





U.S. Immigration
and Customs
Enforcement

U.S. Immigration and Customs Enforcement (ICE)

Enforcement and Removal Operations (ERO)

Recognizing and Responding to Trauma in Separated Parents: A Training for ICE and Contract Detention Staff at Port Isabel Detention Center

June 28, 2018



To learn how to:

1. Recognize and respond to trauma;
2. Understand how to facilitate visits between separated parents and children; and
3. Help ensure a safe and secure detention environment for separated parents and staff.



When a family unit is separated following apprehension at the border by CBP, three things can happen to the child:

Release with Another Adult

CBP may release the child with another parent, such that a minor child and mother remain together while other adult members (e.g., siblings/father) are sent either for criminal prosecution or ICE custody.

Transfer of a Separated Child to ORR

CBP and ICE coordinate to transfer separated children to the Department of Health and Human Services Office of Refugee Resettlement (ORR). Children are placed in either:

- A child shelter where they are cared for by social workers; or
- A temporary foster care home until ORR can work on reunifying the child with a parent or other relative.

Transfer of a Separated Child to a State Child Welfare Agency

CBP and ICE coordinate the transfer of all U.S. citizen children who are separated from their parents at the border. A state child welfare caseworker will then work with ICE to coordinate the parent's and child's case.



Facilitating Communication between Separated Parents and Children

- It is imperative that parents are able to communicate with a separated child as quickly as possible following the separation.
- Communication should be regular and ongoing.
- There are many options to facilitate communication including hard-wired phones, cell phones, and tablets.
- Wherever possible, the communication should be done via video technology, primarily provided through tablets.



Detained parents that are
separated from their children –

What types of trauma do they report experiencing?

- Pre-migration
- Migration
- Post-migration



Overview of Trauma

- Many individuals experience trauma during their lifetimes.
- Many people exposed to trauma demonstrate few or no lingering symptoms, but individuals who have experienced repeated, chronic, or multiple traumas are more likely to exhibit pronounced symptoms and experience negative consequences.
- Trauma can significantly affected how an individual functions in major life areas and responds to treatment.



EMOTIONAL
TRAUMA...



Trauma can:

- Affect each individual differently.
- Cause short and long-term effects.
- Affect coping responses, relationships, and/or developmental tasks.
- Impact physiological responses, well-being, social relationships, and/or spiritual beliefs.



What causes trauma?

- Experiencing or witnessing horrific injury, carnage, or fatalities
- Serious accidents
- Community violence
- Natural disasters (earthquakes, wildfires, floods)
- Sudden or violent loss of a loved one
- Physical or sexual assault (e.g., being shot, raped, molested)
- Breakup of a significant relationship
- Surgery or invasive medical procedure
- A humiliating or deeply disappointing experience
- Discovery of a life-threatening illness or disabling condition



Additionally, CHRONIC TRAUMA refers to the experience of multiple traumatic events.

- Domestic violence/sexual violence
- Longstanding physical abuse or neglect
- Living through long-lasting war & torture
- Extreme poverty

The effects of chronic trauma are often cumulative, as each event serves to remind the person of prior trauma and reinforce its negative impact.



Signs and Symptoms of trauma:

Behavioral:

- Blowing up or acting aggressively in response to minor disagreements or orders/directions
- Fighting when criticized or teased
- Resisting transitions or change
- Being very protective of personal space
- Reckless or self-destructive behavior
- Heightened startle reaction
- Frequently seeking attention
- Reverting to younger behaviors



Signs and Symptoms of trauma:

Emotional/Physical:

- Nightmares or sleeping problems
- Re-experiencing the trauma -- flashbacks, intrusive thoughts/memories, trauma-related hallucinations
- Being sensitive to noise or being touched
- Fear of being separated from family
- Difficulty trusting others
- Feeling very afraid, sad, angry; emotional swings
- Unexplained medical problems, sickness or physical complaints



Signs and symptoms of trauma:

Psychological:

- Confusing what is safe and what is dangerous
- Trouble focusing or concentrating
- Difficulty imagining the future
- Numbness or detachment
- Anxiety (including panic attacks)



How trauma affects the brain

- After trauma the brain and body change. Every cell records and embeds memories and may change the way neuropathways operate.
- The changes evolve into symptoms that impair function which can immediately interfere with jobs, friendships and relationships.

The 3-Part Brain

Reptilian (brain stem): This innermost part of the brain is responsible for survival instincts and autonomic body processes.

Mammalian (limbic, midbrain): The midlevel of the brain, this part processes emotions and conveys sensory relays.

Neommalian (cortex, forebrain): The most highly evolved part of the brain, this area outer controls cognitive processing, decision-making, learning, memory and inhibitory functions.



How trauma affects the brain

- During a traumatic experience, the reptilian brain takes control, shifting the body into reactive mode. Shutting down all non-essential body and mind processes, the brain stem orchestrates survival mode. During this time the sympathetic nervous system increases stress hormones and prepares the body to fight, flee or freeze.
- In a normal situation, when immediate threat ceases, the parasympathetic nervous system shifts the body into restorative mode. This process reduces stress hormones and allows the brain to shift back to the normal top-down structure of control.
- However, for those 20 percent of trauma survivors who go on to develop symptoms of post-traumatic stress disorder (PTSD) — an unmitigated experience of anxiety related to the past trauma — the shift from reactive to responsive mode never occurs. Instead, the reptilian brain, primed to threat and supported by dysregulated activity in significant brain structures, holds the survivor in a constant reactive state.



