

IMMIGRATION DETENTION IS PSYCHOLOGICAL TORTURE:



STRATEGIES FOR SURVIVING IN OUR FIGHT FOR FREEDOM



**FREEDOM
FOR IMMIGRANTS**

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**FREEDOM
FOR IMMIGRANTS**

TOGETHER WE WILL END IMMIGRATION DETENTION

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Freedom for Immigrants is a national 501(c)3 nonprofit devoted to abolishing immigration detention, while ending the isolation of people currently suffering in this profit-driven system. We are the only nonprofit in the country monitoring the human rights abuses faced by immigrants detained by ICE through a national hotline and network of volunteer detention visitors, while also modeling a community-based alternative to detention that welcomes immigrants into the social fabric of the United States. Through these windows into the system, we gather data and stories to combat injustice at the individual level and push systemic change. www.freedomforimmigrants.org

**“This is like an underworld
that no one from the outside
knows about.”**

-Person Currently Detained



Summary

IN THE LAST decade, numerous investigations both in the U.S. and abroad have documented the deleterious consequences of immigration detention on the mental health of those detained. However, few if any reports have chronicled how people cope with the systemic isolation of prolonged, indefinite detention in a carceral environment.

Every day, Freedom for Immigrants witnesses the effects of systemic isolation in the interactions we have with people impacted by U.S. immigration detention. Over the last 10 years, Freedom for Immigrants' network of visitation groups and hotline volunteers has visited or spoken with hundreds of thousands of people in immigration detention. We have heard from nearly each and every person in detention about their feelings of isolation. Over the course of 2018 alone, Freedom for Immigrants surveyed 2,055 people in U.S. immigration detention who reported a total of 1,695 issues either caused by the isolation inherent in detention or exacerbated by the isolation.

This report focuses on the difficult-to-quantify qualities of immigration detention itself—the uncertainty, the fear, the isolation—and how they affect not only those detained, but also their families and community networks. We identify how systemic isolation plays out in the

lived experiences of people impacted by this system and the ways in which people cope with it. The goal of this report is to strengthen community-based resources for resilience and resistance in the face of a purposefully cruel system.

Through in-depth interviews with 40 people impacted by immigration detention including people currently detained, people released, and their families, we learned:

- **78.6%** of surveyed detained individuals expressed missing their loved ones.
- **32.5%** of individuals with spouses, partners, or children reported not being able to have a single visit with their loved ones over the course of their entire time in immigration detention.
- Survey participants indicated that the emotional strain of detention was much more intense than the physical strain, with **75%** of formerly and detained individuals describing the emotional strain as “extreme” and **17.9%** describing it as “significant.”
- Currently and formerly detained individuals expressed that the most stressful factors were ones related to isolation, with the greatest stressors being fear of

being transferred or deported, barriers to visiting with family and friends, and barriers to making reasonably priced phone calls.

- **100%** of survey participants indicated that they felt stress, while **82.1%** of survey participants shared that they experienced depression and 67.8 experienced anxiety.
- Headaches or migraines were the most common physiological response to the stressors of detention, with **64.3%** of participants suffering from them. This was followed by fatigue with more than one in three (**35.7%**) individuals experiencing physical and mental exhaustion.
- Once released from detention, the struggle continues: **57.7%** of participants indicated that they did not receive a discharge plan, and **85.7%** did not receive a summary of their medical records or referrals to community-based providers. As a result, **78.6%** of formerly detained participants have not seen a mental health professional after their release.
- **Over 50%** of loved ones surveyed described their emotional strain as “extreme” and their symptoms tended to reflect those of their family inside, with stress (**88.9%**), depression (**66.7%**), loneliness (**66.7%**), headaches/migraines



(66.7%), anxiety **(44.5%)**, insomnia **(44.5%)**, fatigue **(44.5%)** and high blood pressure **(44.5%)** listed as the common ones.

While our movement continues to fight for our end goal of abolition, we want to strive to provide as much mental health support as possible to the people impacted by immigration detention who are currently suffering. There was an overwhelming consensus from the people we surveyed about the strategies they use to battle isolation and depression. As a result, Freedom for Immigrants is undertaking three initiatives that we hope will contribute to the strength and solidarity of everyone in our struggle for freedom:

Hotline Advocates for Emotional Support

Solidarity News

Mutual Support Groups

“I WAS PLAYING soccer on Saturday. The ball was kicked over the fence by accident. Everyone asked the official keeping watch to bring the ball back. He said, ‘Eat shit’ and told us to go fetch it ourselves. But obviously we can’t because there’s a barbed wire fence.

We were a group of Indians, Africans, and Latinos and some of them said to me that if there was no ball, that we should all go to the dormitory. Half the group (Latinos) beckoned me and said, ‘Let’s go back to the dormitory.’ I was in the middle of the field so I relayed the same message to the others who were still waiting for the ball. I said to them, ‘Let’s go because there will be no ball.’ The official wears a uniform, a light blue shirt and navy blue pants. He is a tan skinned ‘moreno’ Latino.

The official then said, ‘*Pinche mierda, veni a decir lo que has dicho a mi cara. Te ordeno que vengas pinche maricon.*’ This translates to, ‘Fucking shit, come say what you just said to my face. I order you to come here, fucking faggot.’ He said this in front of everyone. I walked towards the official with my hands behind my back. I asked him, ‘Why do you treat us like this when not even the American himself doesn’t treat us like you do?’”

-Excerpt from “*This Is Hell on Earth*,” an article published in IMM-Print by Darwin Antunez Ramos who was previously detained at the Adelanto Detention Facility



Darwin is pictured here at a baseball game that **Freedom for Immigrants** took him to after bonding him out of immigration detention.

Intro

THIS REPORT seeks to illustrate the devastating and far-reaching, but not always visible, effects of the U.S. immigration detention system on our individual and collective mental health. It also seeks to identify and strengthen community-based resources for resilience and resistance as the lives of immigrants are increasingly impacted by state-sanctioned violence.

Instead of solely gathering data and stories on the abuses and conditions that serve to make immigration jails and prisons intolerable, this report also focuses on the more difficult-to-quantify but no less inhumane qualities of immigration detention itself—the uncertainty, the fear, the isolation—and how they affect not only those detained, but also their families and community networks. These experiences and narratives contribute to the ever-growing people’s archive of psychological suffering inflicted by this system.

We are grateful for the opportunity to learn more about the strategies that people in detention use to cope within an inherently abusive and isolating system, as well as the organizing and healing actions that people on the outside can take—now—to support our loved ones and comrades inside, especially those struggling with critical mental health crises, as we work together to achieve abolition.

CONCERNS OVER THE MENTAL HEALTH IMPACT OF IMMIGRATION DETENTION ARE WELL DOCUMENTED:

A TIMELINE

OVER THE PAST DECADE, NUMEROUS INVESTIGATIONS BOTH IN THE U.S. AND ABROAD HAVE DOCUMENTED THE DELETERIOUS CONSEQUENCES OF IMMIGRATION DETENTION ON THE MENTAL HEALTH OF THOSE DETAINED. WE INCLUDE A BROAD OVERVIEW OF THEM HERE TO EMPHASIZE THAT THIS IS NOT A RECENT PHENOMENON THAT HAS ARISEN UNDER THE TRUMP ADMINISTRATION, NOR ONE UNIQUE TO THE PARTICULARLY INHUMANE CONDITIONS OF DETENTION IN THE UNITED STATES. RATHER, THESE STUDIES PAINT A CLEAR PICTURE THAT IMMIGRATION DETENTION ITSELF, REGARDLESS OF THE CONDITIONS, OFTEN HAS SERIOUS MENTAL HEALTH IMPLICATIONS THAT NEGATIVELY AFFECT DETAINED INDIVIDUALS, AND THAT NO DETENTION FACILITY MENTAL HEALTH CARE SYSTEM CAN ADEQUATELY MITIGATE THESE EFFECTS.





