



# Latina Immigrant Women and Children's

# Well-Being and Access to Services After Detention

national  
**latin@**  
network  
casa de esperanza

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The National Latin@ Network for Healthy Families and Communities, a project of Casa de Esperanza, is a leader in the domestic violence movement and a national resource center for organizations working with Latin@s in the United States. Based in St. Paul, Minnesota, Casa de Esperanza’s mission is to “mobilize Latinas and Latin@ communities to end domestic violence.” Founded in 1982 to provide emergency shelter for Latinas and other women and children experiencing domestic violence, the organization has grown to become the largest Latina organization in the country focused on domestic violence. Casa de Esperanza is also committed to becoming a greater resource to organizations and communities in the areas of sexual assault and trafficking.

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# Introduction

Since 2011, the United States has seen a dramatic increase in the arrival of Latina immigrant women and their children, primarily from countries in the northern triangle of Central America (El Salvador, Guatemala, and Honduras). During the last two years, the U.S. government apprehended more than 150,000 immigrant family units, primarily Central American women traveling with their children (U.S. Dept. of Homeland Security, 2017). Evidence suggests that Central American women’s motivations to migrate and experiences during migration are often tied to violence (Cook Heffron, 2015; UN High Commissioner for Refugees, 2015), and yet their experiences after arriving in the U.S. do not always support their rights, recovery, safety, or healing. In fact, Central American women and children apprehended and detained in detention centers in the United States are often fleeing from domestic violence, sexual violence, and the highest rates of femicide<sup>1</sup> in the world. Many women present themselves at the U.S.-Mexico border, seeking safety for themselves and their children, yet may be detained and possibly separated from their children.<sup>2</sup> Those who travel alone or who have been separated from their children may remain detained for months, or in some cases indefinitely, as they

<sup>1</sup> The most recent global data on femicide, the gender-motivated killing of women and girls, list El Salvador as having the highest rate in the world, with Guatemala and Honduras not far behind (Small Arms Survey, 2015). The UN describes femicide as increasing in prevalence, particularly in Central America (UN, 2012).

<sup>2</sup> It is important to note that recent “zero-tolerance” policies have resulted in the separation of children from their parents after crossing the border (Chishti & Bolter, 2018). Implementation and consequences of these new policies, including length of separation and options for reunification, are still being determined and explored.

pursue their asylum claims. While any period of time in detention is considered harmful, the longer women are in detention, the greater the risk of re-traumatization for them and their children.

Women in the northern triangle of Central America (i.e., El Salvador, Guatemala, and Honduras) experience a range of violence, including domestic violence, sexual violence, and femicide.

The most recent global data on femicide, the gender-motivated killing of women and girls, list El Salvador as having the highest rate in the world, with Guatemala and Honduras not far behind (Small Arms Survey, 2015). Femicide rates in El Salvador, for example, surpass overall rates of homicide in countries with the world's highest homicide rates. The United Nations describes femicide as increasing in prevalence and experiencing widespread impunity, particularly in Central America (UN, 2012).

A growing body of literature recognizes the role violence plays in motivations to migrate and transnational migration as a strategy to escape or resist violence and oppression (Salcido & Adelman, 2004; Argüelles & Rivero, 2004; Vogt, 2012). The migration process, however, poses further risks of violence, and Central American women are vulnerable to verbal and physical abuse, sexual violence, exploitation or human trafficking, and other forms of violence on the route through Mexico to the U.S. (Amnesty International, 2010; Infante, Idrovo, Sánchez-Domínguez, Vinhas, & González-Vázquez, 2012). Furthermore, many women face additional gender-based violence and labor exploitation once in the United States (Argüelles & Rivero, 2004; Cook Heffron, 2015). Gender inequality, social isolation, economic insecurity, and legal vulnerability contribute to their experiences of violence before, during, and after migrating to the U.S. Additionally, women face multiple barriers to safety and support, including language barriers, lack of awareness or information (as well as misinformation), fear of immigration consequences, gender role expectations, and shame (Frías & Angel, 2005; Levine & Peffer, 2012; Menjívar & Salcido, 2002; Raj & Silverman, 2002; Salcido & Adelman, 2004).

Despite potentially being eligible for a variety of immigration relief options, including domestic violence-based asylum<sup>3</sup>, women are often detained, sometimes with their young children, in large residential,

<sup>3</sup> It is important to note that asylum for victims of gender-based violence may be more difficult to obtain as a result of recent decisions by the Department of Justice (Benner & Dickerson, 2018).



locked facilities without access to legal representation or other services. Negative and enduring bio-psycho-social impacts of detention compound the violence women may have experienced before and during migration (Coffey, Kaplan, Sampson, & Tucci, 2010; Robjant, Hassan, & Katona, 2009), which may result in high levels of trauma. Empirical evidence suggests that the effects of detention on previously traumatized populations may include self-harm, suicidal ideation and suicide attempts, depression, traumatic stress, and anxiety. This negative emotional impact of detention has been well documented in the literature (Coffey, Kaplan, Sampson, & Tucci, 2010; Keller, Rosenfeld, Trinh-Shevrin, Meserve, Sachs, Levis, Singer, Smith, Wilkinson, Kim, Allden, & Ford, 2003; Robjant, Hassan, & Katona, 2009; Silove, Austin & Steel, 2007; Steel, Silove, Brooks, Momartin, Alzuhairi, & Susljik, 2006). Detention is related to increased vulnerability to additional traumatic events and suicide and may produce lasting psychological harm, as well as an overall increased need for mental health services (Coffey et al., 2010; Davis, 2014; Fazel & Stein, 2002).

Given this research, in combination with contemporary reports of overt acts of violence, abuse and harassment, the treatment and conditions in detention are the subject of growing concern among activists, practitioners, and immigrant rights advocates (Cantor, 2015; Women's Refugee Commission, 2017). Unfortunately, little is known about the needs and experiences of women in preparation for and following release from detention, though many advocates and practitioners are concerned about social isolation and lack of access to supports and services.

