SCHOOL OF SOCIAL WORK
Office of the Dean

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DECLARATION OF LUIS H. ZAYAS

I, Luis H. Zayas, declare as follows:

I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

I. Qualifications

1. I am a licensed psychologist and licensed clinical social worker in the State of Texas. Previously, I held psychology licenses in New York and Missouri and a clinical social work license in New York. I hold a master of science degree in social work (1975), and a master of arts (1984), master of philosophy (1985), and PhD (1986) in developmental psychology, all from Columbia University in the City of New York. I have been a practicing clinician since 1975 in child and adolescent psychiatry and primary care medicine.

2. I am presently the Dean of the School of Social Work at the University of Texas at Austin. I also occupy the Robert Lee Sutherland Chair in Mental Health and Social Policy. A copy of my curriculum vitae is attached hereto as Exhibit A.

3. Previously, I was the Shanti K. Khinduka Distinguished Professor of Social Work and Professor of Psychiatry, School of Medicine at Washington University in St. Louis. I was also founding director of the Center for Latino Family Research. Prior to my ten years at Washington University, I was professor of social work at Fordham University where I also directed the Center for Hispanic Mental Health Research; visiting associate professor of family medicine and visiting associate professor of psychiatry at Albert Einstein College of Medicine; and assistant

professor of social work at Columbia University in the City of New York.

4. My background encompasses clinical practice, teaching and research in child and adolescent mental health, child development, child-rearing, and family functioning. I have been a clinician in general acute care hospitals and in outpatient mental health clinics in inner city settings. My specialty has been on minority and immigrant families and their children. I have conducted research in prenatal and postpartum depression, child-rearing values, alcohol use among Hispanic men, the influence of ethnicity on psychiatric diagnosis, and the suicide attempts of young Hispanic females. My research has been funded by the National Science Foundation and the National Institutes of Health (National Institute of Mental Health and National Institute of Child Health and Human Development). Since 2006, I have focused my clinical and research attention on the U.S.-born and foreign-born children, undocumented children of undocumented immigrants, mostly from Mexico and Central America.

5. I have published over 100 papers in scientific and professional journals and two books, *Latinas Attempting Suicide: When Cultures, Families, and Daughters Collide* (Oxford University Press, 2011), and *Forgotten Citizens: Deportation, Children, and the Making of American Exiles and Orphans* (Oxford University Press, 2015). A complete list of my publications issued in the last ten years is included in my CV.

6. I have previously testified as an expert witness in the following cancellation of removal cases in immigration court:

In the Matter of Jose Alejo (Kansas City, 2012)

Cristina Carlos (Kansas City, 2011)

Reyna Canseco-Ibañez (Kansas City, 2011)

Fernando Garcia Cruz (Kansas City, 2011)

German Garcia (Kansas City, 2011)

Delio Lemuz-Hernandez (Kansas City, 2012)

Salvador Licea (San Antonio, 2014)

Ismael Limon (Kansas City, 2011)

Jose Rosario Lira-Correa (Orlando, 2013)

Ricardo Lopez (San Antonio, 2014)

Arturo Lopez Arrellano (Kansas City, 2006)

I also provided an affidavit as expert witness but did not testify In the Matter of Fuentes (San Antonio, 2014) on children's psychological functioning, Attention-Deficit/Hyperactivity Disorder, and childhood trauma.

7. I am making this declaration to provide my considered opinions concerning the psychological and developmental impact of detention on the immigrant families that I observed at the Karnes Detention Facility. My opinions derive from my interviews on August 19 and 20, 2014, with immigrant families detained at the Karnes County Residential Center.

8. My opinions are also based on 39 years of experience as a licensed social worker and psychologist conducting evaluation and treatment of children, adolescents, and families. This includes experience conducting evaluations for immigration courts since 2006 and conducting federally funded research on the mental health effects of the deportation of undocumented Mexican immigrants on their U.S.-born children since 2011. This research is currently being published in scientific journals and the aforementioned book.

9. I also reviewed relevant scientific literature in forming my conclusions, including the

following publications:

Abram, K.M., Zwecker, N.A., Welty, L.J., Hershfeld, M.A., Dulcan, M.K., & Teplin, L.A. (2014). Comorbidity and continuity of psychiatric disorders in youth after detention: A prospective longitudinal study. *Journal of the American Medical Association.*

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders, fifth edition.* Washington, DC: American Psychiatric Press.

