No Safe Haven Here: Children and Families Face Trauma in the Hands of U.S. Immigration

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Cover photo by Jeff Pearcy
This study is based on interviews with families who, like this family shown studying their route at the San Antonio bus depot, were recently released from family detention and were traveling to stay with family members through the United States. The family depicted here did not participate in this study.

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Contents

Executive Summary 1
Recommendations.....1
Jailing Asylum-Seeking Children and Mothers.....2
Mental Health Assessment.....3
Reexperiencing Trauma in the United States 4
Long-Term Effects of Depression, Anxiety and Trauma 7
Widespread Abuses.....7
Conclusion 8

Executive Summary

The U.S. Department of Homeland Security (DHS) treats Central American asylum-seeking children and their mothers as criminals, heaping added anxiety and trauma onto women and children who were forced to migrate because their lives were threatened in the places they called home. This abuse is a sharp indicator that the United States is violating these survivors' fundamental human rights.

In July 2015, UUSC sent a team of experts in mental and behavioral health to San Antonio, Texas, to assess the needs of women and children who had been held in "family detention" centers by DHS. They met with 26 people, including four children, who were detained or had just been released from detention. These families are seeking asylum in the United States due to threats to their lives and often repeated traumatic events they experienced, primarily in the "northern triangle" of Central America (Guatemala, Honduras, and El Salvador). The team conducted interviews and administered the Hopkins Symptom Checklist, Harvard Trauma Questionnaire, and the Spanish-language version of the Connor-Davidson Resilience Scale. Every one of these women described traumas as the triggering events that led them to make the treacherous journey to seek safety in the United States. Many had been extorted by gangs — and when they could no longer pay, gang members threatened to kill them, their children, or other family members. The mothers interviewed for this study felt that the only way to protect their children was to leave their homes and seek refuge in the United States.

The results of this study and the trauma narratives asylum seekers shared clearly show that these families are survivors of trauma and not criminals to be jailed. They are not being provided the trauma-informed care they need and deserve. Families report being kept in caged facilities they derisively call *perreras* (dog kennels), children being separated from their mothers, mothers being threatened and humiliated by prison staff, and family detention facilities failing to provide the most rudimentary mental health services. Indeed, the evidence shows that the families risk being traumatized and re-experiencing past traumas through their interactions with DHS officials and their experiences in detention.

Recommendations

1. **End family detention.** Jailing asylum-seeking children and their families, for any length of time, is a violation of their human rights, is inhumane, and can traumatize survivors.
2. **Decriminalize the asylum process.** Treat asylum seekers as survivors, not criminals, and provide trauma-informed care at all levels of the immigration process.
3. **Mandate trauma training.** Every effort should be taken to ensure that people who participate in these families' immigration processes have trauma training. This includes but is not limited to DHS and border patrol agents, private prison contractors, and attorneys.

Jailing Asylum-Seeking Children and Mothers

The women and children interviewed for this study have come to the United States seeking asylum and have passed a credible fear interview, meaning that they have demonstrated that they have a reasonable fear that they or their children will be killed if they are deported. They are all survivors of trauma who have risked life and limb to save their children from harm and provide better lives for them in the United States. The research team interviewed women and children who were in detention or had just been released from family detention facilities, when they were en route to stay with family members in cities throughout the United States.

Family detention was abolished in 2009, but the Obama administration revived the practice in 2014 to help an overwhelmed DHS manage the higher than average numbers of undocumented immigrants escaping violence in Central America, up to 99% of whom experts estimate were asylum seekers with special protections.[1] Since then, thousands of family members have been detained in "family detention" facilities at Karnes City and Dilley, Texas, and Berks County, Pennsylvania.

The conditions under which children can be held by immigration authorities were laid out in 1997 in an agreement pursuant to the *Flores* settlement. According to *Flores*, children must be released immediately into the care of family members or legal guardians, and such individuals must be identified and located without delay. 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 non-secure, licensed facility.[2] Long-term detention, and detention of families in secure prisons, is simply unacceptable.

