Disability Rights California

The Detention of Immigrant Children with Disabilities in California:

A Snapshot

Disability Rights California

Disability Rights California (DRC) protects and advocates for rights of all Californians with disabilities, regardless of their ethnicity, cultural background, language or immigration status. As such, DRC opposes cruel and inhumane immigration policies, including the separation and/or indefinite detention of immigrant families. These policies are especially harmful to immigrants with disabilities.

Read DRC's full statement on immigration policies at https://www.disabilityrightsca.org/post/disability-rights-california-statement-on-immigration-policies.

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This report, a Spanish-language version of the report, and an accessible electronic version of this report, are available at:

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Executive Summary

The number of unaccompanied immigrant children in United States custody is at an all-time high, surpassing 14,000 as of November 2018.[1] These children are placed into the custody of the Department of Health and Human Services. The Office of Refugee Resettlement (ORR), an agency within that Department, is responsible for housing them in a variety of placements ranging from short-term foster care to locked juvenile detention facilities. Many of these children arrive having experienced trauma, including symptoms of Post-Traumatic Stress Disorder (PTSD) and other mental health conditions. Some children also have physical, sensory, or other disabilities.

California is home to nine facilities and programs that contract with ORR to house immigrant children. In total, California's ORR grantee facilities and programs have approximately 300 beds for unaccompanied children. Immigrant children who arrive at the U.S. border without an adult parent or guardian are placed in ORR custody.[2] Children who are separated from their parent or guardian, like the thousands of children separated from their families in summer 2018, are also placed in ORR custody. Media outlets reported that at least 100 children who had been separated from their parents during the summer of 2018 were placed in California.[3] Over the past year, several thousand immigrant children in California spent some amount of time in ORR custody.[4]

Disability Rights California (DRC) interviewed approximately 150 immigrant children held in ORR custody. These interviews were part of DRC's monitoring effort aimed at increasing transparency and ensuring the fair treatment of immigrant children with disabilities. DRC regularly monitors public and private facilities where people with disabilities live and receive services.

DRC's monitoring of ORR-contracted facilities and programs aims to make a system that is opaque and difficult to access more transparent. This paper's observations are focused through the lens of disability rights and concerns for the physical and mental health of immigrant children with disabilities. DRC's work in this area is ongoing.

ORR Detention System for Immigrant Children in California

The Department of Homeland Security (DHS) refers unaccompanied immigrant children to the care and jurisdiction of the Office of Refugee Resettlement after border patrol officers (or other law enforcement) have apprehended them.[5]

Once DHS refers a child to ORR, ORR policy requires that "[a]s mandated by law," it will place a child in "the least restrictive setting that is in the best interests of the child."[6] ORR policy also provides a list of factors to be considered when making placement determinations. These factors include mental health or medical concerns, trafficking or other safety concerns, LGTBQI identification, whether a child's siblings are also in ORR custody, and escape risk and criminal background.[7]

DRC monitored ORR facilities and programs representing four levels of placement for children in ORR custody:[8]

(1) secure facilities,[9]

(2) staff-secure facilities that provide stricter security measures and higher staff-to-child ratios than shelter care for children with non-violent criminal histories or behavioral issues,[10]

(3) shelter care facilities, where most immigrant children thirteen years old and older are placed, and

(4) transitional foster care, where children under thirteen years old, pregnant and parenting teenagers, and children with "other special needs" are placed.[11]

As of March 2019, California ORR grantee facilities and programs consist of one juvenile detention center, one staff secure facility, three shelter care providers

(overseeing a total of six shelters), and one transitional foster care program. With the exception of the county-run Yolo Juvenile Detention Facility, all of these programs are operated by a private provider contracting with the federal government. DRC visited each of the facilities or programs currently contracting with ORR.

DRC's Key Findings as to Deficiencies in Treatment of Children with Disabilities

DRC identified a number of ways in which ORR's policies fail to adequately serve children with disabilities:

First, ORR does not provide children in its care with appropriate and necessary special education services. The United States Supreme Court held that denying enrollment to a local school district for any child, including those who are not "legally admitted" to the United States, violates the Equal Protection Clause of the Fourteenth Amendment of the United States Constitution.[12] It is also a violation of the California Constitution, Articles XI, Section I and I, Section 7 to not provide the same educational opportunities to all children.[13] By failing to ensure adequate oversight, appropriate education programming, or access to special education services, ORR is failing immigrant children, particularly those with disabilities.

