
Treatment of Children in Family Detention Centers

“We left our homes in Central America to escape corruption, threats, and violence. We thought this country would help us, but now we are locked up in a place where we feel threatened, including by some of the medical personnel, leaving us with no one to trust.”

— Detained Mothers in a [Letter](#) to Former Homeland Security Secretary Jeh Johnson

Fear Among Children

Children fear that **“those who misbehave will be sent back to their country.”** Other mothers and children [recounted](#) similar fears, indicating their children’s impressions that receiving “three reports” from facility staff would result in deportation. Some children [told](#) an independent psychologist that the **facility staff “mock” them and that some wear gloves before touching any of the children or mothers.**

An ongoing [practice](#) of frequent nightly checks has caused additional stress and sleep deprivation for the mothers and children detained at Berks County Residential Center. Families have complained for years that staff perform constant checks, **shining flashlights on each person and opening and closing doors loudly—every 15 minutes—throughout the night.** This practice leads to **disruptions in sleep, fear, and nightmares.** One mother, who had been detained at Berks for four months in 2015, [told](#) Human Rights First that the practice caused her daughter to be afraid of the staff. Her daughter had **recurring nightmares** months after her release.

Since families are typically [placed](#) in rooms that accommodate six individuals (often three parent-child dyads), **children have been forced to share a room with unrelated adults. They must sleep, dress, and use the restroom with no door or privacy from adults, who may be of the opposite sex, in the same room.** This raises dozens of concerns about safety and privacy for the young children and their families.

Lack of Medical Care

While detention in itself can negatively impact even a healthy child, **some children’s acute and chronic health conditions**—which were identified by facility health staff as well as independent health professionals—[have gone untreated](#) during their prolonged detention.

The American Academy of Pediatrics, for example, [contends](#) that the **existing family detention facilities are not capable of providing generally recognized standards of medical and mental health care for children.**

One mother, whose six-year-old daughter lost 18 pounds, [explained](#) an instance in which her daughter was sent to the emergency room and prescribed acetaminophen to lower her fever. When they returned to Berks, the **healthcare staff refused to fill the prescriptions**, saying they had done their own assessment and determined it was not necessary. Other mothers [spoke](#) of **bringing their children to medical staff with high fevers and being told only to “drink more water” and denied any sort of medication.**

As [documented](#) in facility health reports, a **10-year-old detained at Berks for approximately eight months suffered from nocturnal enuresis (urinary incontinence) and had to wear a diaper at night.** A psychological

evaluation conducted by an independent therapist concluded that the girl suffered from post-traumatic stress disorder and should be seen by a specialist to determine the root cause of her enuresis. However, the facility psychologist [indicated](#) in health records obtained by the family's attorney that **"the impression she left on me and the interpreter was that her enuresis was related to nothing more than laziness."**

Two children [described](#) an incident in which a child collapsed and appeared to stop breathing, yet received no help from staff who witnessed the incident. Eventually, a 16-year-old detainee carried the child to the medical unit, and only then was the boy sent to the hospital emergency room in an ambulance.

"It was no place for human beings, let alone for families with small children."

— An [Asylum Seeker](#) from El Salvador

Sexual and Emotional Abuse

In 2015, several mothers [reported](#) to Human Rights First that they felt fearful in the aftermath of a sexual assault. **In April 2015 a staff member at Berks was convicted of sexually assaulting a 19-year-old woman detained at the facility. An eight-year-old girl, also detained, told police she had walked in on the guard assaulting the young mother in the bathroom stall.** After, the girl was afraid to leave her mother's side.

The victim said she was made to feel that she was "the guilty one." In an [interview](#) with MSNBC, she stated that, "Nobody approached me to help or ask me how I was." **Instead, according to attorneys who represented families, the facility began to monitor women's choice of clothing more closely.**

In the [case](#) of the 8-year-old girl, the facility psychologist only met with her only once. Subsequent weekly checks were conducted only with the mother while the girl was in school. This appears to be a pattern; many or most children do not participate in their own weekly psychological well-being checks. Instead, the psychologist meets with the parent and the child is merely observed at the facility.

Language Barriers

Lack of Spanish-speaking mental health staff undermines the ability of family detention centers to assist children and families. [In 2016](#), for example, Berks did not have Spanish-speaking mental health providers, even though the majority of families sent to family detention in the United States are Spanish-speaking.

Also in 2016, Human Rights First [noted](#) that only 23 of the total staff at Berks—less than 40 percent—reportedly speak some Spanish, with the level of fluency ranging from conversational to bilingual, making it difficult for many staff members to effectively communicate with children and their parents. **It appears that many facility staff must rely heavily on telephonic interpreters, for everything from essential services, such as mental health, to daily interactions with children and their parents.** Human Rights First has not been provided any recent information about staffing at the facility.

Another [example](#) of a language barrier in the Berks facility involved a three-year-old boy. **They boy was left in the care of adults who did not speak his language for three days while his mother was in the hospital for emergency care.**