This brief describes findings of a research study that seeks to understand the experiences of Latina women and their children when seeking asylum due to gender based violence and to document the experiences of those who have been detained while seeking asylum for gender based violence, the consequences of detention on survivors of violence, and post-detention service needs. By understanding the process of detention and how Latinas experience detention and possible re-traumatization and re-victimization, as well as the unique needs and services required to assist survivors throughout detention and upon release from detention, well-informed policy recommendations and practice priorities can be developed to promote trauma-informed approaches at every point.



## Purpose and Method

Using an exploratory qualitative approach and thematic analysis, this research study provides empirical evidence related to the needs and experiences of previously-detained immigrant women, with the aim of documenting detention and post-detention needs and services of Latina immigrant women seeking asylum in the United States. In particular, the study explores the following questions:

- What are the experiences and consequences of detention on survivors of violence?
- How are trauma-informed approaches evident or lacking in women's experiences of detention?
- How do women who have experienced detention identify bio-psycho-social and economic needs and access services and support after release? And how can service providers assist in that process?

Researchers conducted in-depth, semi-structured interviews between July 2017 and January 2018 with twenty-nine key informants in Austin, Houston, and San Antonio, Texas. Key informants included: 1) Adult Latina women recently released from immigrant detention centers and 2) professionals working with detained immigrant women (e.g. immigration attorneys, social service providers, and advocates). Immigrant participants (originally from El Salvador, Guatemala, Honduras, Mexico and Venezuela) had experienced detention at a host of private, for-profit detention facilities that contract with the

U.S. government to detain immigrants, including: T. Don Hutto detention facility in Taylor, Texas; South Texas Detention Complex in Pearsall, Texas; South Texas Family Detention Center in Dilley, Texas; Karnes Family Detention Center in Karnes City, Texas; Laredo Processing Center, and other detention facilities across the US. Service provider participants included case managers, social workers, immigration attorneys, and mental health professionals working with detained and previously detained women in and around Austin, Houston, and San Antonio, Texas. Table 1 presents research participants by role and geographic site.



Table 1

Total Research Participants		
Previously Detained Women	Service Providers	
13	16	= 29

<b>Austin, TX</b>	7 Previously Detained Women 10 Service Providers
<b>Houston, TX</b>	4 Previously Detained Women 4 Service Providers
<b>San Antonio, TX</b>	2 Previously Detained Women 2 Service Providers

Researchers used semi-structured interview protocols to collect data from research participants. The interview protocol consisted of a series of demographic and open-ended questions related to the following general areas: experiences in detention, service needs following release from detention, access to services and support after detention, recommendations for improved practice and policy responses to detention. Interviews lasted approximately 1 - 2 hours and were conducted by a team of three researchers with both research and direct practice experience in this topic area. Interviews took place in participants' homes, immigrant-serving non-profit agencies, or neutral locations, depending on the stated preference of participants. Interviews with previously detained women were conducted in Spanish. Researchers used thematic data analysis strategies in compiling and analyzing data, which included transcriptions of digitally recorded interviews, field notes, and regular meetings of the research team.

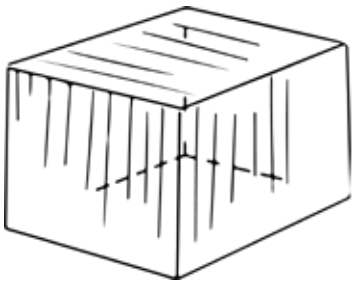
The St. Edward's University Institutional Review Board reviewed and approved this study. With attention to the privacy and protection of research participants, previously detained women gave verbal informed consent, and service providers gave written informed consent. All participating immigrant women were compensated for their time and expertise.

# Findings

Analysis of interview data revealed six main themes related to the experiences of Latina immigrant women during and following detention. These include:

1. Detention: *Encerrada como un animal*<sup>4</sup>
2. Post-Detention: Surviving the Holding Pattern
3. Family Relationships, Motherhood and Family Separation
4. Repeating Violence & Trauma
5. Overburdened Network of Service Providers
6. Survivor and Service Provider Strengths, Resilience and Resourcefulness

## Detention: *Encerrada como un animal*



Despite the manner in which women crossed the border into the U.S., whether presenting themselves at a port of entry as an asylum-seeker or being apprehended while crossing without authorization, many are detained for several days in detention settings known as hieleras and perreras. These are short-term immigrant detention facilities operated by U.S. Customs & Border Protection. Hieleras, "freezers" or "ice boxes," received this moniker due to their consistently low temperatures. In addition to suffering in the cold temperatures, survivors describe

<sup>4</sup> This translates as "locked up like an animal," a verbatim description of detention from a research participant.

de-humanizing conditions, having their belongings taken from them, and sleeping on cement floors, with little to keep themselves or their children warm. Julia described what it felt like to be put in a *hielera*:

“desde que uno ingresa a la hielera uno se siente como animal, como que no valiera nada.”<sup>5</sup> After spending time in the *hielera*, many women were transferred to another form of temporary detention, a *perrera*, referring to these facilities’ resemblance to dog kennels. In the *perrera*, women were separated from older children and/or spouses.

Often without being provided information about what was happening to them and why, women were transferred from the *perrera* to a longer-term detention facility. Survivors and service providers alike consistently describe these facilities as prisons.

“Looking at their experience coming here, they leave pretty much everything behind. The few things that they take with them, when border patrol picks them up, and they’re put in detention, they’re taken away. They have nothing. At every contact they have coming into this country, things are taken from them. Their freedom, everything.”

-Service Provider

“Nos trajeron a Karnes donde nos dijeron que era como un albergue para familias, un hogar. Cuando llegamos a Karnes miramos que había una barda como de alambre de ciclón y arriba tenía serpentina. Le dije yo a mi hija, ‘un albergue tan seguro, mija?’ Y así en la entrada había unas puertas muy chulas de vidrio que decían “Residencial Karnes” pero solo era la fachada porque cuando entras te das cuenta de que no es un residencial, es una cárcel, una cárcel para familias, familias como yo que no tienen a nadie en los Estados Unidos, que vienen, sólo por el hecho de estar vivos y de querer ver a sus hijos grandes y vivos, que salgan bien el día de mañana.”<sup>6</sup>

-Honduran Survivor

<sup>5</sup> “Once you enter the ice box, you feel like an animal, as if you aren’t worth anything.”