California foster care children have the same rights as other students in California.[14] A foster child who is considered a California resident has the right to the same educational resources, services, and extracurricular activity as all other students at that same school.[15] These services include Individualized Education Programs (IEP) and other important educational assessments and supports for students with disabilities. However, for immigrant children in California held by ORR, these educational services are unavailable unless they are placed in the Yolo Juvenile Detention Center. Thus, an immigrant child with disability-related learning needs will have access to special education assessments and services only if he or she is placed in the most restrictive ORR setting in the state. Outside of Yolo, any immigrant child held in an ORR-contracted facility does not receive educational services through a public school district, and does not have access to special education screening or any specialized programming for children with special education needs.

Clinicians and social workers in these facilities explained to DRC that children did not need the same educational offerings as children in foster care outside of ORR custody since the immigrant child will have a short stay. This is increasingly untrue and

misguided. These facilities are now housing many immigrant children for six months or longer at a time and even homeless children, both federally and within California, are entitled to the same educational offerings as children in foster care.

Second, ORR assessments and services fall short as compared to California state standards. According to ORR policies, detained immigrant children are eligible for medical services effective on the first day the child is placed in the custody of ORR.[16] ORR provides for a limited array of health care services, but with little specificity as to the scope and depth of such services.[17]

In contrast to ORR's requirements, Title 15 of the California Code of Regulations that the California Department of Corrections and Regulations' Division of Juvenile Justice has adopted more specific and effective screening guidelines for children.[18] Children in the California juvenile justice system must receive a far more comprehensive assessment than what is required pursuant to the ORR guidelines.

These comparisons demonstrate that ORR guidelines are less specific than California state standards. This raises serious concerns that there is a lack of regulatory guidance and oversight to ensure that immigrant children, particularly those with disabilities, receive the supports and services they need.

Third, children with disabilities are disproportionately housed in ORR's most restrictive placement settings. In ORR's own policies, a child that exhibits "self-harming behavior" can be "stepped up" from shelter care to either a "staff secure" facility or a "secure care" facility like Yolo Juvenile Detention Center.[19] In other words, children with suicidal ideation and related psychiatric disability needs can be placed in more restrictive settings because of their disability.

At Yolo, according to a daily census on September 28, 2018, 81 percent[20] of immigrant children had been detained at the facility due to self-injurious behavior, behavioral problems, or mental health diagnoses. The most common documented reason for why an immigrant child was placed at and remained at Yolo was "hav[ing] engaged in conduct that has proven to be disruptive of the normal functioning of a staff secure facility in which the [child] [was] placed such that transfer may be necessary to ensure [his or her] welfare or the welfare of others." Three of those children were relocated there because they threatened to commit, committed or engaged in "serious, self-harming behavior."

In sum, the high incidence of children with behavioral and mental health needs placed at the most restrictive ORR-contracted detention facilities in California raises grave

concerns about whether children with disabilities are being denied their right to be placed and receive services in the most integrated setting appropriate to their needs.

DRC's Recommendations to the Federal Government, California Legislature, and Other Stakeholders

After our analysis of ORR guidelines and our monitoring visits to nine facilities and programs across the state, DRC submits the following recommendations:

A. California public agencies should commit to regular, ongoing oversight of every facility and program that houses and provides services to children in ORR custody. The state should ensure that every program is operating in compliance with laws and regulations that protect California's children and ensure adequate and timely access to needed medical, mental health, and educational services.

B. ORR should enhance its guidelines to provide more specific and complete policies that ensure adequate and timely medical and mental health assessments and treatment.

C. California should ensure that its regulatory oversight and enforcement of medical and mental health care requirements reaches immigrant children in ORR custody to safeguard their health and well-being. It is time to extend these protections to immigrant children.

D. ORR and California must ensure that every child in ORR custody receives educational services, including special education assessments and services, consistent with what other California students receive under federal and state law.

E. ORR and California should ensure robust oversight for the process by which children with mental health and/or behavioral issues are initially placed and/or "stepped up" to the most restrictive settings. ORR should revise its policy. The act of "stepping up" an immigrant child in ORR detention merits transparency to both the child and to any legal representative of that child. It is inhumane to place children with suicidal ideation and other mental health needs in the most restrictive ORR settings.

F. ORR, CDCR, and other entities in charge of detention should rethink the detention of children with mental health needs and other disabilities. Our interviews with children underscore that placing children in detention negatively affects their mental health and can exacerbate mental health concerns.

