

October 5, 2022

Hon. Merrick B. Garland  
Attorney General, Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, D.C. 20530

Hon. Alejandro Mayorkas  
Secretary, Department of Homeland Security  
2707 Martin Luther King Jr. Avenue, SE  
Washington, D.C. 20528

Betsy Lawrence  
Deputy Assistant to the President for Immigration, Domestic Policy Council  
1600 Pennsylvania Avenue, NW  
Washington, DC 20500

**RE: Ending the use of the Dedicated Docket process and prioritizing trauma-informed practices in immigration hearings**

Dear Attorney General Garland, Secretary Mayorkas, and Deputy Assistant Lawrence,

On behalf of the undersigned health care professionals who serve newly arrived immigrant children and families and work to promote their health and wellbeing, **we write to express our urgent concern regarding the use of the Dedicated Docket process to adjudicate the immigration cases of families who arrive between ports of entry at the Southwest Border.** As health care providers and researchers, we have expertise in the physical and psychological effects of traumatic stress and health inequities experienced by immigrants. Guided by this expertise and the current evidence base regarding child and family trauma, we write to insist that the Dedicated Docket be terminated in its current form and replaced with child-centered, trauma-informed<sup>1</sup> procedures that ensure humane and equitable access to due process for all asylum-seeking families. Please note that our letter serves as a complement to another letter about this issue sent to the same addressees, led by the Center for Gender & Refugee Studies at UC Hastings College of the Law, Center for Immigration Law and Policy at UCLA School of Law, Harvard Immigration and Refugee Clinical Program, and Justice & Diversity Center of The Bar Association of San Francisco and signed by over 100 legal service provider organizations; refer to that letter for additional data and legal concerns about the Dedicated Docket.

Although the purported goal of the Biden administration’s Dedicated Docket is to adjudicate the cases of asylum-seeking families “more expeditiously and fairly,”<sup>2</sup> available data on both the procedures and outcomes of the Docket to date reflect that these goals are not being realized.<sup>3,4</sup> Moreover, this adjudication process is likely to inflict further harm on an already vulnerable population—namely, children and families who have been significantly traumatized. As of July 2021, the most common family constellation among cases assigned to the

---

<sup>1</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

<sup>2</sup> U.S. Department of Homeland Security & U.S. Department of Justice. (2021, May 28). *DHS and DOJ announce Dedicated Docket process for more efficient immigration hearings* [Press release]. <https://www.justice.gov/opa/pr/dhs-and-doj-announce-dedicated-docket-process-more-efficient-immigration-hearings>

<sup>3</sup> Immigrants’ Rights Policy Clinic. (2022). *The Biden administration’s Dedicated Docket*. Center for Immigration Law and Policy, UCLA School of Law. [https://law.ucla.edu/sites/default/files/PDFs/Center\\_for\\_Immigration\\_Law\\_and\\_Policy/Dedicated\\_Docket\\_in\\_LA\\_Report\\_FINAL\\_05.22.pdf](https://law.ucla.edu/sites/default/files/PDFs/Center_for_Immigration_Law_and_Policy/Dedicated_Docket_in_LA_Report_FINAL_05.22.pdf)

<sup>4</sup> TRAC Immigration. (2022, January 13). *Unrepresented families seeking asylum on “Dedicated Docket” ordered deported by immigration courts*. <https://trac.syr.edu/immigration/reports/674/>

Dedicated Docket is a young female caregiver with one or two young children, with the modal age of children on the Docket nationally falling between 2 and 3 years old.<sup>5</sup> Children represent almost half (46%) of the individuals on the Los Angeles Dedicated Docket, and 40% are under age 12 (see footnote 3). Asylum-seeking children and families are disproportionately more likely to have experienced chronic and/or severe trauma (before, during, and/or after migration) than youth in the general population.<sup>6,7,8,9,10,11,12</sup> Thus, they are at higher risk for behavioral health concerns and are consistently found to have higher rates of posttraumatic stress disorder (PTSD) and other internalizing and externalizing psychiatric disorders than observed in the general population.<sup>13,14,15,16</sup>

