

Latinx trans immigrants' survival of torture in U.S. detention: A qualitative investigation of the psychological impact of abuse and mistreatment

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ABSTRACT

Background: A trans person is murdered every 3 days in the world, with the majority of these murders occurring in Latin America. This violence is a motivating factor for Latinx trans immigrants to immigrate to the United States. Regardless of whether individuals may be able to remain in the U.S., trans immigrants and asylum seekers are often held in detention facilities until immigration courts decide their cases. Although there are several standards of care and guidelines produced for trans and nonbinary (TNB) people who are held in detention, various reports have indicated that Immigration and Customs Enforcement (ICE) has not or inappropriately implemented these guidelines, thereby incurring and increasing risk of harm upon TNB immigrants.

Aims: This qualitative study used thematic analysis to provide an understanding of the psychological impact that the systemic power of US detention proceedings had on the lives of Latinx, trans immigrants.

Method: The semi-structured interview protocol and implementation of this study was developed in collaboration with two national Latinx, LGBTQ immigrant advocacy organizations. The sample included 30 trans participants, between the ages of 18 and 52 ($M=23$) who immigrated from El Salvador (40%), Guatemala (23%), México (17%), Honduras (17%), and Peru (3%).

Results: Participants reported being subject to debilitating and torturous conditions in “La Hielera”, torture and abusive treatment by detention authorities, being denied access to basic human needs and medical care, and held in solitary confinement as punishment. This dehumanization, abuse, and transphobia in detention incurred psychological sequelae on participants including trauma, anxiety and depression, suicidal ideation, and a preference to self-deport.

Discussion: Implications include calls to abolish immigration detention, recommendations for mental health providers, and an overall restructuring of policies and services for humane asylum seeking processes for trans, Latinx immigrants.



KEYWORDS

Asylum-seeking;
ICE; immigration;
intersectionality;
Latin America;
transgender

Introduction

A trans¹ person is murdered every 3 days in the world, with the majority of these murders occurring in Latin America (Maderazo, 2009). This violence is a motivating factor for Latinx trans immigrants to immigrate to the United States. Regardless of whether they may be able to remain in the US, trans immigrants and asylum seekers are often held in detention facilities until immigration courts decide their cases (Human Rights

Watch, 2016). While some individuals may be in detention due to seeking asylum, this is not the case for all trans immigrants who endure detention proceedings. There are transgender immigrants who may have grown up in the US with their families and either came into the US without lawful status or lost their status, consequently leaving them without lawful status (i.e. undocumented). It is unclear how many trans immigrants have experienced detention proceedings because the U.S. Department of Homeland

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Security [DHS] does not consistently record gender identity.

Risk of harm for trans populations detained in the United States

Immigration detention can be traumatic for anyone but it is often uniquely harmful for trans individuals due to the transphobic abuse they may have previously endured prior to migration (Abreu et al., 2020; Cerezo et al., 2014) and further experience in detention (Pardon & Salcedo, 2012). In June 2015, the U.S. Department of Homeland Security (DHS, 2015) announced a new set of detention guidelines for trans individuals that formally recognizes the vulnerability of trans people in detention. The policy states that trans people should be housed “in a location away from the general population” (pp. 7) for up to 72 h while the committee’s assessment is being completed. Housing accommodations during this period may include placement in a “medical unit or protective custody” (pp. 7) or, if there is no other available option, in administrative segregation, otherwise known as solitary confinement. The guidelines permit the continued use of solitary confinement solely on the basis of an individual’s gender identity, stating that “placement into administrative segregation due to a detainee’s identification as trans should be used only as a last resort and when no other temporary housing option exists” (pp. 7). Reports have indicated that US immigration detention facilities, often place trans women, gay men, people with psychosocial disabilities, and people who have experienced sexual assault in solitary confinement for weeks or months at a time, as an alleged form of “protection” that is often imposed against their wishes (National Immigrant Justice Center & Physicians for Human Rights, 2012; New York Times, 2013). A 2013 report from the Government Accountability Office points out that solitary confinement makes trans immigrants especially vulnerable to abusive guards (Allen, 2017). The 2015 National Transgender Survey found that 30 participants from their larger sample had been held in immigration detention of which 42% were placed in solitary confinement (James et al., 2016). Of those who were placed in solitary confinement,

40% were held for 14 days or less, 28% were held for one to three months, while 14% were held in solitary confinement for over six months. Similar data was found in an ICE report released to Democratic Representative of New York, Kathleen Rice, after she requested this data (Gruberg, 2018). The report indicated that the average length of time trans people were detained in 2017 was 99 days, while the average time for all immigrants was approximately 44 days. Furthermore, at least one in eight trans people in detention during that fiscal year were placed in solitary confinement.

To our knowledge, there is only one existing account of trans immigrant experiences in detention (HRW, 2016). The Human Rights Watch (2016) interviewed 28 Latinx undocumented trans women from seven cities nationwide through the assistance of immigration attorneys and LGBTQ immigrant rights organizations. The trans women interviewed for the project were either being held in or had recently been released from immigration detention for various periods of time between 2011 and 2015. Many of the women reported being sexually assaulted and routinely harassed by men in detention and guards, which only recapitulated the very abuses that drove many trans women to flee their home countries in the first place. The report also found that several trans women said they were regularly subjected to humiliating and abusive strip searches by male guards; had not been able to access necessary medical services, including hormone replacement therapy, or faced harmful interruptions to or restrictions to that care; and had endured unreasonable use of solitary confinement. Separate reports (Kesslen, 2019; Moore, 2019) have noted that abuse and neglect has also contributed to seven reported deaths of trans immigrants that have occurred while in U.S. detention since October 2017, according to ICE.

Aside from documented violations of existing best-practices protocols, specific types of abuse and neglect that occurs in detention are forms of torture. “Restrained” or “less severe” torture techniques, including leaving bright lights on to induce extended sleep deprivation are common U.S. torture practices often labeled “torture lite,” “enhanced interrogation techniques,” or “stress

and duress methods” (Başoğlu et al., 2007; Head, 2019; Wolfendale, 2009). Other torturous techniques, which do not physically mutilate the victim’s body but are indeed torture, include isolation, manipulation of heat or cold, stress positions (forced standing), personal humiliation, mock execution, and noise bombardment (Wolfendale, 2009). Wolfendale (2009) posits that these techniques are specifically designed to (1) obscure and deny the violence and cruelty of these torturous acts; (2) hide, minimize, and doubt victim’s suffering; and (3) diminish the torturer’s (e.g. ICE) responsibility for the torture.

Torture (both in its “traditional” form and as “torture lite”) has adverse psychological consequences. For example, when compared to physically violent torture techniques, isolation and stress positions cause traumatic stress, engender helplessness, and have trauma-related psychological effects comparable to more physically violent or mutilating torture techniques (Başoğlu et al., 2007). An international review of the impact of torture on physical and mental wellbeing suggests that, survivors of torture report long-term symptoms akin to trauma, anxiety, depression, and, in some rare instances, psychosis (de C Williams & van der Merwe, 2013). In addition to psychological harm, these torture techniques can cause short- and long-term physical damage and even death (Wolfendale, 2009). For example, an Afghan individual who was imprisoned froze to death while in U.S. custody after having been left naked, without blankets in a cold interrogation cell (Mayer, 2008). Elsewhere, Manadel al-Jamadi’s death while in U.S. custody is attributed to having been placed in a stress position after having been beaten (McCoy, 2006).

Psychological impact of detention

The psychological literature has minimally examined how the process of detention itself is a Potentially Traumatic Event (PTE) for Latinx immigrants who undergo these proceedings, which can in part be due to how difficult it is to gain access to detention centers. Studies of psychological impact of immigration proceedings on Latinx immigrants in the US have largely focused on deportation, family separation, and

related impact on families (Chaudry et al., 2010; Menjivar, 2011; Menjivar & Abrego, 2012; Zayas et al., 2015). As well, studies can sometimes focus on the wellbeing of Latinx children who were separated from their parents due to detention and deportation proceedings in the US (Rojas-Flores et al., 2017; Zayas et al., 2015). More broadly, immigration detention has concerned health professionals and human rights advocates, in part because of the potential detrimental effects on the mental health of those detained (Keller et al., 2003). Keller and colleagues (2003) conducted one of the few studies in the US that has examined the mental health of asylum seekers who were presently detained and 77% of participants had clinically significant symptoms of anxiety, 86% of depression, and 50% of post-traumatic stress disorder. Furthermore, all symptoms were positively correlated with length of detention. This correlation has also been corroborated by other studies (Green & Eagar, 2010; Physicians for Human Rights & the Bellevue/NYU Program for Survivors of Torture, 2003; Sultan & O’Sullivan, 2001). Studies have found asylum seekers in detention to have high rates of depression and Post-Traumatic Stress Disorder (PTSD) (Ichikawa et al., 2006; Momartin et al., 2006; Robjant et al., 2009; Steel et al., 2006).

An aspect of the psychological impact of detention that has also minimally been studied includes being held in solitary confinement. Grassian (2006) defines solitary confinement of people who are imprisoned as the confinement alone in a cell for all, or nearly all, of the day with minimal environmental stimulation and minimal opportunity for social interaction. The US was actually the world leader in introducing prolonged incarceration and solitary confinement, as a means of dealing with criminal behavior. Solitary confinement has been found to cause delirium, characterized by severe confusional, paranoid, and hallucinatory features, intense agitation, and random and impulsive self-directed violence (Sutker et al., 1991; Hinkle & Wolff, 1957). Such disturbances were often observed in individuals who had no prior history of mental illnesses or severe exacerbation of symptoms for those with preexisting mental health conditions. Laboratory research has demonstrated that

replicating sensory deprivation as experienced in solitary confinement can produce major psychological effects on individuals (Brownfield, 1965; Thompson & Melzack, 1956). Considering these findings, we would expect solitary confinement in detention to also have a negative psychological impact on individuals.