I Introduction

A teenaged boy from Central America, who resides in an immigration facility for children and in California, furrows his brow and slumps down in his chair. He discusses both the psychologist and psychiatrist that he has consulted at his current facility. Still, he cannot sleep. While he is relieved that his new facility is less restrictive than his previous placement, he misses home and has not yet spoken to an immigration attorney. He explains in Spanish that, after being moved—with little notice—to four different immigration facilities in the span of nine months, he "feels a little crazy."

Disability Rights California (DRC) interviewed this teenager and approximately 150 more immigrant children held in the custody of the Office of Refugee Resettlement (ORR). These interviews were part of DRC's new monitoring effort aimed at increasing transparency and ensuring the fair treatment of immigrant children with disabilities.

The number of unaccompanied immigrant children in United States custody is at an all-time high, surpassing 14,000 as of November 2018.[21] These children are placed into the custody of the Department of Health and Human Services. ORR, an agency within that Department, is responsible for housing them in a variety of placements ranging from short-term foster care to locked juvenile detention facilities. Many

of these children arrive having experienced trauma, including symptoms of Post-Traumatic Stress Disorder (PTSD) and other mental health conditions. Some children also have physical, sensory, or other disabilities.

California is home to nine facilities and programs that contract with ORR to house immigrant children. In total, California's ORR grantee facilities and programs have approximately 300 beds for unaccompanied children. Immigrant children who arrive at the U.S. border without an adult parent or guardian are placed in ORR custody.[22] Children who are separated from their parent or guardian, like the thousands of children separated from their families in summer 2018, are also placed in ORR custody. Media outlets reported that at least 100 children who had been separated from their parents during the summer of 2018 were placed in California.[23] Over the past year, several thousand immigrant children in California spent some amount of time in ORR custody.[24]

DRC regularly monitors public and private facilities where people with disabilities live and receive services. This includes the several shelters, a staff-secure facility, and a secure juvenile detention facility that house immigrant children with disabilities in ORR custody.

DRC's monitoring of ORR-contracted facilities and programs aims to make a system that is opaque and difficult to penetrate more transparent. This paper's observations are focused through the lens of disability rights and concerns for the physical and mental health of immigrant children with disabilities. DRC's work in this area is ongoing.

This initial stage of monitoring revealed three important and widespread problems concerning the care, treatment, and well-being of immigrant children with disabilities:

1. a lack of individualized educational assessments and services for children with disabilities;
2. cursory and superficial medical and mental health screenings and care; and
3. the overrepresentation of immigrant children with disabilities in the most restrictive facilities.

II

Scope of DRC's Monitoring Project

DRC is California's designated protection and advocacy agency, which was established under state and federal law to protect, advocate for, and advance the human, legal, and service rights of Californians with disabilities. As California's protection and advocacy organization, DRC investigates allegations of the abuse, neglect, or deaths of persons with disabilities. DRC also monitors facilities and programs that provide services to people with disabilities.

During July 2018, the Department of Homeland Security (DHS) announced the separation of 2,654 children from their parents for the purposes of immigration detention.[25] DRC reviewed troubling media reports[26] and information from immigrant advocates and other protection and advocacy agencies across the country. The reports detail instances of unsanitary conditions, invasive monitoring of mail and phone calls, lack of air-conditioning, dosing children with cocktails of psychotropic drugs disguised as vitamins, and children being held down for forcible injections.[27]

Beginning in July 2018, DRC conducted on-site monitoring of all nine facilities and programs that contract with ORR to house immigrant children in the state of California. During our monitoring visits, we viewed all areas accessible to children being detained, including dormitories, bedrooms, health care treatment areas, recreation areas, and schooling areas. Staff from the facilities provided information

and answered questions about their facilities and programs. Additionally, DRC spoke to two ORR Federal Field Specialists[28] from southern California. Facility and ORR staff cooperated with DRC's monitoring work.