### **Characteristics of Traumatic Stress Responses and Trauma-Informed Systems**

Given the high probability of trauma exposure among families assigned to the Dedicated Docket, it is important to consider the nature of traumatic stress, as well as the tenets of a trauma-informed system. A key characteristic of the experience of trauma is the perceived loss of control or agency over one's circumstances, safety, and wellbeing. In fact, reduced sense of control or predictability during a stressful or potentially traumatic event corresponds with increased trauma severity and poorer psychological and health outcomes.<sup>17</sup> For individuals who have already experienced trauma, situations and contexts that recreate elements of the experience (e.g., profound lack of control, agency, or predictability) can be re-traumatizing and serve to exacerbate traumatic stress (see footnote 1). Some symptoms of traumatic stress responses and posttraumatic stress disorder include: intrusive memories and involuntary re-experiencing of traumatic events (e.g., flashbacks); intense distress with exposure to trauma-related reminders; avoidance of trauma-related reminders, memories, or feelings; difficulty remembering key elements of the events; distorted and negative beliefs about oneself, others, or the world; persistent negative emotions; difficulty engaging in usual activities; hypervigilance; and problems with concentration.<sup>18</sup>

In order to avoid amplifying these traumatic stress symptoms and foster environments conducive to healing, child- and family-serving systems must be trauma-informed. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a trauma-informed system is one which “realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about

---

<sup>5</sup> TRAC Immigration. (2021, August 17). *5,000 immigrants assigned to Biden administration's new "Dedicated Docket" for asylum seeking families.* <https://trac.syr.edu/immigration/reports/657/>

<sup>6</sup> Baily, C. D. R. (2017). *Investigating the mental health needs of unaccompanied immigrant children in removal proceedings: A mixed methods study.* [Doctoral dissertation, Columbia University]. Columbia Academic Commons. <https://doi.org/10.7916/D8TM7GSF>

<sup>7</sup> Cardoso, J. B. (2018). Running to stand still: Trauma symptoms, coping strategies, and substance use behaviors in unaccompanied migrant youth. *Children and Youth Services Review*, 92, 143–152. <http://doi.org/10.1016/j.childyouth.2018.04.018>

<sup>8</sup> Doctors Without Borders. (2020). *No way out: The humanitarian crisis for migrants and asylum seekers trapped between the United States, Mexico and the Northern Triangle of Central America.* <https://www.doctorswithoutborders.org/sites/default/files/documents/>

<sup>9</sup> Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *The Lancet*, 379(9812), 266–282. [http://doi.org/10.1016/S0140-6736\(11\)60051-2](http://doi.org/10.1016/S0140-6736(11)60051-2)

<sup>10</sup> Keller, A., Joscelyne, A., Granski, M., & Rosenfeld, B. (2017). Pre-migration trauma exposure and mental health functioning among Central American migrants arriving at the US Border. *PLoS ONE*, 12(1), e0168692. <http://doi.org/10.1371/journal.pone.0168692>

<sup>11</sup> Perreira, K. M., & Ornelas, I. (2013). Painful passages: Traumatic experiences and post-traumatic stress among immigrant Latino adolescents and their primary caregivers. *The International Migration Review*, 47(4), 976–1005. <http://doi.org/10.1111/imre.12050>

<sup>12</sup> Sidamon-Eristoff, A. E., Cohodes, E. M., Gee, D. G., & Peña, C. J. (2022). Trauma exposure and mental health outcomes among Central American and Mexican children held in immigration detention at the United States–Mexico border. *Developmental Psychobiology*, 64(1), e22227. <https://doi.org/10.1002/dev.22227>

<sup>13</sup> Blackmore, R., Gray, K. M., Boyle, J. A., Fazel, M., Ranasinha, S., Fitzgerald, G., ... & Gibson-Helm, M. (2020). Systematic review and meta-analysis: the prevalence of mental illness in child and adolescent refugees and asylum seekers. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59(6), 705–714. <https://doi.org/10.1016/j.jaac.2019.11.011>

<sup>14</sup> MacLean, S. A., Agyeman, P. O., Walther, J., Singer, E. K., Baranowski, K. A., & Katz, C. L. (2019). Mental health of children held at a United States immigration detention center. *Social Science & Medicine*, 230, 303–308. <https://doi.org/10.1016/j.socscimed.2019.04.013>

<sup>15</sup> MacLean, S. A., Agyeman, P. O., Walther, J., Singer, E. K., Baranowski, K. A., & Katz, C. L. (2020). Characterization of the mental health of immigrant children separated from their mothers at the U.S.–Mexico border. *Psychiatry Research*, 286, 112555. <https://doi.org/10.1016/j.psychres.2019.112555>

<sup>16</sup> O'Connor, K., Thomas-Duckwitz, C., & Núñez-Mchiri, G. G. (2015). *No safe haven here: Mental health assessment of women and children held in U.S. immigration detention.* Unitarian Universalist Service Committee. [https://www.uusc.org/sites/default/files/mental\\_health\\_assessment\\_of\\_women\\_and\\_children\\_u.s.\\_immigration\\_detention.pdf](https://www.uusc.org/sites/default/files/mental_health_assessment_of_women_and_children_u.s._immigration_detention.pdf)

<sup>17</sup> Ford, J. D., Grasso, D. J., Elhai, J. D., & Courtois, C. A. (2015). Etiology of PTSD: What causes PTSD? *Posttraumatic Stress Disorder: Scientific and Professional Dimensions* (2nd ed., pp. 81–132). Academic Press.

