

Documenting Trauma for Asylum Seekers

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I met Maria¹ while she was detained at Berks Family Residential Center along with her 7-year-old son, Carlos. Maria had fled Honduras with Carlos after his 13-year-old

brother was killed by gang members because he refused to join them. Previously, Maria had been raped by gang members in front of her sons.

Maria's aunt borrowed money from several relatives to pay a "coyote" who helped Maria and Carlos cross the border from Honduras to Guatemala, then into Mexico, and finally into Texas. Soon after they crossed the U.S. border, Maria and Carlos were stopped by Customs and Border Protection agents. With the few English words she knew, Maria told the CBP policeman that she was afraid to go back. For this reason, she and her son were put in a holding pen that the migrants call a *hielera* (cooler) or *perrera* (kennel) because it's kept very cold and feels like a cage. From there they were transferred to a privately run Immigration and Customs Enforcement (ICE) detention center in Dilley, Texas, and then to the Berks County Family Residence in Leesport, Pennsylvania, the only facility where ICE holds immigrants with children for up to a year or more while they await disposition of their cases.

Maria's pro bono attorney asked me to evaluate Maria in order to document her trauma history and its impact on her current functioning. I interviewed her with the assistance of a Spanish-speaking interpreter and was able to administer standardized assessment tools in Spanish as well. The results of this assessment indicated that Maria was suffering from PTSD, related to her sexual assault and the murder of her older son, as well as major depressive disorder. In accordance with the Istanbul Protocol (UN OHCHR,

2004), in my report I was able to note that Maria's reported and observed symptoms were highly consistent with the history of persecution that she had described. I was also able to give examples of specific symptoms, such as Maria's flashbacks to the look on the face of the man who raped her, which were triggered by a guard's expression of contempt.

Why Do Asylum Seekers Need Psychological Evaluations?

For immigrant survivors of human rights abuses, healing requires the establishment of physical safety. Asylum seekers flee to the United States seeking protection—either from government forces or from abusers their governments cannot or will not protect them from, such as violent gangs. The road to safety, justice, and a new life is often blocked by the asylum seeker's inability to talk openly and convincingly about what are often extremely humiliating traumatic experiences. Psychologists can play a crucial role in helping trauma survivors describe the events that form the basis for their asylum claims. We can also explore and document the specific ways in which a particular survivor was affected by trauma. The reports that we write become evidence in immigration proceedings, where the survivors themselves are often too frightened, numb, or confused—i.e., traumatized—to present their experiences in the ways immigration officials would most like to hear them.

While documentation for immigration cases takes some specialized training, the most important skills are those that qualified psychologists possess and use every day. We know how to be present and listen empathically. We know how to validate and normalize distress. We know how to be a calm and soothing presence. We take these qualities for granted, but they are sorely lacking from other aspects of the immigration process, where asylum seekers are often treated like criminals.

Maria and Carlos have been granted

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asylum and they've begun to build a new life with the assistance of a supportive church community and a Spanish-speaking trauma therapist. Their attorney felt that the psychological evidence played a crucial role in this case by uncovering aspects of the trauma history that Maria had been reluctant to disclose and by explaining aspects of Maria's demeanor that appeared counterintuitive to laypersons.

How Can You help?

When I first started doing this work, almost 15 years ago, I was worried that I didn't know enough about other cultures and world politics to write reports about asylum seekers. I was also intimidated by the thought of legal proceedings and the specter of possible testimony in an immigration hearing. While cultural humility is crucial, the reality is that we don't have to be experts in the specific conflicts our clients have been affected by in order to document their trauma. Furthermore, oral testimony is rarely required. It can usually be done telephonically, and it becomes relatively routine with experience. Overall, this work has been a source of tremendous professional and personal satisfaction to me.

This is a moment in history when the willingness to use our unique qualifications to explain psychological phenomena, such as reactions to trauma, can make the difference between life and death for vulnerable immigrants.

To learn more about refugees and

¹Names and other identifying information have been changed to protect confidentiality.

Sodowsky et al. (1991) found that first-generation Latin and Asian immigrants perceived significantly more prejudice, were significantly less acculturated, and used significantly less English than those who were second, third, and fourth generations. A meta-analysis by Liu (2015) explored the impact of acculturation mismatch (incongruence between collectivism in traditional heritage culture versus individualism in American culture) on intergenerational cultural conflict and mental health outcomes of offspring of Asian and Latin Americans. Liu (2015) found that discrepant cultural values and practices within an immigrant family pose greater acculturative stress for Latin and Asian immigrants and disrupt family cohesion. Furthermore, greater intergenerational cultural conflict within Asian and Latin American families was related to poorer psychological functioning among offspring. Adult groups tended to experience greater intergenerational conflicts with their parents in comparison to adolescent groups, and conflicts focused on the offspring's adoption of adult roles (e.g., career choices, ethnicity of future spouses, and family responsibilities), which were incongruent with their parents' cultural expectations. For immigrant adolescent offspring, intergenerational conflicts may be a combination of cultural mismatch or simply normative parent-adolescent discord. The resulting negative family environment created by the intergenerational dissonance may have a deleterious effect on the offspring's mental health and adaptation.

Clinical Implications

When working with immigrants, it is important to understand acculturation and its relation to mental health. This entails accounting for factors including culture of origin, level of acculturation, subgroup characteristics, individual characteristics, and values. For example, among Latino immigrants, subgroup values such as *familism* (importance of the family unit), *machismo* (masculine pride), and *simpatia* (agreement and harmony in relationships) may be crucial (Cano et al., 2016). Similarly, among Asian immigrants, values such as filial piety (respect for parents, elders, and ancestors), family recognition, and emotional self-control may be important (Park & Kim, 2008).

Awareness of the possible connection between acculturation mismatch

and intergenerational cultural conflict may help clinicians identify the sources of family conflict and distinguish development-based from cultural-based conflicts. Intergenerational conflict among adult immigrant offspring may indicate longer-lasting, culture-specific conflict due to acculturation mismatch, whereas intergenerational conflict among adolescent offspring may be a combination of both or simply normative conflict between adolescents and parents (Liu, 2015).

Clinicians are encouraged to think beyond traditional treatment approaches and incorporate acculturation factors and sociocultural and psychological perspectives. ▮

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asylum seekers, and for information about how to volunteer your services, please explore these websites:

Pennsylvania Immigration Resource Center (York): pirclaw.org

Hebrew Immigrant Aid Society (Philadelphia): hiaspa.org

Nationalities Service Center (Philadelphia): nscphila.org

Friends of Farmworkers (Pittsburgh, Philadelphia): friendsfw.org

US Committee for Refugees and Immigrants (Erie): refugees.org

International Service Center (Harrisburg): isc76.org

Catholic Social Services (Scranton, Allentown): cssdioceseofscranton.org

HealthRight International (National Network): healthright.org

Physicians for Human Rights (National Network): physiciansforhumanrights.org

For training resources:

Center for Victims of Torture: cvt.org

National Partnership for Community Training: gulfoastjewishfamilyandcommunity-services.org

Physicians for Human Rights: physiciansforhumanrights.org ▮

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