We spoke with approximately 150 children who were present on the day of our monitoring visit to their program.[29] Our interviews underscored that the difference between "separated" and "unaccompanied" children immigrants was insignificant. Many "unaccompanied" children arrived at the border with aunts, uncles, big sisters, big brothers, grandmothers, and grandfathers. Even though they did not arrive with their mother or their father, the experience of unaccompanied children was similar to separated children immigrants. We have included some direct quotes from these children to highlight their lived experiences.[30]

III

ORR Detention System for Immigrant Children in California

The Department of Homeland Security (DHS) refers unaccompanied immigrant children to the care and jurisdiction of the Office of Refugee Resettlement (ORR) after border patrol officers (or other law enforcement) have apprehended them.[31]

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DRC visited each of the facilities or programs currently contracting with ORR. Below is an overview of these facilities and programs, from most restrictive to least restrictive. A common thread is the disproportionately high number of immigrant children with disabilities housed in the most restrictive settings, along with the lack of adequate mental health care and behavioral and educational supports to meet their needs.

A. Secure Facility (Juvenile Detention Facility)

Yolo County Juvenile Center

The most restrictive placements are the locked juvenile detention facilities, where immigrant children are held in similarly or more restrictive settings as compared to juveniles detained through the local delinquency system. Yolo Juvenile Detention Center (Yolo) is the only "secure facility" detaining immigrant children in California, and it is one of two in the entire country. Yolo has capacity to house 24 immigrant children.

A high proportion of immigrant children detained at Yolo have mental health needs including PTSD, depression, anxiety, and substance abuse. During DRC's September 2018 visit to Yolo, many of the children we interviewed reported symptoms of anxiety, depression, and/or self-injurious behavior. In one interview, a teenager with scars on his arms described being placed in seclusion when he acted out and receiving medication to help him sleep. As he spoke, he pricked himself between his fingers with a sharp object. This self-harming behavior is troubling but not unusual. The California Department of Justice (DOJ)'s recent investigation of ORR children at

Yolo identified "nine children [who] reported attempting to commit suicide or cutting themselves since entering Yolo."[38]

ORR guidelines fail to take into adequate consideration whether a child's self-harming or disruptive behavior could be arising from unmet mental health needs, illnesses, or trauma. According to ORR policies, a child can be placed at a locked facility if he or she "poses a danger to self or others; or has been charged with or convicted of a criminal offense, or is chargeable with such an offense."[39] Among the factors ORR considers when placing children into a locked facility are whether the child "has committed, threatened to commit, or engaged in serious, self-harming behavior that poses a danger to self while in ORR custody" or "has engaged in conduct that has proven to be unacceptably disruptive of the normal functioning of a staff secure facility in which the youth is placed such that transfer may be necessary to ensure the welfare of the [child] or others."[40] Generally, children come to Yolo as a result of ORR transfers from less secure facilities.[41]

Immigrant children are detained at Yolo under similar conditions to the local population serving juvenile delinquency terms.[42] Immigrant children are placed in cell-block units where they live in single cells. They receive educational services within their celled housing unit. Immigrant children detained at Yolo have extremely regimented lives; they are not free to leave their housing unit or the confines of the facility. Children have limited time outdoors, all spent in a courtyard surrounded by tall brick and barbed-wire fencing.

Five of the eleven children interviewed in September 2018 reported that they had been pepper-sprayed.

Yolo staff use pepper spray on immigrant children, as they do with those in county juvenile detention. Pepper spray causes painful burning sensations and difficulty breathing. Five of the eleven children interviewed in September 2018 reported that they had been sprayed. One teenaged boy reported being sprayed with pepper spray on his face and body. Another described being sprayed in the middle of class in front of his peers. Children also reported that getting clean after being sprayed was difficult, and that they would sometimes have to wait 30 minutes or longer before being allowed to wash away the spray. They described how the lingering spray negatively affects the entire cell block unit.

B. Staff-Secure Facilities

ORR defines a staff-secure facility as a "licensed child care facility for [unaccompanied children] who require close supervision, but do not require placement in a secure care provider facility."[43] In determining whether a child should be placed at a staff secure facility ORR considers if the child "has been unacceptably disruptive to the normal functioning of a shelter care provider facility…; is an escape risk; has reported gang involvement (including prior to placement into ORR custody) or displays affiliation while in care; has non-violent criminal or delinquent history… or is ready for step-down from a secure facility."[44]

BCFS in Fairfield is the only staff-secure facility in California currently contracting with ORR to detain immigrant children. It has a capacity for 18 children ages 12 to 18 years. BCFS houses only male children. The BCFS building is a modern, recently-renovated building with an artificial turf back field and trailers that serve as classrooms. Whatever educational services BCFS provides are independent of the local school district.