<sup>18</sup> American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text revision). American Psychiatric Association Publishing.

trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.” There are six key principles of a trauma-informed approach: (1) safety, (2) trustworthiness and transparency, (3) peer support, (4) collaboration and mutuality, (5) empowerment, voice, and choice, and (6) responsiveness to cultural, historical, and gender issues (see footnote 1). We leverage this framework in our analysis of the Dedicated Docket below.

### **Potential Psychological and Health Impacts of the Dedicated Docket Process**

Given existing data on the Dedicated Docket proceedings, we are concerned that the Docket’s procedures violate the principles and standards of a developmentally-responsive, trauma-informed approach. Some of the defining characteristics of Docket procedures are likely to contribute to emotional dysregulation or re-traumatization for children and families that have already experienced significant trauma. In addition to the consequent short- and long-term health risks, the elicitation and exacerbation of families’ posttraumatic stress reactions during proceedings can impact their ability to function and participate fully in court, limiting access to fair adjudication.

#### ***Lack of Safety***

As discussed in a recent report by the Immigrants’ Rights Policy Clinic at the UCLA School of Law (see footnote 3), families assigned to the Dedicated Docket are placed under surveillance via “alternatives to detention,” which take a variety of forms, including one-way text messages, home check-ins that require families to be “on call” at home all day on a given day each week, and GPS ankle monitors. Such procedures undermine families’ agency and prevent them from having the opportunity to demonstrate autonomy and responsibility. Further, looming concern about an impending call or visit can create a permeating sense of anxiety and threat that can exacerbate existing traumatic stress symptoms. The unpredictable nature of this oversight is counter to principles of a trauma-informed approach and assumes negative intent or noncompliance on the part of children and families. Legal service providers also report a threatening environment in Dedicated Docket courts, describing judges making frequent threats of removal (see footnote 3 and the legal service providers’ letter). For families seeking asylum, threats of removal and references to forced return to their community of origin are likely to directly and unnecessarily cue memories of traumatic experiences, fears of harm, and sensations of danger. Such threats may elicit traumatic stress symptoms immediately in the courtroom (thereby negatively impacting children and families’ ability to participate in proceedings) or subsequently in their day-to-day experiences (thereby negatively impacting general functioning). These aspects of the Docket thus undermine the trauma-informed principles of safety and agency.

#### ***Lack of Transparency, Collaboration, and Empowerment, Voice, and Choice***

Several other elements of the Docket—specifically, insufficient language access, unpredictable procedures, and the accelerated timeline—undermine the trauma-informed principles of transparency; collaboration; and empowerment, voice, and choice. For example, families and legal service providers report a lack of language access, including provision of Notices to Appear (NTAs) only in English; misuse of interpreters in court who do not speak the same language as the family; and misidentification of speakers of Indigenous languages as Spanish-speaking on the basis of region/country of origin (see footnote 3). As families move through this process potentially not fully understanding the proceedings due to language barriers (and often without legal counsel), they are frequently ordered to submit asylum applications on their own behalf before the one-year filing deadline—and are often threatened with, or actually issued, orders of removal for failing to submit their I-589 application by these arbitrary deadlines (see the legal service providers’ letter). Notably, judges’ imposition of early filing deadlines and accompanying threats appear to have exposed many families to notario fraud and financial exploitation (see the legal service providers’ letter). Many other variations to typical immigration proceedings have also been observed in the Dedicated Docket process and contributed to confusion and/or distress among families and legal service providers—e.g., group hearings with two to six families at once; clerical errors in information provided to families by the court; mixed reports about the availability and effectiveness of the “Friend of the Court” program; and hostility from judges when families do not understand the process (see the legal service providers’ letter). The lack of clear information and resulting confusion is disempowering for children and families, likely contributing to experiences of emotional dysregulation, cognitive overload, and general disorganization, all of which are hallmark characteristics of posttraumatic stress.