Byrne, M.W., Goshin, L., & Blanchard-Lewis, B. (2012). Maternal separation during the reentry years for 100 infants raised in a prison nursery. *Family Court Review.*

Dallaire, D.H., Zeman, J.L., & Thrash, T.M. (2014). Children's experiences of maternal incarceration-specific risks: Predictions of psychological maladaptation. *Journal of Clinical Child and Adolescent Psychology.*

Evans, G. W., & Kim, P. (2013). Childhood poverty, chronic stress, self-regulation, and coping. *Child Development Perspectives, 7,* 43-48.

Foster, H., & Hagan, J. (2013). Maternal and paternal imprisonment in the stress process. *Social Science Research, 42,* 650-669.

McLaughlin, K.A., Sheridan, M.A., & Lambert, H.K. (2014). Childhood adversity and neural development: Deprivation and threat as distinct dimensions of early experience. *Neuroscience and Biobehavioral Reviews, 47,* 578-591.

Murray, J., & Farrington, D.P. (2005). Parental imprisonment: Effects on boys' antisocial behaviour and delinquency through the life-course. *Child Psychology and Psychiatry, 46,* 1269-1278.

Nesmith, A., & Ruhland, E. (2008). Children of incarcerated parents: Challenges and

resiliency, in their own words. *Children and Youth Services Review, 30,* 1119-1130.

II. Summary of Findings and Opinions

10. Detention has had serious and long-lasting impacts on the psychological health and well-being of the families I interviewed at Karnes. This was evident even though the families I interviewed had been detained at Karnes for a relatively limited period of time—i.e., two to three weeks. In general, mothers and children showed high levels of anxiety—especially separation anxiety for the children—symptoms of depression, and feelings of despair. Children showed signs that detention had caused developmental regression, such as reversion to breastfeeding, and major psychiatric disorders, including suicidal ideation. Teenagers showed signs of depression and anxiety and, in some cases, major depressive disorders. The impacts of detention are exacerbated by the fact that families have already experienced serious trauma in their home countries and in the course of their journey to the United States.

11. The psychological traumas experienced by these mothers and children—in their home countries, during their travel to the United States, and upon their detention in the United States—will require years of mental health services to alleviate. Moreover, the ongoing stress, despair, and uncertainty of detention—for even a relatively brief period of time—specifically compromises the children's intellectual and cognitive development and contributes to the development of chronic illness in ways that may be irreversible. Detention at Karnes puts children at risk of recurrent and distressing memories, nightmares, dissociative reactions, prolonged psychological distress, and negative alterations in cognition.

III. Background of Evaluation

12. On August 19 and 20 of 2014, I met with ten families (mothers with children) detained at the Karnes County Residential Center in Karnes City, Texas in order to assess their mental health status and evaluate the impact that their detention was having upon their psychological, educational, and emotional development. Without divulging confidential or client-specific data, I am able to share the following information.

13. Typically, my assessments began with a family meeting to get an overall picture of the family's pre-migration conditions and experiences; the conditions they experienced in traveling to the United States; and their post-migration encounters and experiences with U.S. Customs and Border Protection (CBP) and Immigration and Customs Enforcement (ICE) officials and employees of GEO Group, Inc., the private company that operates the Karnes County Residential Center.

14. In all, I evaluated ten mothers, ranging in age from 24 years to 47 years, and their children, who ranged in age from 2 years to 17 years. Eight of the families were from El Salvador. One was from Guatemala and one was from Honduras.

15. There were 23 children in these families; I interviewed or spoke with and asked some questions to 21 of the children, which includes all of the children who were able to speak. There were 13 males, ranging in age from 2 years to 17 years. The two 2-year-old children were breastfeeding, although one had apparently been weaned but reverted to breastfeeding after being placed in detention, according to his mother.There were 10 female children, ages 9 to 17 years.

16. In most instances, the families were first detained by U.S. officials near the border and subsequently transferred to the Karnes detention center. Those families with older children—

adolescent boys and girls—were separated at Karnes such that the older children slept in other rooms with young people their age rather than sleeping near their parents.

17. At the time of my interviews, most families had been in the Karnes detention center for two to three weeks but had entered the United States some time earlier. All families identified at least one family member who resided in the United States, in such places as Texas, Ohio, Maryland, Virginia, Colorado, and other locations, with whom they could stay if released from detention.