While many persist in calling these families "illegal" immigrants, and DHS policy appears to treat them as criminals, we must recognize that the laws of the United States provide for people to enter the country to seek asylum, a fact 178 House Democrats reiterated in July 2015 when they called upon DHS to end family detention.[3] Furthermore, the United Nations High Commissioner for Refugees states that entering a country to seek asylum is not a criminal act and that penalties such as detention should not be imposed by U.N. member nations.[4] In a November 2014 letter to the president, UUSC and other advocacy organizations called attention to the ways family detention policies violate human rights and refugee protections under U.S. law.[5]

Perhaps worse, current policies treat children and their mothers as commodities, building profits for private prison companies. Tellingly, private prison contractors GEO Group and Corrections Corporation of America run the Texas detention centers from which the participants in this study were released. The contracts these corporations executed with the U.S. government currently include a "bed mandate" that drives immigration policy.[6] The government is contractually obligated to pay for 34,000 immigrant detainee beds. Thus, there is a strong and disturbing economic incentive to imprison children and their mothers.[7]

Judge Gee's order is a welcomed sign. But the findings of this report show that it is not enough. Policies must change throughout the immigration process, from the moment asylum seekers encounter patrols at the border. In its recent brief protesting Judge Gee's order, the U.S. government maintained that detaining families is a matter of border security.[8] Their insistence on putting mothers and children in

prison as a matter of security reveals that they view them as criminals instead of the asylum seekers they are. We must do better and build a system that provides asylum seekers with the trauma-informed care they need to live healthy and productive lives in the United States.

Mental Health Assessment

People who have come to the United States to seek asylum have experienced trauma in the countries they called home. Treating asylum seekers as criminals is not only inhumane, it could have disastrous long-term consequences. The research team conducting this study worked with 26 people who had recently been released from family detention. They were assessed for symptoms of anxiety, depression, and post-traumatic stress disorder (PTSD), and provided narratives of their experiences and journeys. What follows is the research team's clinical assessment and an analysis of their findings.

Surveys were based on a Likert scale of "*nunca,*" "*un poco,*" "*bastante,*" or "*mucho*" (which translate to "never," "a little," "quite a bit," and "a lot") with points between one and four respectively.

- ***More than half*** of all respondents reported symptoms of depression and anxiety at rates that indicate clinically significant symptoms of these outcomes: for anxiety and depression, the mean was above the cutoff of 1.75 for positive symptomatology.
- ***Nearly half*** of all respondents reported clinically significant symptoms of PTSD: for PTSD, the mean was within .02% of the clinically significant cutoff score of 2.0.[9]

The researchers used the Harvard Trauma Questionnaire and the Hopkins Symptom Checklist, child versions, for children's assessments. Two of the four children reported extremely high scores for anxiety, depression, and PTSD. The sample was extremely small so no generalization should be made; further research is needed to understand the scope of mental health issues among Central American asylum-seeking children. But these scores are a cause for concern. The findings of this study are consistent with other reports outlining the suffering of families in these detention facilities. Luis Zayas, a psychologist and social worker with 39 years of experience in the field, and the dean of the School of Social Work at University of Texas at Austin, interviewed 10 families at Karnes in 2014. Zayas provided an assessment of the psychological conditions of the families and found that "all exhibited signs of elevated levels of anxiety, depression, and despair."[10]

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. They frequently mentioned extortion 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 parent herself, or "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 and the collusion or impotence of the police, the women interviewed felt the only way to protect their children was to leave their countries of origin.

In addition to the chronic trauma experienced by many of the women and children, all reported trauma associated with their reason for fleeing their countries. 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. One child participant who had been on the verge of death crossing the border from Mexico broke down during his interview, explaining, "We got lost and, well, we didn't even have water . . . I didn't have strength . . . that's why I cried a lot, because I thought we weren't going to live anymore."[11] This likely had a compounding impact on the trauma already experienced in their countries of origin.

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, some of the respondents are still in "survival mode" and are not attuned to some of the physiological sensations associated with trauma. The data shows that just under half of the respondents showed 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 participants reported significant and classic signs of post-traumatic stress, notably recurrent and intrusive thoughts, flashbacks, nightmares, hypervigilance, and sleep disturbances. Yet, there were often inconsistencies due to self-reporting. For example, one participant denied experiencing specific physiological symptoms associated with anxiety, but was observed fidgeting, looking around the room (hypervigilance), trembling, and breathing rapidly.

All respondents reported having experienced multiple traumatic events sufficient to warrant further clinical follow-up. However, PTSD assessment and criteria may not sufficiently capture these survivors' complex trauma. It might be useful to examine symptoms of what scholars call "disorders of extreme stress not otherwise specified" (DESNOS).[12] 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. Symptoms of DESNOS include but are not limited to problems with emotional regulation, difficulty with memory, 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.

Reexperiencing Trauma in the United States

Experiencing multiple traumatic events has what is termed a "dose effect," in which the individual experiences more intense symptoms of post-traumatic stress disorder, depression, anxiety, and behavior problems with each successive event. Participants reported suffering as many as 15 or 20 traumatic events, both in the sending country and during travel to the United States. Arrival in the United States was little better.