Intersectionality

At present, there is an absence in research that examines the specific psychological harm that Latinx, trans immigrants endure following torturous detention proceedings, including experiences in solitary confinement. An intersectional approach to understanding the experiences of Latinx, trans immigrants who have experienced detention proceedings can aid in addressing the current gap in the literature. Intersectionality is a powerful theory and analytical tool rooted in scholarship and activism by Black feminists and women of color (Cole, 2009; Hancock, 2016). First introduced to academia in 1989 by U.S. legal scholar Kimberlé Crenshaw, intersectionality invites social change alongside critical examination on the ways that multiple, intersecting systems of power (e.g. sexism, ableism, racism, etc.) impact people who hold membership in multiple socially constructed groups (Crenshaw, 1989). A strong intersectional approach sheds light on the ways that systems of inequality uniquely impact people who hold membership in different social groups (Dill & Kohlman, 2012). On the other hand, a weak intersectional approach focuses on diversity and on multiple (marginalized) identities, failing to anchor itself on an examination of systems (Dill & Kohlman, 2012). Immigration detention is but one manifestation of intersecting systems of power, which has been minimally examined for its psychological impact on populations who have been detained.

Current study

Although HRW's report (2016) sets precedence in its remark on the abuses, discrimination, and lack of care and disregard of Latinx, trans immigrants in detention, the report lacks an examination of the psychological harm caused by

potentially traumatic, torturous detention proceedings, including unreasonable use of solitary confinement. Furthermore, while there is minimal knowledge about Latinx trans immigrant's experiences in detention, the information that does exist demonstrates that undocumented and asylum seeking Latinx, trans immigrants are disproportionately detained at higher rates than their cisgender counterparts. Consequently, this study aims to provide an empirical understanding of the impact that US detention proceedings – have on the lives and mental health of Latinx, trans immigrants through an intersectional lens. We employ a strong intersectional approach in our analysis by not contextualizing Latinx, trans immigrant experiences because of their multiple oppressed identities, but instead, to analyze how their lives, experiences, and wellbeing are impacted by US detention processes and conditions as a system of power and oppression. We sought to first answer why Latinx, trans immigrants were apprehended? Secondly, we asked what are the experiences of Latinx, trans immigrants in US detention proceedings? Lastly, we asked how do detention proceedings impact Latinx, trans immigrants and their mental health?

Method

Procedures

Research with Latinx, trans immigrants who have experienced detention requires special considerations related to recruitment, relationship building, community involvement, language, and compensation. These special considerations are important because research has the power to harm communities when research is conducted inappropriately (Ojeda et al., 2011). Consequently, an intersectional approach (Crenshaw, 1991) was selected to provide a framework for analyzing the results of this study. In order to reduce harm, an intersectional approach requires researchers to identify problems, ask questions, and select methods based on community members' needs and input, rather than to predetermine the scope and methods of the project (Moradi & Grzanka, 2017). The principle investigator (first author) established and nurtured connections with

community leaders who have served and supported Latinx, trans immigrant communities over the course of 7 years. Thus, we invited several organizations that work with Latinx, undocumented and asylum seeking trans immigrants to collaborate in shaping the focus and conduct within the present study. Community collaborators sought to understand participants' experience prior to detention, during migration, during detention, and coping and resiliency factors during and after their release from detention. This manuscript is specifically focused on answering our community collaborator's aforementioned research questions regarding detention.

Ojeda and colleagues (2011) indicate that researchers should obtain a Certificate of Confidentiality because information pertaining to immigration status could jeopardize Latinx individuals' living conditions, employment, and in this case, possibly even their immigrant case outcome (U.S. Department of Health & Human Services, 2009). To protect the privacy of participants, the first author reviewed the informed consent with participants verbally and provided a copy of the Certificate of Confidentiality from the NIH as recommended by Ojeda and colleagues (2011). As part of the consent process, participants were informed that the investigator was not legally bound to reveal information about the participants to any government agency and ensured their privacy, anonymity, and confidentiality. As a further measure of protection for participants, the investigator obtained a waiver of signed consent for participants and did not collect any identifying information from participants. Prior to its implementation, this study was approved by The Institutional Review Board at the University of Wisconsin-Madison.

The semi-structured interview began with demographic questions, which is in line with Ojeda and colleagues' (2011) recommendation to ask less thought-provoking questions (like demographics) early on to help the participants feel at ease and confident about their ability to answer questions. The interviews were all conducted in Spanish, based on participant preference, and were between 50 and 90 min long. Participants were compensated \$50 per interview. The interviews were audio recorded and transcribed (in

the language they were conducted) by eight bilingual volunteers and one professional monolingual Spanish language transcriber with the support of grant money. All data was kept in Spanish throughout the analysis of the data. We chose to maintain all data in its original form as back-translating data (the process of re-translating a document back to its original language to verify for quality and accuracy of translation), has been found to inconsistently, inaccurately detect translation flaws (Behr, 2017). For dissemination purposes, themes and selected quotes were translated to English by several of the volunteer transcribers. Following translation, the principal investigator verified the accuracy of the translations. As fully fluent bilingual and bicultural scholars, the principal investigator and consensus coder subsequently reported all results in English.

Participants

Effective recruitment involves building relationships with key community leaders who have already established trust with the Latinx immigrant community (Villarruel et al., 2006). The researchers collaborated with a U.S. organization that supports Latinx, trans individuals after they are released from detention. This organization aided in recruiting participants and offered a private, safe space to conduct the interviews in downtown Los Angeles. The researchers recruited 30 trans participants who self-identified as Latinx and had experienced detention at some point in their life in the US. Participants were between the ages of 18 and 52, and were born and migrated from El Salvador (40%), Guatemala (23%), México (17%), Honduras (17%), and Peru (3%) between the ages of 14 and 39. Table 1 provides randomly assigned pseudonyms along with participants' self-reported gender identities, sexual orientation, and country of origin. Table 1 also includes when participants first immigrated to the US, reason for detention, and how long they were in detention.

Analytic methodology

Thematic analysis methodology (Braun & Clark, 2006) was used to conceptualize themes from the

Table 1. Participant demographic information.

| Pseudonym | Age | Gender | Sexual orientation | Country of origin | Age of migration | Year of migration | Reason for detention | Detention duration |
|----------------------|-----|-------------|-------------------------|-------------------|------------------|-------------------|--|---|
| Estefania | 40 | Transsexual | Heterosexual | El Salvador | 39 | 2016 | Seeking asylum at border | 3 months |
| Nancy | 30 | Trans Woman | Heterosexual | Guatemala | 27 | 2016 | Apprehended while migrating | 9 months |
| Petra | 20 | Female | Attracted to men | El Salvador | 19 | 2019 | Seeking asylum at border | 1 month |
| Lupe | 42 | Nonbinary | Lesbian | México | 22 | 1999 | Detained after criminal charges ^a | 5 months |
| Lorena | 24 | Transgender | Attracted to men | Honduras | 23 | 2018 | Apprehended while migrating | 4 months, 11 days |
| Martha | 25 | Transgender | Attracted to men | El Salvador | 25 | 2018 | Apprehended while migrating | 2.5 months |
| Maria | 26 | Female | Attracted to men | El Salvador | 26 | 2018 | Seeking asylum at border | 2.5 months |
| Tannia | 27 | Trans Woman | Heterosexual | Guatemala | 16 | 2008 | Detained after criminal charges ^a | 3 days, 1 month (jail), 1 month (detention) |
| Andrea | 18 | Trans Woman | Heterosexual | Guatemala | 14 | 2015 | Apprehended while migrating | 2.5 days |
| Norma | 24 | Woman | Heterosexual | Guatemala | 23 | 2018 | Apprehended while migrating | 2.5 months |
| Gabi | 46 | Transgender | Gay | México | 31 | 2004 | Wrongfully accused of being a sex worker | 12 months |
| Francisco | 37 | Man | Attracted to women; Gay | Honduras | 19 | 2000 | Framed for criminal charges; persecuted by ICE | First time in detention: 1 month; Second time in detention: 2 years |
| Cecilia ^c | 29 | Female | Heterosexual | Guatemala | 23 | 2013 | – | – |
| Julietta | 33 | Trans Woman | Heterosexual | El Salvador | 33 | 2019 | Seeking asylum at border | 1 month |
| Jessica | 31 | Trans Woman | Heterosexual | El Salvador | 29 | 2017 | Seeking asylum at border | 9 months |
| Patricia | 22 | Female | Heterosexual | Honduras | 16 | 2014 | Apprehended while migrating | 1 yr., 4 months |
| Carolina | 32 | Trans Woman | Pansexual | El Salvador | 31 | 2017 | Seeking asylum at border | 9 months |
| Gloria | 39 | Trans Woman | Attracted to men | Peru | 23 | 2003 | Detained after criminal charges ^b | 3 years |
| Monica | 52 | Transgender | Attracted to men | El Salvador | 22 | 1989 | Criminalized for sex work | 1 day |
| Leilani | 24 | Transgender | Heterosexual | El Salvador | 22 | 2017 | Seeking asylum at border | 9 months |
| Olivia | 24 | Female | Attracted to men | Honduras | 19 | 2015 | Seeking asylum at border | 13 days |
| Sandra | 18 | Transgender | Heterosexual | Guatemala | 18 | 2018 | Apprehended while migrating | 6 months |
| Brenda | 24 | Female | Attracted to men | El Salvador | 23 | 2018 | Apprehended while migrating | 6 months |
| Rocio | 40 | Female | attracted to men | México | 20 | 2000 | Apprehended during checkpoint | 8 hours |
| Karina | 23 | Trans Woman | Heterosexual | El Salvador | 21 | 2016 | Seeking asylum at border | 9 months |
| Natalia | 35 | Female | Attracted to men | Guatemala | 33 | 2017 | Detained after criminal charges ^b | 3 years |
| Alex | 25 | Nonbinary | Attracted to men | Honduras | 23 | 2017 | Seeking asylum at border | 3 months |
| Lola | 45 | Transgender | Attracted to men | México | 17 | 1991 | Criminalized for sex work | 6 months |
| Silvia | 45 | Transsexual | Heterosexual | México | 21 | 1995 | Criminalized for sex work | 2.5 months |
| Claudia | 44 | Transsexual | Attracted to men | El Salvador | 14 | 1989 | Apprehended while migrating | 6 months |

Note. All descriptors are the participants' own words for their identities.

^aTheft charges.

^bVictim of abuse/violence that lead to eventual criminal charges.

