STATEMENT REGARDING THE MENTAL HEALTH NEEDS OF
WOMEN AND CHILDREN DETAINED IN IMMIGRATION FACILITIES

Presentation at the Briefing entitled:
Re-traumatizing and Inhumane: Detaining Immigrant Survivors of Violence
Against Women and Children

Co-sponsored by the bipartisan Congressional Women’s
Working Group on Immigration Reform

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Congresswoman Chu, congressional staff, colleague presenters and esteemed audience,
please allow me to express my gratitude for the opportunity to present on behalf of ASISTA
Immigration Assistance our concerns regarding the mental health needs of women and children
who have been detained in immigration detention centers.

My name is Dr. Giselle Hass, I am an ASISTA Board Member. I am a researcher, clinical
and forensic psychologist specializing in diagnostic assessment of psychological conditions and
victimization with immigrant and refugee populations, particularly gender-based violence.
Review of findings from the large scale project that generated a number of my published articles
motivated Congress to include immigration relief in the Violence Against Women Act of 1994
(H.R. Rep. No. 103-395 p. 26).¹

and Service Needs of Battered Immigrant Latinas: Legal and Policy Implications. Georgetown Journal on Poverty,
The Geography of Violence

The surge of women and children who are arriving at our borders is not occurring by chance but is part of a worldwide movement that has been identified by the United Nations Population Fund. Women tend to migrate independently rather than for family reunification or as dependents of male relatives, which was a stronger trend two decades ago and earlier. Compared to men, women are at a disadvantage regarding opportunities for legal migration. The Immigration Policy Center published a study showing that, for example, regarding employment-based immigrant visas, fewer women were principal visa holders compared to men. When men were the principal visa holders they were not dependent on a second party for their employment-based visa.

Women and children from Central America are usually forced to migrate by circumstances of poverty, violence and crime, and lawlessness in their homeland. The history of human rights problems and gender discrimination, the spread of violence, and the economic and political context of the Central American countries from which most immigrant women and children migrate indicate that a large proportion of these immigrants were exposed to various traumatic situations. Honduras and El Salvador are two of the most violent countries in the world and, taken together with Guatemala, are among the poorest in Latin America.

Trauma and Abuse in the Home Country

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening. It produces lasting adverse

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effects on the individual’s function and physical, social, emotional, or spiritual well-being. The experience of trauma may be sudden or the result of gradual and unrelenting violations. Traumatic experiences involve a loss of safety, and induce feelings of powerlessness, fear, recurrent hopelessness, and a constant state of alert. Adverse effects of traumatic experiences may include a range of serious psychological, physiological, and behavioral problems, including chronic health conditions and substance abuse. Trauma develops when an individual is exposed directly or indirectly to an overwhelming-physical or psychological- experience that involves threat to one’s physical, emotional or psychological safety.

In the research I have conducted with my colleagues, we found that out of 280 women from El Salvador, Honduras, Guatemala and Dominican Republic, nearly 50 % reported having experienced physical forms of domestic violence and over 11 % reported sexual abuse by an intimate partner during their lifetime. Much of this trauma occurred or began before they arrived to the U.S. In addition, as a forensic psychologist I have conducted numerous psychological evaluations with immigrant women from Latin America who entered the U.S. without inspection. My evaluations assisted the trier of fact in the deliberation of the issues regarding applications for immigration relief. In these cases I have found that the common denominator was that the women had migrated to escape from extensive histories of child abuse, intimate partner violence, sexual assault, and other crimes. The realities of immigrant women’s experiences confirmed the scientific data that we found in the research articles mentioned above and is replicated in the histories of the women who are arriving at our borders at this time.

6 National Center for Trauma-informed care and alternatives to seclusion and restraint. Retrieved from: http://www.samhsa.gov/nctic
After reviewing the notes of three mental health providers who volunteered to evaluate women and children at the immigration detention center of Artesia, it was clear that an overwhelming majority of immigrants detained in these centers reported similar histories of victimization. These mental health providers reported that their clients met criteria for Post-traumatic Stress Disorder, Depression or both, and many presented as being in such despair that they were at risk of a suicide attempt or a psychotic breakdown. This anecdotal data confirmed my experience with my immigrant clients in the greater D.C. area.

Fleeing Gender Violence: Experience and Re-Traumatization

Departing from their country of origin is not a decision taken lightly. It is an act of desperation and instinctual self-preservation. Immigrant women encounter numerous obstacles to reach the U.S., and once inside our border they usually do not speak the English language, have different customs and culture, and lack awareness of their human and legal rights. They have experienced displacement, loss, trauma, and have few material or psychological supports. When they arrive at our borders they are terrified.

Women and children in immigration detention who survived traumatic experiences often feel the need to suppress their traumatic feelings in order to survive in their home countries, endure the trip and get through the border. Oftentimes, when they arrive to a foreign and frightening place such as a detention facility, the floodgates open and they are inundated with memories and fears related to their past traumatic experiences and uncertain future. Other times, they suffer from mental health problems before they arrive at our border and are too fragile to deal with the excessive stress of detention. Their prior traumatic experiences are at risk of being

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9 Statement by Jude Pardee, Ph.D.; Statement by Dyani Loo, M.D., Statement by A. Lane Leckman, M.D.
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re-enacted by “triggers,” which are situations and stimuli that remind them of the original trauma and unchain the same psychological reaction as if it was happening then and there.