Families, legal service providers, and judges have also identified that the 300-day timeline for completing a case is simply too short when universal representation is not available (see footnote 3 and the legal service providers' letter). As of January 2022, 85% of families assigned to the Docket nationally had been unable to obtain representation (see footnote 4). Families are provided with lists of low bono and pro bono attorneys; however, attorneys report lacking capacity for additional cases and/or being ethically unable to take on these cases given that the shortened timeline prevents adequate preparation of cases (see footnotes 3 and 4 and the legal service providers' letter). Moreover, the timeline is not consistent between judges; there are significant differences in judges' use of discretion to grant continuances (see footnote 3 and the legal service providers' letter). Overall, current data suggest that cases are rarely being adjudicated within 300 days unless resolved through an *in absentia* removal order (see the legal service providers' letter) or DHS's failure to prosecute.<sup>19</sup> Further, it has become abundantly clear that this process does not lead to fairness in outcomes as the Biden administration intended. Ninety-four percent of Dedicated Docket cases nationally (see footnote 4) (99% in Los Angeles; see footnote 3) have resulted in orders for deportation, compared to 63% of cases denied asylum overall (in primarily non-Dedicated Docket proceedings) in Fiscal Year 2021.<sup>20</sup>

Insufficient language access, unpredictable procedures, and barriers to obtaining legal representation prevent traumatized families from having transparency about their own legal proceedings and being dignified with the agency and autonomy to make decisions in these cases that are critical to their survival and wellbeing. The rushed timeline inherently restricts families' abilities to access legal representation, which also violates the trauma-informed principles of collaboration and mutuality. Research has documented that these types of disempowering experiences can contribute to poorer health outcomes for youth.<sup>21,22</sup>

Further, the extremely accelerated timeline is also highly incompatible with the management of traumatic stress symptoms and the need for survivors to amass evidence and provide a coherent account of their victimization/persecution for their asylum case. That is, avoidance of trauma-related reminders and difficulty remembering key elements of traumatic events are primary symptoms of PTSD, and it can often take a substantial amount of safety, time, and mental health treatment until an individual is able to discuss their traumatic experiences in detail. Children, in particular, vary in the amount of time, effort, modality, and support needed to be able to provide an account of their experiences of trauma and threat exposure.<sup>23,24</sup> Without genuine support from legal service providers and connection to mental health services (which the Dedicated Docket does not provide), it is incredibly difficult for asylum-seeking children and families to independently document harms they have experienced, let alone whether they were due to a protected ground. In this way, the structure of the Dedicated Docket itself may preclude access to due process for individuals with traumatic stress/PTSD. Moreover, preventing children and families from having the opportunity to provide a full account of their experiences of harm also causes risk of psychological injury (e.g., helplessness, negative views of the world).

### ***Lack of Responsivity to Cultural, Historical, and Gender Issues***

Reports from families and legal practitioners also reflect that the Dedicated Docket courts, which are serving exclusively families, are not safe or responsive environments for children. Legal service providers have described judges reprimanding parents whose young children are making noise/playing during court proceedings,

---

<sup>19</sup> TRAC Immigration. (2022, July 29). *DHS fails to file paperwork leading to large numbers of dismissals*. <https://trac.syr.edu/immigration/reports/691/>

<sup>20</sup> TRAC Immigration. (2021, November 10). *Asylum grant rates climb under Biden*. <https://trac.syr.edu/immigration/reports/667/>

<sup>21</sup> Edge, S., Newbold, K. B., & McKeary, M. (2014). Exploring socio-cultural factors that mediate, facilitate, & constrain the health and empowerment of refugee youth. *Social Science & Medicine*, 117, 34–41. <https://doi.org/10.1016/j.socscimed.2014.07.025>

<sup>22</sup> Grealish, A., Tai, S., Hunter, A., Emsley, R., Murrells, T., & Morrison, A. P. (2017). Does empowerment mediate the effects of psychological factors on mental health, well-being, and recovery in young people?. *Psychology and Psychotherapy: Theory, Research and Practice*, 90(3), 314–335. <https://doi.org/10.1111/papt.12111>

<sup>23</sup> Lyon, T. D. (2014). Interviewing children. *Annual Review of Law and Social Science*, 10, 73–89. <https://doi.org/10.1146/annurev-lawsocsci-110413-030913>

<sup>24</sup> Quas, J. A., & Lyon, T. D. (2019). Questioning unaccompanied immigrant children: Lessons from developmental science on forensic interviewing. *Child Evidence Brief*, 6. Society for Research in Child Development. <https://www.srcd.org/sites/default/files/resources/SRCD%20CEB%20No6-Interviewing%20Children.pdf>

threatening to order the removal of parents who are absent to care for their children while the other parent attends the hearing, and frequently waiving children's presence (see footnote 3)—which is likely confusing for families, given pervasive cultural messages conveying the necessity of court appearances. In light of these reports, we are concerned that Dedicated Docket courts do not have appropriate expectations for developmentally-normative child behavior and functioning, thereby causing undue distress and burden, shouldered by children and families. Early experiences of such reprimand, threat, and blame can be internalized and incorporated into children's views of themselves, impacting identity development. These circumstances are also likely to significantly heighten parents' stress throughout the process. Even young children who do not understand the nature of legal proceedings are likely to feel the impact of such toxic stress via their attachment to their parent or caregiver.<sup>25</sup>