^cThe recording unexpectedly cut off for this participant part way through the interview.

interview data. Braun and Clark note that this methodology is used to organize data in a rich and systematic way. This methodology allows researchers to learn what participants' lives are like in their own words. The methodologists indicate that researchers can use an inductive (top-down) or deductive (bottom-up) approach to coding. As we were most interested in learning

from the participants specific words about where patterns may manifest, we chose the bottom-up approach. As well, Braun and Clark (2006) indicate that they do not provide a specific analytic plan and that many researchers use grounded theory methods to ultimately provide a thematic analysis. Therefore, we used specific coding procedures outlined by Charmaz's (2014) grounded

theory to conduct our thematic analysis. In the initial phase of coding (line-by-line coding), the first and second authors mined the transcripts for analytic ideas to pursue in subsequent data analysis related to the participants' narratives and experiences. The goal of this initial line-by-line coding was to remain open to all possible thematic directions indicated by the data. As part of this initial phase, investigators first individually line-by-line coded a transcript, then met to review all codes for consensus. Consensus coding required both investigators to approve each line-by-line code. Investigators then conducted focused coding, which required collectively placing all line-by-line codes from the first transcript analyzed into higher order categories and then repeating this process for each subsequent transcript. This process consisted of creating and modifying higher order categories to accommodate new line-by-line codes that could not be organized into the previously created higher order categories from the prior transcripts. The third phase of coding involved coding the data into overall themes. In this process, all the higher order categories were grouped into themes. Similar to prior phases of coding, the coders engaged in this process individually (e.g. each individual took the higher order categories and developed themes) and then met to develop themes consensually as a team.

Trustworthiness

Lincoln and Guba's Evaluative Criteria (1985) posit that trustworthiness of a research study is important in evaluating its worth. Establishing credibility is achieved through prolonged engagement with members of the setting that will be studied, analyst triangulation, and member checking. Prolonged engagement in the community as well as involving community members in the constructions and development of the research protocol was a priority in establishing credibility in this research study. Analyst triangulation was employed by having results examined by multiple coders to ensure that participant accounts were rich, robust, comprehensive and well-developed. Whenever consensus was not initially obtained, coders discussed the code and consulted with

one another until a consensus was reached. Although thematic analysis (Braun & Clark, 2006) does not require consensus coding, consensus and auditing processes were completed to ensure rigor and accountability during data analysis. This process of accountability acknowledges biases and aims to reduce their influence on the coding process (Budge et al., 2017). Unfortunately, member checking (giving research participants the opportunity to review research findings and provide feedback on our interpretations) was not employed because participants' information was not collected in order to ensure anonymity and confidentiality for their safety considering the vulnerability of their immigrations statuses.

Researcher positionality

All academic endeavors include varying forms and degrees of subjectivity (Peshkin, 1982; Peshkin, 1988; Schweber, 2007). Notwithstanding the specific methods used, all researchers bring with them personal subjective qualities that construe, misconstrue, filter, transform, skew, shape, and block various facets of the research process (Peshkin, 1988). Given that our research team consisted of racial-ethnic "insiders" and "outsiders" (Adler et al., 1987), we brought with us experiences, values, and lenses that shaped the study. We briefly describe our positionalities below to make our subjective experiences known and to examine how they influenced our research process.

The first three authors of this article contributed to the analysis of this study. The first author is a Latinx, queer, gender expansive, undocumented, muXer of color from México whose work focuses on examining how policies and systemic oppressions impact the lived experienced of undocumented, LGBTQ and Latinx populations. As someone who has and continues to be personally implicated by U.S. immigration policy, this study was shaped with the intent to augment our understanding of how and to what extent detention is harmful. The second author is a trans, nonbinary, brown Latine person born in the US, raised in México, and a citizen of both the US and México. Among other things, they strongly oppose detention, incarceration,

and sex work criminalization – these structures foster harm, especially to minoritized communities, and reinforce systems of inequality. Given the first two authors’ “insider” statuses (Adler et al., 1987) in relation to study participants, it was important for us to identify not only the ways in which this study felt personal, but also the ways our privileges as researchers distanced us from participants’ lived experiences. Particularly, these two authors held each other accountable during the consensus coding process to avoid making interpretations that could mis-represent participants’ lived experiences while maintaining an intersectionality framework that examined detention as an axis of power and oppression. For example, authors consistently asked each other how detention as a system affected participants instead of focusing on individual identities to make interpretations. We were careful not to blame survivors of detention by saying, “because they were trans” or “Latinx” and instead named/identified the factors like transphobia and abuse at play that contributed to Latinx trans immigrants’ experiences in detention. We also avoided language like “detainees” and instead used person-first language. The third author is a white, cisgender, queer woman born in the United States and a U.S. Citizen, who feels strongly that detention is wrong and harmful. As an accomplice to UndocuTrans people, she saw her role as supporting and mentoring the first two authors in the design, analysis, interpretation (including auditing), and writing of this manuscript. The third author hopes that illuminating people’s narratives and experiences may increase empathy and change from those who have the power to facilitate systems-level change. The fourth author is a Latina, trans activist who has been internationally recognized for her leadership in fighting against multiple injustices faced by the trans immigrant community. As a community collaborator, the fourth author assisted with participant recruitment and gave feedback regarding this study and the present manuscript. All authors contributed to the study with the intent of amplifying marginalized voices in ways that could be meaningfully used to create systems-level change.

Results

The 30 Latinx trans immigrants who were interviewed provided rich and detailed narratives about how conditions and treatment within detention impacted them. Analysis revealed three themes (bold and italicized) and 10 higher order categories (italicized).

Reasons for immigration detention

All participants described the various ways they ended up in detention in the U.S. Higher order categories that emerged in this theme included (a) *Seeking Asylum at Border*, (b) *Apprehended While Migrating*, and (c) *Criminalization of Trans Immigrants*. Some participants either turned themselves in at the border or were inadvertently apprehended while trying to cross the US–México border. Others were detained after fulfilling criminal charges while they were living in the US and only one individual described being apprehended after going through an interstate checkpoint in the US.

Ten participants (33%) indicated that they were *Seeking Asylum at Border*. These individuals’ experiences are unique from their counterparts in that they had some knowledge of political asylum and knew they had the right to seek these protections at the US–México border. Often, participants found out about these rights through trans friends they had met during their migration journey or through trans friends who had previously gone through the U.S. asylum process. Estefania, a 40 year-old transexual woman from El Salvador, reported: “... I found another woman that was called (friend) that I could live with for a long time. With her I turned myself in and in detention we were together.” Estefania and her friend, who she met during her migration journey, turned themselves in at the US–Mexico border together. Eventually, Estefania was released from detention first due to having been granted parole, and her friend was eventually granted asylum.

Nine study participants (30%) were *Apprehended while Migrating*. Participants reported being apprehended while crossing Rio Grande or while

crossing the border through the desert. Many noted feeling fearful while being apprehended and recall thinking they would be placed into fast-track deportation proceedings. One participant, who did not know she needed to have turned herself in at the US–Mexico border bridge, erroneously thought she could ask for asylum once she was apprehended. Lorena (24-year-old, transgender, Honduran) indicated that border patrol asked her for her identification and apprehended her. She said:

They [border patrol] told me “you don’t have the right to asylum because you broke the law, you crossed the river. If you had wanted to ask for asylum, you should have crossed through the bridge. Once you do that, you have no more rights. Now all you can do is wait to be deported.”...Oh my god, from there all my dreams came crashing down, yep... I said, so much that I’ve fought and they are going to deport me and so much that I’ve suffered and it can’t be, I was so excited to come and everything is gone.

Nine participants’ (30%) experiences underscore a pipeline of criminal charges in the US to detention, which reflects the *Criminalization of Trans Immigrants*. Results revealed that two individuals were wrongfully accused of trading sex and one individual was framed by a police officer for theft. The criminalization of trans immigrants (i.e. turning someone into a criminal by making their activities illegal) is particularly evident as these participants reported that, despite not being involved in the activities they were charged with, they were targeted and charged for crimes they did not commit. For example, Gabi, a 46-year-old transgender person from México, reported that she was wrongfully accused of being a “prostitute,” when she was in fact just celebrating her birthday. While Gabi fought her case and was found innocent due to lack of evidence of her alleged crime, she was apprehended by ICE and subsequently placed in detention.

Some participants reported that they would either steal or engage in sex work to meet basic needs. For example, Silvia, a 45-year-old transsexual person from México, noted that:

The police caught me because we [Silvia and a friend] were looking for food. We crossed over and I came with her, over here everything happened to me. We

didn’t have anything to eat and one passes the time looking and doesn’t find a job or anything. Well we decided to steal ...food from a ranch market and that’s where they caught me and took me to jail. Yeah, from there they took me to immigration and they deported me.

As is evident in other participants’ experiences, Silvia’s case exemplifies that lack of access to work permits, limited work opportunities due to anti-trans discrimination, and receiving inadequate pay for work all push Latinx trans immigrants toward illicit activity that is necessary for survival.

Survival of torture, abuse, and transphobia in detention

Participants were detained as few as 1 day and as long as 3 years, though the majority were detained an average of 238 days, or about 8 months. Some participants had been released from detention 10 days prior to the qualitative interview while another participant had been released from detention 13 years prior to the interview. Only 13 participants (43%) said that they were told by personnel at the detention facility that they had a right to an attorney, despite being required to provide that information. Within this theme, four higher order categories emerged: (a) *Debilitating Conditions in “La Hielera,”* (b) *Abusive and Dehumanizing Treatment by Detention Authorities,* (c) *Denied Access to Basic Human Needs and Medical care,* and (d) *Solitary Confinement as Torture.*

Twelve participants (40%) endorsed experiencing *Debilitating Conditions in “La Hielera.”* In the initial phase of detention, participants indicated being put in a “holding cell” popularly known as “La Hielera” (“The Ice Box”), which is characterized by frigid temperatures and lack of blankets provided while in this holding space. Participants described being held in la hielera for a minimum of 8 hours to a maximum of 8 days. Jessica, a 31-year-old trans woman from El Salvador, indicated that being in la hielera was disorienting to the point that she could not remember how long she was held in la hielera. Nancy, a 30-year-old woman from Guatemala,

described her experiences having been placed in la hielera for 6 days:

I was in the ice box for six days just eating sandwiches. Bread with ham, more than anything, and a juice that they give you...Horrible, horrible because I believe they make the entire room cold and they give you a damn, like aluminum blanket there [in the ice box]. One has to sleep right there on the floor. One doesn't even sleep from the cold nor do they sleep because the floor is too cold... I was alone because since I am trans they couldn't place me neither with the women nor the men [in the ice box] ... They isolated me. [in the ice box] When they caught me, I was all wet, because we had to get off of the boat in the river. I remember that my pants and my shoes got dried with the same cold, they dried horribly. There, they don't pay attention to you, they could care less...One doesn't even know if it's day or night because the lights are never turned off and you are cold...In the ice box, it is on the floor and one dies from the cold.

