processed in the order that they were granted their positive result. However, the reality in Dilley has not reflected these proposed changes.
5. For several weeks following the Secretary's announcement, CARA attorneys received push back from ICE officers when inquiring into the release plans for clients who had positive reasonable fear determinations. In many cases, these clients had already been detained for upwards of one month. Some had been detained for more than three months. The ICE officers reiterated that there was no release plan for these individuals. As late as July 28, 2015, an ICE officer personally told me that all individuals with a positive reasonable fear result were "subject to mandatory detention as priority 1 criminal aliens due to their criminal re-entry," and therefore would not be released. This statement and the prolonged detention of these individuals are in direct contradiction to the Secretary's statement.
6. Additionally, individuals with positive credible fear findings have not been processed for release in the order of their positive interview results. The Department suggests that 60% of families admitted to Dilley between June 28 and July 11 were released within 2-4 weeks. If this is indeed the case, it confirms our experience with our detained clients: after the Secretary's announcement, new arrivals were prioritized for release while

individuals who had positive CFI results and long detention stays even before the Secretary's announcement remained in prolonged detention.

7. Furthermore, since July 2015, the CARA Pro Bono Project has documented more than forty examples of cases in which the detention of a client and her family was extended by a minimum of two weeks while awaiting the resolution of legal process delays including being scheduled for a CFI/RFI<sup>i</sup> receiving results from a CFI/RFI or being docketed for a hearing before an immigration judge. These delays extended the time that a client and her children were detained without any substantive reason or process step to be completed, compounding the suffering, fear and trauma that the client experienced while detained (see below).
8. In seeking resolution to these process delays, I reached out to USCIS<sup>iii</sup> to inquire into the status of many of these cases. Only July 17, a representative from USCIS informed me that the delays in process were due to ICE's failure to serve the appropriate documents upon USCIS or the client. This included ICE's failure to serve USCIS triggering documents for clients who had not yet been scheduled for an interview, thus rendering USCIS unable to administer a credible or reasonable fear interview and leaving the client to wait as their detention is extended by this delay.
9. It also included ICE's failure to serve the client with their interview results and Notice to Appear to move forward with their cases and release. Under the Secretary's statement, individuals with positive credible or reasonable fear determinations would be eligible for release; however, if an individual is never served with her fear determination, then she cannot be released and instead remains detained while the process delay continues. The USCIS representative explained that for the weeks of July 20 and July 27, USCIS had scheduled fewer than five interviews per day with detained women because ICE had not served them with additional triggering documents, despite the fact that many dozens of women had newly arrived to the facility in the preceding weeks.
10. Since the end of July, the CARA project has documented at least a dozen cases in which clients were promised released by ICE or had their bond paid by a family member, but remained detained beyond the date that they were informed they would be released from the "STRFC." In arbitrarily and unnecessarily holding individuals in detention for greater periods of time, the government inflicts harm upon these women and children.
11. Second, the pervasiveness of health related suffering that women and children detained at the "STRFC" experience suggests a systematic failure of the Department of Homeland Security's ability to provide adequate care to these individuals.
12. To begin, the vast majority of my clients and clients that the CARA Pro Bono Project meets with in the first few days immediately following their transfer to the "STRFC" from ICE holding facilities suffer from the same recognizable ailments: fevers, coughing, headaches and fatigue. The majority of clients report being held in one of two types of the holding facilities for several days prior to their arrival in Dilley. Clients describe the first, colloquially known as "iceboxes," as secure facilities that are held at frigid indoor temperatures that shock the body of young children and their mothers into sickness. Clients report being denied blankets, medical attention and food beyond a few ham sandwiches per day. Clients describe the second, referred to as the "kennel," as warehouse-like facilities subdivided by wire fences, so crowded that some children must sleep while standing. Clients often report that the few days they spent in these facilities are the most difficult part of their journeys; journeys that for many individuals span the

course of weeks or months across dangerous terrain, through gang-controlled territories and in the presence of predatory handlers.