<sup>6</sup> “They took us to Karnes, where they told us it was like a shelter for families, a home. When we arrived at Karnes, we saw that there was a wall with barbed wire, and razor wire on top. I said to my daughter, ‘a shelter this secure, mija?’ And at the entrance, there were nice glass doors that said, ‘Karnes Residencial,’ but that was just a facade, because when you enter you realize that it is not a residential facility. It is a jail, a jail for families, families like mine that don’t have anyone in the United States, who come just to stay alive and because they want to see their children alive and well, for things to be better in the future.”

For periods of time that range from several weeks to several months in the facility, basic needs are not adequately met. Survivors describe inadequate food choices and difficulty sleeping due to the impact of the persecution they fled, fears of being returned to violence or abuse, and nightly room checks that disrupt sleeping patterns. Survivors and service providers also describe significant and frequent healthcare and mental healthcare needs, resulting from previous violence, trauma, and/or untreated illnesses, from experiences during the journey to the U.S., and from conditions that arise during detention. Though medical services within detention are available, they remain inadequate. For example, one woman reported that her inhaler was taken from her and, without it, she experienced respiratory distress. Others described having x-rays or other medical tests performed but never receiving the results of such tests.

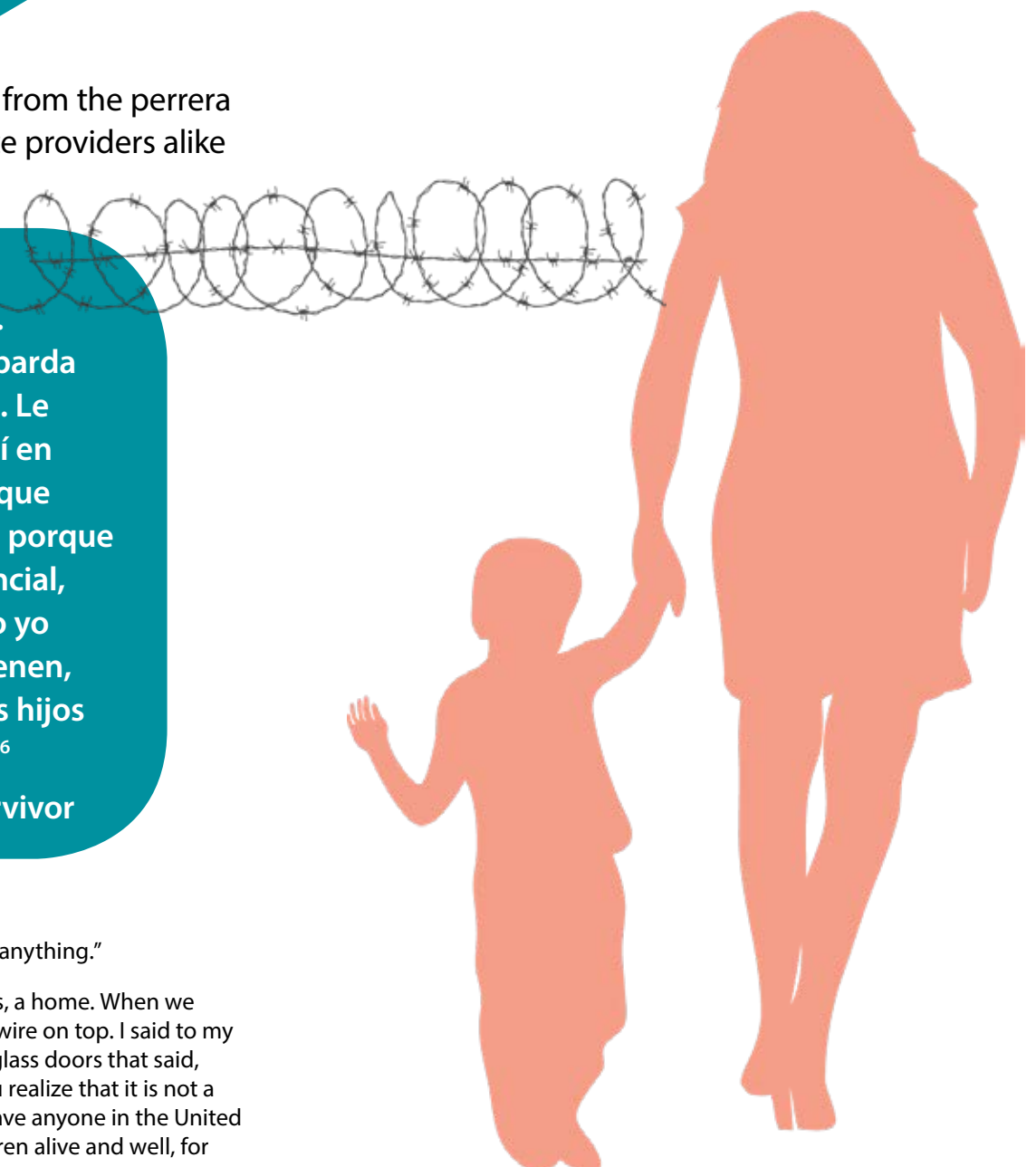
Research participants also describe a persistent state of confusion and lack of information about what is happening, why it is happening, and what might happen next. Comprehensive information about detention and immigration procedures are generally not provided by government officials or detention staff in linguistically appropriate formats, particularly for indigenous language speakers. In some facilities, outside legal services representatives are regularly allowed in to provide brief know-your-rights workshops and legal consultations, though capacity is limited and these services do not reach all detainees. In addition to general confusion and lacking complete information and understanding about the processes and systems surrounding them, survivors and service providers report that immigration policies and rules are ever-shifting. María noted, “migración nos dice una cosa, luego al día siguiente nos dice otra cosa.”<sup>7</sup> An immigration attorney stated, “policies change every other day. Will you be released if you pass your credible fear interview? Or will ICE set a bond? Or will ICE refuse to set any bond at all? Will you

“Ahí sólo nos tocaba esperar y nada más, y eso lo desesperaba más a uno, porque a veces lo llamaban a uno a la corte y después le decían que estaba suspendida y que después le avisaban a uno cuando, entonces más tiempo.”<sup>8</sup>

-Salvadoran Survivor

<sup>7</sup> “Immigration tells us one thing, then later the next day they tell us something different.”