Nancy's experiences are not uncommon – other participants described having to sleep on the floor, being given only an aluminum blanket, being deprived of the ability to sleep, feeling disoriented by fluorescent lights that stay on 24 h a day, and being given no food/limited food or food of poor quality (e.g., spoiled food).

While in la hielera, some participants endorsed bodily pain and psychological distress. Participants noted that no one had explained to them why they were being placed or held in detention and that no one communicated with them in their native language to aid in understanding this process. Participants described feeling scared, lonely, tearful, sad and frustrated. Another participant described that before she transitioned, she migrated with her mom when she was 14. She indicated that they separated her and her mother and that she was placed in la Hielera with a 7-year-old boy who laid on her shoulder. This made her really emotional and said, “Being there, they treat us like animals solely for being an immigrant.” She further described how she witnessed an elderly indigenous individual speaking in their indigenous language and was yelled at and subsequently hit for “not listening” when the guards would speak to him in English. Another participant described feeling “really bad” because she was sexually assaulted by Mexican officers

during her migration journey. She also felt cold and weak because she had not eaten in days. Despite not feeling well, she was not provided with any medical treatment after being checked by a doctor.

In addition to experiences in la hielera, all 30 study participants (100%) described experiencing *Abusive and Dehumanizing Treatment by Detention Authorities*. Many participants reported intimidation by authorities, forced labor, linguistic discrimination, and retaliation for reporting authorities' extrajudicial behaviors. Participants also endorsed transphobic treatment, such as being housed by their sex assigned at birth. In one example, Norma, a 24-year-old woman from Guatemala, indicated that she was told by detention authorities that they could not house her with other women indicating that she was not a woman. Authorities told Norma that if she did not want to be isolated, she had to be housed with men and it would be her responsibility if “algo” (“something”) happened to her. Norma said:

They told me that they couldn't place me with the women because I wasn't a woman... if I didn't want to be alone, they were going to place me with the men but under my responsibility if something were to happen to me, it was going to be my fault, that they were going to have nothing to do with it.

This meant that if she experienced harm by inappropriately being housed with men, she would be to blame and her only alternative to this was being placed in solitary confinement.

Seventeen participants (57%) reported being *Denied Access to Basic Human Needs and Medical Care*, which includes access to food, hygiene products, medical care, and transition-related care. This higher order category included participants' descriptions of being given little, minimal, and at times even spoiled food. Petra, a 20-year-old person from El Salvador, reported that food had so much “iodo” (“salt”) that it would make the food bitter. Several participants, including Petra, felt that such high content of salt might have impacted their sexual functioning. Several participants noted that they did not have access to menstrual care products and were often denied basic personal hygiene products like soap, tooth brushes, and toothpaste. Participants reported

that sometimes they were required to buy basic amenities and even food (e.g., Cup of Noodles) from the commissary. One participant said, “we could not even shower there, or brush our teeth, [detention authorities] did not give us any hygiene products.”

Participants also reported often either being denied medical care or being medically exploited. Some participants received excessive blood draws without explanations for why this was necessary. Others described being over-medicated by detention medical staff (e.g., given up to 16 pills) without receiving explanations necessary to consent to such amounts of medication. Lorena (24-year-old transgender person from Honduras) recalls that detention staff withdrew 12 samples of blood from her the last time before she was released from detention. She reported not knowing the purpose of these blood draws. Participants indicated that after undergoing medical and psychiatric evaluations by detention medical staff, they were prescribed medication to help reduce their sleep problems, anxiety, and depression. However, many participants indicated never receiving a formal diagnosis.

One participant, Lupe (42-year-old nonbinary person from México), indicated that they had been experiencing severe headaches. When asking for an ice pack to soothe the pain, Lupe was denied basic care on numerous occasions. Eventually, when they finally took them to a hospital to get checked out, doctors told them that they had a tumor in their head and subsequently released them from detention. Lupe recalled:

...well I was detained in immigration in 2017, and they discovered a tumor so then immigration let me go...I knew that it was a tumor, but when I began to go to the hospital there were four tumors in my head.

Lupe noted that the reason authorities released them on bail from detention was because the detention center did not want to front the cost for removal of the cancerous tumors that were found in their brain.

Another significant finding was that seventeen (57%) of participants were either denied access to hormones or were not offered any. Currently, ICE is required to provide hormones to trans

people who were already receiving hormone therapy when taken into ICE custody. Several participants described demanding hormones, yet did not gain access to hormones throughout their entire stay in detention. Estefania (40-year-old, transsexual person from El Salvador) shared: “They didn’t want to give me hormones inside [detention]. They didn’t want to give me hormones... Yes, I asked for it but I don’t know why they didn’t give it to me [hormones].”

Participants also described experiencing *Solitary Confinement as Torture*. Participants reported being placed in solitary confinement because they were trans, as a form of “punishment,” or after having experienced significant mental distress and instability. Seventeen participants (57%) indicated that they were held in solitary confinement at some point during their time in detention. Participants reported feeling helpless, lonely, scared, and losing track of time. Some participants noted becoming anxious and depressed, with a few participants having their prior mental health symptoms become exacerbated as a direct result of being placed in solitary confinement. A few participants even reported experiencing suicidal ideation and attempting suicide. Norma, a 24-year-old woman from Guatemala stated:

There they had me in isolation for like one week, no no they never took me out to the sun. I didn’t know if it was daytime, or if it was night because I didn’t have...it was a little room, a hospital emergency room but everything was covered. They didn’t have anything to look at, they only brought me books and food like three times a day. It wasn’t known if it was breakfast, lunch, or dinner because the foods were so random as in they would put you stuff, kind of like rice or fried beans and bread or stuff like that. So then I did not know that.lunch, and dinner aha (yes) and I didn’t know what time it was, what day it was...It was the worst that can happen to someone here in the United States I imagine. To be isolated, without knowing anything about the world, just horrible.

Participants reported that “queer and same-sex” appearing behavior and affection was punished while in detention. One participant recalled that more “feminine-appearing gay men” were put in solitary confinement after being harassed by other

individuals in detention. Another reason that participants were punished by being placed in detention was for experiencing mental health distress. Alex, a 25 year-old nonbinary person from Honduras, recalled that:

There were people who wanted to run away, who screamed that they were getting sick and what would they [detention staff] do, they isolated them instead of supporting them, they took them to those rooms for solitary and they had them there for weeks. They ended up going more crazy. When they got out of there they took them again to the bedrooms...like traumatized, quiet like without talking and they would not take them a person to help psychologically or anything. Instead it was more like a punishment.

Alex observed that, instead of being given psychological support and assistance from a psychologist, individuals in crisis were often placed in solitary as a form of “punishment.”

Patricia, a 22 year-old female person from Honduras, reported having been placed in solitary confinement, while nude, after having been raped by a cisgender man who was put into her detention cell. The doors on her cell were locked when he tied her up and put a rag in her mouth so she would not scream. Patricia had been beaten, to the point of bruising all over her body, and subsequently was taken to the detention hospital. After being released from the hospital, she was put into solitary confinement without any clothes. Instead of holding him accountable, they told her they would be putting her in solitary for her “own wellbeing” for the remainder of her time in detention. Patricia said that being placed in solitary was so horrible because she would not see the light of day and would hear others screaming while in solitary. She could not believe that she was being put in solitary instead of her perpetrator and aggressor. She described feeling like she was a criminal because of how she was isolated and kept from others. She reported that she began to feel suicidal, despite not having any history of suicidal ideation in her life. In addition to wanting to kill herself, Patricia also began to lose sense of reality and would find herself talking to others even though there was no one else with her. Patricia described her experience in solitary confinement:

It's really agonizing for one because you think a lot of awful things there. I would not sleep anymore...I couldn't stand it. I would say just deport me to my country. Yes, it is horrible... Horrible, horrible. It's worse than being in jail. I would not wish that on my worst enemy to be there where I was. It's really horrible listening, there were people going crazy there, screaming in the middle of the night. Without being able to see the sunlight. As if we were criminals... With just a bed and a toilet right next to it. And it was cold, really cold.

Psychological impact during detention

Participants were asked about how detention impacted them and most participants described experiencing varied forms of psychological distress and symptoms during their stay in detention. The three main higher order categories that emerged within this theme included (a) *Trauma, Anxiety, and Depression*, (b) *Suicidality*, and (c) *Desire to Self-Deport*.

When participants were asked how they would describe their experiences in detention, most participants (83%) described their experiences in detention as negative. Most participants described their experiences as “a nightmare,” “hell,” “the worst experience of my life,” “isolating,” “horrible,” and “desgastante (exhausting).” Some participants also described some positive experiences. For example, some participants felt thankful to have met great people in detention, felt thankful for having had time to read books, and one participant noted that, since they were not able to access alcohol or substances, being in detention helped them end their drug and alcohol dependence. The participants who mentioned experiencing some positives were detained as few as 3 days and as long as 6 months and still reported having some negative experiences in detention. It is important to note that many of these participants regarded experiences as positive in relation to their negative experiences prior to being detained. Hence, participants were found to make meaning of several experiences they had in detention. Only Martha, a 25 year-old Transgender person from El Salvador, experienced positivity through being housed with other trans individuals and having had access to a lot of resources including activities like a library, a yard, a gym,

a barber shop, and even Zumba classes. No other participant described having access to these resources, which could be helpful in maintaining an individual's mental wellbeing during detention.

Thirteen participants (43%) described feeling traumatized, anxious, and depressed during detention, which are captured in the *Trauma, Anxiety, and Depression* higher order category. Participants endorsed difficulty sleeping, feeling afraid, feeling unable to stop worrying, pacing back and forth, crying, and experiencing significant sadness. In fact, many participants described being given psychiatric medication to manage their symptoms of anxiety and depression despite having no prior history of diagnosis of depression and anxiety prior to detention. One participant, Estefania (40 year-old, transsexual person from El Salvador) reported that:

What traumatized me the most, that I'll always carry with me from being in detention that I got sick with anxiety, depression...I would just cry [in detention]... I can't spend too much time in a small room locked up because I become anguished like all those things come to my mind ... And I am in anguish... it gives me anxiety ... I had a hard time sleeping when they locked us up so the police could go to lunch, they locked us up almost two hours so I passed the time just crying and crying. It was the death of me for them to lock us up, being locked up for so long, I would start to cry and cry and I couldn't calm myself down.