The respondents reported troubling violations of their rights, including the separation of mothers from their children, intimidation and humiliation at the hands of DHS officials, and barriers to legal representation. These experiences likely contributed to a preexisting level of trauma and very likely exacerbated complex trauma symptomology experienced by these women and children. Upon being arrested by immigration authorities, many of the participants described being shuttled to a facility that was extremely cold, which they referred to as "*hieleras"* (freezers), and then to a place with cells that were like cages, which they called "*perreras*" (kennels). Mothers reported significant distress among the children in the freezers. Their children cried a lot because they were so cold. A mother from Guatemala recalled, "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."[13] The families Luis Zayas interviewed in 2014 also recalled the *hieleras* as being

intensely cold holding cells with no privacy, "including a toilet used by everyone that was exposed to the view of everyone in the cell."[14]

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. A Honduran mother reported that her teenaged children and husband were all housed in different rooms at the *hieleras;* she said, "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."[15] Doctors who treat children along the U.S.-Mexico border confirm that children are often separated from their parents for some period of time in these border patrol facilities. In a May 2014 article, Marsha Griffin, a pediatrician in Brownsville, Texas, documented an incident in which a four-year-old boy who Border Patrol separated from his mother calmly asked her, "Momma, are they going to kill us now?" (¿*Mama, ya nos van a matar*?).[16] These initial holding areas were often cited as the most difficult and traumatic experiences for participants since arriving in the United States.

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 of 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. This inhumane practice piles on additional trauma and creates additional risk for depression, anxiety and post-traumatic stress.

After the freezers and dog kennels, families were transferred to the detention centers in Karnes City or Dilley, Texas, where they had access to showers, food, and beds — yet here they faced different stressors. The hardships children faced, along their journeys as well as in the United States, caused the mothers additional pain. A mother who fled Honduras — because the gangs had extorted all of the family's money and, when they could no longer pay, threatened to take her sons — recounted, "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 . . . I feel I am running away from torture and I am torturing them myself."[17] The greatest stressors in Karnes and Dilley resulted from threats and humiliation at the hands of prison staff, intense separation anxiety, and woefully inadequate care.

Prison officials exacerbated the children's and mothers' anxiety (sometimes perhaps unknowingly and at other times deliberately). Most disturbingly, mothers in this study reported that they were told that their children would be taken away from them by Child Protective Services if they did not comply with Immigration and Customs Enforcement (ICE) rules and demands or if they complained about mental health issues. Respondents experienced repeated harassment and humiliation at the hands of prison officials. The women reported hostile glances from guards and degradations like having officials arbitrarily order them to throw away items on the table, even snatching their things and throwing them in the trash.[18] Guards hectored mothers to "watch" their observably well-behaved children, undermining the parents' authority in the eyes of their children.[19]

A mother from El Salvador recounted being separated from her 10-year-old son and her husband when they crossed the border. She reports that her son, who her lawyers are working to reunite with her, is

alone in a detention center outside Brownsville, Texas. The woman reported experiencing migraines and not being able to sleep or eat since; she could not stop thinking about her son. As of the time of her interview, she had not been permitted to talk with him. Although she reported trying hard not to cry in front of her two younger children, she cries at night and they begin to cry as well. “The separation is really hard,” she told the researchers, crying.[20] Another woman who was separated from her husband had no idea where he was and only heard through gossip that he had been deported. Her significant distress was reflected in her survey scores. These results appear to be ubiquitous. Zayas’ interviews with 10 mothers and 23 children in August 2014 show that adolescents were separated from their mothers at Karnes.[21] His conversations with the younger children revealed high levels of separation anxiety, specifically “fear of being away from their mother; fearful that they would be moved and children not told; fear of losing their mother.”[22]

Inhumane detention conditions contributed to children’s ill health and parents’ anxiety. A mother who had fled Guatemala after a man threatened to kill her daughter if she did not leave her husband reported that the five-year-old girl had lost five pounds during their two-month detention at Dilley. If her daughter was not hungry during mealtimes, they were required to throw away food rather than take it with them to their rooms, causing the mother more stress as her daughter later went hungry and lost weight.[23] Even after being released from Dilley, the mother showed physical signs of anxiety and was tearful at the bus station. She reported that she was very worried because she had not been able to work while in detention, which meant that the loan she took out to purchase bus tickets from Guatemala might fall to her mother, putting her or the woman’s younger son at risk.[24] A mother from Honduras who had been detained in Dilley also reported that detention was difficult because she was unable to speak with her children back in Honduras and could not work to support them financially.[25]