IV. Findings

18. Without divulging confidential or client-specific information, I am able to describe the families' post-migration experiences that they encountered upon reaching the United States and, in most instances, their detention by U.S. border patrol agents and other law enforcement at the border and their processing by U.S. officials to their arrival and detention in Karnes.

19. In all cases, the families I interviewed fled severe violence in their home countries in order to seek refuge in the United States. The pre-migration histories of most the families included domestic violence and sexual abuse of the mothers by their partners. Several of the mothers also reported being raped, robbed, and/or threatened by gang members. The teenage children appeared to suffer the greatest difficulties because of the gangs. Adolescent girls reported being accosted by gang members who insisted on forcibly taking them as their "girlfriends," while adolescent boys reported being told that they must become members of the gangs. In both cases, the teenagers reported that the consequence of refusal would be their own death or the death of a parent or sibling. (Teenage females were naturally more reluctant to discuss the situations of their sexual assaults with a male interviewer.) As for younger children,

mothers I spoke to reported that their younger children were exposed to gang and street violence, or the aftermath, such as cadavers on the street.

20. At the time that I interviewed them, all of the families had been held at the Karnes detention facility for between two to three weeks. Their fears were not allayed by CBP or ICE; on the contrary, the families I interviewed all exhibited signs of elevated levels of anxiety, depression, and despair. Most mothers described elation when they were apprehended by U.S. officials because they initially felt safe in their hands. However, thereafter, the mothers and adolescents told of verbally rough treatment by U.S. border officials, such as being spoken sternly to and told to move faster, and admonished when they did not. Families stated that they did not always understand the orders given as they were told in English or in limited Spanish by some U.S. officials. All mothers and older children provided relatively uniform descriptions of the conditions in the *hieleras* (roughly translated as ice boxes) in which they were placed early in detention. The *hielera* is a large, very cold cell housing large groups of immigrants (women, girls, and younger children) that provides no privacy, including a toilet used by everyone that was exposed to the view of everyone in the cell. The hielera was also intensely cold. Most told of being held in this setting for 48 hours or so. After that stop, the immigrants told of going to another location in which they were given aluminum-foil-like blankets that did warm them.

21. From there, they were moved to Karnes detention facility. While some families reported initially receiving friendly and caring treatment by U.S. officials, they also described punitive and verbally abusive treatment. They described the employees of the detention facility as "mean," "rude," "bullies," along with other negative terms. Staff at Karnes called for census counts three times a day and if a child, typically an adolescent, was found in her or his mother's

cell and not in the one assigned to the teenager, they were given some sort of demerit. This was the case with one teenage female who was separated from her mother and two younger female siblings and was often weepy and fearful of being separated from her family. When I met her, the girl had received two warnings and was told that a third time would bring upon her a serious penalty (one that neither her mother nor she could describe).

22. In each conversation I held with mothers and older children, the feelings of despair and uncertainty were quite evident and voiced by them. Among the younger children I detected high levels of anxiety, especially separation anxiety (fear of being away from their mother; fearful that they would be moved and children not told; fear of losing their mother). The mothers showed mostly signs of depression with such vegetative signs as lack of sleep, loss of appetite and weight loss, and hopelessness. Some of the same symptoms were evident in the adolescents, especially girls.

23. Mothers and older children expressed varying levels of despair about their futures: how long they would be detained; what would be the conditions of their release; and whether they would ever see their families in the U.S. or back home again. Mothers exhibited anxiety about the health of their children, who they reported had lost weight, become listless, and in some cases had reverted to infantile behaviors. At least three mothers with young children were distraught in thinking that they brought their children from one nightmarish situation to another.

24. Among the children, I witnessed signs that detention had caused regression or arrests in their development and major psychiatric disorders, including suicidal ideation. One of the two infants I observed had regressed developmentally: although he had previously been weaned, he had reverted back to breastfeeding and needed to be held by his mother constantly. Older

children showed separation anxiety and regressions in their behaviors (e.g., staying attached to their mothers, worrying if their mother did not return from an errand). Several children reported nightmares.

25. Teenagers who were detained showed, primarily, signs of depression and anxiety. At least three of the teenagers with whom I spoke showed signs of major depressive disorders. At least one teenage male I interviewed expressed suicidal ideation, telling me that he would rather take his life than to return to his hometown and face the gangs that had tried to recruit him. In my clinical experience, and supported by scientific literature, suicidal ideation is not uncommon among detained or incarcerated persons. Research shows that suicidal ideation and attempts are most commonly emerge in during even brief periods of incarceration, in the early days and weeks of the person's imprisonment. This young man at Karnes showed classic symptoms of major depression: anhedonia (i.e., marked loss of interest or pleasure); psychomotor retardation (i.e., slow cognitive, verbal, and physical responses and movements); fatigue; feelings of worthlessness; and diminished ability to concentrate. His depressed mood was evident to me through these signs as well as his flat affect and "lifelessness" in his eyes.