The brain is incredibly vulnerable to trauma during early childhood, which is especially salient considering the large number of young children on the Docket. As structural changes to the brain during the particularly malleable period of early childhood can have a cascading effect on other developing areas, chronic or extreme stress during this time can have a disproportionately great impact on neurodevelopment and increase risk for long-term psychopathology.<sup>26</sup> Specifically, exposure to violence, maltreatment, or caregiving adversity (e.g., attachment disruptions, chronic caregiver stress or caregiver psychopathology, forcible separation of children and caregivers) during this sensitive period can profoundly alter the structure and function of frontolimbic neural circuits—the interconnected regions in the brain involved in caregiver attachment relationships, emotion regulation, and fear learning (see footnote 25). Such structural and functional changes (including reductions in gray matter volume in specific prefrontal and temporal areas, enlargements in gray matter volume in regions of the amygdala, heightened activation of the amygdala, and altered patterns of development and connectivity of frontolimbic networks) are associated with impairments in distinguishing between threatening and safe stimuli, overgeneralized fear responses, and difficulty regulating emotional arousal (see footnote 25). These are emotional, social, and behavioral symptoms that are common in PTSD and a range of other internalizing and externalizing disorders (see footnote 18).

Caregivers who are present with their children and able to be responsive to their children's needs throughout the immigration process are one of the strongest buffers against these detrimental effects of traumatic stress (see footnotes 12, 14, 15, 25). The Dedicated Docket process not only fails to protect child-caregiver attachments, but actively creates conditions that constitute caregiving adversity and systemic neglect (i.e., significant caregiver stress, threatened or actual separation of children from their parents, deporting families to unsafe environments).

### ***Long-Term Health Consequences***

It is plausible that the Dedicated Docket process not only temporarily exacerbates traumatic stress symptoms but worsens families' long-term mental health trajectories, as there is a substantial body of evidence documenting that prior adversity can sensitize individuals to stress. That is, earlier trauma can increase one's vulnerability to an amplified stress response when exposed to stressors later (see footnote 26). Indeed, prior research has found that premigration trauma is the greatest predictor of PTSD symptom severity among Central American and Mexican children who have recently immigrated to the U.S. with their families (see footnote 12). Experiencing multiple severe stressors during childhood, such as pre-migration trauma, family separation, and adversity during participation in the Dedicated Docket process, can have a compounding effect and increase risk of mental health problems, particularly when the stress exposure occurs during early childhood (see footnote 25).

We expect the Dedicated Docket process will contribute to lasting deleterious psychological effects for assigned families. If left intact, this process will likely result in thousands more vulnerable children and families who might

---

<sup>25</sup> Cohodes, E. M., Kribakaran, S., Odriozola, P., Bakirci, S., McCauley, S., Hodges, H. R., ... & Gee, D. G. (2021). Migration-related trauma and mental health among migrant children emigrating from Mexico and Central America to the United States: Effects on developmental neurobiology and implications for policy. *Developmental Psychobiology*, 63(6), e22158. <https://doi.org/10.1002/dev.22158>

<sup>26</sup> McLaughlin, K. A., Conron, K. J., Koenen, K. C., & Gilman, S. E. (2010). Childhood adversity, adult stressful life events, and risk of past-year psychiatric disorder: a test of the stress sensitization hypothesis in a population-based sample of adults. *Psychological Medicine*, 40(10), 1647–1658. <http://doi.org/10.1017/S0033291709992121>

otherwise be granted relief being deported to face persecution, torture, and premature death in their home countries—violating the principle of non-refoulement and cruelly inflicting devastating harm on the very groups that asylum is intended to protect. **Based on a robust body of evidence about the long-term developmental and health consequences of early adversity and chronic exposure to trauma, we urge the Biden administration to end the Dedicated Docket process in its current form and avoid imposition of rapid, unrealistic timelines in any future adjudication initiatives affecting asylum-seeking families.** Children and families will require flexibility in timelines based on several factors, such as: local availability of legal resources, amount of time and support required to elucidate prior experiences of trauma, and other extenuating circumstances. **We strongly recommend that the administration adopt child-centered, trauma-informed policies that protect the safety and wellbeing of immigrant children and families and ensure the right to due process for all asylum-seeking families.** We outline policy recommendations aligned with this goal below.