BCFS staff secure facility in Fairfield, CA

BCFS, like other staff secure facilities, has a higher ratio of staff to children than shelter care. Management at BCFS reports a ratio of 1 to 5 during the day, including three clinicians, and 1 to 10 during night hours. Clinical staff reported that BCFS serves children with mental health needs, including PTSD, anxiety, and depression. Clinicians expressed that children with mental health issues suffer from the isolation of being away from their families and being placed in a facility. In documents submitted to the state for licensing purposes, BCFS expects that 80% of children in their care will receive ongoing mental health treatment services.[45]

BCFS receives children from three separate sources: "step-down transfers," "step-up transfers," and children with criminal or behavioral-risk backgrounds. "Step-down transfers" mean that the child has been held at a secure juvenile hall-like facility and is moved "down" to BCFS.[46] BCFS sometimes serves as a "step-up transfer" facility for children from other, less restrictive facilities.

DRC spoke with 13 children at BCFS over the course of two visits. One teenaged

boy was interviewed twice and had been at BCFS for over three months with no understanding of if or when he would be "stepped down" to shelter care or reunited with his family. Of these thirteen boys, six of them had been "stepped up" from shelter care, while four of them had been "stepped down" from a juvenile facility. One teenaged boy had been stepped up to a secure facility before being stepped back down to BCFS. Two of these boys were referred to BCFS directly as their initial placement.

All seven of the boys who were "stepped up" explained to DRC that they had received little or no notice that they would be "stepped up" and transferred to another facility. Most received less than one hour of notice. The most notice anyone received was one week. Three of these children were woken up in the early morning and told that they were moving immediately. While six of them had some idea of why they were being moved, one teenaged boy only learned he had been "stepped up" when he arrived. He had traveled from a shelter facility out of state with no idea why he was being moved or where he was headed. None of the children reported receiving written explanations about their placement.

Three children were woken up in the early morning and told that they were moving immediately.

For children that had previously been detained in the less restrictive shelter care placements, BCFS was a jarring experience. Seven teenaged boys reported difficulty adjusting to the high level of supervision, especially in comparison to shelter care facilities where they were not monitored so closely by staff. One expressed frustration that staff limited the time he could speak on the phone with his family. Another sustained dental injuries in an assault that occurred in an out-of-state shelter. He was told by BCFS staff that ORR's insurance may not cover the procedure he needs in order to fix his teeth.

C. Shelter Care

The most prevalent placement for detention of immigrant children in California is shelter care. Shelters range from large facilities that can house over 50 children to smaller facilities with capacity for less than 10 children. In almost all of these settings, the children live, receive educational services, and play in the same facility. In a few instances, where children live in small facilities or houses in the community, they are transported to a central facility to receive educational, counseling, and medical services. Educational services are administered by the private ORR program provider,

not local school districts.

In California, there are three shelter care providers for detained immigrant children.

First, Crittenton Services for Children and Families (Crittenton) is a provider in Fullerton with an overall capacity of 79 beds, 68 of which are dedicated to separated or unaccompanied children. There are four facilities. Their largest facility houses 24 boys. Crittenton also utilizes a converted hospital with a capacity to hold 18 boys. When DRC monitored Crittenton, a separate smaller house held four teenaged girls, who each had an infant with them. Last, a larger house can house up to 10 girls.

Second, David and Margaret Youth and Family Services is a provider in La Verne with a capacity of 59 beds. It operates a total of eight housing placements for unaccompanied minors and separated children between the ages of 6 and 17. One has six beds for girls and a second houses ten girls. The other six locations provide housing for up to 43 boys.

Southwest Key in Pleasant Hill

Third, Southwest Key is the largest provider of shelter care for detained immigrant children. It operates three separate shelter care facilities (Casa El Cajon, Casa Lemon Grove, and Casa San Diego) with a total capacity of 90 children in San Diego as well as a fourth facility with a capacity of 26 children in Pleasant Hill. In San Diego County, Casa El Cajon is a small facility housing 15 girls, Casa Lemon Grove is a small house in the community that houses 10 girls, and Casa San Diego is a large facility housing 65 boys.

While these settings are not as restrictive as Yolo or BCFS, children detained in shelter care facilities live regimented lives and face the possibility of being "stepped up" to more restrictive placements if they are "disruptive" or if they exhibit self-harming behaviors. The physical spaces where children in shelter care live are not locked, but most have an institutional feel, featuring barred windows and cement walls that surround circular or rectangular layouts with a central office, lodge, or hallway utilized mostly for observation of children by staff members. The only outdoor space accessible to children at Casa San Diego is a cement courtyard. At Casa Lemon

Grove, heavy drapes, paper, and other materials cover all the windows facing the street. Others, including the Southwest Key facility in Pleasant Hill, contain staircases and are inaccessible to children with physical disabilities.