26. In addition, both mothers and children expressed concern about the impact of detention on their educational development. One mother related that she had asked to organize a school for the children with other mothers but was rebuffed. Inasmuch as they did not know how long they would be in detention, several older children who had educational aspirations to go to college expressed concern about their future education.

V. Opinions

27. Based on my professional experience and background, and on the interviews and

evaluations I conducted while at Karnes Family Detention Center, I conclude that the psychological traumas experienced by these mothers and children—in their home countries, during their travel to the United States, and after their arrival in the United States when they found themselves locked up in immigration detention facilities—will require years of mental health services to alleviate. The ongoing stress, despair, and uncertainty of detention compromises children's intellectual and cognitive development and contributes to the development of chronic illnesses. Institutionalized children and the threats they face are similar to those of trauma, and result in recurrent, distressing memories, nightmares, dissociative reactions, prolonged psychological distress, and negative alterations in cognition. My conclusions are well supported by medical and psychiatric research.

28. The scientific literature is very uniform in its findings about the impact of maternal incarceration or detention on children. Research (Byrne et al., 2012) shows that infants and children who live in detention with their mothers often have more maladaptive social and emotional development, academic failure, and later criminal involvement compared to other children. With infants, the disruption of their emotional attachment to their mothers can lead to insecure bonding of the infant with the mother. Since attachment also predicts future behavior, insecure levels of attachment will result in suboptimal development. Indeed, disruptions in attachment affect general growth and development of the brain as well as social functioning, aggression, and reactions to stress. Children of incarcerated parents face many adverse outcomes and show difficulties in social interactions, such as making friends and navigating social situations, and research shows that maternal incarceration predicts the children's future antisocial and delinquent outcomes (Murray & Farrington, 2005; Nesmith & Ruhland, 2008).

29. Detention or institutionalized living, and child-rearing in prisons, is a major childhood traumatic stressor, even under conditions of short or brief detentions (Foster & Hagan, 2013). Findings show that the childhood trauma from maternal incarceration increases depressive symptoms among children. Specifically, children 5 to 10 years and 11 to 14 years show increased risk for dropping out of high school while the risks for children birth to 5 years and 11 to 16 years show high levels of depression and other internalizing behaviors (i.e., withdrawal, rumination) as well as externalizing behaviors (i.e., aggression, defiance and oppositionalism, fighting, vandalism, cruelty). Such externalizing behaviors in children often mask clinical depressive symptoms and suicidality (often seen in aggressive, provocative behavior toward persons in authority often police and law enforcement that can lead to fatal encounters, commonly known as "suicide by cop").

30. Likewise, the scientific literature shows the negative effects of children's detention or incarceration on their future psychological health. Of 1,829 youth who were in juvenile detention during their teen years, 27% of males and 14% of females had what are known as "co-morbid" psychiatric disorders, that is, co-occurring problems (Abram et al., 2014). Most commonly, the comorbidity involved major depression and anti-social behavior (oppositional defiant disorders) with alcohol abuse among males. The comorbidities for females were post-traumatic stress, anxiety, and anti-social personality disorder and substance abuse. Note that in this comorbidity, depression occurs with an externalizing disorder (oppositionalism). We see therefore that both internalizing and externalizing disorders are likely to be the outcomes of maternal and/or child detention. This has led researchers to conclude that incarceration-specific experiences place children at higher risk for maladjustment than exposure to general

environmental risk in community settings (Dallaire et al., 2014).

31. However, there are more than the external indicators of the effects of detention—even short periods—on children that should give us great reason for concern and worry. Rather, adverse childhood experiences, such as trauma and detention, have detrimental effects on children's brain growth and neural development. Research in the neurobiology of trauma and brain development shows that as childhood adversity increases, the likelihood of psychopathology also increases (McLaughlin, Sheridan, & Lambert, 2014).

