

“There Is No One Here to Protect You”

Trauma Among Children Fleeing Violence in Central America

Executive Summary

June 2019





A young girl is kidnapped by a gang member, who repeatedly rapes, beats, and terrorizes her over the course of three years. He forces her to collect money from people, allows her to be raped and beaten by other gang members, and threatens to kill her family if she runs away.

A boy is accosted by a man in a grocery store, who grabs his hand and chops off his left pinkie with a machete as a warning that if the boy does not join the gang, he will be killed.

A street child, forced to join a gang for protection, faces an ultimatum to murder everyone in his uncle's household: "Kill them," he is told, "or you die."

Every day, children like these arrive at the U.S. southern border, desperately seeking the safety they could not obtain in their home countries. Many are suffering from severe mental health issues, including post-traumatic stress disorder, anxiety, and major depression.

Yet what awaits them at the border isn't relief and security. Draconian U.S. border enforcement policies, harsh conditions of confinement, and a jail-like system are vastly increasing the risk of serious health harms to these already deeply traumatized children.

*Cover: A Guatemalan migrant girl plays with a doll near the U.S.-Mexico border fence in Tijuana in December 2018.
Photo: Guillermo Arrias / AFP / Getty Images*

Executive Summary

A child rights crisis is unfolding at the United States' southern border. Rising numbers of unaccompanied children, adolescents, and young families are fleeing violence in the Northern Triangle countries of Central America – El Salvador, Guatemala, and Honduras – and are being met at the U.S. border with harsh and punitive policies which violate their rights and compound existing trauma, thereby threatening the health and well-being of thousands.

Though high levels of child migration have captured the national attention, there has been comparatively little medical research about child asylum seekers' trauma experiences and resulting negative health outcomes. This study provides the first detailed case series of recent child and adolescent asylum seekers in the United States.

The findings contained in the report are drawn from more than 180 physical and psychological evaluations of children seeking asylum, nearly all of them from El Salvador, Guatemala, and Honduras. The evaluations were conducted by members of the Physicians for Human Rights (PHR) Asylum Network and were analyzed by medical school faculty and students from Weill Cornell Center for Human Rights.

The vast majority of children evaluated reported that they had suffered direct physical violence or threats of violence or death, and more than half had witnessed brutal acts of violence against their families or community members in their home countries.

A majority of children were victims of violence at the hands of gang members and almost a quarter had been forcibly conscripted into gangs. Gang members physically assaulted and beat them, sometimes with weapons, including sticks, belts, bats, knives, machetes, and firearms, resulting in serious injuries. Children reported that the gangs forced them to choose between joining the gang and being murdered. Gang members kidnapped them, held them hostage, or turned them into slaves of the gang.

Almost one in five of the children experienced brutal and repeated sexual violence. Children described being kidnapped, exploited, and trafficked for sex, including rapes resulting in adolescent pregnancy. Much of the violence perpetrated by gang members was sexual in nature, ranging from coercion to become the "girlfriend" of a gang member to brutal group assaults.

**"The rape is still with me...
I am no longer the same as
all the other girls my age...
I'm different. This has
changed me forever."**

18-year-old girl from El Salvador

Nearly half of the children in this study reported experiencing violence in their home or at the hands of family members. Parents were often the perpetrators of this abuse, as well as other family members or caretakers, including aunts, uncles, grandparents, or cousins. Children reported that, in addition to committing acts of sexual violence, family members attacked them physically and subjected them to verbal and emotional abuse. Many children were forced to drop out of school due to lack of safety in the community and at school, parental neglect, forced child labor, and exploitation.

Children repeatedly described situations where government authorities actively abused children, failed to effectively protect victims, did not investigate crimes, and did not prosecute or punish perpetrators. Some police officers committed or threatened violence in order to extort bribes. Reporting crimes to the police, or being thought to have reported crimes to the police, brought down swift retaliation from the gangs. In other cases, the children reported that the police, despite knowing about crimes committed against children, did not take any action to prevent, investigate, prosecute, or punish them.

PHR's clinicians documented negative physical after-effects of this abuse among the children, from musculoskeletal, pelvic, and dermatologic trauma to severe head injuries. More than three quarters of children were suspected to have, or diagnosed with, at least one major mental health issue, most commonly post-traumatic stress disorder, major depressive disorder, and anxiety disorder.

Though the focus of this study is on abuses in children's home countries which caused them to flee, some children mentioned harms during transit and as a result of U.S. border and immigration enforcement, which exacerbated and compounded the harms they had already experienced.