### Recommendations for Trauma-Informed Proceedings

1. Provide all children, including unaccompanied children and children in asylum-seeking families, the right to appointed legal counsel. It is nearly impossible for children and families to navigate immigration proceedings without an attorney.<sup>27,28</sup> Given the difficulties associated with navigating such a complex system in addition to managing traumatic stress symptoms, universal access to appointed legal counsel is critical to ensure both due process and a trauma-informed system. Attorneys often may be the first professionals in the U.S. to note the mental health needs of asylum-seeking youth and families,<sup>29</sup> and youth with legal counsel may be more likely to access adequate medical and behavioral health care.<sup>30</sup> Further, in light of the significant impact that psychological difficulties can have on legal proceedings, attorneys can provide families information and transparency about the process that confers psychological safety, facilitate empowerment, and give voice to their clients' experiences—all essential elements of a trauma-informed approach (see footnotes 1 and 29). Therefore, in line with recommendations by numerous other health and legal service providers<sup>31,32</sup> (also see footnotes 3, 27, 28), we believe that the federal government must fund universal representation in order to truly center and protect children. See detailed recommendations for funding expanded and improved legal representation in recent reports from Kids In Need of Defense (footnote 27) and the Young Center for Immigrant Children's Rights (footnote 28). Hearings of children and families without representation should be postponed until they have legal counsel and counsel has had adequate time to prepare the case.
2. Expand use of in-person and video interpretation services. At present, many families assigned to the Dedicated Docket lack language access, which violates their right to due process and inhibits parents' self-advocacy and autonomous decision-making in cases that have serious implications for their survival and psychological wellbeing. Telephonic interpretation is often inadequate; in-person or video interpretation are needed to provide meaningful access to the content of complex legal proceedings. To avoid presumptive use of Spanish for all Central and South American immigrants and ensure interpretation is provided in the appropriate language, the court must explicitly inquire about all languages spoken by the family, as well as preferred language and mode of communication, at the outset of a case. The DOJ's Civil Rights Division should be more involved in holding DHS accountable for fulfilling their legal obligations to provide language access.<sup>33</sup>

<sup>27</sup> Kids In Need of Defense (KIND). (2020). *KIND Blueprint: Concrete Steps to Protect Unaccompanied Children on the Move*. <https://bit.ly/3DmooGD>

<sup>28</sup> The Young Center for Immigrant Children's Rights. (2020). *Reimagining Children's Immigration Proceedings: A Roadmap for an Entirely New System Centered around Children*. <https://bit.ly/3cWWbey>

<sup>29</sup> Baily, C. D., Henderson, S. W., Taub, A. R., O'Shea, G., Einhorn, H., & Verdelli, H. (2014). The mental health needs of unaccompanied immigrant children: Lawyers' role as a conduit to services. *Graduate Student Journal of Psychology*, 15, 3–17. <https://bit.ly/3CuHlpy>

<sup>30</sup> Linton, J. M., Kennedy, E., Shapiro, A., & Griffin, M. (2018). Unaccompanied children seeking safe haven: Providing care and supporting well-being of a vulnerable population. *Children and Youth Services Review*, 92, 122–132. <https://doi.org/10.1016/j.childyouth.2018.03.043>

<sup>31</sup> Desai, N., Adamson, M., & Cohen, L. (2021). *A New Way Forward: What Congress Must Do to Protect the Dignity, Health, and Safety of Children in Immigration Custody*. National Center for Youth Law. <https://bit.ly/3qluRcQ>

<sup>32</sup> UNICEF. (2021). *Building Bridges for Every Child: Reception, Care and Services to Support Unaccompanied Children in the United States*. <https://uni.cf/3x89OhN>

<sup>33</sup> Jawetz, T., & Shuchart, S. (2019). *Language Access Has Life-or-Death Consequences for Migrants*. Center for American Progress. <https://ampr.gs/3Bmd3EV>