During our monitoring, we visited all six of the shelter-care facilities operated by these three providers. The children raised concerns over their lack of access to the community and their isolated lifestyles. At one Southwest Key location, the children DRC spoke with reported that some of their phone calls were not private. At a different Southwest Key location, a six-year-old child lamented: "The food is good and my teachers are nice but the other older kids haven't been nice and pick on me. I miss my toys and wish I had the chance to play with them."

D. Transitional Foster Care

In California, there is one transitional foster care provider for detained immigrant children: Nuevo Amanecer Latino Children's Services in Los Angeles, CA.[47] Nuevo Amanecer has a capacity to house 24 children in community-based foster homes. They serve "tender-aged" children, which is defined as birth to age 12. They also serve pregnant and parenting teens.

Children ranging from 4 to 16 years of age all received education in the same classroom.

In transitional foster care placements, immigrant children receive educational, counseling, and medical services at a site run by the provider. As with the staff secure and shelter care programs, the local public education system plays no role in the children's education programming. Nuevo Amanacer employs two teachers. Children ranging from 4 to 16 years of age all received education in the same classroom. Older teenagers, between 14 and 16 years old, reported to us that it was difficult to share a classroom with much younger children.

DRC staff monitored Nuevo Amanecer on a weekday when the children were on-site to receive educational services. Through Nuevo Amanecer, all children were placed in homes with at least one other child and as many as five children. A majority of the children reported having opportunities to go on community outings with their foster families.

IV

Key Findings as to Deficiencies in Treatment of Children with Disabilities

We identified a number of ways in which ORR's policies fail to adequately serve children with disabilities. First, ORR does not provide children in its care with appropriate and necessary special education services. Second, ORR assessments and services fall short as compared to California state standards. Third, children with disabilities are disproportionally housed in ORR's most restrictive placement settings.

A ORR's Educational Assessments and Requirements for Immigrant Children are Cursory and Meager.

The United States Supreme Court held that denying enrollment to a local school district for any child, including those who are not "legally admitted" to the United States, violates the Equal Protection Clause of the Fourteenth Amendment of the United States Constitution.[48] It is also a violation of the California Constitution, Articles XI, Section I and I, Section 7 to not provide the same educational opportunities to all children.[49] By failing to ensure adequate oversight, appropriate

education programming, or access to special education services, ORR is failing immigrant children, particularly those with disabilities.

Children in California foster care have the same rights as other students in California.[50] A child in foster care who is considered a California resident has the right to the same educational resources, services, and extracurricular activity as all other students at that same school.[51] These services include Individualized Education Programs (IEPs) and other important educational assessments and supports for students with disabilities. However, for immigrant children in California held by ORR, these educational services are unavailable unless they are placed in Yolo. Thus, an immigrant child with disability-related learning needs will have access to special education assessments and services only if he or she is placed in the most restrictive ORR setting in the state.

Outside of Yolo, any immigrant child held in an ORR-contracted facility does not receive educational services through a public school district, and does not have access to special education screening or any specialized programming for children with special education needs.

The ORR manual does not require any type of screening for special education or any development of IEPs. The manual discusses educational assessments very briefly in three vague and imprecise paragraphs, and there is no direction regarding the identification of and specialized services for children with special education needs.[52] ORR requires only that each site conduct an educational assessment within 72 hours of an immigrant child's admission into the facility.[53] The purpose of this assessment is to "determine the academic level of the child and any particular needs he or she may have."[54]

According to ORR, every child at a facility must receive a meager minimum of six (6) hours of structured education per week in all "basic" academic areas, which are science, social studies, math, reading, writing, physical education, and English as a Second Language.[55] Nevertheless, these hours may decline as ORR has started to discontinue education services, physical education, and even legal aid due to the current administration's decision to cut spending on undocumented children.[56] In contrast, California law requires first to third graders to spend at least 19.2 hours per week[57] in school and fourth to eighth graders to spend at least 20 hours per week in school.[58]

Children at BCFS and the Southwest Key facilities received six (6) hours of education per day every weekday. Children at Yolo received five (5) hours per day every weekday. Children at Nuevo Amanecer were in school far less – just three (3) days per week for six (6) hours.