DOCUMENTATION OF MENTAL HEALTH IMPACT OF IMMIGRATION DETENTION IN THE UNITED STATES

JULY 2010



In July 2010, the American Civil Liberties Union (ACLU) Human Rights Project and Human Rights Watch (HRW) released the report *“Deportation by Default: Mental Disability, Unfair Hearings, and Indefinite Detention in the U.S. Immigration System,”* in which they documented prolonged and indefinite detention of people with mental health disabilities. They found that people with mental health disabilities are systematically unable to receive adequate mental healthcare treatment or enjoy due process while in detention. For these reasons, they recommended creating an exception to mandatory detention for vulnerable groups such as non-citizens with mental disabilities and the institutionalization of the use of release on one’s own recognizance where an individual has a mental disability.

SEPT 2010



Psychiatric and academic professionals also began to sound the alarm. **In September of that same year (2010)**, the Journal of the American Academy of Psychiatry and the Law published *“Disparities in Justice and Care: Persons With Severe Mental Illnesses in the U.S. Immigration Detention System.”* The article highlighted the lack of accountability regarding mental health care services provided in detention, emphasizing that detention facilities often fail to meet applicable state laws as well as ICE’s own detention standards in this regard. The authors recommended community alternatives to detention, which are programs in which immigrants are supported by the community while they wait for the resolution of their immigration case, outside of detention.

NOV 2013



In November 2013, the Center for Victims of Torture, Torture Abolition Survivor Support Coalition, International, and Unitarian Universalist Service Committee (UUSC) published a collaborative report, *“Tortured & Detained: Survivor Stories of U.S. Immigration Detention,”* which investigated how detention is a particularly egregious experience for survivors of torture, as the “profound sense of powerlessness and loss of control” can in fact “recapitulate the torture experience.”



DOCUMENTATION OF MENTAL HEALTH IMPACT OF IMMIGRATION DETENTION IN THE UNITED STATES

MAY 2015



Unfortunately, the detention system continued to expand, with a dramatic increase in the utilization of family detention by the Obama administration beginning in 2014. **In May 2015**, UUSC worked on another report, *“No Safe Haven Here: Mental Health Assessment of Women and Children Held in U.S. Immigration Detention.”* They found that the detained families’ uncertainty regarding the length of their detention and constant fear of deportation and death if sent back to their home countries led to common outcomes such as high levels of anxiety and depression, nightmares, insomnia, emotional numbness, and significant weight loss.

UUSC also found that to the extent that mental health care services were provided, they were highly counterproductive. The report documents health service providers issuing unprofessional statements to detained individuals such as, “Why are you so sad? You are just going to be deported anyway,” and “If you stay this depressed, they are going to take away your kids.” UUSC likewise recommended an end to family detention and funding for community support programs that serve as alternatives.

DEC 2016



Upon the election of President Trump, who ran on an explicitly anti-migrant platform, the immigration detention system rapidly became more visible in mainstream media and among the general public. **A December 2016** investigation by the health publication *STAT* documented numerous cases of detained individuals with mental illness held in solitary confinement against the advice of contracted medical staff, as well as several cases of detained individuals at risk of suicide being left alone with the means to make further suicide attempts. The article highlighted a recent lawsuit against the Yuba County Jail in Northern California, which cites the fact that there had been 41 suicide attempts there over the course of the previous two and a half years.

MAY 2017



Freedom for Immigrants (FFI, then CIVIC) partnered with HRW in **May 2017** to produce the report, *“Systemic Indifference: Dangerous & Substandard Medical Care in US Immigration Detention.”* The report found significant evidence that ICE was aware of many of the deficiencies in its medical care system and had failed to take swift and appropriate action.

One of the experts consulted for the report was Dr. John Rubel, a clinical psychologist who explained to the researchers why, after decades of experience working in the federal Bureau of Prisons, he could not stomach more than two years of being in charge of mental health services at Hutto Detention Center, TX.

Upon arriving at Hutto and discovering the tremendous need for mental health care there, Dr. Rubel had created a group therapy program similar to ones he had run successfully in other institutions. However, in his second year at Hutto, the administration stopped supporting his group therapy program. As a result, he felt he could no longer offer a real option of treatment to the traumatized women detained there, which created an “ethical and moral dilemma” that led him to finally leave.



DOCUMENTATION OF MENTAL HEALTH IMPACT OF IMMIGRATION DETENTION IN THE UNITED STATES

MAY 2015 (CONTINUED)



While the Hutto Detention Center has never publicly stated why they decided to end Dr. Rubel's successful group therapy program, it is likely related to the fact that administration after administration has claimed that detention is a deterrent, and thus, ICE has an incentive to make detention as emotionally and psychologically painful as possible. In August 2019, the Trump administration referred to ICE raids (and thus subsequent detentions) as a "very good deterrent." Former White House Chief of Staff John Kelly has also stated that family separation "[w]ould be a tough deterrent." This argument is not new and dates as far back as the Carter administration. When the Obama administration expanded family detention in 2014, his DHS secretary Jeh Johnson referred to detention as an "effective deterrent." This is not lost on people in immigration detention

who know that the abusive conditions, such as the extreme cold in some facilities, are purposefully designed to be intolerable.

The same month that the FFI & HRW report was published in May 2017, a 27-year-old man named Jeancarlo Alfonso Jimenez-Joseph committed suicide in an isolation cell in Stewart Detention Facility in Lumpkin, GA, where he had been held in solitary confinement for the 19 days prior. The previous month, April 2017, he had called the ICE hotline to ask for help, to no avail. Three weeks after his call to the ICE hotline, he had told an ICE health services official that he was suffering from suicidal thoughts. Still, Stewart officials responded to his symptoms by simply placing him in solitary confinement, which exacerbated his mental health struggles until he died by suicide.

FEB 2018



In February 2018, Human Rights First (HRF) released "Ailing Justice", a report on inadequate healthcare in immigration detention based on visits to three detention facilities in New Jersey. The report explicitly states that detention harms mental health. HRF's investigation also found that fear of punitive treatment discourages many detained people from seeking mental health care and forces them to "cope on their own," even when they have suicidal inclinations. Notably, HRF concluded that "even when mental health services are provided, they are often inadequate to address the serious mental health problems" of people in immigration detention.



DOCUMENTATION OF MENTAL HEALTH IMPACT OF IMMIGRATION DETENTION IN THE UNITED STATES

JUN/JUL 2018



In June 2018, the [American Immigration Council](#) and [American Immigration Lawyers Association](#) sent a [complaint](#) to the federal government urging DHS's Office of the Inspector General and its Office for Civil Rights and Civil Liberties to open an investigation into the "dangerously inadequate" mental health care at the Denver Contract Detention Facility in Aurora, CO. It explicitly points out the financial incentive that private contractors in particular have to deny medical care to people in detention.

The following month, **July 2018**, Efraín Romero de la Rosa, another man detained at Stewart Detention Facility, committed suicide after spending 21 days in solitary confinement there.

MAR 2018



In March 2019, [Disability Rights California \(DRC\)](#) published an [investigative report](#) on the impact of the punitive conditions on the mental health of people detained at the Adelanto Detention Facility, one of the largest detention facilities in the country, caging approximately 2,000 individuals.

The report's major finding is that Adelanto's inadequate mental health care system is made worse by the inherently "counter-therapeutic" conditions of detention. They highlight the fact that the asylum seeker population "has a disproportionately high incidence of psychological and physical trauma, as well as serious mental health needs," and that "detained asylum seekers experience very high rates of anxiety, depression, post-traumatic stress disorder, and thoughts of suicide."

Notably, the report mentions that Adelanto's private operator, the GEO Group, not only refuses to provide structured programming or activities but moreover "restricts people's ability to engage in self-directed activities, including something as simple as reading books that help them cope in detention."

DRC documented facility rejections of self-help books or books in other languages that had been ordered by detained individuals. Instead, staff encourage "physical exercise" and "religious coping," despite the fact that many people detained there have extremely limited recreation time and no access to religious texts related to their faith or in their language.