Participants reported that the detention facilities failed or refused to provide adequate health care. One participant reported that a pregnant mother had not received adequate prenatal care and had a late-term miscarriage.[26] Others reported inadequate care for children’s fevers, burns, and rashes. What medical care that did exist was cause for additional strain. One of the respondents reported her child was given an adult dose of a vaccine and became ill as a result. A 12-year-old child from Honduras reported that he felt “trapped” in Karnes. Nights were stressful because people would get called to the doctor but he believed they were really being deported. This made bedtime very stressful and made the children fearful of doctor visits.[27]

Despite the overwhelming evidence that these asylum seekers suffer high levels of anxiety, depression, and stress disorders and are all survivors of often multiple traumas, the detention facilities have exhibited a shocking failure to provide adequate mental health services. A mother from Honduras reported that there was a psychologist available to everyone Karnes and that he held a group for the mothers once a month. But, predictably, the women did not feel comfortable talking about all they had experienced because he was a man.[28] Social worker Olivia Lopez, who acted as a whistle-blower after her experiences attempting to provide care to families at Karnes, recounted being told that “social work is different here” and reported that her supervisors instructed her not to document residents’ mental health needs.[29] Researchers at the Berks County Residential Center found that the facility had no Spanish-speaking mental health providers. The staff relies on telephonic interpreters, even for essential services like mental health assessment.[30] Shockingly, Alan Shapiro, senior medical director for Community Pediatric Programs at the Montefiore Medical Center found that the mental health program at the Berks facility did not use “any formal, evidence-based validated tools for screening or monitoring” the children or mothers.[31] This appears to represent a blatant disregard for the dignity and well-being of the children and mothers held by immigration authorities.

Long-Term Effects of Depression, Anxiety, and Trauma

If not treated appropriately, depression, anxiety, and PTSD may result in substantial human suffering along with a higher health-care cost burden down the line. Refugees and asylum seekers are at increased risk for chronic physical illnesses that are known health issues among Hispanics in general, such as diabetes, cardiovascular disease, obesity and metabolic syndrome, and asthma.[32] Depression can put people at higher risk of suffering a heart attack or a stroke, or developing diabetes, obesity, hypertension, and heart disease.[33] Research has shown that PTSD and stress-related disorders can disrupt mood, stress reactions, and the immune system. Sufferers lose the ability to return to normal because this biological function becomes oversensitive.[34] Enhanced sensitivity to negative feedback, resulting from stress disorders, also puts trauma survivors at risk for chronic inflammation.[35]

The effects of trauma, arrest, 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. The uncertainty of their future and the future well-being of their children likely contributed significantly to their disquiet and anxiety. This level of worry, exacerbated by interactions with DHS and detainment, likely compromised their ability to be attuned to their children and their emotional needs. 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, it is possible that these mothers transfer traumatic symptoms onto their children via the attachment relationship. Research indicates that traumatic symptoms experienced by primary caregivers can also be experienced by their children via micro-level 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 difficulties meeting their developmental milestones.

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.[36] Trauma also affects the learning and memory of children over time as well as the development of executive functioning skills associated with the prefrontal cortex.[37] In short, children who have been exposed to traumatic events do not simply experience the emotional consequences commonly associated with these events. They experience long-term, adverse effects 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.

Widespread Abuses

As this study shows, the abuses these families suffer go well beyond the experiences inside a handful of poorly run family detention centers. Children and families suffer from their very first interactions with DHS officials who treat them as criminals. As the American Academy of Pediatrics (AAP) notes, even children who are not housed in family detention show signs of acute suffering. Griffin, the pediatrician in Brownsville, laments that children who have made this "arduous journey often fraught with violence and humiliation and abuse by our own U.S. . . . Border Patrol and immigration officers, they have many

times internalized this humiliation."[38] It is abhorrent that the United States has continued to implement a policy that we know leaves them with lasting psychological scars.