For Estefania, being confined to her small cell caused great distress that resulted in adverse mental health symptoms, including uncontrollable crying.

In addition to the anguish, some reported being impacted by noting the way others were treated in detention. Natalia, a 35 year-old female person from Guatemala, said that:

...but immigration [detention] was the most traumatic. Gosh no! ... And later it's more traumatizing when you see the way the officers act with the others..., even uglier... Because one would like to do something to stop it. How they punish innocent people, how they punish humble people, how they abuse people. Oh my God!

Three individuals reported that prior mental health symptoms worsened during their time in

detention and four participants (13%) endorsed *Suicidal Ideation*. For example, Patricia, a 22 year-old female person from Honduras who was in detention for one year and four months, noted that she attempted to kill herself while feeling hopeless that she was never going to be taken out of solitary confinement. Patricia said,

one day, well I took the decision that I didn't want to be there anymore but they didn't want to take me out and they told me, 'you are not going anywhere' so I slit my wrists...with the reusable razors...

The next thing Patricia recalled from this experience is waking up in the hospital. She said, "When I woke up, I was in the hospital. Well, I felt frustrated because I felt like nobody was listening to me. Nobody listened to all the help I asked for from immigration [detention authorities]."

Despite having fled violence and life-threatening conditions in their home countries, five (17%) participants noted feeling a *Desire to Self-Deport*. For these participants, their experiences in detention were worse than the mistreatment and violence they had encountered in their home countries. Patricia (22 year-old female person from Honduras) reported feeling that the only alternative to suicide would be for her to self-deport:

Realistically I did not have hope. I had already lost everything. The only thing that I wanted was to be deported. Because a lot of time had already passed and it seemed unjust to me that I was still paying by being locked up...I was forced to be there to wait until my final court passed...I did not want to be there...I wanted to die or return to my country. One of the two things.

For participants like Patricia, escaping the horrors of detention culminated in two options: self-deportation or death by suicide.

Discussion

The present qualitative research study sought to shed light on Latinx, trans immigrants'

experiences in U.S. detention proceedings. Further, this study examined how detention proceedings impact Latinx, trans immigrants' and their mental health. A notable finding from this study was that participants were detained an average of 8 months in detention with the longest stay in detention being 3 years. These findings are noteworthy because these participants were detained much longer than what was indicated in prior reports. Gruberg (2018) reported that the average length of time trans people were detained in 2017 was 99 days, while the average time for all immigrants was approximately 44 days. Results from this study show that Latinx, trans immigrants were detained at least 7 months longer, on average, than the average one month length of stay at any one immigrant detention. This discrepancy in reported lengths of time in detention may be due to the complex nature of asylum cases, as prior reports have found that the average stay for asylum seekers is 102.4 days (Human Rights First, 2011, 2018). Additionally, prior reports may have been underestimates due to under-reporting or lack of tracking trans and nonbinary identities in U.S. detention facilities.

Like findings from the HRW (2016) report, this study found that Latinx, trans immigrants were subject to debilitating conditions in "la hielera", abusive and dehumanizing treatment by detention authorities, were denied access to basic human needs and medical care, and were also commonly placed in solitary confinement. Inhumane conditions such as those experienced by these participants can lead to medical complications, and potentially be life-threatening (HRW, 2016). This study provides clear evidence that U.S. Customs and Border Protection officers ignored protocol since participants reported being kept in la hielera as long as seven to eight days and some participants reported being so disoriented by the lights being continually on that they did not know how long they were kept in la hielera. Aside from ignoring protocol, these practices can be considered a form of torture. Reports (Başoğlu et al., 2007; Head, 2019; Wolfendale, 2009) have indicated that techniques like leaving the lights on and inducing sleep deprivation (making the environment difficult to sleep in: lights on, cold, no bed), are common American

torture practices known as "torture lite," because they do not leave injuries, but human rights lawyers consider them to be abusive.

Results also indicate that participants were subject to abusive and dehumanizing treatment by detention authorities which included being intimidated by authorities, experienced forced labor, suffered transphobia, racism *via* linguistic discrimination, retaliation for reporting authorities' extrajudicial behaviors, and punished by being placed in solitary confinement. The humiliation and intimidation such as that experienced by participants, has also been found to be a common American "torture lite" tactic (Head, 2019). Although torture has been commonly used by U.S. government agencies during interrogations to "retrieve information," in the case of these participants, staff were seemingly trying to make conditions in detention so unbearable so participants would be forced to self-deport.

Another form of torture experienced by 57% participants was solitary confinement. These findings demonstrate that participants were held in solitary confinement at a much higher rate than Gruberg (2018) who reported one in every eight and the 2015 National Transgender Survey (James et al., 2016) which reported that 42% of trans immigrants were held in solitary confinement. Participants were placed in solitary confinement, either specifically because they were trans, as a form of "punishment" after being sexually assaulted or after having experienced significant mental distress and instability. This aligns with prior findings (HRW, 2016) that solitary confinement has been used as an excessive and abusive disciplinary tool against trans women held in detention and is used in lieu of mental health treatment as qualified mental health staff are rarely on-site (National Immigrant Justice Center & Physicians for Human Rights, 2012). Furthermore, findings from this study substantiate prior findings which indicate that US immigration detention facilities commonly place trans women, gay men, people with psychosocial disabilities, and people who have experienced sexual assault in solitary confinement for weeks or months at a time, as an alleged form of "protection" that is often imposed against their wishes (National Immigrant Justice Center & Physicians for Human

Rights, 2012; New York Times, 2013). This study builds on the HRW (2016) reports of maltreatment in detention by examining how these experiences impacted their mental health. Some participants' prior mental health symptoms became exacerbated as a direct result of being placed in solitary confinement while some also experienced suicidal ideation as a result. Results from this study show that instead of being "protective," for trans immigrants, solitary confinement incurs psychological harm. These findings support what has been exceedingly apparent for over 100 years, solitary confinement causes psychological harm (Brownfield, 1965; Grassian & Friedman, 1986; Grassian, 1983; Hinkle & Wolff, 1957; Sutker et al., 1991; Thompson & Melzack, 1956).

This study fills prior gaps in scholarly research on the harmful and torturous conditions that Latinx, trans immigrants are subjected to in detention. These gaps in research exist in part because immigration detention – much more so than the carceral system, as argued by Ryo (2019) – is shrouded in secrecy and bureaucratic barriers that obstruct researchers' access to government data and detention facilities. As evidenced by prior reports on U.S. detention conditions (MacGrady, 1997; Office of Inspector General, 2017, 2019; Ryo, 2019; Southern Poverty Law Center [SPLC], 2016), many of the conditions that trans individuals experienced, such as debilitating conditions in la hielera, being fed spoiled food, experiencing forced labor, and experiencing linguistic discrimination, and denial of access to basic human needs and medical care, are concerning conditions for many immigrants, regardless of gender identity. In fact, U.S. ICE (2017) has reported 185 deaths in detention between October 2005 and July 2018, and medical experts have concluded that many of these deaths are linked to poor medical care in detention (HRW, 2018). This has also been found to be true for trans immigrants as seven deaths of trans immigrants have occurred while in detention since October 2017, according to ICE (Kessler, 2019). Participants in this study reported denial of medical care, which is often regarded as a "more physically violent" form of torture than other less overt forms of violence outlined in this study (Wolfendale, 2009).

It is vital to acknowledge that the inhumane and harmful treatment documented both in this study and found across other populations who have experienced immigration detention (MacGrady, 1997; Office of Inspector General, 2019, 2017; Ryo, 2019; SPLC, 2016), may speak more broadly to how the U.S. detention systems exert power and oppression over individuals that is rooted in xenophobia and racism. Xenophobia is defined as an underlying set of attitudes based on fear, dislike, or hatred of foreigners (Yakushoko, 2009). While prejudice against immigrants has long been documented in the literature and by advocacy organizations (Fuchs, 1995; Takaki, 1989), it is undeniable that racism plays a significant role in immigrants of color disproportionately becoming targets of xenophobia (Daniels, 2002; Gabaccia, 2002) in comparison to their White immigrant counterparts. Furthermore, scholarship has documented how Latinx immigrants are disproportionately impacted by institutional racism through racialized immigration enforcement (Abreu et al., 2021; Gonzalez et al., 2020; HRW, 2009; Magaña-Salgado, 2014; Provine, 2013). Findings from the current study acknowledge the precarious and vulnerable position that Latinx, trans immigrants are in considering the multiple forms of oppression (e.g. transphobia, xenophobia, and racism) that they may experience in U.S. immigration detention.

In addition to establishing a link between torture and detention proceedings, this study provides substantial undeniable evidence that builds upon findings in a prior report that trans immigrants face an additional level of discrimination that includes transphobia and cissexism that their cisgender counterparts are not subject to in detention (HRW, 2016). Specifically, it is clear that the "Further Guidance Regarding the Care of Transgender Detainees" put out by the U.S. DHS (2015), are commonly ignored or inappropriately used by ICE authorities and detention staff. Although this memorandum provides specific directions for ICE related to intake procedures, classification as trans, and determination for care, findings from this study demonstrate that trans immigrants were housed by their sex assigned at birth, either denied access to hormones or simply not offered any, experienced

sexual assault, and also placed in solitary confinement as a form of segregation, or punishment for “queer and same-sex” appearing behavior.

The current study also provides unique insight into a process that has been minimally studied with Latinx and trans populations in the United States: the psychological impact of detention proceedings. This study fills an important gap in current literature on Latinx, trans immigrants by asserting that detention incurred symptoms of anxiety, depression, trauma, and suicidal ideation. Not only were participants impacted by their own experiences in detention, but some participants described also being impacted by how they saw others being treated during detention. These findings provide support for experiences/time in detention to be considered *Potentially Traumatic Events*, since a traumatic event is defined as an event that threatens injury, death, or the physical integrity of self or others and also causes horror, terror, or helplessness at the time it occurs (American Psychological Association, 2015). This study substantiates prior results with other populations who have experienced detention proceedings that detention incurs psychological sequelae (Green & Eagar, 2010; Ichikawa et al., 2006; Keller et al., 2003; Momartin et al., 2006; Physicians for Human Rights & the Bellevue/NYU Program for Survivors of Torture, 2003; Robjant et al., 2009; Steel et al., 2006; Sultan & O’Sullivan, 2001).