The report also found that the facility's overuse of suicide watch cells, a form of solitary confinement, for people who are diagnosed as suicidal make it far less likely for people to be honest with medical staff about their emotional state. They documented deficient medication management practices, citing numerous cases in which people did not receive their necessary psychiatric medications for several days at a time.

DRC lays out the U.S. Department of Health & Human Services' Substance Abuse and Mental Health Services Administration's description of what encompasses a trauma-informed approach to mental health care. Unsurprisingly, they conclude that the



DOCUMENTATION OF MENTAL HEALTH IMPACT OF IMMIGRATION DETENTION IN THE UNITED STATES

MAR 2018 (CONTINUED)



“prison-like conditions, tightly regimented schedule with little freedom of movement or individual agency, and the dearth of programming and stimulating activity” leads to a “setting antithetical to a trauma-informed approach.” In other words, mental health care cannot be trauma-informed in a detention facility.

Finally, DRC found that the data provided to them by ICE about suicide attempts at ADF represents a significant undercounting of suicide attempts, in conflict with the facility’s records. When DRC raised this discrepancy, ICE responded by stating that “according to GEO’s corporate policy and procedures, a suicide attempt is defined as serious self-harm intended to cause death.” This definition is far narrower than that of the Centers for Disease Control Prevention: “a non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior.”

MAY 2019



“*Solitary Voices*”, a report on the usage of solitary confinement in immigration detention, was published by the Intercept and the International Consortium of Investigative Journalists in **May 2019**. It begins by highlighting that the United Nations special rapporteur on torture has stated that people with mental illnesses should never be put in isolation; that solitary confinement should be banned except in “very exceptional circumstances”; and that isolation for more than 15 days constitutes “inhuman and degrading treatment.”

Despite this, the investigators’ review of more than 8,400 reports describing placements of people in ICE detention in solitary confinement found that in nearly a third of the cases, individuals were described as having a mental illness. Furthermore, they learned of at least 373 instances of people being placed in isolation because they were potentially suicidal, and more than another 200 cases of people already in solitary confinement who were subsequently moved to “suicide watch”; indeed, there appears to be a revolving door between solitary confinement and medical isolation cells.

Troublingly, these numbers only represent a portion of incidents of solitary confinement, as ICE only tracks cases in which isolated people either have a “special vulnerability” or are held in seclusion for more than 14 days; this latter category was experienced by half a percent of the total ICE detention population in 2018. They even identified 187 cases in which a person was held in solitary confinement for more than six months, and of those, 32 in which they were held for over a year.

The investigation also found that at least 13 people who died in ICE custody had spent time in solitary confinement, in some cases up to the time of death. Also, in conflict with disability rights laws, dozens of individuals were isolated solely because of their disabilities, many of which were physical in nature. A similarly problematic finding was that 182 people were isolated for going on hunger strike, in conflict with First Amendment protections.



According to [internal ICE documents released in June 2019](#), an ICE supervisor notified the then Acting Director of ICE in a December 2018 memo that ICE’s Health Services Corps is “severely dysfunctional and unfortunately preventable harm and death to detainees has occurred.” More specifically, the memo states that the “suicide victim, Mr. Efrain De La Rosa, could have been saved... [ICE] received a total of 12 [Significant Event Notifications] reports prior to his death, depicting suicidal ideation and psychosis... Moreover, Mr. De La Rosa was not being treated with psychotropic medication; instead, he was remanded to segregation.... Mr. De La Rosa’s suicide closely mirrors the previous suicide of Mr. Joseph Jimenez at Stewart Detention Center.” These internal documents, while disturbing, are a clear sign that the agency is well aware of its shortcomings in regards to mental health care and is apparently uninterested in making improvements.

DOCUMENTATION OF MENTAL HEALTH IMPACT OF IMMIGRATION DETENTION IN **OTHER COUNTRIES**

UNFORTUNATELY, THE RAPID EXPANSION OF IMMIGRATION DETENTION IS NOT CONFINED TO THE UNITED STATES. SEVERAL OTHER COUNTRIES, SUCH AS AUSTRALIA AND THE UNITED KINGDOM, HAVE SIMILARLY INCREASED THEIR USE OF DETENTION, THANKS TO BOTH RISING ETHNO-NATIONALISM AND LOBBYING BY US-FOUNDED TRANSNATIONAL PRIVATE PRISON COMPANIES.

THE UNITED KINGDOM

The Association of Visitors to Immigration Detainees (AVID), the national network of visitor volunteers to people in immigration detention in the United Kingdom, joined with Bail for Immigration Detainees (BID) to form the Mental Health in Immigration Detention Project in 2010. Their 2012 report, “*Positive duty of care? The mental health crisis in immigration detention:*” enumerates many concerns regarding the mental health impact of detention and the lack of mental health-care, including: inadequate screening, adverse disciplinary consequences, the use of segregation, distrust of the system by people in detention, and inconsistent policies across facilities.

Medical Justice, another UK-based organi-

zation, released their initial *Mental Health in Immigration Detention Action Group* report in 2013. They explored the primary reasons that people are likely to suffer mental health consequences in detention: 1) the fact that detention itself often means a person’s story of abuse has been “disbelieved” and they are now threatened with deportation to a place where they have experienced persecution; 2) the negative impact of deprivation of liberty and isolation from community; 3) the indefinite nature of detention, which has been shown to enhance mental illness greatly; and 4) the length of imprisonment which is correlated with severity of mental illness. For these reasons, they advocate wider use of community-based alternatives to detention.

AUSTRALIA

Since the administration of Tony Abbott beginning in 2013, Australia has taken a more hostile approach toward refugees and migrants, defined by its increasing use of offshore “processing” (detention) centers such as those on Manus Island and Nauru. In *“Challenges to Providing Mental Health Care in Immigration Detention,”* a 2016 report published by the Global Detention Project (GDP), a team of mental health researchers and service providers (including the former head of mental health of the private contractor that provided medical care at Australian immigration detention centers) made a case against the possibility of adequate mental health care treatment in immigration detention.

They noted that immigration detention functions as an “invalidating environment,” which is defined as one “in which someone’s personal thoughts, feelings, communications and requests are ignored, dismissed, contradicted, trivialized, or not accepted as a valid response to the circumstances.” Such invalidating environments, the authors argued, directly result in mental health issues. Furthermore, given that the health professionals maintain dual loyalties - not only to the asylum seekers but additionally to the detention facility operators - it is unlikely that detained individuals would be able to trust a health care worker who is “part of a system that deprives them of their liberty and likely has been the cause of substantial distress, harm and possible abuse.”

The GDP paper also highlighted the vicious cycle that unfolds when someone is struggling with mental health in detention, as the communication of emotional distress is responded to negatively with increasingly harsh responses. First, feelings of invalidation can often lead to impulsive behaviors, such as self-harm and suicide, that function as short-term escapes from the unbearable level of distress that people are experiencing. Self-injurious and parasuicidal behaviors are subsequently responded to with yet more exclusion, containment, isolation, or restraint, which only deepens the individual’s sense of invalidation.

Finally, while the GDP paper recognized that refugees, asylum seekers and other migrants suffer from particularly high rates of past torture and trauma exposure, which indeed causes them to be more vulnerable to the traumatic effects of invalidation, the authors noted that the level of mental health deterioration experienced by those undergoing the refugee determination process is less than that experienced by those in detention. That is to say, the experience and impact of detention can be isolated from the experience and impact of forced migration. Furthermore, the former has its own inherently negative effects which cannot be mitigated; the authors conclude that “at a practical level, there is little to guide the mental health practitioner in identifying mental health interventions that can support the mental health and wellbeing of detainees and ameliorate the iatrogenic effects of detention.”