A large body of evidence has already illustrated that detaining children is harmful, resulting in anxiety, self-harm, depression, suicidal thoughts, regressions in development, problems with parent-child attachment, PTSD, weight loss, and illness.[39] The AAP issued a letter to DHS in July 2015, noting that detention is associated with "poorer health outcomes, higher rates of psychological distress, and suicidality." That these mothers and children are asylum seekers who have experienced often repeated traumas before and during their migration heightens the risk detention poses their long-term health. Physicians for Human Rights and the Belleview Program for Survivors of Torture have shown that detaining asylum seekers "can induce fear, isolation and hopelessness, and exacerbate[s] the severe psychological stress" these survivors exhibit.[40] The AAP very recently determined that detention made the "situation for already vulnerable women and children even worse."[41] It is a travesty that additional evidence that children are being harmed is apparently needed before these policies are changed.

Conclusion

There is overwhelming evidence that United States is violating the human rights of asylum-seeking children and families that it processes through its border and family detention facilities. The Universal Declaration of Human Rights affirms every person's right to freedom of movement, including the right to "leave any country, including his own," and states unequivocally that "everyone has the right to seek and to enjoy in other countries asylum from persecution."[42] Leaving one's country and seeking asylum in the United States is not a crime.

As the administration (hopefully) turns toward eliminating long-term family detention, it must look for alternatives to detention that acknowledge that the families are survivors of trauma, not criminals. The families interviewed for this study had often been released from detention after posting high bonds or submitting to wear an ankle monitoring shackle. A Guatemalan mother of three was released from Karnes on bond of $7,500, a sum that neither she nor her family members can possibly pay. This exorbitant bond has piled additional anxiety onto a survivor who already suffers repetitive intrusive memories of family members being murdered and disappeared by the gangs, clinical symptoms of PTSD. "Oh, I felt like the world fell on top of me," she said of the bond, "It was like a huge bucket of cold water was dropped on my head . . . I don't want to go back. I need you God to give me strength because I can't fail now."[43] Ankle monitoring shackles exacerbate feelings of humiliation and anxiety. The monitoring shackles left some respondents in this study feeling dehumanized and caused additional anxiety. One woman wearing an ankle shackle was given a court date in South Carolina, but she had no way of getting there and was unable to afford the $600 in bus fare for herself and her sons. If she does not appear in court, she could be deported. Participants expressed shame and discomfort with the ankle monitors. Priority should be placed on developing and supporting community-based services that provide asylum seekers with care, not monitoring.

The United Nations Convention on the Rights of the Child (CRC) affirms that the best interest of the child must be a primary consideration in any decisions concerning children.[44] The United States has signed this convention but is one of only two member nations, along with Somalia, that have thus far failed to ratify it.[45] In spite of this troubling failure, as a member of the United Nations, the United States is bound to uphold its principles. The CRC stipulates that countries must ensure that facilities caring for and housing children "shall conform with the standards established by competent authorities, particularly in the areas of safety, health . . . [and] competent supervision." It forbids the forced

separation of parents and children unless it is in the best interest of the child. The evidence reveals that children are separated from their parents despite the consensus among experts that this is damaging to children and the parent-child relationship and could further traumatize families who have faced threats of murder and kidnapping. Article 3 of the CRC goes further, stipulating that the State shall "take appropriate legislative and administrative" measures necessary to "ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents."[46] Action to secure these families' human rights is well within the purview of the administration and Congress.

The U.N. Office of the High Commissioner for Refugees acknowledges that modern crises and migrations pose new challenges. "Mixed migration," in which asylum seekers migrate alongside economic migrants and traffickers undoubtedly tests receiving countries' immigration and asylum processes.[47] But the United States must rise to the challenge, not resort to retrograde and abusive policies that harm children. There is a long way to go, from treating children and families like dogs, kenneled in *perreras*, to decriminalizing asylum and providing a humane and trauma-informed process for migration. But we must act now, before more children and their families are traumatized at the hands of our government.

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[7] M.Y.H. Lee, "Clinton's Inaccurate Claim that Immigrant Detention Facilities have a Legal Requirement to Fill Beds," *Washington Post*, May 15, 2015.
[8] Defendant's Response to the Court's Order to Show Cause Why the Remedies Set Forth in the Court's July 24, 2015 Order Should Not Be Implemented, *Flores v. Lynch* (2015), http://documents.latimes.com/defendants-response/.
[9] According to the DSM-IV-TR, 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).
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[13] Interview with Participant 21, translation.
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[17] Interview with Participant 14, translation.

[18] Interview with Participant 14, translation.
[19] Interview with Participant 14, translation.
[20] Interview with Participant 18, translation.
[21] Declaration of Luis H. Zayas.
[22] Declaration of Luis H. Zayas.
[23] Interview with Participant 15, translation.
[24] Interview with Participant 15, translation.
[25] Interview with Participant 16, translation.
[26] Interview with Participant 14, translation.
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