13. As our clients spend more time at the “STRFC,” they do not report much in the way of improvements in terms of health conditions or medical attention. Many children develop severe cases of asthma, which clients and clinicians have suggested result from a combination of the geographic setting and the psychological trauma of confinement. Women regularly report that they must wait for upwards of five hours – in some cases, up to fourteen hours – in order to see a member of the medical staff. These waits often take place outside in the summer heat of South Texas, and if a woman chooses not to endure the wait, they are made to sign documents that suggest she has “refused medical care.” In cases where women and children do finally have the chance to see a doctor, the most common prescription that individuals are given – for ailments ranging from broken bones, to non-stop vomiting, to rampant fevers to asthma attacks – is to “drink more water.”
14. The lack of quality and access to medical care at the “STRFC” becomes even more pressing when juxtaposed to a number of examples of grave medical neglect perpetuated by personnel at the facility. In early July 2015, ICE admitted that more than 250 children were “mistakenly” vaccinated with adult dosages of vaccines. Working with those affected, I came to learn that not only were these children “mistakenly” vaccinated with the wrong dosage of vaccines, but they were woken up between 4 and 6am to be vaccinated en masse, their mothers were not provided a meaningful opportunity to ask questions, provide consent or understand what was being injected into the bodies of their children, and very few of the children received medical attention after this “mistake.” One mother brought her child to see us, after he was denied medical attention four days consecutively after he was mistakenly injected with the “wrong” vaccine. The child was listless and despondent. We took it upon ourselves to call the ambulance to care for the child. We later learned that the child was diagnosed with pneumonia and required immediate medical attention.
15. In another case, a child who had been vomiting and recorded high temperatures for nearly a week and had been repeatedly told by on-site medical personnel to “drink water,” was brought to us by a very worried mother. After contacting the proper medical authorities, the child was rushed to a hospital in San Antonio where he was treated for five days for a viral infection. And in yet another case, a child who developed a severe case of asthma while detained that forced him to walk hunched over and stop eating entirely, was told by a doctor in the facility that his condition required comprehensive medical treatment that could not be provided in the facility. Rather than connecting him to the proper medical provider or urging for the release of the family, the doctor told the client to go see her lawyers and let them know about the diagnosis. Ultimately, we fiercely advocated for the client’s release on humanitarian grounds so that her young son would have a chance at a healthy life. When we, as legal service providers, become the most capable providers of medical attention in the facility, it is clear that there are larger problems at hand.
16. Finally, testimony from clients has revealed that the “STRFC” operates through the use of intimidation and manipulation of its detained population. Clients have explained repeated actions by ICE officials and Corrections Corporation of America officers that

reveal the use of misinformation and threats in order to control and force the cooperation of detainees.

17. Clients explain that from the moment they are apprehended by agents at the port of entry or at the border until they arrive to the "STRFC," they are screamed at by DHS agents and made to feel scared. They report being told, among other things, that they will be deported immediately, that they have no right to be in this country, that it does not matter why they came, and that they are criminals. At the ICE holding facilities, women and children who entered with other family members, including husbands, siblings/children over the age of 18, cousins, and grandparents, are forcibly separated and taken away from them without any explanation. Many clients report not having spoken to or having heard from their other family members since this moment of forced separation.
18. While detained at the "STRFC," clients report that officers for Corrections Corporation of America regularly threaten to write up reports about their behavior which they will send to ICE and the immigration judges if the clients do not cooperate with what CCA is demanding of them. These threats of reports range from actions like a client failing to make her bed to a client leaving her child unattended while she uses the bathroom.
19. These constant threats create an environment of fear in which clients are made to believe that every action they take (or do not take) could result in their deportation. ICE confirms this belief by issuing specific officers to each client to monitor the progress of their cases. The title of these officers – made very clear to the clients – is "Deportation Officer." The Deportation Officers also regularly call the clients into meetings to have them sign a document titled "Failure to Depart" which serves as a reminder that the client is detained by the Department of Homeland Security and that the client must cooperate or be separated from her children if the Department decides to enact her removal.
20. Clients report feeling terror and existential fear when being called into to sign this document, believing that they have just signed their deportation order, when in actuality, they are firmly in the process of establishing or already have established their fear of return and eligibility for asylum or withholding of removal.
21. Clients have reported that the psychological treatment services provided at the facility also serve the role of inducing fear in the client. One client explained that when she went to see the facility-provided psychologist to discuss her mental health in the aftermath of experiences of sexual violence, the psychologist told her that unless she improved her attitude, her children would be taken away by ICE. Several other clients attempted to commit suicide when they learned that there was little they could do to move their cases forward and remove their children from the setting of detention. In response, to these women's desperation, ICE placed these individuals in solitary confinement and forcibly separated them from their children.
22. Still, other clients who had received positive credible or reasonable fear determinations have reported to us that ICE officers told them it would be weeks or months before they would be released. This information is in direct contradiction to the Secretary's statement. This deliberate misinformation is highly damaging to the mental state of our clients. The prospect of further prolonged detention for these women and their children is so debilitating that several clients have come to us to affirmatively request they be deported, despite their positive fear finding. These clients are so distressed by the