GLOBAL REVIEW

In December 2018, a [systematic review on the mental health consequences of immigration detention](#) was published in the academic journal BMC Psychiatry. Upon a meta-analysis of 26 studies with a total of 2,099 participants, the researchers concluded that “adverse mental health consequences of immigration detention are consistently recognised across the literature... Such findings prevail even in countries where detention standards are regarded as relatively benign.”

They found that controlled studies with non-detained individuals uniformly suggest more severe symptoms in detained individuals and that detention duration was positively associated with severity of mental symptoms. They note that immigration detention acts inherently as a stressor, as it “entails loss of liberty and the threat of forced return to the country of origin... For many asylum seekers with a history of major trauma, it is reminiscent of contexts in their country of origin where they had been deprived of their liberty and human rights.” Notably, the researchers make the argument that “detention should be viewed as a traumatic experience in and of itself.”

“I really miss seeing the sun. Since November 12, 2016 I have been detained. My only crime is being an immigrant. My experience here is very emotional, deprived, suppressed, miserable, dreadful, fearful, depression, emptiness, loneliness and painful. No contact visits with family or friends, there are no programs to help us deal with what we are going through. Can't really get any medical care. Our movement is basically restricted to a small area.

[Drawing] helps me, by distracting my mind that my body is in detention. While I draw I listen to music and when I'm not drawing I am dreaming (dreaming in my mind) by designing the next drawing or building in my mind a future home with a roof that opens up to the night sky (I have a thing about the moon and the stars). But until then I will keep on fighting for my dreams. I hope it is not a crime to dream or else they will keep me locked up for life ...”

—Excerpt from *“I Hope It's Not a Crime to Dream,”* an article published in IMM-Print by Anthony Miranda, currently detained at the Northwest Detention Center

DETENTION AS A SYSTEMIC BARRIER TO MENTAL HEALTH

RESEARCH PHILOSOPHY & METHODOLOGY

OVER THE COURSE of the last decade, Freedom for Immigrants' network of visitation groups and hotline volunteers has visited or spoken with hundreds of thousands of people in immigration detention. This past year, alone, we visited approximately 27,000 people in U.S. immigration detention. Anecdotally, we have heard from nearly each and every person in detention that they experience feelings of isolation.

People in immigration detention overwhelmingly express feelings of isolation stemming from the realities of a carceral environment. Between January and December 2018, Freedom for Immigrants surveyed 2,055 people in U.S. immigration detention who reported a total of 1,695 abuses or issues either caused by the isolation inherent in the system or exacerbated by the isolation. For example, people in detention reported the inability to connect with family or attorneys, transfers away from communities of support, solitary confinement, extreme temperatures (e.g., freezing cold cells), attacks on religious practices (e.g. denial of prayer), and humiliation (e.g. called names, physically abused, sexually assaulted). In immigration detention, these tactics of isolation are designed

to subvert a person's sense of safety and control by disrupting senses, disintegrating personality, and undermining closely-held beliefs.

While immigration detention may not traditionally be understood as torture, this deliberate clustering of psychological assaults—often over a prolonged period of time—amounts to a system that is psychologically torturous.

While we encourage others to study how systemic isolation affects mental health and amounts to torture, the purpose of this report is action-oriented. Given that systemic isolation is a reality we witness each day in the interactions we have with people impacted by U.S. immigration detention, we set out to identify ways in which people cope so that we can together strengthen community-based resources for resilience and resistance in the face of psychological torture.

We developed an in-depth 75-question interview, which we conducted with people currently in ICE detention, people who have formerly been in ICE detention, and loved ones of people currently or formerly in ICE detention. The surveys were completed anonymously, and an explicit acknowledgment of informed consent was required. Only individuals over the age of 18 were sur-

veyed for this report. People took the survey in-person, online, by mail, or by calling our hotline. The surveys were available in English, Spanish, French, and Portuguese.

A total of 40 individuals took the survey over the first half of the year of 2019: 17 people currently in ICE detention, 14 people formerly in ICE detention, and 9 loved ones of people currently or formerly in ICE detention. This was not intended to be a representative sample, as our goal was not to produce a clinical study, but rather to hear directly from impacted people about what strategies have helped them stay alive in such intolerable conditions.

Of the individuals surveyed, represented races included Latino/a/x or Hispanic (59.3%); African American or Black (18.5%); White (7.4%); Asian/ Asian American /Pacific Islander (3.7%); Middle Eastern or Arab (3.7%); and African (3.7%). The most common age ranges were 35-44 years (37.5%), 45-54 years (28.1%), 25-34 years (25%), 18-24 years (6.3%), and 55-64 years (3.1%).

Men were the most common gender identity surveyed (53.8%), followed by women (34.6%), transgender women (7.7%), and gender-fluid/gender-queer (3.8%). The most commonly represented sexual orientations were straight/heterosexual (70.8%), gay

(12.5%), bisexual (8.3%), and queer (8.3%).

The most common countries of origin represented included Mexico (22.6%), El Salvador (19.3%), Guatemala (9.7%), Cameroon (6.5%), the United States (6.5%), as well as Colombia, Cuba, Democratic Republic of Congo, Honduras, Iraq, Jamaica, Kenya, Latvia, Nigeria, Pakistan, and Trinidad. Survey participants included both recently arrived individuals seeking asylum and longtime U.S. residents, with 33.3% having been detained upon or shortly after arrival, 14.3% having lived in the U.S. for 1-9 years before being detained by ICE, 9.5% having lived in the U.S. for 10-20 years, and 38.1% having lived in the U.S. for over 20 years.

The detention facilities where participants were most commonly held included Adelanto Detention Facility in CA (15.6%), El Paso ICE Processing Center in TX (15.6%), Strafford County House of Corrections in NH (12.5%), Otay Mesa Detention Facility in CA (9.4%), West County Detention Facility in CA (9.4%), James Musick Jail in CA (6.3%), Yuba County Jail in CA (6.3%), as well as Baker County Jail and Krome Processing Center in FL, Cibola Correctional Facility in NM, Eloy Detention Center and Florence ICE Processing Center in AZ, Etowah County Jail in AL, and Theo Lacy Jail and Santa Ana City Jail in CA. Thus, approximately 53% of participants were held in privately operated facilities and 47% were held in publicly operated facilities.



“It’s stressful enough not knowing how your family members are... and then when you’re in the hole, you don’t even know the time of day.”

-Person Formerly Detained

IMPACT OF IMMIGRATION DETENTION ON MENTAL HEALTH

FAMILY SEPARATION & ISOLATION

SEPARATION AND ISOLATION from one's loved ones was widely deemed to be one of the greatest stressors that people in immigration detention face. 78.6% of surveyed detained individuals expressed missing their loved ones. 32.5% of individuals with spouses, partners, or children reported not being able to have a single visit with their loved ones over the course of their entire time in immigration detention. The most common barriers to family visitation include: distance from detention facility, cost of transportation, inconvenient visitation hours and waiting times, and fears over interacting with law or immigration enforcement.

Even communication through telephone was difficult for families to achieve. Only 10% reported being able to stay in regular contact via telephone with their families, with an average of approximately one call a week. One person seeking asylum from the Democratic Republic of Congo recounted how they were unable to contact their family for their first eighteen days in ICE detention. Another person surveyed, seeking asylum from Haiti, was detained in Folkston Detention Facility (GA) while his brother, who suffers from mental illness, was detained at Stewart Detention Facility (GA). Upon his release,

he could not find his brother in the ICE detention system, and expressed suicidal thoughts because of his deep concern for his brother's safety. Many others shared similar narratives of fear and uncertainty. Even when there is certainty, there can still be shame. One father from Mexico, detained at West County Detention Facility, explained that when his son asks where he is, his mother does not tell him the truth.

People also shared about the negative impact of their detention on their ties to the community. One aspect that seems unique to those facing immigration detention is the uncertainty as to what each individual's future might hold, which makes it less likely that others will incorporate them into their planning. As one man from El Salvador detained at Otay Mesa Detention Center shared,

“everyone asks when I will get out, but there is no date.”