3. Support additional congressional appropriations to the Executive Office for Immigration Review (EOIR) for expanding the Legal Orientation Program (LOP) for non-detained families with children. LOP services provide essential information to immigrants about their rights and court procedures;<sup>34</sup> however, they are currently limited to detained immigrants and sponsors of unaccompanied children. While the Immigration Court Helpdesk is available to support non-detained immigrants, it is currently only operational in 13 cities. Although the LOP is certainly not a substitute for legal representation, expanding existing legal orientation programs and services to serve all non-detained (but still highly vulnerable) families would help increase transparency and empowerment in their experience of the immigration court process, which are key building blocks for trauma-informed proceedings.
4. Create a taskforce or other inter-agency forum dedicated to investigating child-centered and trauma-informed adjudication systems. As described previously, some of the defining characteristics of the Dedicated Docket are likely to exacerbate traumatic stress and other internalizing and externalizing symptoms among children and parents who have already experienced significant adversity. All children, including those who have migrated with their parents, should be considered a vulnerable population, and protected as such. In line with the trauma-informed principles of collaboration and mutuality, we advocate for the creation of a taskforce or other inter-agency forum charged with developing adjudication procedures and systems that are responsive to the needs of traumatized children and families. Experts in child development, child/family mental health, child welfare, and trauma science should be involved in this deliberative, consultative process. Additionally, this taskforce should consider the child-centered and trauma-informed recommendations that have already been proposed for adjudicating the cases of unaccompanied children<sup>35,36</sup> (also see footnotes 27 and 28), such as adjudicating asylum claims in a non-adversarial setting that provides clarity and consistency to the greatest extent possible, training judges and adjudicators in child welfare principles and trauma-informed and child-sensitive practices, and exploring potential roles for independent mental health care professionals within this process (e.g., providing crisis intervention or consultation on legal teams/in court).
5. Fund and support innovative partnerships between health and legal service providers to develop stronger systems of care for immigrant children and families. Family separation, detention, surveillance, and adversarial legal proceedings are extreme stressors that can compound the effects of earlier trauma that asylum-seeking children and families have been exposed to. Traumatic stress responses can not only make it difficult for children and families to contribute fully to their legal case, but also increase risk of long-term health problems and mortality. Systems of care that are responsive to the unique needs of immigrants and that can provide necessary physical and mental health services throughout the immigration process are needed to end the cycle of perpetual re-traumatization of vulnerable children and families enacted by the current immigration system (see footnote 25). To further discuss opportunities for innovative medical/legal partnerships or any of the issues raised in this letter, please feel free to reach out to Immigrant Health Equity and Legal Partnerships at [immhelpca@gmail.com](mailto:immhelpca@gmail.com).

Sincerely,<sup>37</sup>

Kelly L. Edyburn, PhD, Child and Community Psychologist; Member, Immigrant Health Equity and Legal Partnerships

Julia Mancini, BA, Clinical Psychology Doctoral Student, PGSP-Stanford Psy.D. Consortium; Member, Immigrant Health Equity and Legal Partnerships

---

<sup>34</sup> Loweree, J., & Chen, G. (2021). *The Biden Administration and Congress Must Guarantee Legal Representation for People Facing Removal*. American Immigration Council. <https://bit.ly/3d1LKpU>

<sup>35</sup> Subcommittee on Best Interests of the Interagency Working Group on Unaccompanied and Separated Children. (2016). *Framework for Considering the Best Interests of Unaccompanied Children*. The Young Center for Immigrant Children's Rights, University of Chicago Law School, Human Rights Institute. <https://bit.ly/2VB4gIm>

<sup>36</sup> Kids In Need of Defense. (2022, January 20). *Statement for the record by Kids in Need of Defense (KIND) "For the Rule of Law, An Independent Immigration Court"* House Subcommittee on Immigration and Citizenship. <https://bit.ly/3BnscGb>

<sup>37</sup> The individuals who have signed onto this letter do so as individual health professionals; they do not purport to represent the views of the institutions and organizations where they hold affiliations.

Ryan Matlow, PhD, Child Psychologist and Clinical Associate Professor, Department of Psychiatry and Behavioral Sciences, Stanford School of Medicine; Member, Immigrant Health Equity and Legal Partnerships

William Martinez, PhD, Child Psychologist and Associate Professor, Department of Psychiatry and Behavioral Sciences, University of California, San Francisco; Member, Immigrant Health Equity and Legal Partnerships

Shantel Meek, PhD, Founding Director, The Children's Equity Project, Arizona State University

Stuart. L. Lustig, MD, MPH, Child & Adolescent Psychiatrist and Medical-Legal Advisor, Center for Gender & Refugee Studies, University of California Hastings College of the Law

Deborah Cohan, MD, MPH, Medical Director, HIVE; Professor, Department of Obstetrics, Gynecology & Reproductive Health, University of California, San Francisco

Deborah Ottenheimer, MD, FACOG, Director, Women's Health Services, Gotham Health, Morrisania

Claudette S. Antuña, PsyD, MHSA, MSW, Bilingual Forensic Clinician, Volunteer with the Northwest Immigrant Rights Project, Seattle, WA

Dana Rusch, PhD, Child Psychologist and Assistant Clinical Professor, Institute for Juvenile Research, University of Illinois Chicago; Policy and Advocacy Workgroup Chair, Coalition for Immigrant Mental Health

Lynn Dolce, MFT, CEO, Edgewood Center for Children and Families, San Francisco, CA