32. Institutional rearing, that is, growing up in detention even for short periods of time—and particularly following the traumatic circumstances of migration—is one of the most adverse environments that scientists have studied, commonly called in the literature "complex adverse experiences." The two distinct but powerfully determinant elements of the trauma of these adverse experiences are *deprivation* (i.e., absence of expected developmentally appropriate environmental inputs and complexity) and *threat* (i.e., the presence of experiences that represent an immediate or ongoing threat to the child's physical integrity and psychological security). Under the conditions of prolonged and intense stress, the body's natural stress responses (and release of specific hormones that aid in the flight-fight response and coping) are over-used. The condition of chronic deprivation and threat stresses affect neural or brain development which in turn determines cognitive and behavioral functioning in children. Stress under prolonged and intense conditions activates the release of hormones that lead to structural and functional changes of some brain regions that are essential for self-regulation and other behaviors. As a result of the ongoing stress, despair, and uncertainty of detention, children's brain development is compromised, impairing not just their intellectual and cognitive development but also

contributing to the development of chronic illnesses which can last into adulthood (Evans & Kim, 2013). The deprivation common in institutionalized children and the threats they face are similar to those of trauma as defined in the Diagnostic and Statistical Manual of Mental Disorders (2013) that include recurrent and distressing memories, nightmares, dissociative reactions, prolonged psychological distress, avoidance of people or other reminders of the trauma, and negative alterations in cognition such as not being able to remember important events or aspects of the traumatic events.

33. For adolescent development when the sense of autonomy is emerging in preparation for adult roles, the loss of any autonomy—not just from the parents which all adolescents complain about but by being detained and lacking basic freedom—will have devastating effects on the adolescents once they enter the world outside the detention center. Unlike other adolescents in the communities they will be released to or returned to, they will have lost a part of their key developmental time in confinement with younger children and adult women.

34. Although I was not privy to any allegations of sexual abuse at the hands of the detention guards and employees by any of the mothers or children at the time of my interviews, I understand that such allegations have been made and that formal complaint or complaints were lodged. Should an investigation confirm the allegations of sexual abuse, that abuse will likely cause more maternal depression, signs of which will be evident to the children. Should a mother have experienced a sexual groping, rape, or coerced sexual favor near her children or within minutes of seeing their children, it is likely that the mothers will "reveal" their distress visibly which will be detected by their children. This can be very confusing to children and leave them feeling more vulnerable as well.

35. Taking this scientific background into consideration and combining it with the impressions I gathered in my interviews with mothers and children in the Karnes facility, I can unequivocally state that the children in the Karnes facility are facing some of the most adverse childhood conditions of any children I have ever interviewed or evaluated. Untold harm is being inflicted on these children by the trauma of detention. What is more is that the children at Karnes are experiencing *trauma upon trauma upon trauma*. That is, they not only suffered the trauma of having their lives threatened and disrupted by fleeing their native countries but they also experienced, witnessed, and heard of violent, traumatic events in their crossing through Mexico. On top of these serial and often long-term traumatic experiences, the children are exposed to the deprivation and constant threat of living in a facility in which they have no sense of their future. Complicating the children's development are the disrupted family roles and dynamics in which children see their mothers treated very poorly by staff and witnessing their mothers' vulnerability and helplessness. Children need the security and protection of their parents and the conditions of detention militate against mothers' capacity to provide that kind of comfort for their children.

36. Based on my professional background and expertise, my knowledge of the scientific literature on child development and psychopathology and parenting and family functioning, and based on my conversations with mothers and children detained at Karnes, I can say with certainty that detention is inflicting emotional and other harms on these families, particularly the children, and that some of these effects will be long lasting, and very likely permanent as adduced by the scientific literature.

37. The healing process, in my view, cannot begin while mothers and young children are

detained. Indeed, my interviews led me to conclude that even a few weeks of detention has exacerbated the trauma experienced by these families and added a new layer of hardship that, with respect to the children in particular, may be irreversible.

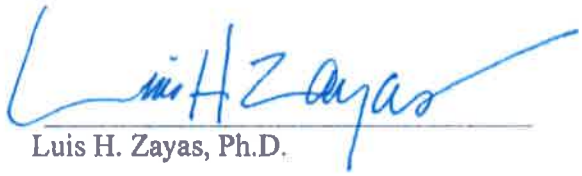
VI. Compensation

38. I have received no compensation for my participation in this case.

39. I reserve the right to amend or supplement this report as appropriate upon receipt of additional information or documents.

I declare under penalty of perjury under the laws of the United States and the District of Columbia that the foregoing is true and correct.

Executed this 10th day of December, 2014, at Austin, Texas.



Luis H. Zayas, Ph.D.