Unsurprisingly, several individuals reported losing employment and housing. One man from Mexico who was detained at Yuba County Jail, reflected, “People think being locked up means you're a bad person. Even I think that

sometimes.” One Romani transwoman detained at Cibola Correctional Center lamented the loss of a sense of coexistence and companionship with her neighbors back at home.

EMOTIONAL STRAIN & DEPRESSION

WHEN ASKED ABOUT the intensity of the emotional and physical strain caused by their experience with immigration detention, survey participants indicated that in fact, the emotional strain was much more intense than the physical strain. 75% of formerly and detained individuals described the emotional strain as “extreme” and 17.9% described it as “significant.” As a contrast, 39.3% described the physical strain as “extreme” and 35.7% described it as “significant.” Many people reported feeling both extreme or significant emotional and physical strains.

One example of extreme emotional and physical strain was shared with us by a woman from Mexico detained at Yuba County Jail: “I don't get the right medical attention. I'm locked up, segregated. Some of the officers here are very abusive, my mental and physical disabilities has increased, I also don't understand how I get this type of treatment. It's cruel, inhumane, degrading. I'm without physical activities. I'm mistreated, afflicted, confused, grieved, defiled, overwhelmed,

persecuted. I have no strength. I'm crushed continually. I feel myself in darkness.”

Our survey found that 78.6% of people in ICE detention had experienced a traumatic event before being detained, and of those, 76.9% felt that the detention facilities did not have adequate mental health services to address that trauma.

In one case, a woman from Nigeria who had experienced trauma was given access to high dosages of potentially harmful medication while she was detained at Adelanto Detention Facility, even after an initial suicide attempt. A loved one shared, “She is having difficulty with her memory and having flashbacks from the Boko Haram attacks. She was given a whole bottle of pills, when they knew about her mental condition... she took the whole bottle. She had to be taken to the hospital to have her stomach pumped. She just recently returned from two weeks at a mental health facility and they again were going to give her a whole bottle of pills, but she asked them just to give her one at a time.”

Over three quarters of currently and formerly detained individuals who considered themselves to be generally happy people before being detained, no longer did. Even more starkly, over 85% of currently and formerly detained individuals who did not consider themselves to be depressed before being detained, now do. Similarly, over 85% of currently and formerly detained individuals expressed feeling a general sense of emptiness.

While it is unsurprising 92% of currently detained individuals expressed that they felt that they cannot rely on detention facility

staff, it is disheartening and notable that 69.2% also expressed feeling that they could not rely on someone outside.

STRESSORS OF DETENTION

Notably, when asked to rate aspects of immigration detention based on how much stress or unhappiness each one caused (1-10, with the latter indicating more stress), currently and formerly detained individuals expressed that the most stressful factors were the more abstract ones, inherent to the experience of being isolated in immigration detention, rather than more concretely intolerable conditions and abuse. This obviously does not mean that people in immigration detention do not experience high rates of intolerable conditions and abuse (as the opposite has been extensively documented by Freedom for Immigrants and other organizations), but rather, that when evaluating which aspects of their detention actually caused the most emotional strife, it was not the particular horrors of the specific detention facility in which they were confined, but the general horror of detention and isolation itself.

The greatest stressor identified was the fear of being transferred or deported, with 10.00 as the median rating and 8.73 as the average. Transfers and deportations are extremely traumatizing experiences, often taking place in the middle of the night with no warning. One man seeking asylum from Cameroon, detained at Stewart Detention Facility, described his “many transfers between detention centers, always handcuffed, always prolonged and stressful.” He wonders

if the reason for the multiple transfers were just to keep him in a state of anxiety. Another man from Haiti, detained at Monroe Detention Facility, noted that he couldn't remember how many times he had been transferred, and compared the practice to human trafficking.

Barriers to visiting with family and friends was the second greatest stressor, with 10.00 as the median rating and 8.64 as the average. One woman seeking asylum from El Salvador, detained at Adelanto Detention Facility, expressed feeling suicidal because she was unable to visit with her mother before she passed from cancer.

Barriers to making reasonably priced phone calls was the third greatest stressor, with 10.00 as the median rating and 8.12 as the average. In some cases, we have received reports of phone access being denied entirely, such as in the case of one woman from Angola who was detained at Hutto Detention Facility and denied phone access due to her “suicidal tendencies,” merely adding to her emotional turmoil.

The following were also deemed stressful by the majority of survey participants:

- Barriers to having an attorney or communicating with one's attorney (10.00 median, 7.96 average)
- Bad food or not enough food (10.00 median, 7.76 average)
- Racial discrimination (10.00 median, 7.17 average)
- Lack of control over one's day-to-day life and one's future (9.50 median, 7.58 average)

- Poor housing conditions (9.00 median, 7.88 average)
- Lack of knowledge about my immigration case (9.00 median, 7.48 average)
- Barriers to having physical contact with other human beings (8.50 median, 6.60 average)
- Barriers to speaking regularly with a therapist (8.00 median, 7.13 average)
- Emotional abuse by guards or ICE (7.00 median, 6.52 average)
- Barriers to fully practicing one's religion (6.00 median, 6.00 average)

“I would rather serve another life sentence than go back to immigration detention. At least when I was in prison, I knew what to expect.”

When asked about other stressors, individuals raised several others such as lack of reading materials or music, inability to bathe regularly, abrupt searches and lock-downs, sympathy for or conflicts with other people in detention, tampering of mail, facility temperatures, and solitary confinement. As one woman from Guatemala who detained at West County Detention Facility shared, “It’s stressful enough not knowing how your family members are... and then when you’re in the hole, you don’t even know the time of day.”



EMOTIONAL RESPONSES TO STRESSORS OF DETENTION

WHEN NAMING the emotional responses they experienced as a result of detention, 100% of survey participants indicated that they felt stress. This is perhaps not surprising given that it would be highly uncommon for someone in immigration detention to not feel stressed. However, it is disconcerting that much more severe emotional responses were also experienced at high rates.

For example, 82.1% of survey participants shared that they experienced depression. This is particularly shocking given that people in immigration detention often suffer from cultural stigma regarding mental illness and/or may not be familiar with Western mental illness frameworks. The depressive thoughts that they expressed are overwhelmingly intense in nature. One young man seeking asylum from Bangladesh detained at Stewart Detention Facility shared,

“One day in here is like one year. I cry so much. I fear that I will die in here.”

The second most common emotional response was anxiety, experienced by 67.8% of survey participants. Once again, it is significant that so many people self-identified as suffering from anxiety, and those who did were experiencing symptoms far more severe than generalized unease. As the same young man as above expressed, “I feel constantly scared and anxious throughout the day and night. Everything is becoming walls. I need to be in a wide open space.”

Other commonly cited emotional responses included loneliness (64.3%), insomnia (60.7%), being easily frightened or angered (57.1%), nightmares (53.6%), and having trouble concentrating or remembering (53.6%). Again, the severity of the symptoms described are notable. The nightmares that people suffer are often traumatic in nature and “trouble concentrating or remembering” can signify something as intense as forgetting the name of a best friend in one case.

However, even the less commonly expressed emotional responses were disturbing for the gravity of potential consequences. One in four (25%) individuals expressed having suicidal thoughts, and almost one in five (17.8%) expressed having thoughts of self-harm. One of the individuals interviewed shared that they had in fact attempted suicide.

Other emotional responses raised included inability to trust others and a sense of helplessness.

PHYSIOLOGICAL RESPONSES TO STRESSORS OF DETENTION

HEADACHES OR MIGRAINES were the most common physiological response to the stressors of detention, with 64.3% of participants suffering from them. This is concerning given the well-documented medical neglect that people in detention experience when they indicate to facility or ICE staff that they are suffering from a headache or migraine. Overwhelmingly, people in ICE detention are denied pain medication and told that if they want any, that they have to purchase it from the commissary, which is impossible

for many given the [exorbitant prices](#). Medical staff also frequently tell people suffering headaches or migraines to “just drink more water,” which besides being an inadequate response, also ignores the fact that in many detention facilities, bathroom use can be highly restricted, thus disincentivizing people from staying hydrated. Perhaps one of the most infamous examples of this practice was suffered by the [women in ICE detention at West County Detention Facility](#), where they would be locked in cells without toilets up to 22 hours a day and at times given biohazard bags by deputies instead of being allowed to pass to the jail restrooms.