Care providers at each facility have the discretion to "adapt" or "modify" any local standards in order to create curricula and assessments "based on the average length of stay" of the immigrant children.[59] Care providers also have discretion to categorize or separate classes by "academic development, level of literacy, and linguistic ability" instead of by age.[60]

DRC observed a varied educational system across the staff-secure facility at BCFS, the three shelter providers, and the transitional foster care center at Nuevo Amanecer. One clinician, when asked whether his facility had any children with intellectual or learning disabilities, responded candidly that he was not sure. He added, "honestly I miss IEPs." This clinician explained that his shelter facility used to contract with the local school district but that contract ended approximately two years earlier. When that contract ended, all IEPs and formal educational screenings ended as well.

In the past, BCFS had a contract with the local school district. However, ORR conducted its own audit on the education provided at this facility and found that children would benefit more from "internal-focused education," instead of education provided by the local county. Our investigation suggests that the current education program, following this shift, is inadequate.

The only ORR placement in California that currently conducts any formal type of special education assessment is Yolo. Education services at Yolo are provided by the local school district.

During DRC's monitoring of all facilities other than Yolo, staff described educational assessments that looked at:

(1) the student's ability to speak and read English,

(2) the student's ability to speak and read his or her native language,

(3) the number of years of school that the student had received, and

(4) the quality of the student's prior education.

Disability was not considered. As a result, children with a wide range of educational backgrounds and needs learn together in the same classroom. Classroom sizes varied from 10 students all the way up to 30 or more students. At one shelter, DRC interviewed a teenager who had completed 11 years of school and another teenager who completed four years of school that were placed in the same classroom.

ORR classrooms are filled with students from all educational backgrounds and levels with little assessment of educational, learning, or intellectual disabilities. Clinicians and social workers in these facilities explained to DRC that children did not need the same educational offerings as children in foster care outside of ORR custody since the immigrant child will have a short stay. This is increasingly untrue and misguided. These facilities are now housing many immigrant children for six months or longer at a time and even homeless children, both federally and within California, are entitled to the same educational offerings as children in foster care.

B ORR Requirements Regarding Medical and Mental Health Assessments and Care are Inadequate.

ORR's requirements and policies regarding disability and mental health screening are lacking with wide variations among providers. Appropriate screenings and assessments are necessary to ensure that children in ORR custody are safe and are able to access appropriate medical, mental health, and disability-related supports and services.

According to ORR policies, detained immigrant children are eligible for medical services effective on the first day the child is placed in the custody of ORR.[61] ORR provides for the following services with little specificity:

(1) Routine medical and dental care,

(2) Family planning services, including pregnancy tests and comprehensive information about and access to medical reproductive health services and emergency contraception,

(3) Emergency health services,

(4) A complete medical examination (including screening for infectious diseases) within 48 hours of admission (excluding weekends and holidays and unless the child was recently examined at another facility),

(5) Immunizations,

(6) Administration of prescribed medications and special diets, and

(7) Appropriate mental health interventions.[62]

Within 48 hours of placement in detention, immigrant children must receive a general medical examination. Staff at the monitored facilities stated that they also performed both a disability and mental health screening.

Staff at different detention facilities reported inconsistent practices in their initial medical screening. For example, one facility's staff stated that these examinations took approximately 20 minutes while other facilities reported screenings lasted 45 to 60 minutes.

In contrast to ORR's requirements, Title 15 of the California Code of Regulations that the California Department of Corrections and Regulations' Division of Juvenile Justice has adopted more specific and effective screening guidelines for children.[63] Of concern is that even though children in ORR custody have not been adjudicated delinquent, their initial assessments when arriving at their placements do not meet these standards. Currently, by law, children in the California juvenile justice system must receive a far more comprehensive assessment than what is required pursuant to the ORR guidelines.

In addition to the short list of services that ORR provides, Title 15 includes the following services:

(1) A full health history that focuses on a child's "developmental history,"[64] not just a routine ORR screening;

(2) Identification of the need for accommodations ranging from physical and developmental disabilities to gender identity,[65] instead of ORR's provisions that do not explicitly mention any accommodations;

(3) Provision of prostheses and orthopedic devices including eyeglasses and hearing aids,[66] not mentioned at all in ORR's policies;

(4) Screening for behavioral and mental health problems "performed by either behavioral/mental/medical health personnel or trained youth supervision staff" including specifically "history of recent exposure to trauma which may require immediate attention… current traumatic stress symptoms, and pregnancy needs,"[67] in contrast to ORR's vague "mental health interventions;"[68]

(5) Crisis intervention and management of acute psychiatric episodes,[69] instead of ORR's policies that do not explicitly require intervention in crises;

(6) Transition planning for children undergoing mental health treatment,[70] not just ORR's triage care;

(7) Individualized treatment plans that address "cultural responsiveness, awareness, and linguistic competence,"[71] unlike ORR's policies that fail to underscore the need for individualization.