<sup>8</sup> “There we could only wait and nothing else, which caused us more despair, because at times they call you to court and later they say it was postponed and will later tell you when, so more time.”



“ We used to always tell people [asylum-seekers] this, and now we can’t anymore. Things are no longer certain. We used to think we had it rough, but we actually existed in a world with some certainties. Now there are no certainties. We simply just try to advise people the best we can, but we’re cautious. There aren’t any absolutes anymore. ”

-Immigration Attorney

have to go before an immigration judge to see whether you’re going to be able to get out?” This atmosphere keeps those detained, in addition to the professionals providing services to them, in a relentless cycle of distraction, instability, and risk.

While research participants consistently raised the themes described above, it should be noted that some reported neutral or positive experiences in detention. Often, these reports are made in comparison to what women experienced before being detained, in other words the violence or persecution they fled in their home countries or experienced during migration. For example, a Honduran survivor stated, “En parte sí me sentí segura y protegida por lo que yo había vivido atrás.”<sup>9</sup> A mental health service provider explained, “for some people, detention means safety from whoever was persecuting them, three meals a day, and a bed to sleep in. For others, detention centers are re-traumatizing, a new trauma to deal with.”

## Post-Detention: Surviving the Holding Pattern

This study reveals a host of immediate and long-term needs and risks faced by women following their release from detention. Prior to being released, women often lack information and advanced notice about their release. Rather, research participants described sudden releases from detention, often late at night without the resources or support to find safe lodging. Service providers described women who had been left at an urban bus station late at night with two small children, not knowing what to do or where to go, and without adequate food, supplies, or funds to buy bus tickets to their destination. Longer-term needs include medical care, mental health care, employment, legal representation, and social support and connection.

“People need a safe, secure place where they have a bit of freedom to be themselves and make their own dinner and use the shower at a certain time. Just having the space to recollect and re-center and care for themselves. ”

-Service Provider

Research participants described tremendous barriers to accessing the services and support needed to meet those immediate and long-term needs after being detained. They described going without important medical treatment or medication due

<sup>9</sup> “In part, yes, I felt safe and protected, given what I had lived previously.”



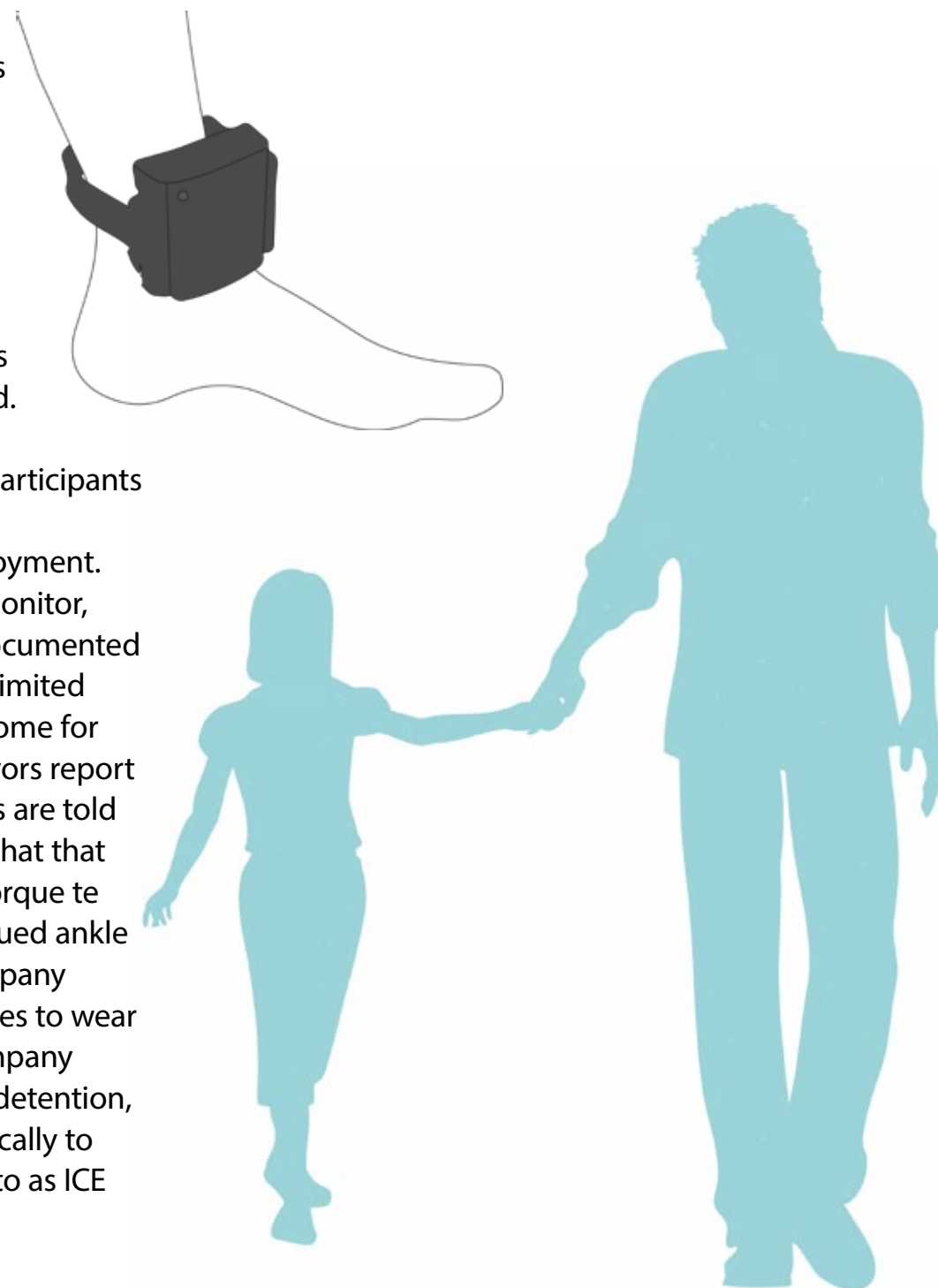
to cost and lack of health insurance, suffering continuing mental health needs such as depression, post-traumatic stress, and suicidal ideation. One Honduran survivor said she was anxious to talk to someone “que me escuche sin juzgarme.”<sup>10</sup> Research participants also described precarious housing options for women following their release from detention. Many pay rent informally and are consequently at risk of losing housing at any time. One woman reported that despite being in the asylum-seeking process, she did not have the paperwork or documentation requested by landlords, “No podía conseguir apartamento, ya que no tengo ningún papel americano.”<sup>11</sup>