Regardless of how individuals eventually were involved in detention proceedings in the US, results clearly indicate that the intersecting systems of oppression, particularly transphobia, cissexism, racism, and xenophobia, enforced by detention proceedings incurred psychological sequelae on participants including trauma, anxiety and depression, suicidal ideation, and a preference to self-deport. The findings from this study echo some similar experiences of oppression as it relates to mental health concerns for Latinx immigrants within the US (see Abreu et al., 2021; Abreu et al., 2020; Gonzalez et al., 2020) – however, these previous studies have yet to describe experiences in detention. As one of the first studies that has found that detention proceedings do in fact cause psychological harm to Latinx, trans immigrants, findings suggest it is imperative to

enact policies that may enable the US to provide humanitarian support, mental health resources and refuge to Latinx, trans immigrants who are fleeing violence and persecution in their home countries.

Limitations and future research directions

Given the qualitative nature of this study, research findings were not intended to yield generalizability. However, as Hoskin (2020) states in her research, the goal of this qualitative study is intended to inspire social change and encourage readers to consider issues of power and privilege (Chatfield, 2018). Chatfield (2018) notes that qualitative researchers believe findings might be extended beyond one specific person in one certain context. Given that the participants’ represented diverse countries of origin, yet reported similar experiences across various detention centers in the US, these findings indicate trends that should be explored and tested by future quantitative studies. However, considering that all participants who were interviewed presently resided in Los Angeles, it would be important to conduct analysis nationwide. As Gonzales and Raphael (2017) indicate, the mixed landscape of state and municipal policies and practices in the US makes geographic location and local context increasingly influential in determining the treatment of immigrants and the opportunities available to them. Furthermore, due to the complexity of accurately capturing racial demographics within Latinx communities (Allen et al., 2011), our study is limited in understanding how much racism and racialized experiences may have varied within our sample. Consequently, it will be important for future research to examine how the experiences of Latinx, trans immigrants compare across race and the US.

Although the goal of a qualitative study is not to generalize findings, the harm that participants reported experiencing should be regarded as a critical finding, especially considering that these individuals were “privileged” enough to be released from detention and some had opportunities to seek various forms of immigration reliefs in the US. These findings, however, are only a stepping stone toward understanding the

critical psychosociocultural impact that detention proceedings have on Latinx, trans immigrants. Future studies should focus on determining best practices for alternatives to detention procedures that simultaneously prioritize Latinx, trans immigrants' health and wellbeing and also provide safety and refuge when seeking asylum. Longitudinal studies can help elucidate how trans immigrants are served by community alternatives to detention in comparison to current detention practices. A limitation of this manuscript is that participants' resilience in coping and resisting against these abusive and torturous practices were not reported in this article. These experiences are critical to consider and will be reported on in a future publication that will follow this article.

Implications

Since this study indicates that detention proceedings do in fact cause psychological harm to Latinx, trans immigrants in addition to instilling conditions that are comparable to torture practices, findings suggest it is imperative to enact policies that may enable the US to provide humanitarian support, resources, and refuge to Latinx, trans immigrants who are fleeing violence and persecution in their home countries that are not modeled after the criminal justice system. These findings echoed prior recommendations to both release all trans immigrants from detention (The Associated Press, 2018; HRW, 2016, 2018) and to abolish cruel and inhumane detention facilities altogether, as they have been found to be harmful among many populations (MacGrady, 1997; Office of Inspector General, 2017, 2019; Ryo, 2019; SPLC, 2016).

As proposed by a HRW (2016), community-based alternatives to detention, which may involve individual case management and referrals to legal, medical, and psychological support services, could in many cases ensure high rates of appearance in immigration proceedings without subjecting trans individuals to dangerous abuse in detention. Recommendations for community-based alternatives to detention were supported by 35 members of the U.S. Congress, who urged the U.S. Secretary of Homeland Security to develop

community-based alternatives for trans women in 2015 (U.S. Members of Congress, 2015).

Findings from this study can also serve to better understand what processes may help support Latinx trans individuals who are still in detention. Findings from this study echo a statement from a prior report that indicates that detention facilities offer inadequate mental health resources (HRE, 2018). In fact, this study demonstrates that participants were often punished for experiencing mental health symptoms and after experiencing traumatic events (e.g. sexual abuse) by being placed in solitary confinement, a procedure that was found to further exacerbate their distress. Detention facilities should immediately end isolation practices and solitary confinement as a way to "protect" Latinx, trans immigrants. Contrary to "Further Guidance Regarding the Care of Transgender Detainees" put out by the U.S. DHS (2015), solitary confinement was found to cause psychological harm regardless of the reasons that lead to these conditions. This study provides strong evidence that solitary confinement should not be used as a "protective" measure under any circumstance for trans immigrants.

Furthermore, an understanding of inhumane conditions in detention and the psychological harm they cause may help mental health and service providers understand how to better support Latinx, trans immigrants once they are released from detention. Moreover, given the significant trauma that participants were found to experience during detention (which included experiences of transphobia and abuse), trauma-informed, gender-affirming mental health services should be provided to Latinx, trans immigrants who experienced detention to support their mental health and wellbeing overall. Specifically, strengths-based support should highlight and amplify Latinx, trans immigrants' incredible resilience and capacity to individually and collectively resist torturous instances of harm and abuse sustained in U.S. detention.

Note

1. This study uses the umbrella term "transgender" (and the abbreviation thereof, "trans") to cover anyone who identifies with a different gender(s) than the sex they

were assigned at birth, including individuals who identify as nonbinary.

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References

- Abreu, R. L., Gonzalez, K. A., Mosley, D. V., Pulice-Farrow, L., Adam, A., & Duberli, F. (2020). "They feel empowered to discriminate against las chicas": Latina transgender women's experiences navigating the healthcare system. *International Journal of Transgender Health*. <https://doi.org/10.1080/26895269.2020.1767752>
- Abreu, R. L., Gonzalez, K. A., Rosario, C. C., Lindley, L., & Lockett, G. M. (2021). "What American dream is this?": The effect of Trump's presidency on immigrant Latinx transgender individuals. *Journal of Counseling Psychology*. Advanced online print.
- Adler, P. A., Adler, P., & Fontana, A. (1987). Everyday life sociology. *Annual Review of Sociology*, 13(1), 217–235. <https://doi.org/10.1146/annurev.so.13.080187.001245>
- Allen, N. (2017, June 01). Undocumented and Transgender. *Yes! Magazine*. <http://www.yesmagazine.org/issues/sanctuary/undocumented-and-transgender-20170601>
- Allen, V. C., Jr., Lachance, C., Rios-Ellis, B., & Kaphingst, K. A. (2011). Issues in the assessment of "race" among Latinos: Implications for research and policy. *Hispanic Journal of Behavioral Sciences*, 33(4), 411–424. <https://doi.org/10.1177/0739986311422880>
- American Psychological Association. (2015). *Guidelines on Trauma Competencies for Education and Training*. <http://www.apa.org/ed/resources/trauma-competencies-training.pdf>
- Baçoğlu, M., Livanou, M., & Crnobaric, C. (2007). Torture vs. other cruel, inhuman, and degrading treatment: Is the distinction real or apparent? *Archives of General Psychiatry*, 64(3), 277–285. <https://doi.org/10.1001/archpsyc.64.3.277>
- Behr, D. (2017). Assessing the use of back translation: The shortcomings of back translation as a quality testing method. *International Journal of Social Research Methodology*, 20(6), 573–584. <https://doi.org/10.1080/13645579.2016.1252188>
- Braun, V., & Clark, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Brownfield, C. (1965). *Isolation: Clinical and experimental approaches*. Random House.
- Budge, S. L., Chin, M. Y., & Minero, L. P. (2017). Trans individuals' facilitative coping: An analysis of internal and external processes. *Journal of Counseling Psychology*, 64, 12–25. <https://doi.org/10.1037/cou0000178>
- Cerezo, A., Morales, A., Quintero, D., & Rothman, S. (2014). Trans migrations: Exploring life at the intersection of transgender identity and immigration. *Psychology of Sexual Orientation and Gender Diversity*, 1(2), 170–180. <https://doi.org/10.1037/sgd0000031>
- Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Sage.
- Chatfield, S. L. (2018). Considerations in qualitative research reporting: A guide for authors preparing articles for Sex Roles. *Sex Roles*, 79(3–4), 125–135. <https://doi.org/10.1007/s11199-018-0930-8>
- Chaudry, A., Capps, R., Pedroza, J., Castaneda, R. M., Santos, R., & Scott, M. M. (2010). *Facing our future: Children in the aftermath of immigration enforcement*. Urban Institute.
- Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist*, 64(3), 170–180. <https://doi.org/10.1037/a0014564>
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 140, 139–167.
- Crenshaw, K. W. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241–1299. <https://doi.org/10.2307/1229039>
- Daniels, R. (2002). *Coming to America: A history of immigration and ethnicity in American life*. Harper Perennial.
- de C Williams, A. C., & van der Merwe, J. (2013). The psychological impact of torture. *British Journal of Pain*, 7(2), 101–106. <https://doi.org/10.1177/2049463713483596>
- Dill, B. T., & Kohlman, M. H. (2012). Intersectionality: A transformative paradigm in feminist theory and social justice. In S. N. Hesse-Biber (Ed.), *The handbook of feminist research: Theory and praxis* (2nd ed., pp. 154–174). SAGE Publications.