Fatigue was the second most common physiological response to detention, with more than one in three (35.7%) individuals experiencing physical and mental exhaustion. This is unsurprising given that it is extremely difficult to achieve restful sleep in detention due to the overcrowding, 24/7 fluorescent lighting, noise, and frequent population “counts” conducted by guards throughout the night.

The third most common physiological response (28.6%) was extreme weight loss or gain, which can be due to the lack of nutritious, appetizing, and plentiful food and opportunity for exercise, as well as behaviors such as emotional eating or self-starvation that people in stressful situations sometimes employ (including for political ends, such as hunger strikes). Given the well-documented medical neglect in detention, rapid and extreme weight loss or gain can be especially dangerous, and as a result individuals often

experience serious consequences such as fainting or heart attacks. On a related note, 17.6% of individuals shared that they have high blood pressure as a result of detention, and 10.7% now suffer from heart disease. Hair loss (3.6%) was also reported to us, which can be the result of malnourishment as well as mental stress.

MENTAL HEALTH SERVICES IN DETENTION

GIVEN THE MANY YEARS of documentation of the mental health crisis caused by immigration detention and the reported inadequacy of mental health services provided inside, one might hope that ICE would have taken steps to improve the mental health services offered to the people it detains. Unfortunately, survey participants instead painted a picture of total disregard for their mental well-being, even worse than the medical neglect that has been previously documented.

Nearly six in ten individuals (57.7%) reported not seeing a mental health professional besides the cursory screening on the day that they are booked in. One woman from Guatemala detained at West County Detention Facility shared, “I asked for therapy even though I knew all they’d do would be put my name down on some list. I’m still waiting on that list.” The outright denial of mental health services occurs even when an individual needs to see a mental health professional to gather evidence for their asylum case, for example, the woman from Angola detained at Hutto Detention Facility, who

desperately tried to see a clinical psychologist to get a report but was only permitted to see a social worker.

The ICE National Detention Standards state that mental health staff should be on call to respond to the needs of people in detention 24 hours a day, seven days a week. Yet, 81.8% of individuals surveyed said that there was no such on-call staff available. Even when people were able to successfully be seen by a mental health professional, often their only treatment was to be prescribed psychotropic medication. This is concerning given that many people in immigration detention have extremely valid reasons to be struggling with mental health; but instead of receiving psychotherapy, they suffer the medicalization of their emotions. Furthermore, 45% of those prescribed medication did not always receive their psychotropic medication on time, and 33.3% were not evaluated by a duly-licensed and appropriate medical provider once a month. This haphazard and unregulated dispensing of medication results in many people in immigration detention experiencing side effects, withdrawal symptoms, and overmedication.

Of course, when someone already taking psychotropic medication is detained by ICE, it is an arduous process for the individual to access that same medication, further putting an emotional strain on an already existing mental health condition. One man from El Salvador knew as soon as he was detained at Rio Cosumnes Correctional Facility that he would need his psychiatric medication as soon as possible, all the more so given

the intolerable conditions inside. His mother submitted records from his personal doctor about his hospitalizations as a youth due to depression, and the medications he had been taking. However, the facility refused to accept them. It took a month of the man submitting requests to be seen by medical staff every day before he was able to resume taking his medication.

Fluency in English also affects whether someone receives adequate mental health-care. When asked about the availability of bilingual staff or interpreters for those who do not speak English, 38.1% said their facility had no such staff, and 61.9% reported their facility used other detained individuals as mental health interpreters. Nor only is this a clear violation of patient confidentiality, but it also places the burden on other detained individuals to provide mental health support. For people with disabilities (such as blind or deaf individuals), they faced yet more barriers, as 72.7% reported that their facility did not provide communication assistance for mental healthcare for them in particular.

Also concerning were the reports of physical or chemical restraints. 28% of survey participants said that they had been handcuffed or in another restraint while speaking with a mental health care professional, and 31.8% witnessed a person being involuntarily administered psychotropic medication (e.g., sedatives or tranquilizers). While such physical or chemical restraints are typically not recommended in any mental health care settings, it can be all the more retraumatizing for asylum seekers given the history of

state-sanctioned torture and imprisonment that many have experienced.

The survey participants' experiences of detention facilities reflect recent systematic studies regarding the overuse of solitary confinement in ICE detention. In fact, 44% of survey participants said that they had been placed into solitary confinement or some other type of isolation during their detention. Even one woman who had not experienced solitary confinement felt that the experience of being stuck in a cell 22 hours per day at West County Detention Facility was comparable: "We were all in solitary confinement, really." Of those who had suffered solitary confinement, 92.9% of them reported not having access to the same level of health care as those in the general population. Many individuals shared being afraid to express negative feelings such as sadness for fear that they would be placed in or continue to be in solitary confinement.

Suicide is increasingly a public health crisis inside immigration detention. Among other reasons elaborated above, some individuals described suicide attempts as a sort of last resort for people desperate for medical attention. As the woman from Guatemala detained at West County Detention Facility shared,

"The only time they ever paid attention was if someone threatened to commit suicide or acted on it—and then they might."

63.2% of participants either witnessed or heard about someone attempting suicide while they were in detention. Of those, 80% said that the facility did not offer appropriate follow-up mental health services for other individuals in detention after someone attempted suicide, which can have a negative impact on the mental health of others.

When asked how ICE could improve its mental health services, survey participants seemed mostly at a loss. One man from Mexico, detained at Aurora Detention Facility, explained that he did not believe there was any way to improve the mental health services inside detention as he was unable to trust the therapist assigned to him. A transgender woman from Honduras, detained at Cibola Correctional Facility, voiced a similar concern: "The problem is that the doctors answer to ICE and not to the detainees." While a few individuals noted the benefits that the addition of more bilingual mental health staff might provide, the more common answers to how ICE could improve its mental health services were more along the lines of "They don't care to," and "By not detaining us."

STRATEGIES TO COPE WITH STRESS INSIDE

PEOPLE IN IMMIGRATION detention utilize a variety of strategies to help manage the emotional and physiological stress inherent to the detention system, despite the difficulties that result from being imprisoned. Prayer was the most commonly cited coping mechanism for those in detention, with

64.3% of individuals engaging in prayer to relieve stress. Other common activities used include reading (60.7%), exercise (57.1%), spending time with others detained (50.0%), visiting with community members (46.43%), attending religious services (46.43%), writing (42.6%), talking on the phone (35.7%), and meditation (25.0%).

Unfortunately, many of these activities are unavailable or inaccessible to individuals in detention, for example, exercise (which is highly restricted in most facilities), visiting with community members, attending religious services or calling a friend. A woman from Guatemala shared about her experience struggling to access such activities while she was detained at West County Detention Facility:

"Only five of us were allowed to go to church each week, and we would all desperately run to be one of the first in line."

During weeks that she was unable to attend the religious services, she found solace in being visited by community members, explaining, "Even though I didn't have family to support me, I had you all. You all were my family."

Others noted their reliance on self-contained activities such as drawing or sleeping in the face of the lack of programming. A transgender woman from Honduras who was detained at Cibola Correctional Facility offered up

singing as another example, explaining, “We don’t have even have a radio to be able to listen to music. But music is so important. So I sing.” Another woman from Mexico who had been detained at Yuba County Jail shared a similar sentiment:

“Singing was the only way for our sadness to leave us, even if just for a moment.”