Katalin Roth, JD, MD, Professor, Department of Medicine, The George Washington University School of Medicine and Health Sciences

Melvin Navarro, PhD, Clinical Director, Navarro Psychological & Counseling Services

Michelle VanNatta, PhD, MSW, Professor, Dominican University

Robert A. Lowe, MD, MPH

Bradley D. Olson, PhD, Community Psychologist, National Louis University

Calla Brown, MD, MHR, Assistant Professor of Pediatrics, University of Minnesota

Sara Buckingham, PhD, Licensed Psychologist and Associate Professor of Psychology, University of Alaska Anchorage

Maria C. Jimenez-Salazar, MA, Clinical Psychology Doctoral Student, Fordham University

Gitika Talwar, PhD, Licensed Clinical Psychologist, University of Washington, Seattle; Member of Immigrant Justice Workgroup, Society for Community Research and Action

Lauren Bull, MD, Physician, University of Colorado

R. Gabriela Barajas-Gonzalez, PhD, Developmental Psychologist and Assistant Professor, Center for Early Childhood and Development, NYU Grossman School of Medicine

Ellen Hawley McWhirter, PhD, Licensed Psychologist and Professor of Counseling Psychology, University of Oregon

Lucybel Mendez, MS, Psychology Intern, Institute for Juvenile Research, University of Illinois Chicago

Elena Jiménez Gutiérrez, MD, MSc, FACP, Assistant Professor, Department of Medicine, The University of Texas Health Science Center at San Antonio

Angelina Romano, MSW, PPS, School Social Worker and District Coordinator, Refugee and Immigrant Solidarity in Education, San Francisco Unified School District

Lisa M. Brown, PhD, ABPP, Licensed Clinical Psychologist and Professor, Director of the Trauma Program, Peace and Human Rights Lab, Palo Alto University

Stephanie A. Torres, PhD, Licensed Clinical Psychologist and Assistant Professor, Department of Educational Psychology, College of Education, University of Illinois Chicago

Samuel Singer, MD, MS, FAAP, Pediatrician, Northern California Human Rights Clinic, Oakland, CA

Stacy Frazier, PhD, Professor of Psychology, Florida International University

Sita G. Patel, PhD, Associate Professor of Clinical Psychology, Palo Alto University

Mira Feess, LCSW, School Social Worker, San Francisco Unified School District

Ane Marinez-Lora, PhD, Research Assistant Professor, Crown Family School of Social Work, Policy, and Practice, University of Chicago; Annual Convening Workgroup Chair, Coalition for Immigrant Mental Health

Amber Goldman, LCSW, School Social Worker, San Francisco Unified School District



Ketrin Arrechea Hodgson, Licensed Psychologist, Brasil CRP09421-08; Masters in Counseling Student, Palo Alto University

Andrea Collaco, LCSW, School Social Worker, San Francisco Unified School District

Violeta Garcia, LCSW, Behavioral Health Clinician/Care Coordinator, Family Mosaic Project (San Francisco Department of Public Health)

Lizbett Calleros, MSW, MEd, School Social Worker, San Francisco Unified School District

Eileen Johnson, PhD, CTP, Manager, Patient Relations & Interpretation Services, Northwestern Memorial Hospital, Chicago, IL

Luz M. Garcini, PhD, MPH, Assistant Professor, Department of Psychological Sciences, Rice University; Faculty Scholar, Center for the U.S. and Mexico at the Baker Institute for Public Policy

Aimee Hilado, PhD, LCSW, Assistant Professor, Crown Family School of Social Work, Policy, and Practice, University of Chicago; Chair, Coalition for Immigrant Mental Health

Virginia Quinonez, PsyD, Clinical Psychologist, Coalition for Immigrant Mental Health

Amanda Venta, PhD, Department of Psychology, University of Houston

Ranit Mishori, MD, MHS, Senior Medical Advisor, Physicians for Human Rights; Chief Public Health Officer and Professor of Family Medicine, Georgetown University School of Medicine

Michele Heisler, MD, MPA, Medical Director, Physicians for Human Rights; Professor of Internal Medicine and Public Health, University of Michigan

Oswaldo Moreno, PhD, Department of Psychology, Virginia Commonwealth University

Germán Cadenas, PhD, Lehigh University

Melanie M. Domenech Rodríguez, PhD, Licensed Psychologist and Professor, Department of Psychology, Utah State University

Thania Galvan, PhD, Department of Psychology, University of Georgia

Manuel Paris, PsyD, Department of Psychiatry, Yale School of Medicine

Victor G. Carrion, MD, Professor and Vice Chair, Department of Psychiatry and Behavioral Sciences, Stanford University; Director, Stanford Early Life Stress and Resilience Program