These findings document that children arriving in the United States are fleeing severe forms of harm which may amount to persecution. Asylum jurisprudence recognizes that gang and domestic violence may amount to persecution when governments are unable or unwilling to control perpetrators. People with a credible fear of persecution arriving at the U.S. border have the legal right to apply for asylum, and child asylum seekers are entitled to additional protections.

The findings in this report and the relevant legal standards demand an effective and humane policy response, both in countries of origin, to prevent the violation of child rights, and in the United States, to fairly recognize claims of persecution and end practices that expose these young migrants to further trauma.

Given the extreme levels of violence experienced by the children from the Northern Triangle evaluated by PHR, the U.S. administration must safeguard access to asylum in the United States in order to meet these children's immediate needs for

Recommendations

“I saw that one of my cousins had been shot in the stomach by the police. He was nine. After my cousin was taken to the hospital, [t]he police officer asked me and my family where he was so he could finish him off.”

17-year-old boy from Honduras

protection, including fairly considering the asylum claims of those fleeing gang violence and domestic abuse. It must also maintain vital aid to Northern Triangle countries for addressing violence and instability in the long term. Since children’s health has been impacted by repeated trauma exposure, the administration should ensure that all children receive pediatric medical screening, uphold child protection standards in custody, and increase the use of alternatives to detention.

Despite the extreme trauma that the children evaluated by PHR have experienced, and the subsequent developmental, psychological, and physical harm that resulted, many reported successfully rebuilding their lives in the United States, where they are safe and secure from physical harm. Asylum-seeking children who have suffered similar violence deserve nothing less than the right to a safe haven and the same chance to heal.



A migrant boy cries after a chaotic crossing over the U.S.-Mexico border fence from Tijuana in December 2018. Photo: John Moore / AFP / Getty Images

To the Executive Branch of the U.S. Government:

- Given the extreme levels of violence experienced by children in the Northern Triangle (El Salvador, Guatemala, and Honduras) evaluated by Physicians for Human Rights, the administration should:
 - Recognize and address displacement trends driven by human rights abuses, including gang violence and domestic violence, by ensuring access to asylum in the United States, maintaining vital aid to Northern Triangle countries to address gang-related violence, corruption, and impunity, and developing new programs which specifically support child protection services in those countries;
 - Ensure the capacity to systematically identify children with international protection needs, including through mandatory child welfare protection training and inter-agency screening tools for U.S. Customs and Border Protection (CBP) personnel;
 - Re-establish and expand the Central American Minors parole program so that children can apply for protection from their home countries and avoid the risks in transit to the border;
 - Ensure access to a fair and efficient process for legal subsidiary protection status for children who do not meet the refugee definition but would be at risk of serious harm if returned.
- Since separation from parents has been identified in this study as a vulnerability factor which increases risk of harm, the administration must stop separating families migrating together and reunite all families separated by the U.S. government, unless there is a proven risk of harm to the child. The government must not target potential child sponsors for immigration enforcement, in order to ensure timely release of children from federal custody.
- Given the health status of arriving children, which has been impacted by repeated trauma exposure, the administration should:
 - Ensure that all children receive adequate pediatric medical screening upon arrival at custody, with referral for further care to be determined by a qualified medical professional;
 - Ensure that no child is detained for longer than 24 hours in CBP holding cells by transferring children to enhanced reception centers with access to appropriate medical care and other essential services;
 - Abide by minimum standards for care of children in custody;
 - Increase resources for and utilization of alternatives to detention, such as reviving the Family Case Management Program, and prioritize the timely release of children and infants to community settings;
 - Ensure appropriate staffing and oversight for all facilities holding children, including emergency response capacity for influxes;
 - Investigate and ensure accountability for all allegations of abuse against children, through documentation, reporting, and review of all interactions between government officials and children.

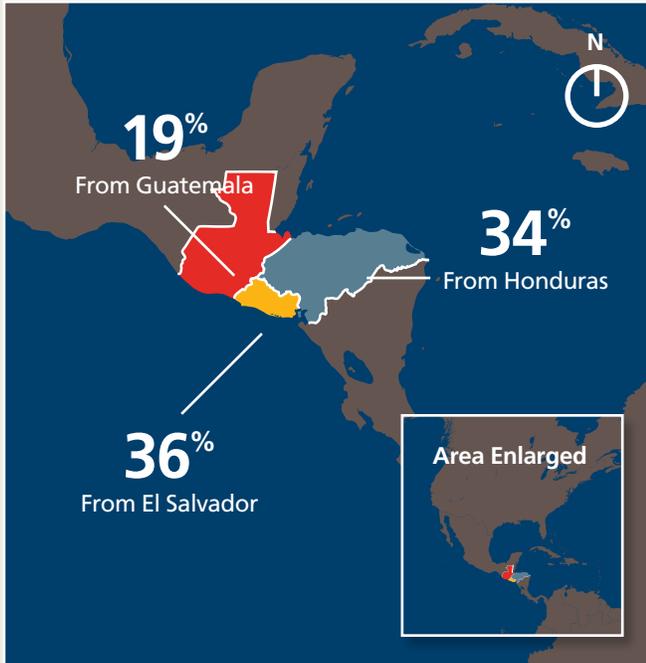
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Trauma Among Children Seeking Asylum in the United States