When asked how the community could support people in detention struggling with mental health, ideas flourished. Increased visitation and communication with family, friends and community members was cited by nearly everyone surveyed. Letters, books, art supplies, and make-up were also mentioned as crucial sources of mental well-being. Finally, a few individuals raised the potential benefits of forming peer counseling groups inside detention.



“I have one friend who was also in detention. We have cried about our experiences together and talked about the reasons that we never stopped fighting. She is the only friend I have who understands what detention means.”

-Person Formerly Detained

STRENGTHS & STRUGGLES POST-DETENTION

PEOPLE IN IMMIGRATION detention do not receive the continuity of care that the ICE National Detention Standards mandate upon release. For example, 57.7% did not receive a discharge plan, and 85.7% did not receive a summary of their medical records nor referrals to community-based providers. As a result, 78.6% of formerly detained participants have not seen a mental health professional after their release, and of the few that have, 71.4% are not seeing anyone on a regular basis. Of those who have not seen a mental health professional, 53.8% explained that they did not have money or insurance to pay for it, 23.1% explained that they did not have time, 15.4% explained that they could not find a therapist who spoke their language and/or was culturally competent, and 15.4% just did not know how to go about it.

The isolation and family separation caused by immigration detention continues to have negative effects even after someone is released. Only 61.5% of formerly detained people feel that they have someone that they can rely on, and 50% expressed feeling rejected at times by their loved ones. People also indicate that feelings of shame and stigma can continue even after being free, with 35.7% of formerly detained individuals choosing not to share with new acquaintances that they had been in immigration detention, citing embarrassment, fear of judgment or rejection, or avoidance of retraumatization. Others

disagreed however, declaring to find speaking publicly about what they had experienced to be self-affirming and meaningful as a medium of peer education.

STRATEGIES TO COPE WITH STRESS POST-DETENTION

“I worry that everyone looks at my ankle monitor and judges me. It’s awful having to walk through life like this.”

ONCE RELEASED from immigration detention, individuals have more freedom to engage in activities to help maintain their mental well-being than while they were detained inside. Over three in four individuals (76.9%) expressed the importance of exercise post-release, which once again is not possible for many people while detained. Community-based activities were also deemed valuable for stress relief, including spending time with family and friends (61.5%), volunteer work, service, or activism (46.2%), and working (38.5%); all of which are more accessible for people who are fighting their immigration case outside of detention. One woman from Mexico detained at Yuba County Jail shared, “Community is very important for when someone gets out. One has to share about the reality of what they lived inside, even though it’s painful to.”

Notably, over one in three individuals expressed an interest in remaining connected with others who have experienced detention, with 38.5% finding it helpful to spend time with others who were detained. One woman from Guatemala who was detained at West County Detention Facility explained, “I have one friend who was also in detention. We have cried about our experiences together and talked about the reasons that we never stopped fighting. She is the only friend I have who understands what detention means.” Furthermore, 30.8% expressed an interest in remaining in contact via visits, phone or mail with people still inside. One man from Mexico who was detained at Aurora Detention Facility shared his interest in supporting others still in detention:

“I want to tell people currently in detention that I, too, felt desperate when I first got there. I, too, felt suicidal. The only solution is to keep yourself busy.”

STRUGGLES FACED BY LOVED ONES

DETENTION IMPACTS not only the mental health of people in ICE custody but also the emotional wellbeing of their communities. The loved ones of people in immigration detention often also experience intense emotional and physical strain, although similarly to those formerly or currently detained, the emotional impact appears to be greater.

Regarding the emotional impact, 55.6% of loved ones surveyed described theirs as “extreme” and 11.1% described theirs as “significant.” In contrast, 33.3% of loved ones described the physical strain as “extreme” and 66.6% described it as “significant.”

Their symptoms tended to reflect those of detained inside, with stress (88.9%), depression (66.7%), loneliness (66.7%), headaches/migraines (66.7%), anxiety (44.5%), insomnia (44.5%), fatigue (44.5%) and high blood pressure (44.5%) listed as the common ones. Unfortunately, it can be just as difficult for loved ones to battle isolation as it is for the individuals inside detention. 66.6% of loved ones have at times decided not to disclose the detention of their loved one due to the stigma, anxiety, and fear of alienation or rejection. 77.7% of loved ones have not seen a mental health professional, 50% because of the lack of money or medical insurance, 25% because of the lack of culturally competent therapists, and 12.5% because of the lack of time.

LOVED ONES' STRATEGIES TO COPE WITH STRESS

SIMILAR TO THE RESPONSES of currently and formerly detained individuals, their loved ones highlighted the importance of community building, with 77.8% relying on spending time with family and friends to help them cope with stress, one in three (33.3%) individuals engaging in volunteer work, service, or activism, and one in three (33.3%) individuals spending time with other members of the community.



“What people inside need most is support from the outside.”

-Person Formerly Detained

Credit: Christina Montoya / Las Fotos Project

FREEDOM FOR IMMIGRANTS

COMMUNITY MENTAL HEALTH PROJECTS



WHILE OUR MOVEMENT CONTINUES TO FIGHT FOR OUR END GOAL OF ABOLITION, WE WANT TO STRIVE TO PROVIDE AS MUCH MENTAL HEALTH SUPPORT AS POSSIBLE TO THE PEOPLE IMPACTED BY IMMIGRATION DETENTION WHO ARE CURRENTLY SUFFERING. BASED ON THE OVERWHELMING CONSENSUS OF THE IN-DEPTH ANSWERS THAT THE OPEN-ENDED QUESTIONS OF OUR SURVEY INSPIRED, WE ARE UNDERTAKING THREE INITIATIVES THAT WE HOPE WILL CONTRIBUTE TO THE STRENGTH AND SOLIDARITY OF EVERYONE IN OUR NETWORK IN OUR STRUGGLE FOR JUSTICE.

COMMUNITY MENTAL HEALTH PROJECT 1:

HOTLINE ADVOCATES FOR ONE-ON-ONE SUPPORT

“

Talking with someone on the phone always made me calmer.

”

WE BELIEVE STRONGLY THAT THE MENTAL HEALTH OF THE COMMUNITY IS THE RESPONSIBILITY OF THE COMMUNITY. IT IS OBVIOUS THAT WE CANNOT RELY ON THE GOODWILL AND MEDICAL CARE OF THE VERY SYSTEM THAT OPPRESSES AND DISPOSSESSES IMMIGRANT COMMUNITIES. NOR CAN WE RELY ON INDIVIDUALIZED MENTAL HEALTH MODELS, AS IMPORTANT AS ACCESS TO MENTAL HEALTH SERVICES MAY BE, WHEN WHAT WE ARE AIMING FOR IS COLLECTIVE HEALING, COLLECTIVE LIBERATION.

Because detention access to 1-800 hotlines such as the National Suicide Prevention Lifeline is barred, we are now expanding our national detention hotline from a service that provides logistical assistance and documents abuses to a network that can be used for emotional support as well.

We are thus calling upon community members, in particular mental health professionals and others with relevant training and experience:

SIGN UP HERE TO PROVIDE ONE-ON-ONE SUPPORT TO PEOPLE IN DETENTION

These are people who are either in crisis or simply hoping to cope with trauma, think through their life situations, or connect with another human being under conditions of punitive isolation. Our advocates will be sympathetic to the goals of abolition and ready to listen, help and de-escalate crises when needed.

COMMUNITY MENTAL HEALTH PROJECT 2:

SOLIDARITY NEWSLETTERS TO STRENGTHEN THE MOVEMENT

“

What people inside need most is support from the outside. How many times did you all protest outside the jail? If you all hadn't done that, people would still be detained there. How many people have been deported because they didn't have that sense of support?