**Detention Exacerbates Trauma**

The sole confinement, surveillance, security controls and harsher regime of detention aggravate the mental health problems of immigrant women and children because they replicate the dynamic of control and coercion that victims suffered in the past and induce the same sense of helplessness and victimization. Immigration detainees are vulnerable to greater psychological stress than those who are allowed to live in the community. The longer the detention period, the greater the risk of depression and other clinical disorders for immigrants who were previously exposed to interpersonal trauma. Research has shown that 76% of refugee claimants detained for 30 days were clinically depressed compared to 26% for the non-detained group.\(^{10}\)

*Detention Harms Well-being, Family functioning, and Psychological Adjustment.*

While being confined in a detention facility, the need for safety, self-determination, control, and sense of autonomy people need in their lives are not being met. When mothers are disempowered, feeling desperate and confused, they are unable to offer comfort and protection to their children, who are also undergoing a traumatizing experience in detention. This inability to fulfill their parental obligations leaves them feeling guilty and sad, compounds their psychological problems and is harmful to their children.

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Mental Health Needs Of Detained Immigrant Women And Children

Detained Survivors of Sexual Violence Experience Mistreatment, Abuse and Human Rights Violations

The mental health providers who offered statements regarding their experiences providing services to detained immigrant women noted that the women reported being psychologically abused and treated as criminals by the detention staff. These women and children are emotionally fragile and their mental health problems often manifest in extreme submissiveness or disruptive behaviors. Even well-meaning but uninformed, untrained or mentally exhausted detention officials may unwillingly respond in insensitive and harmful ways because they do not know the specifics of each victim’s situation and do not have the knowledge to avoid re-traumatizing situations and provide a secure space for relief from distress.

Survivors of gender violence also are often vulnerable and helpless to resist unscrupulous authority figures. Of particular concern is the 2013 report by Detention Watch Network (DWN) that “the current state of the immigration detention system continues to be plagued by deaths and suicides, subpar medical and mental health care, inedible food, and arbitrary restrictions on visitation and access to legal resources.” Particularly alarming are recent reports of allegations of substantial and ongoing sexual abuse of women detained at the Karnes County Residential Center, a privately operated jail which currently holds over 500 mothers and their children, most of whom fled violence and persecution in Central America and are now seeking asylum in the U.S.11

Research regarding the mental health consequences of long-term immigration detention for women fleeing gender violence shows that, following release, they struggled to rebuild their

lives, had an ongoing sense of insecurity and injustice, had difficulties in relationships, and experienced poor mental health and profound changes in their view of self. The study’s standardized measures found depression, anxiety, PTSD and low quality of life.\textsuperscript{12} In contrast, research data shows that immigrants generally have a tendency for high aspirations and achievement\textsuperscript{13} and a drive toward self-sufficiency\textsuperscript{14}, including hard work, positive attitudes about education and healthy values regarding family support.\textsuperscript{15} In general, immigrant women adapt better and faster to the host society than immigrant men,\textsuperscript{16} are quick to rebuild their lives in the new environment, and have a stronger ability to negotiate the multiple and changing situations in their lives.\textsuperscript{17} These positive outcomes do not happen when the women’s psychological functioning is harmed by detention.

**RECOMMENDATIONS**

**Effective Trauma Work and Healing Require a Safe Relationship**

While efforts to structure the detention facilities to provide a more humane and adequate experience are very important to guarantee immigrant women and girls’ physical safety and integrity, the inherent nature of detention undermines the desired benefits of such efforts. To avoid re-traumatization of women and children, detention must be a last resort. Community-based alternatives must be the preferred option.


\textsuperscript{14} Balgopal, P. R. (Ed.). *Social work practice with immigrants and refugees*. New York: Columbia University Press.


Imigrant women and children who have family in the U.S. should be reunited with their families. Those without family should be placed with humanitarian caregivers in coordination with non-profit civic and religious organizations that are ready to provide protection and support to these survivors.

**NGO-Based Services Are Best Suited to Help Immigrant Survivors of Gender Violence**

According to the National Center for Trauma-Informed Care (NCTIC) providing trauma-informed care requires that every part of the relevant organization, management, and service delivery system must be assessed and modified to include a basic understanding of how trauma affects the life of the individual receiving services. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate. These services and programs are generally more supportive than systems designed for other purposes and avoid the re-traumatization often caused by survivor interaction with systems not trained on working with survivors. This is particularly true for the harm caused, even if unwittingly, by systems designed to incarcerate, such as detention facilities and personnel taught to view survivors as offenders, such as immigration enforcement staff.

**Compulsory Screening of New Arrivals for History of Trauma**

Immigrant families that arrive to our borders should be screened for a history of trauma, particularly gender-based violence, by community-based advocates trained in working with survivors of gender violence and not affiliated with DHS. Survivors identified should be referred to appropriate non-governmental legal, mental health, and other relevant services, such as domestic violence and sexual assault support, counseling and safety planning.
CONCLUSION

Thank you for your attention to this urgent matter. ASISTA and our mental health allies stand ready to work with Congress to ensure the mental and behavioral health needs of undocumented immigrant women and children are met. I am happy to respond to any questions and assist in other ways as needed.

Sincerely,

Giselle A. Hass.