Four R's in a Trauma-Informed Approach:

REALIZE *the widespread impact of trauma*

RECOGNIZE *the signs and symptoms of trauma*

RESPOND *with policies, procedures and practices*

RESIST *re-traumatization*



Trauma in detention

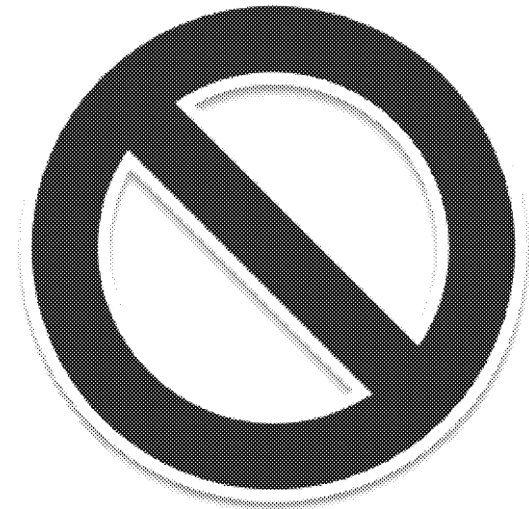
Factors causing re-traumatization:

- Language and cultural barriers
- Inability to communicate with separated children
- Fear of detention environment
- Lack of control



Don't:

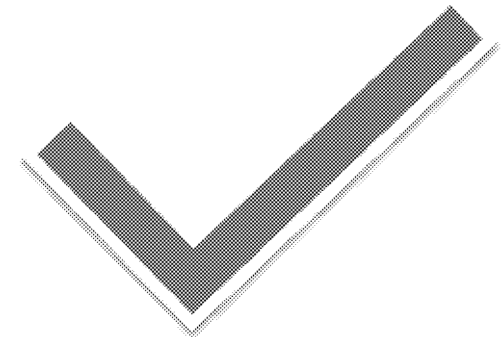
- Be harsh, angry, or judgmental.
- Invalidate detainee's feelings or perceptions.
- Make unrealistic statements or give unrealistic hope, like, "everything will be fine."
- Crowd detainees or get unnecessarily close to them.
- Shout at detainees, threaten or use derogatory language.





Do:

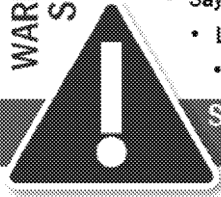
- Be aware and understand that detainee behavior may be a result of trauma.
- Be aware that concentration and other skills may be affected. Calmly repeat orders when necessary.
- Remain calm and patient.
- Refer, encourage, and follow-up to ensure detainees have access to facility programming:
 - *trauma/coping skills workshops*
 - *medical/mental health services*
 - *religious services*
 - *recreation*
 - *LOP (legal orientation program)*
- Encourage detainees to utilize social support networks.
- Continually assess risk of self-harm and suicide.





WARNING SIGNS of Suicide Risk

- Talking about feeling hopeless or having no reason to live
- Talking about wanting to die or killing oneself
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Sudden changes in behavior (refusing treatment; withdrawing from family, friends, peers; demanding to be celled alone; neglecting personal hygiene or appearance)
- Appetite or sleep changes, or sleeping or eating too little/too much
- Depression, paranoia, hallucinations, and delusions (may hear voices or see visions that tell detainee to harm self)
- Severe agitation or aggression, behaving recklessly
- Self-harm attempts
 - Packing/ giving away property
 - Saying goodbye to friends and family
 - Looking for a way to kill oneself
 - Hoarding medication



**Suicide is often preventable
if individual gets help**

If you suspect suicide risk:

Ensure the individual is IMMEDIATELY seen by a medical/mental health professional for evaluation. Take all threats seriously. It is not an officer's responsibility to diagnose or determine the seriousness or validity of a threat.



Take ACTION:

- Maintain constant visual contact with the individual until they are in the care of medical/mental health or other appropriate staff.
- Ask, are you thinking about suicide? If an individual is suicidal, they may answer yes. An answer of no, however, does NOT necessarily mean the individual is not suicidal. There are many reasons an individual may deny suicidality, and still attempt suicide.
- Listen and encourage the individual to talk.
- Address the individual by name, express concerns about their well-being.
- Notify supervisor, the IHSC Field Medical Coordinator (FMC), and/or facility mental health staff, and any other staff who may be interacting with the individual next about any observed or reported behavior that suggests potential suicide risk.



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Scenarios





What about staff?

The symptoms of vicarious trauma are similar to those of trauma, but are not due to direct experience, rather hearing about and caring for trauma survivors day in and day out. Symptoms may include:

- Feeling estranged from others, especially outside of work.
- Difficulty falling or staying asleep and/or nightmares.
- Outbursts of anger or irritability with little provocation.
- Easily startled.
- Flashbacks connected to detainees or co-workers.
- Paradoxically, not wanting or feeling able to leave work.
- Feeling cynical, discouraged, hopeless or depressed about work.
- Feeling weak, tired, run-down as a result of work.
- Inability or difficulty separating work from personal life.



What to do if you have symptoms of Vicarious Trauma:

- Have a recognition and awareness of the symptoms of vicarious trauma in yourself.
- Restore a healthy balance in your life, including good sleep, good nutrition and exercise.
- Get medical treatment for those symptoms that are interfering with your daily functioning.
- Utilize your positive supportive connections with others to process your feelings.
- Implement regular mini-escapes in your life, like recreation, creative therapies or other healthy diversions from the intensity of your work.
- Don't medicate yourself with drugs or alcohol. Don't use other self-defeating addictions. Get professional help for yourself if needed to get back on track.



Practical Scenarios:

- Break out into four groups to discuss responses to detention-based trauma scenarios:
 1. Detainee trauma
 2. Vicarious trauma



Everyone who interacts with detainees plays a role in responding to trauma and ensuring a safe and secure detention environment.



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