Compounding the lack of access to mainstream social services and supports, and contributing to the criminalization of previously detained women, many incur suffering and debts related to paying bonds and living with ankle monitors. In order to be released from detention, many women are required to pay bonds of \$7,000, \$10,000, or \$15,000 in full. Many still owe a debt to those who helped them make the journey to the U.S. and are unable to pay their bond. Survivors reported going further into debt to those who paid their bond. In addition, some women are required by the government to wear ankle monitors upon release from detention. Research participants described these grilletes as a source of pain, humiliation and criminalization, as well as a significant barrier to finding employment. Employers may be unwilling to hire someone with an ankle monitor, because they are suspicious or do not want to put other undocumented workers at risk. In addition, those with ankle monitors have a limited geographic range of mobility and are required to remain at home for regular checks, further impeding employment options. Survivors report not being told why it is put on or when it will come off. Others are told that the duration is related to their behavior, but are unsure what that means. A survivor from Honduras said, “ellos no te dicen ni porque te lo ponen, ni cuando, ni nada.”<sup>12</sup> Distinct from government-issued ankle monitors, other women become dependent on a private company (Libre by Nexus) that offers to pay a woman’s bond if she agrees to wear the company’s ankle monitor and pay a monthly fee. This company now has power and control over her. Following release from detention, many women are also required to present themselves periodically to Immigration and Customs Enforcement for what are referred to as ICE

<sup>10</sup> “who listens to me without judging me”

<sup>11</sup> “I couldn’t get an apartment, because I didn’t have a single American document.”

<sup>12</sup> “They don’t tell you why they put it on you, or when, or anything.”



check-ins. Some women are additionally required to attend periodic ankle monitor check-ins at a different location. Women experience tremendous difficulty securing transportation to check-ins, further impeding employment opportunities and social integration.

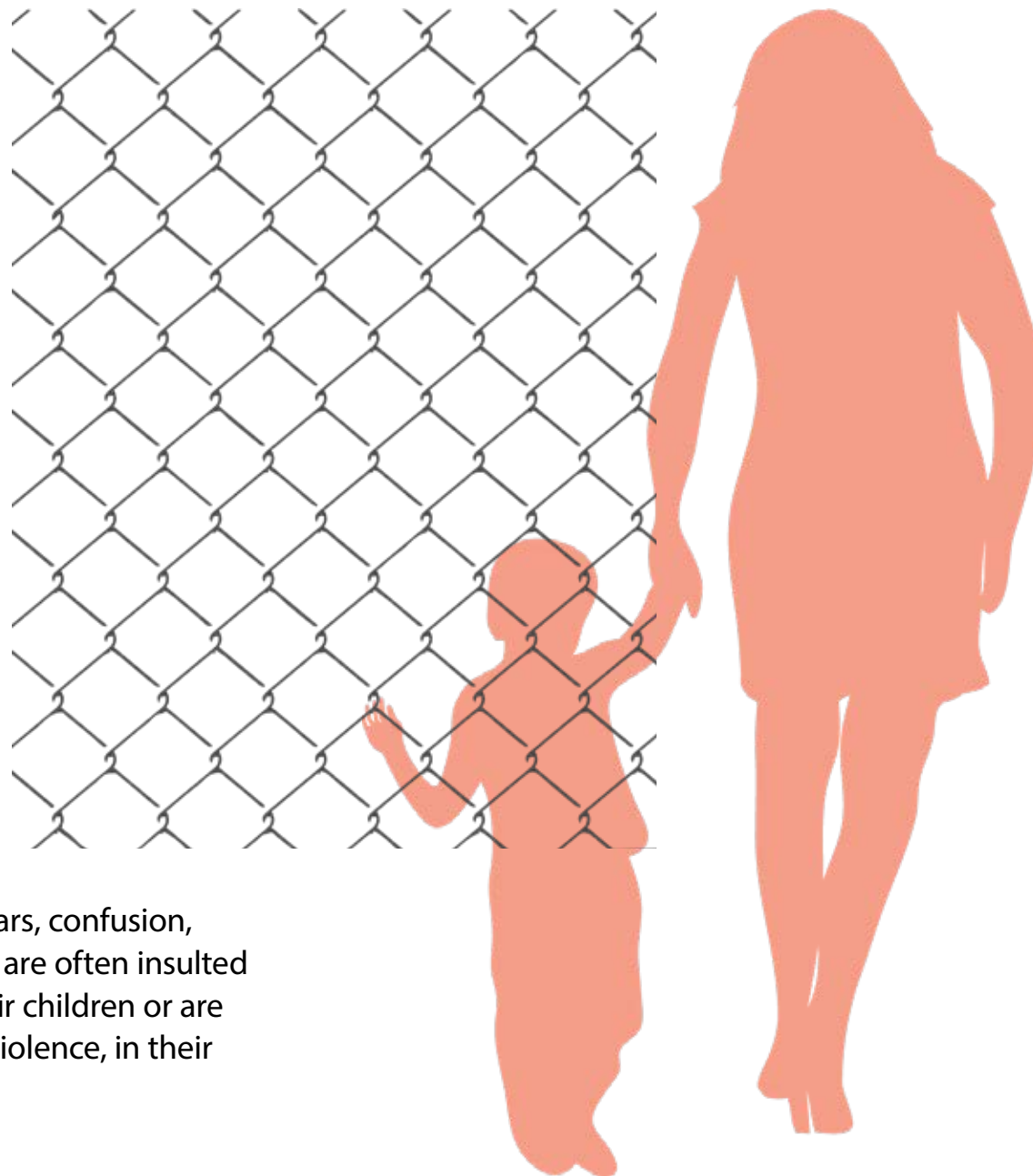
Precarious housing, high bonds, and employment barriers contribute to increased vulnerability to exploitation and other abuses. Furthermore, many women applying for asylum must wait long periods of time to receive work authorization. One service provider stated, “There are people who go through the whole process never being authorized (to work) until they have asylum. That makes people very vulnerable to trafficking and crime.” In fact, service providers reported exploitation as an almost inevitable consequence, “without a work permit, they can work ‘under the table’ and do other things where yes, they’re going to be exploited.” Bonds may also facilitate human trafficking. One service provider noted, “bonds make women susceptible to trafficking and peonage labor and sexual slavery,” and another stated, “If we put these people out in our country with no work authorization and owing \$10,000 or \$20,000, what is going to happen? That is a no-brainer.” Others described the danger of sexual assault (“sexual assault at work and they can’t complain because they’re going to lose their jobs”) or recurring intimate partner violence (“You end up being subjected to the same violence because you’re still vulnerable and end up dependent on someone else here that treats you horribly.”) Research participants report that little is done to prevent such victimization.