conditions of confinement and the psychological and physiological effects of confinement on their children that they actively favor returning to their home country where they have a strong fear of persecution, violence and even death, rather than prolonging their detention.

23. Since the announcement by DHS that detained women with positive CF and RF results ought to be prioritized for release, ICE has employed a strategy for mass release. This strategy involves the widespread use of an ankle shackle – a 24-hour monitoring device that also restricts its subject's right to movement – so that ICE is able to retain their control over these women beyond the setting of detention. ICE's implementation strategy has included the use of coercion and intimidation to force women into "agreeing" to take an ankle shackle despite their legal right to appeal the release condition to an immigration judge for review. Throughout the process, ICE denied women the right to consult with an attorney.
24. Several egregious actions appear to have been used as a part of ICE's control strategy:
25. ICE uses misleading language to obfuscate the reality of the ankle shackle. Women are told that they will be able to leave "for free" – "bajo palabra" ("on your own word"). A flier circulated among the women informs them that now that they are eligible for release with an ATD<sup>iv</sup> and that their bonds will be cancelled.
26. ICE issues "sticky notes" to women that informs them that they must report to court. The women were not informed why they are being summoned. Women report that large groups are gathered into the court room and an officer explains to them that they will leave the facility with an ankle shackle. The way the shackle functions is not explained. They are not informed of an alternative option for release. They are then told to sign a document "agreeing" to leave with an ankle shackle.
27. These meetings take place in a court room and the officers do not identify who they are. Women report that the setting implied to them that this was a judge's order. Women also report that when they demand to speak with their lawyer (CARA), they are refused by ICE and told they must sign the document. CARA attorneys who requested to be present during the meeting in order to provide representation to their clients were also refused.
28. These mass-court meetings are often scheduled the day before a client has a hearing date for her bond re-determination hearing before the judge. The timing of ICE's intervention and use of the courtroom confuses women into believing that they have already had their hearing and that there is no further redress.
29. Women who already have a bond set by the immigration judge report being approached by ICE officials who tell them to sign a document to leave with an ankle shackle. Women report being told that even if they do pay the IJ's<sup>v</sup> bond, they will still leave with an ankle shackle.
30. One woman reported that ICE officials came through the dormitories at nighttime demanding to know who informed lawyers about the ankle shackle requirement. This appears to be retaliation.
31. Furthermore, ICE has refused to accept bond payments from family members at ERO<sup>vi</sup> field offices and instead informed the family that the detainee will only be released with an ankle shackle. After one client was issued a bond by the immigration judge, ICE called her family and instructed them not to pay the bond and to wait for the client to be released with an ankle shackle. In another instance, a client's family member was

arrested by ICE officials while trying to pay the client's bond at the ERO filed office because he was unable to produce sufficient proof of identification.

32. These coercive behaviors reflect a statement made by an ICE officer to the CARA team on the week of July 20. The officer explained that ICE was under a great deal of pressure to release as many women as possible on an ankle shackle, and as such, other methods of release or alternatives to detention such as home monitoring, telephonic monitoring or field office check-ins would not be considered.
33. The sum total of the continued practices and patterns of "family detention" that I have observed, as detailed above, is a system that unambiguously harms women and children asylum-seekers.

Date: August 11, 2015  
MEHTA

Signature: ASEEM

This digital signature is affirmation of the veracity of the above statement.

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- <sup>i</sup> Board of Immigration Appeals
  - <sup>ii</sup> Credible fear interview/reasonable fear interview
  - <sup>iii</sup> United States Citizenship and Immigration Services (USCIS)
  - <sup>iv</sup> Alternative to detention
  - <sup>v</sup> Immigration judge
  - <sup>vi</sup> Enforcement and Removal Operations