Data from 183 Children Evaluated by Physicians for Human Rights Experts

89 percent from Northern Triangle countries

Types of violence experienced



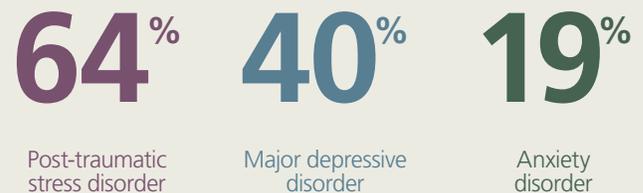
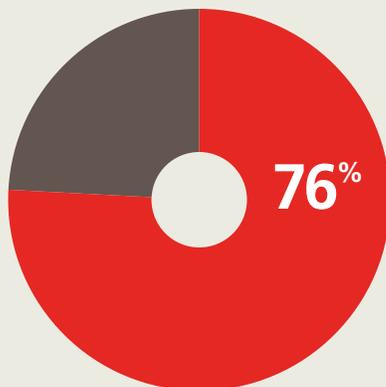
Perpetrators of violence



Consequences of violence

More than three quarters of children were suspected or diagnosed to have at least one major mental health disorder.

Of these, the most common were:



Recommendations

continued

To the U.S. Congress:

- Exercise oversight regarding practices which limit access to asylum and uphold U.S. law, which establishes the asylum process for those with a credible fear, regardless of manner of entry, as well as the right not to be returned to likely persecution;
- Appropriate immigration and border enforcement funding for deliverables such as increased inspection capacity at ports of entry, increased capacity for processing asylum claims, improved detention conditions, and scaled-up alternatives to detention programming;
- Codify the minimum child protection standards of the *Flores* Settlement Agreement into law;
- Seek to ratify the UN Convention on the Rights of the Child to strengthen the legal framework for child protection, and fully consider the best interests of the child in development of all laws and policies concerning them.

To the Governments of El Salvador, Guatemala, Honduras, and Mexico:

- Ensure adequate resources to investigate, prosecute, and punish violent acts committed by state and non-state actors, while ensuring due process protections for the accused, and establish or maintain independent investigatory bodies to address corruption and impunity;
- Ensure adequate resources for violence prevention measures, such as specialized police units, gender equality education initiatives, and special assistance by courts, the social welfare system, and health care workers;
- Ensure that the rights of children seeking asylum are respected, and that the best interests of the child are considered in asylum screening, reception of child migrants, and repatriation to home countries.

To Refugee and Migration Bodies, Including the UN High Commissioner for Refugees, the International Organization for Migration, and the Special Rapporteur on the Human Rights of Migrants:

- Monitor immigration and border governance policies and practices of governments to assess their compliance with child rights' standards and their impact on child migrants and asylum seekers;
- Urge states to end policies that restrict the right to seek asylum and to uphold legal obligations of non-rejection at the frontier;
- Advance gender- and age-sensitive understandings of persecution, including persecution by non-state actors, responding to states who seek to apply a more narrow definition of refugee status with evidence about forms of trauma and persecution commonly affecting children;
- In order to decrease risks to children in transit, facilitate regional migrant protection protocols, increase humanitarian support in transit locations, and urge states to increase capacity to receive asylum seekers and quotas for the refugee resettlement program.

To International Bodies with a Child Rights Mandate, Including the UN Committee on the Rights of the Child, UNICEF, and the Inter-American Commission on Human Rights Rapporteur on the Rights of the Child:

- Monitor the child rights situation in countries of origin in order to accurately advise governments on priorities to improve child protection and also to provide accurate country conditions information related to child asylum claims;
- Advance understanding of the application of a child rights framework to migration and asylum processes, from standards setting to identification of best practices;
- Continue to urge the United States to ratify the UN Convention on the Rights of the Child.



Physicians for
Human Rights

For more than 30 years, Physicians for Human Rights (PHR) has used science and the uniquely credible voices of medical professionals to document and call attention to severe human rights violations around the world. PHR uses its investigations and expertise to advocate for persecuted health workers and facilities under attack, prevent torture, document mass atrocities, and hold those who violate human rights accountable.



Shared in the 1997
Nobel Peace Prize