Finally, the post-detention experience is one of waiting. Service providers described women living in a state of limbo, or in a holding pattern, “they make this life, but it’s all such a tentative life.” During this time, women face numerous changes and delays in their court hearings and postponed remedy or resolution to their immigration status. This creates difficulty with asylum cases, in particular. As one immigration attorney reported, “not only do they have to remember it [details of the persecution or violence] all, but they have to remember with the specificity as if it happened yesterday.” These delays and shifting timelines also create the harmful sense of persistent alertness and being on edge. “You might be told you’re going to have a hearing in a month, and then all of a sudden you’re told it’s going to be in five years, but then they’ve pulled it up earlier. It’s going to be a year. Then the opposite, you thought you were going to have a hearing in 2019, and then all of a sudden you find out that actually a notice came to your house that you have a hearing the next day.”

## Family Relationships, Motherhood and Family Separation

Family relationships and parent-child attachment are strained in multiple ways during detention and after release. First, many women are physically separated from loved ones for a variety of reasons. Women reported being separated from their children upon fleeing their home country in search of safety and/or being separated from family members at the U.S.-Mexico border. That is, those that cross the border with children, a partner, or other family members, are often subsequently separated during the series of short and longer-term detention in the hielera, the perrera, and subsequent facilities. One woman crossed the border with three children, and her older son (still a minor) was held separately from her in the perrera. She could see him from afar through the chain-link fencing but was not allowed to speak to him. Women frequently need assistance finding family members who are also detained. Another woman described being separated from her brother at the border. She had difficulty keeping track of his whereabouts and his well-being. He ultimately lost hope and signed his own deportation, despite having an asylum claim.

Women's roles as mothers are significantly restricted during detention. In general, women experience a lack of control over their environment, their children's environment and their parenting decisions and preferences. The regimented schedule and rules of detention prohibit women from maintaining parental control over feeding, bathing, putting their children to sleep, disciplining, and caring for their children. One woman reported that she was not allowed to breastfeed her infant while in detention. Research participants report that women are frustrated with how to explain the period of incarceration to their children and with the loss of parental authority. Women also report being unable to hide their own fears, confusion, and shame while being detained. In addition, women are often insulted and humiliated by government officials in front of their children or are asked to describe past persecution, including sexual violence, in their children's presence.



## Replicating Violence and Trauma

An overwhelming number of women in immigrant detention are survivors of violence, abuse and trauma, having experienced violence directly or having been exposed to tremendous suffering and traumatic events prior to being detained. Many explicitly fled severe domestic violence and sexual violence in their home countries, leaving loved ones and support systems behind in search of safety and protection for themselves and their children. These experiences are compounded by exposure to gang violence, femicide, exploitation, and human trafficking. Women and children carry these backgrounds of violence and trauma with them when they land in detention facilities. The restrictive nature of detention facilities and the highly controlled movement and regimented schedule can re-trigger negative mental health outcomes associated with past gender-based violence.

The prison-like conditions and lack of information are significant considering the trauma most women experienced prior to being detained. In describing her work within detention centers, one mental health provider stated, "one of the things that really shocked me was the level of trauma that these women had experienced." Another reported, "I cannot think of a single female client whom I've represented who has not been sexually assaulted. They all have been. It is ubiquitous." Research participants described a wide range of trauma-related responses among those detained, including persistent fear and sense of danger, difficulty sleeping, intrusive thoughts, hypervigilance, feelings of shame or guilt, suicidal ideation, and suicide attempts. Participants described these responses as being connected to pre-migration and migration-related experiences and to the detention setting itself.

Mental health services vary from one detention facility to another, though psychologists or other mental health providers are often available for short-term consultations. While regular recreational or entertainment activities are provided in some detention facilities, such as movies and popcorn on Fridays, social and emotional needs remain inadequately addressed. Women report feeling sad and isolated, and the constant monitoring and regimented schedule hinder women's ability to offer and receive social support from one another. Overall, research participants' descriptions of detention, in particular the lack of information and transparency, lack of choice and decision-making, use of intimidation and threats, frequently changing rules, extreme power

“ Me siento nerviosa por la situación de que yo vengo de mi país, y pensar si debo o no debo de decir las cosas porque no sé qué peligro me espera de aquí en adelante. Por la situación en la que veníamos, mezclaba yo la situación en la que estábamos viviendo, que todo lo que es la delincuencia está involucrado hasta el gobierno. Para mí era un miedo, porque decía yo, al salir de aquí, es una seguridad que nos pueden estar esperando en cualquier lado, que puedan saber nuestra dirección, nos puedan ir a asesinar.”<sup>13</sup>

-Salvadoran Survivor

<sup>13</sup> “I feel nervous given the situation I come from in my country and I wonder if I should or shouldn’t say certain things, because I don’t know what danger awaits for me from here on. Given the situation that we came from, I mixed it with the situation we were living in, that the government is involved in all crime. For me it was a fear, because I thought, leaving here, it’s a certainty that they could be waiting for us on any corner, that they could know our address, that they could kill us.”

differentials, lack of emotional safety, and criminalization of asylum-seekers, reveal that trauma-informed approaches are not practiced.