- Fuchs, L. H. (1995). The American civil culture and the inclusivist immigration policy. In J. A. Banks & C. A. McGee Banks (Eds.), *Handbook of research on multicultural education* (pp. 293–309). McMillan.
- Gabaccia, D. R. (2002). *Immigration and American diversity: A concise introduction*. Blackwell.
- Gonzales, R. B., & Raphael, S. (2017). Illegality: A contemporary portrait of immigration. *RSF: The Russell Sage Foundation. Journal of the Social Sciences*, 3, 1–17. <https://doi.org/10.7758/RSF.2017.3.4.01>
- Gonzalez, K. A., Abreu, R. L., Capielo Rosario, C., Koech, J. M., Lockett, G. M., & Lindley, L. (2020). “A center for trans women where they help you.” Resource needs of the immigrant Latinx transgender community. *International Journal of Transgender Health*. <https://doi.org/10.1080/26895269.2020.1830222>
- Grassian, S. (1983). Psychopathological effects of solitary confinement. *The American Journal of Psychiatry*, 140, 1450–1454. <https://doi.org/10.1176/ajp.140.11.1450>
- Grassian, S. (2006). Psychiatric effects of solitary confinement. *Washington University Journal of Law & Policy*, 22, 327–383.
- Grassian, S., & Friedman, N. (1986). Effects of sensory deprivation in psychiatric seclusion and solitary confinement. *International Journal of Law and Psychiatry*, 8(1), 49–65. [https://doi.org/10.1016/0160-2527\(86\)90083-X](https://doi.org/10.1016/0160-2527(86)90083-X)
- Green, J. P., & Eagar, K. (2010). The health of people in Australian immigration detention Centers. *Medical Journal of Australia*, 192(2), 65–70. <https://doi.org/10.5694/j.1326-5377.2010.tb03419.x>
- Gruberg, S. (2018, May 30). ICE’s rejection of its own rules is placing LGBT immigrants at severe risk of sexual abuse. *Center for American Progress*. <https://www.americanprogress.org/issues/lgbt/news/2018/05/30/451294/ices-rejection-rules-placing-lgbt-immigrants-severe-risk-sexual-abuse/>
- Hancock, A. M. (2016). *Intersectionality: An intellectual history*. Oxford University Press.
- Head, T. (2019). *American torture techniques*. <https://www.thoughtco.com/american-torture-techniques-721718>
- Hinkle, L. E., & Wolff, H. G. (1957). The methods of interrogation and indoctrination used by the communist state police. *Bulletin of the New York Academy of Medicine*, 33, 600–615.
- Hoskin, R. A. (2020). Femininity? It’s the aesthetic of subordination: Examining femmephobia, the gender binary, and experiences of oppression among sexual and gender minorities. *Archives of Sexual Behavior*, 49(7), 2319–2339. <https://doi.org/10.1007/s10508-020-01641-x>
- Human Rights First. (2011, October 05). Jails & jumpsuits: Transforming the US immigration detention system. <https://www.humanrightsfirst.org/resource/jails-jumpsuits-transforming-us-immigration-detention-system>
- Human Rights First. (2018). Ailing justice: New Jersey inadequate healthcare, indifference, and indefinite confinement in immigration detention. <https://www.humanrightsfirst.org/sites/default/files/Ailing-Justice-NJ.pdf>
- Human Rights Watch. (2009). Government should prosecute attackers and prohibit discrimination. <https://www.hrw.org/report/2009/05/29/not-worth-penny/human-rights-abuses-against-transgender-people-honduras>
- Human Rights Watch. (2016, March 23). “Do You See How Much I’m Suffering Here?” Abuse against transgender women in US immigration detention. <https://www.hrw.org/report/2016/03/23/do-you-see-how-much-i-m-suffering-here/abuse-against-transgender-women-us>
- Ichikawa, M., Nakahara, S., & Wakai, S. (2006). Effect of post-migration detention on mental health among Afghan asylum seekers in Japan. *Australian & New Zealand Journal of Psychiatry*, 40(4), 341–345. <https://doi.org/10.1080/j.1440-1614.2006.01800.x>
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The report of the 2015 U.S. transgender survey. National Center for Transgender Equality. <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>
- Keller, A. S., Rosenfeld, B., Trinh-Shevrin, C., Meserve, C., Sachs, E., Leviss, J. A., Singer, E., Smith, H., Wilkinson, J., Kim, G., Allden, K., & Ford, D. (2003). Mental health of detained asylum seekers. *The Lancet*, 362(9397), 1721–1723. [https://doi.org/10.1016/S0140-6736\(03\)14846-5](https://doi.org/10.1016/S0140-6736(03)14846-5)
- Kesslen, B. (2019, June 3). Transgender asylum-seeker dies after six weeks in ICE custody. *NBCNews*. <https://www.nbcnews.com/news/us-news/transgender-asylum-seeker-dies-after-six-weeks-ice-custody-n1012956>
- MacGrady, B. (1997). Resort to international human rights law in challenging conditions in U.S. immigration detention centers. *Brooklyn Journal of International Law*, 23, 271–307.
- Maderazo, J. W. (2009, July 29). Vivir Latino: Living & luchando la vida Latin@. <http://vivirlatino.com/2009/07/29/a-transgenderperson-is-murdered-every-3-days.php>
- Magaña-Salgado, J. (2014). Detention, deportation, and devastation: The disproportionate effects of deportations on the Latino community. https://www.maldef.org/assets/pdf/DDD_050514.pdf
- Mayer, J. (2008). *The dark side: The inside story of how the war on terror turned into a war on American ideals*. Anchor.
- McCoy, A. W. (2006). *A question of torture: CIA interrogation, from the Cold War to the War on Terror*. Metropolitan Books.
- Menjívar, C. (2011). The power of the law: Central Americans’ legality and everyday life in Phoenix. *Latino Studies*, 9(4), 377–395. <https://doi.org/10.1057/lst.2011.43>
- Menjívar, C., & Abrego, L. J. (2012). Legal violence: Immigration law and the lives of Central American immigrants. *American Journal of Sociology*, 117(5), 1380–1421. <https://doi.org/10.1086/663575>
- Momartin, S., Steel, Z., Coello, M., Aroche, J., Silove, D. M., & Brooks, R. (2006). A comparison of the mental health of refugees with temporary versus permanent protection visas. *Medical Journal of Australia*, 185(7), 357–361. <https://doi.org/10.5694/j.1326-5377.2006.tb00610.x>

- Moore, R. (2019). Transgender woman migrant who had been in ICE custody dies after falling ill. https://www.washingtonpost.com/immigration/transgender-woman-migrant-who-had-been-in-ice-custody-dies-after-falling-ill/2019/06/02/d194528a-85a6-11e9-98c1-e945ae5db8fb_story.html
- Moradi, B., & Grzanka, P. R. (2017). Using intersectionality responsibly: Toward critical epistemology, structural analysis, and social justice activism. *Journal of Counseling Psychology, 64*(5), 500–513. <https://doi.org/10.1037/cou0000203>
- National Immigrant Justice Center & Physicians for Human Rights. (2012). Invisible in isolation: The use of segregation and solitary confinement in immigration detention. https://www.immigrantjustice.org/sites/immigrantjustice.org/files/Invisible%20in%20IsolationThe%20Use%20of%20Segregation%20and%20Solitary%20Confinement%20in%20Immigration%20Detention.September%202012_7.pdf
- New York Times. (2013, March 23). Immigrants held in solitary cells, often for weeks. <https://www.nytimes.com/2013/03/24/us/immigrants-held-in-solitary-cells-often-for-weeks.html>
- Office of Inspector General. (2017). Concerns about ICE detainee treatment and care at detention facilities. Washington, DC: U.S. Department Homeland Security. <https://www.oig.dhs.gov/sites/default/files/assets/2017-12/OIG-18-32-Dec17.pdf>
- Office of Inspector General. (2019). Concerns about ICE detainee treatment and care at detention facilities. Washington, DC: U.S. Department Homeland Security. <https://www.oig.dhs.gov/sites/default/files/assets/2019-06/OIG-19-47-Jun19.pdf>
- Ojeda, L., Flores, L. Y., Rosales Meza, R. R., & Morales, A. (2011). Culturally competent qualitative research with Latinx immigrants. *Hispanic Journal of Behavioral Sciences, 33*(2), 184–203. <https://doi.org/10.1177/0739986311402626>
- Pardon, K. M., Salcedo, B. (2012). TransVisible: Transgender Latina immigrants in U.S. Society. https://static1.square-space.com/static/55b6e526e4b02f9283ae1969/t/56feaa3eb6aa60ebb6037d03/1459530307297/transvisible_en.pdf
- Peshkin, A. (1982). The researcher and subjectivity: Reflections on an ethnography of school and community. In G. Spindler (Ed.), *Doing the ethnography of schooling* (pp. 48–67). Waveland Press Inc.
- Peshkin, A. (1988). In search of subjectivity—One's own. *Educational Researcher, 17*(7), 17–22. <https://doi.org/10.3102/0013189X017007017>
- Physicians for Human Rights and the Bellevue/NYU Program for Survivors of Torture. (2003). From persecution to prison: The health consequences of detention for asylum seekers. Physicians for Human Rights and The Bellevue/NYU Program for Survivors of Torture.
- Provine, D. M. (2013). Institutional racism in enforcing immigration law. *Norteamérica, 8*, 31–53. [https://doi.org/10.1016/S1870-3550\(13\)71782-8](https://doi.org/10.1016/S1870-3550(13)71782-8)
- Robjant, K., Robbins, I., & Senior, V. (2009). Psychological distress amongst immigration detainees: A cross-sectional questionnaire study. *British Journal of Clinical Psychology, 48*(3), 275–286. <https://doi.org/10.1348/014466508X397007>
- Rojas-Flores, L., Clements, M. L., Koo, J. H., & London, J. (2017). Trauma and psychological distress in Latino citizen children following parental detention and deportation. *Psychological Trauma: Theory, Research, Practice and Policy, 9*(3), 352–361. <https://doi.org/10.1037/tra0000177>
- Ryo, E. (2019). Understanding immigration detention: Causes, conditions, and consequences. *Annual Review of Law and Social Science, 15*(1), 97–115. <https://doi.org/10.1146/annurev-lawsocsci-101518-042743>
- Schweber, S. (2007). Donning wigs, divining feelings, and other dilemmas of doing research in devoutly religious contexts. *Qualitative Inquiry, 13*(1), 58–84. <https://doi.org/10.1177/1077800406295483>
- Southern Poverty Law Center, National Immigration Project of the National Lawyers Guild, Adelante Alabama Worker Center. (2016). Shadow prisons: Immigrant detention in the South. <https://perma.cc/2GMD-M9RD>
- Steel, Z., Silove, D., Brooks, R., Momartin, S., Alzuhairi, B., & Susljik, B. A. (2006). Impact of immigration detention and temporary protection on the mental health of refugees. *British Journal of Psychiatry, 188*(1), 58–64. <https://doi.org/10.1192/bjp.bp.104.007864>
- Sultan, A., & O'Sullivan, K. (2001). Psychological disturbances in asylum seekers held in long term detention: A participant-observer account. *Medical Journal of Australia, 175*(11–12), 593–596. <https://doi.org/10.5694/j.1326-5377.2001.tb143740.x>
- Sutker, P. B., Winstead, D. K., Galina, Z. H., & Allain, A. N. (1991). Cognitive deficits and psychopathology among former prisoners of war and combat veterans of the Korean conflict. *The American Journal of Psychiatry, 148*, 67–72. <https://doi.org/10.1176/ajp.148.1.67>
- Takaki, R. (1989). *Strangers from a different shore*. Little Brown.
- The Associated Press. (2018, May 30). Transgender migrant dies while in the US. <https://www.nytimes.com/aponline/2018/05/30/us/ap-us-immigration-detainee-dies.html>
- Thompson, W. R., & Melzack, R. (1956). Early environment. *Scientific American, 194*(1), 38–42. <https://doi.org/10.1038/scientificamerican0156-38>
- U.S. Department of Health and Human Services. (2009). Detailed application instructions for certificate of confidentiality: Extramural research projects. http://grants1.nih.gov/grants/policy/coc/appl_extramural.htm
- U.S. Department of Homeland Security. (2015, June 19). Further guidance regarding the care of transgender de-