”

ANOTHER STRATEGY THAT WE ARE DEVELOPING IS TO DEEPEN AND UPLIFT THE CONNECTIONS, COLLABORATIONS, AND SOLIDARITIES BETWEEN THE RESISTANCE MOVEMENTS TAKING PLACE INSIDE AND OUTSIDE OF DETENTION. WE STRONGLY BELIEVE THAT THE VOICES OF THE OPPRESSED ARE ESSENTIAL TO ANY STRUGGLE FOR LIBERATION: THESE ARE NOT VOICES THAT NEED TO BE “LISTENED TO” OR “INCLUDED,” BUT WHOSE CRITICAL ACTIVITY AND SELF-UNDERSTANDING CREATE THE COLLECTIVE STRENGTH, TRANSFORMATIVE VISION, AND JOY IT TAKES TO OVERTHROW AN UNJUST SYSTEM AND REPLACE IT WITH SOMETHING BETTER.

This is why we are making a commitment to expanding our publication's newspaper, *IMM Print*, to focus more on on-the-ground, inside/outside organizing. We have had an exciting response since we started distributing *IMM Print* inside immigrant prisons at the beginning of 2019. Now, we will start including a new section in every issue. The “*Solidarity News*,” will communicate explicitly about movement news such as litigation concerning detention conditions and U.S. immigration policy, direct actions organized to demand the closing of detention facilities and stop deportations, efforts happening in other facilities (i.e., hunger strikes), efforts to shut down

detention and disrupt U.S. immigration enforcement, and policy proposals that seek to abolish detention and deportation.

The goal of the “*Solidarity News*” section is to strengthen solidarity between people detained and people advocating for the abolition of immigration detention and deportation, as well as to uplift inside efforts in other facilities. We want to help grow and strengthen a sense of camaraderie instead of alienation. Whereas the U.S. government attempts to isolate people from their communities, we intend to show that our communities cannot be divided.

COMMUNITY MENTAL HEALTH PROJECT 3:

MUTUAL SUPPORT GROUPS FOR COMMUNITY-BUILDING

“

I wish there had been a group of people going through the same thing as me that I could have met with, so I wouldn't have had to struggle through it by myself... We need a physical place. An emotional refuge. So many people don't know what to do. When one feels alone, it can result in negative thoughts.

”

DETENTION IS INHERENTLY AN ISOLATING EXPERIENCE. EVEN AFTER BEING RELEASED, IT CAN BE A STRUGGLE TO CONNECT WITH OTHERS WHO DO NOT TRULY UNDERSTAND WHAT THEY ARE GOING THROUGH. MANY SURVEY PARTICIPANTS EXPRESSED INTEREST IN OR GRATITUDE FOR THE OPPORTUNITY TO TALK WITH OTHERS WHO ARE LIKE THEMSELVES AND WITH WHOM THEY CAN SHARE INSIGHTS THAT CAN ONLY COME FROM FIRSTHAND EXPERIENCE. AS NOTED ABOVE, FORMERLY DETAINED INDIVIDUALS AND LOVED ONES FEAR STIGMATIZATION FROM OTHERS IN THE COMMUNITY WHO ARE NOT SIMILARLY IMPACTED, AND, FOR A VARIETY OF REASONS, ENGAGING WITH PROFESSIONAL MENTAL HEALTH SERVICES IS UNFEASIBLE OR UNDESIRE.

Starting in Summer 2019, Freedom for Immigrants is piloting a project to connect people directly impacted by detention to one another for mutual support and community organizing through peer-led groups based in their own communities. While such groups have organically formed for years, Freedom for Immigrants is committed to ensuring that every directly impacted member in our network who is interested in this type of community support can access it.

There are many barriers that people face when trying to connect with others who have also been detained. The middle-of-the-night transfers, releases, and deportations that people experience can make it difficult for them to stay in contact with one another. While many individuals engage in advocacy or activism post-detention and meet others through these means, others may be less inclined to do so for personal or other reasons. Furthermore, even when people stay connected, it can be difficult to navigate finding and facilitating a

COMMUNITY MENTAL HEALTH PROJECT 3:

MUTUAL SUPPORT GROUPS FOR COMMUNITY-BUILDING

welcoming and accessible space, especially in a new or expensive city.

Those who expressed interest in these type of mutual support groups envision them to have a variety of purposes, in addition to emotional support and community-building. These groups are critical in facilitating the leadership of those most impacted, which is especially important for guiding the strategies and tactics of local allied organizations. They also see these as spaces where people can connect to engage in political peer education, exchange of information regarding local resources (legal service providers, employment, healthcare, etc.), and community presentations (attorneys, therapists, organizers, etc.). These groups often naturally create sites of political organizing, whether that involves crafting a [participatory action research report about conditions in detention](#), setting up a support network for people in detention, or mobilizing to demand the end of a local ICE contract.

Everyone in the Freedom for Immigrants network are strongly encouraged to help facilitate these in-person groups in their local areas, and you will have our support in doing so. These groups might take the shape of a standing meeting at a public place like

a park (e.g., the first Saturday afternoon of every month), or a potluck at someone's home. The goal for these groups would be to ensure that they are as inclusive as possible, so they should be accessible for people with physical or mental disability, as well as accessible by public and private transportation, and operate from a framework of language justice.

The establishment of ground rules is critical. Often these focus on interdynamic aspects such as confidentiality, active listening, vulnerability and making or taking space. These ground rules will continue to evolve throughout the process, as the group should continuously reflect on its values and practices.

While a facilitator may not be necessary, it may be helpful to have a coordinator who can remind participants of upcoming meetings and to whom individuals can confirm attendance and express related needs. If a facilitator is desired by the group, it is recommended that while they can have topics or questions prepared, they should also be flexible and willing to discuss whatever is on people's minds. Any leadership role can be rotated between group members.

While any role of non-migrant allies in organizing these groups should be decided by local directly impacted leadership, they should be committed to providing any logistical support that is requested, such as the space, food & drink, childcare, transportation, interpretation, and outreach. Suggestions for individuals to target for outreach include allied attorneys, clergy, doctors, agency directors, social workers, media personnel, nurses, etc. who can let others in their networks know about the opportunity. Outreach can also involve creating and mailing brochures or flyers to the offices of local immigrants rights organizations or community referral hotlines.

While each local mutual support group should be empowered to be autonomous in developing its own goals and initiatives, we are ready and willing to assist in the development of a national platform for network communication after local groups are established, if desired. Furthermore, we hope to collaborate as a network to create a guide of best practices based on the successes and challenges encountered by each group, to be released in 2020.

CONCLUSION

IMMIGRATION DETENTION has inherently pernicious effects on the mental health of those who are subjected to it, as well as on their families and communities. Specific abuses and adverse conditions are secondary to the basic trauma of immigration detention: this is because immigration detention is purposefully designed as a system of psychological torture, forced disappearance, and population discipline within the overall project of the racial capitalist nation state. In other words, trauma will continue to be inflicted on our communities until the detention system ceases to exist.

People in the detention system are subjected to family separation and isolation, uncertainty about the future, marginalization within the labor market, medical neglect,

and terror of the repressive forces of the United States government as well as the governments of the countries they may be deported to. The vast majority of people in detention (refugees, asylum seekers, survivors of domestic and/or state-sanctioned violence) already struggle with mental health issues, and detention serves to retraumatize them.

Since the overall goal of immigration detention is to enforce racial hierarchy, discipline surplus labor populations, ensure profits for every major sector of capital (from tech to telecommunications to the private prison industries), and ultimately deport as many people as possible, ICE has an incentive to neglect and abuse the human rights of people in detention, in order to humiliate and exploit them as well as to force their “voluntary” departure. Thus there

is no possible immigration detention system conducive to the mental health of those who are caged in it.

Nor are proposed reforms and replacements to the system, such as “e-carceration” techniques as ankle monitors—based in humane policy or instincts. These reforms would only serve to replicate the surveillance, social stigma, and anxiety of immigration detention in a more palatable, less visible, and perhaps more fiscally efficient and profitable form.

As more and more people of good will in this country are rising up to declare the undeniable truth, that the U.S. government is and has been running [concentration camps](#), there can be only one logical and ethical conclusion: immigration detention cannot be reformed; it must be abolished.