Furthermore, trauma responses are compounded or exacerbated by attending high-stakes court hearings and providing difficult, if not re-traumatizing, testimony from within the restrictive and bewildering setting of detention. Trauma responses, lack of information about the process, and distrust of officials further impede women’s ability to conform to what is expected of them during asylum proceedings.

Research participants also described the detention setting as mirroring or replicating the patterns and characteristics of power and control that are emblematic of intimate partner violence and human trafficking. In

other words, the practices and conditions of detention serve to replicate, or are reminiscent of, control tactics used by abusers and traffickers. These include: restricting mobility; keeping women and children in cold hieleras; keeping lights on at all hours; disrupting sleep with bed checks; insults and humiliation; withholding information; ever-changing rules and expectations; restricting access to support; isolating women from one another; from their own children, and from the community; intimidation; and threats. When one woman asked an immigration official how she could get a waiver for a bond she was unable to pay, in the amount of \$7,500, he responded with a threat, “ya

“There’s a sense of guilt. ‘I ran away, fearing for my life, and here I am in jail. What did I do wrong?’ ”

-Mental Health Provider

“Let’s talk about all the people who are under gang control, or all the people who are living in situations of domestic violence. Then they come to a detention center, and here we go again, with a system of power and control that are completely running their lives. And on top of that, go into that room and tell someone through a video conference through a translator, about how you were raped back in Honduras. ”

-Mental Health Provider

no me sigas preguntando por que te voy a subir la fianza.”<sup>14</sup>

Interviews for this study took place before the spring 2018 “zero tolerance” policies put into effect by the U.S. Department of Justice that resulted

<sup>14</sup> “Stop asking me or I’ll raise the bond amount.”

in large numbers of children being separated from parents. Nonetheless, family separation occurred in other ways prior to “zero tolerance.” Some women were separated or isolated from their children while in detention. A healthcare provider described responding to the traumatic response of a woman whose children had been taken from her,

“They take the 8 month old and the 3 year old and they put them in a room. They separate the mother from her children. They put them in the room next to the mother, but the mother can’t have contact with them. Here’s the mother. She flips out. Not a clinical term, but I don’t know what else you would call it. ”

-Healthcare Provider

## Overburdened Network of Service Providers

The volume of need among detained and previously detained women is varied and high, and the funds and available resources are limited. There are simply not enough providers with the background and skills needed to work with and provide comprehensive services to detained and previously detained populations. Existing providers are consequently ill-resourced and under-funded to provide adequate services and supports. In addition, providers report symptoms of secondary traumatic stress and vicarious trauma, impeding their ability to sustain, much less expand, the scope and quality of services needed.

“We’re working so hard, then we realize that the question or whatever way we’re doing something doesn’t seem to be solving the problem. We’re seeing something new. We’re seeing a new trend. We have to figure out, do we respond to it? How do we respond to it? What are we going to do about this? A lot of times once we get a system in place, it goes back to how it was before. It’s kind of like trying to play catch up. ”

-Immigration Attorney



## Survivor and Network Strengths and Resilience

Despite the significant challenges to bio-psycho-social wellness during and following detention, women and providers report considerable strength and resilience in seeking recovery, stability, and solutions. While the regimented schedule of detention clearly hinders women’s ability to offer and receive social, emotional and other support from one another, many report finding important peer support while detained. These strategies included offering emotional support and encouragement when waiting for difficult news, sharing information about the immigration process and what to expect, sharing contact information of immigration attorneys and community organizations, and lending each other money to use in the detention center’s commissary or in paying bond. Interestingly, women also noted that while they were detained, they gained motivation and hope from the awareness of support from advocates outside of detention. Some women reported that even after being released, they maintained communication with the women they met while detained or returned to the detention centers to visit and offer encouragement to those still incarcerated. Other women reported finding strength and support from their faith and/or from faith communities, both within and following detention.

Women’s creative efforts to provide for their families are revealed in their strategies to earn money. From within the detention setting, women report working for the private companies that operate the detention center for as little as \$1 per day in order to earn money to spend in the company’s commissary. One woman, for example, earned \$1 per hour, working for a maximum of 3 hours per day, in order to earn enough to buy tortillas and beans to make her children bean tacos. Following release from detention and still facing barriers to employment, women find strategic ways to provide for themselves and their families. Another woman described working as volunteer in a local food bank before receiving her work authorization, because the food bank gave food to volunteers. Others made and sold tamales to make ends meet.

Like the women experiencing and recovering from detention, the network of providers involved in serving detained and previously detained women reported considerable strengths and resilience. Providers demonstrated perseverance, creativity, and collective power in the face of ever-shifting policies and a general lack of transparency.




## Recommendations for Policy Implementation and Practice

“ We just try to stay plugged in with our colleagues across the country to know what’s going on. Honestly, it is all experimental right now. We are all just trying the best we can to figure out what is going on and to react as quickly as we can to all of the changes. ”

-Immigration Attorney

Findings emerging from these data point to several policy implementation and practice recommendations:



### **Increase** information-sharing and transparency around immigration and asylum procedures

- Provide comprehensive information to detained women (in their primary language) about immigration processes and procedures, their rights, preparation for the credible/reasonable fear interview when seeking asylum, ankle monitors and post-release requirements, and how to connect to social services, legal services, and community-based support. Information should be provided in multiple formats and venues, as information may be difficult to retain due to trauma and when delivered in the detention setting.
- Draw from existing models in place by the multiple organizations engaged in the CARA Family Detention Pro Bono Project at the Karnes and Dilley family detention centers to provide women and their children with information about the asylum process and legal assistance.
- Draw from existing models available in other fields (for example, supporting hotline resources for post-detention information, referral and legal consultation or an automated calling system alerting women about upcoming court dates).