- tainees. <https://www.ice.gov/sites/default/files/documents/Document/2015/TransgenderCareMemorandum.pdf>
- U.S. Members of Congress. (2015). A letter to the Honorable Jeh Johnson, Secretary of Homeland Security. https://grijalva.house.gov/uploads/2015_6_23_LGBT_Detainee_Letter.pdf
- Villarruel, A., Jemmott, J., & Jemmott, L. (2006). A randomized controlled trial testing HIV prevention intervention for Latino youth. *Archives of Pediatrics & Adolescent Medicine*, 160(8), 772–777. <https://doi.org/10.1001/archpedi.160.8.772>
- Wolfendale, J. (2009). The Myth of "Torture Lite". *Ethics & International Affairs*, 23(1), 47–61. <https://doi.org/10.1111/j.1747-7093.2009.00189.x>
- Yakushoko, O. (2009). Xenophobia: Understanding the roots and consequences of negative attitudes toward immigrants. *The Counseling Psychologist*, 37, 36–66. <https://doi.org/10.1177/0011000008316034>
- Zayas, L. H., Aguilar-Gaxiola, S., Yoon, H., & Rey, G. N. (2015). The distress of citizen–children with detained and deported parents. *Journal of Child and Family Studies*, 24(11), 3213–3223. <https://doi.org/10.1007/s10826-015-0124-8>

Appendix A

Selected questions from the qualitative semi-structured interview protocol

Although these questions will be used to guide the interviews, some participants may answer questions without necessarily having been asked about that experience, so these questions are semi-structured accordingly to allow for such flexibility.

I'm going to begin by asking you some questions related to your personal characteristics and your identities. I am going to ask that your responses to these questions be brief so we have more time to go more in depth with the remainder of the questions.

1. What is your primary language?
2. What (if any) other languages do you know?
3. What age are you?
4. What sex were you assigned at birth, on your original birth certificate?
5. What is your current gender identity (e.g. Trans woman, Trans Man, Gender non-conforming)?
6. What is your sexual orientation?
7. What is your present relationship status?
8. Do you have any children?
 - If yes, how old are they?
9. What is the highest level of school completed or the highest degree you received?
10. Do you presently have an income?
11. If yes, what is your present income level (\$U.S. Currency)?
 - a. Under \$15,000.00
 - b. \$15,000 to \$24,999
 - c. \$25,000 to \$34,999
 - d. \$35,000 to \$49,999
 - e. \$50,000 to \$74,999
 - f. \$75,000 to \$99,999
 - g. Above \$100,000
12. Are you presently (?):
 - a. Working
 - b. Student
 - c. Unemployed
 - d. Disabled
 - e. Retired
13. If working, what is your present occupation?
14. Do you have health insurance?

The following questions will be focused on learning about you and your immigration journey prior to being detained

15. What country were you born in?
16. What is your present immigration status?

-
- | | |
|---|---------------------------------|
| a. Temporary with employment authorization | a. U.S. Citizen |
| b. Lawful Permanent Resident | b. Refugee Status |
| c. Undocumented | c. Other: Please indicate _____ |
| d. Deferred Action for Early Childhood Arrivals | |
-

17. At what age did you come to the United States?
18. What year did you immigrate to the United States?
19. Why did you and/or your family immigrate to the US?
20. How did you make it all the way to the United States and how would you describe your journey?
 - What kept you going?
 - What do you wish you knew before you made this journey?

21. What were your experiences related to your trans and other important identities prior to your detention? For example, how did you disclose your trans identity to your family? What were the greatest challenges you experienced? And who provided you with support?
22. How did you end up in detention?

The following questions are focused on learning about your experiences during detention

23. How long were you in detention?
24. How long ago did you get out of detention?
25. During your detention process, did you know you had a right to an attorney?
 - If yes, how did you know this?
26. Did you have access to hormone replacement therapy or any other medicine/medical attention that you needed while in detention (Please describe)?
27. Were you required to do non-compensated labor while in detention?
28. How would you describe your experiences in detention?
29. Did you get placed in solitary confinement while in detention?
 - If yes, how long were you placed in solitary confinement in terms of months?
 - What rationale were you given for being placed in solitary confinement?
 - How would you describe your experiences in solitary confinement?

30. **What resources helped you cope while you were in detention?**

- What gave you hope while you were in detention?

31. **What were your top three needs while in detention?**

32. **How do you think having experienced detention has impacted you or has continued to impact you?**

Appendix B

Preguntas Cualitativas Seleccionadas de la Entrevistas Semi-estructurada

Aunque estas preguntas se usarán como guía para las entrevistas, algunas de las personas que participen pueden contestarlas sin que necesariamente se les haya preguntado acerca de su experiencia, por eso, éstas preguntas son semi-estructuradas para dar pauta a dicha flexibilidad.

Comenzaré por hacerle algunas preguntas relacionadas con sus características personales y sus identidades. Voy a pedir que sus respuestas a estas preguntas sean breves para que tengamos más tiempo para profundizar en el resto de las preguntas.

1. ¿Que es tu lengua principal?
2. ¿Que otros lenguajes hablas?
3. ¿Qué edad tienes?
4. ¿Qué sexo le asignaron al nacer en su acta de nacimiento original?
5. ¿Cuál es su identidad de genero actual? (Por ejemplo, Mujer Transgénero, Hombre Transgénero, Fluidex de genero)?
6. ¿Que es tu orientación Sexual?
7. ¿Qué es tu estado civil?
8. ¿Tiene hijas o hijos?
 - ¿De qué edades?
9. ¿Cuál es su nivel de educación más alto?
10. ¿Cuenta usted actualmente con ingresos?
11. ¿Si contesto que si, cual es su nivel de ingresos (\$moneda Estadounidense)?
 - a. Por debajo de \$15,000.00
 - b. De \$15,000 a \$24,999
 - c. De \$25,000 a \$34,999
 - d. De \$35,000 a \$49,999
 - e. De \$50,000 a \$74,999
 - f. De \$75,000 a \$99,999
 - g. Más de \$100,000
12. ¿Al momento, está usted?:
 - a. Trabajando
 - b. Estudiando
 - c. Desempleadx
 - d. Discapacitadx
 - e. Jubiladx

13. **¿Si está trabajando, cuál es su ocupación?**

14. **¿Tiene seguro médico?**

Las siguientes preguntas se centrarán en aprender sobre usted y su viaje de inmigración antes de ser detenido

15. **¿En qué país nació?**

16. **¿Que es su estatus migratorio actual?**

- | | |
|--|----------------------------------|
| a. Estatus Temporal con autorización de empleo | a. Ciudadanía Estadounidense |
| b. Residencia Permanente | b. Estatus de Refugiadx |
| c. Indocumentado | c. Otro: Por favor indique _____ |
| d. Accion Diferida para Menores | |

17. **¿A qué edad llegó a los Estados Unidos?**

18. **¿En qué año inmigró a los Estados Unidos?**

19. **¿Por qué inmigró usted y/o su familia a los Estados Unidos?**

20. **¿Cómo llegó hasta los Estados Unidos?**

- ¿Qué le mantuvo firme?

21. **¿Qué hubiera deseado saber antes de hacer ese viaje?**

22. **¿Cuáles fueron sus experiencias en relación a su identidad Transgénero y sus otras identidades importantes antes de su detención? Por ejemplo, ¿cómo reveló su identidad Transgénero a su familia? ¿Cuáles fueron los mayores desafíos que enfrentó? ¿Y quién le proporcionó apoyo?**

23. **¿Cómo terminó en detención?**

Las siguientes preguntas son acerca de sus experiencias durante su detención

24. **¿Cuánto tiempo estuvo bajo detención?**

25. **¿Hace cuánto tiempo salió de detención?**

26. **Durante su proceso de detención, ¿sabía que tenía el derecho a recibir consejería legal?**

- Si contestó que sí, ¿cómo lo supo?

27. **¿Tuvo acceso a terapia de reemplazo hormonal o algún otro medicamento que necesitaba durante su detención? (Por favor describa)**

28. **¿Se le pidió hacer cualquier trabajo sin pago durante su detención?**

29. **¿Cómo describiría sus experiencias en detención?**

- ¿Le pusieron en una celda de confinamiento solitario (aislamiento) durante su detención?
- Si contestó que sí, ¿Cuántos meses estuvo en una celda de confinamiento solitario?
- ¿Qué razón le dieron para ponerlx en confinamiento solitario y cómo fueron sus experiencias en la celda de confinamiento solitario (aislamiento)?
- ¿Cómo describiría sus experiencias en aislamiento?

30. **¿Qué recursos le ayudaron para salir adelante mientras estaba en detención?**
 - **¿Qué le dio esperanzas durante su detención?**
31. **¿Cuáles fueron sus tres necesidades principales mientras estaba en detención?**
32. **¿Cómo crees que haber estado en detención te ha impactado o continúa impactando ahora?**