- Increase transparency about the procedures and processes for seeking asylum, and ensure continued access to the asylum process for individuals fleeing gender-based violence.
- Increase transparency about the scope of the detained population (numbers of immigrants detained, duration of detention, and reasons for detention).
- Provide information and guidance to detained women preparing for removal (deportation) regarding negotiating safe return to their home countries. This may include giving women the opportunity to decide where in their home country they need to go, who they can be in communication with, and information about how travel will take place, in addition to safety planning upon arrival.

### **Expand** bio-psycho-social support services for women and their children in detention

- Provide comprehensive and trauma-informed mental health services in detention settings that are culturally and linguistically appropriate.
- Provide therapeutic support in individual and group formats.
- Staff detention facilities with mental health professionals with advanced training in trauma, intimate partner violence, sexual violence, and human trafficking.

### **Increase** workforce orientation and training in trauma, violence and coercion

- Ensure in-depth training and capacity-building on trauma, violence and coercion for all governmental personnel, immigration officials, attorneys, judges, law enforcement, private contractors, and non-profit staff and volunteers working in detention and with detained and previously detained populations.
- Ensure comprehensive, linguistically appropriate, trauma-informed screening for immigration relief related to violence, exploitation, and persecution.
- Recognize and address vicarious trauma and secondary traumatic stress among those working with detained and previously detained survivors of trauma, violence and abuse.

- Consider ethical standards inherent in working with trauma survivors. As a mental health professional noted, “What does it mean to ask people about the most horrific things that they’ve ever experienced, without being able to provide any follow up services?”

### **Improve** awareness of and access to community social services, including legal services, employment, housing, medical, mental health, and culturally-relevant support services for immigrant survivors in detention and upon release

- Draw from existing models – for example, RAICES provides targeted case management by non-governmental actors specifically for families released from family detention centers. This program aids women’s transitions from detention to the Houston area and offers an essential, culturally relevant, and trusted source for information and referral. Though small in scope, this promising program merits additional resources and evaluation. Casa Marianella in Austin, TX offers housing in addition to supportive services and case management for those exiting detention.
- Expand collaboration and coordination between immigrant-serving organizations and mainstream organizations serving domestic violence and sexual assault survivors.

### **Improve** access to and funding support for low-cost and pro bono legal immigration service providers

- Lack of access to legal representation for many immigrant victims fleeing gender-based violence presents a serious barrier to access justice given the complexities of the U.S. asylum system. Along with trauma, language barriers and cross-cultural differences can affect the ability of applicants for asylum to recount their past experiences, as can a lack of understanding of the legal framework for asylum claims. Studies demonstrate that asylum seekers without legal representation are less likely to win in immigration court than those with representation (Ardalan, 2015).



## Consider and implement alternatives to detention and limit practices that criminalize asylum-seekers and survivors of violence

- Discontinue re-traumatizing and criminalizing practices, such as setting bonds for asylum-seekers and requiring asylum-seekers to wear and be monitored by electronic ankle bracelets.
- Draw from existing community-based and non-profit models that provide supportive case management and connections to shelter, support, information, legal representation, medical and mental healthcare, and family reunification (American Immigration Lawyer's Association, 2017).

## Ensure that children are not separated from their parents for the purposes of deterrence, resulting in longer periods of detention for parents

- Discontinue the practice of separating children from their families for the purposes of deterring future immigrants. Maintain families together for the duration of their immigration proceedings, in non-detained settings.

## Ensure access to asylum for immigrant victims fleeing gender-based persecution

- The Department of Justice, Department of Homeland Security, and Congress should preserve and defend provisions that enable immigrant victims fleeing gender-based violence to pursue asylum claims and access life-saving refuge and protection when their countries' officials fail to protect them from targeted violence.



## Conclusion

Settings based on choice, empowerment, and community are necessary for recovery from violence and trauma. Detention settings and post-detention practices instead rely on control, coercion, and containment that traumatize and re-victimize those who are fleeing violence and seeking access to safety and justice. Detention exacerbates the lack of stability women and children feel by creating a persistent state of alertness, heightened fear, and hyper-vigilance. Post-detention experiences (such as the use of ankle monitors and frequent ICE check-ins) also serve to criminalize women and further hinder recovery. Approaches and settings that make trauma recovery possible (such as those proposed by federal agencies such as the Substance Abuse and Mental Health Services Administration, or SAMHSA) require the elimination of practices that seclude, isolate, and restrict survivors' mobility and decision-making, in addition to careful attention to workforce orientation, training, and support in trauma, violence and coercion (Ferencik & Ramirez-Hammond, 2013; Jennings, 2004; NASMHPD, 2005; SAMHSA, 2014).

Following detention, immigrant survivors often experience family separation and remain disconnected from social support and services (legal services, employment, housing, medical, mental health, and culturally-relevant support services for survivors of abuse). The current anti-immigrant climate serves to elevate women's fears about their precarious legal status and hinder access to services, further exacerbating women's vulnerability to further violence, exploitation and human trafficking (Becerra, Wagaman, Androff, Messing & Castillo,



2016; Blitzer, 2017; National Latin@ Network, 2015). Furthermore, this atmosphere threatens to divert legal and social service providers' attention and resources away from important direct service objectives.

A comprehensive array of accessible services and supports are crucial to women and children's recovery from the trauma experienced before and during detention and to becoming integrated and active members of their communities. Findings also point to two enduring goals – 1) to ensure that there is a safe and humane process to seek asylum, as well as information about the possibility to apply for other immigration remedies for those who are compelled to flee violence and persecution and 2) to actively dispel myths and resist the overt and subtle criminalization and de-humanization of asylum-seeking women and children.



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