For children in the state foster care system, California has codified protections in the Welfare and Institutions Code.[72] All "minors in foster care" are entitled to receive "medical, dental, vision, and mental health services."[73] In practice, children in California foster care are automatically made eligible for Medi-Cal, Denti-Cal, and the Child Health and Disability Prevention Program[74]—programs for which ORR detainees are not eligible. Like the teenager at a staff-secure facility with dental injuries and no assurance from ORR that he would receive dental care, children in ORR detention suffer from a lack of comprehensive medical and dental care.

At Yolo, the California DOJ's investigation found that "… elements of healthcare evaluations are performed by detention officers, LVNs, RNs, and healthcare clinicians. We were unable to identify clear written policies regarding necessary evaluations to be completed at intake."[75] Regarding mental health evaluations, the investigation concluded that "[a]lthough a mental health assessment is administered within 48 hours of a youth's arrival, a minimally adequate assessment at intake should take place within 2-4 hours of admission."[76] Further, California DOJ also found that detention officers were responsible for notifying mental health staff of the potential for suicide risk at intake. "However, detention officers are not trained to perform the clinical observation to trigger this notification. Our mental health expert could not identify any policy regarding conveyance of mental health concerns flagged at intake to appropriate mental health staff."[77]

These comparisons demonstrate that ORR guidelines are less specific than California state standards. This raises serious concerns that there is a lack of regulatory guidance and oversight to ensure that immigrant children, particularly those with disabilities, receive the supports and services they need.

C Immigrant Children with Disabilities Are More Likely to be Found in ORR's Most Restrictive Settings.

DRC found that ORR children with disabilities are disproportionately housed in the most restrictive settings such as BCFS and Yolo. In ORR's own policies, a child that

exhibits "self-harming behavior" can be "stepped-up" from shelter care to either a "staff secure" facility like BCFS or a "secure care" facility like Yolo Juvenile Detention Center.[78] In other words, children with suicidal ideation and related psychiatric disability needs can be placed in more restrictive settings because of their disability.

We found that the most restrictive settings within the system of immigration detention of children had the highest incidence of children with behavioral and/or mental health needs. As described above, BCFS (a staff secure facility) and Yolo (a secure facility) are the providers of these more restrictive detention placements in California. Through DRC's monitoring visits, we found that these two placements had the highest incidence of children with behavioral and/or mental health needs. While it may be appropriate for children with behavioral or mental health needs to be provided additional staffing, supports, and a structured environment, federal law requires that these services be provided in "the most integrated setting appropriate to the needs of qualified individuals with [disabilities]."[79] Further, the settlement agreement in *Flores v. Reno* requires placement in the "least restrictive setting appropriate to the minor's age and special needs."[80]

It is our impression that children recognize that the penalty for reporting suicidal thoughts or self-harming acts in ORR custody is juvenile hall.

At BCFS, clinical staff reported that they had often served children with mental health disabilities such as PTSD, anxiety, and depression. BCFS clinical staff also recalled serving a child with autism. During our visits to BCFS, we encountered many children who had either previously taken or were currently taking medication they believed was to help with anxiety. In addition, per ORR's own policies,[81] children that may have exhibited behavioral problems at shelter care can be considered for "step-up" to a staff secure facility. These behavioral problems include instances when a child "has committed, threatened to commit, or engaged in serious, self-harming behavior that poses a danger to self."[82] At Yolo, "[a]ll incidents of youth misbehavior, no matter how minor, are recorded as a Significant Incident Report (SIR) which impacts the youth's ability to be stepped down to a less secure facility."[83]

It is our impression that children recognize that the penalty for reporting suicidal thoughts or self-harming acts in ORR custody is juvenile hall.

Some children there reported to California DOJ that "…they purposely ask to stay in their cells during scheduled free time so they can avoid getting special incident reports (SIRs) and more quickly be eligible for step down."[84]

At Yolo, according to a daily census on September 28, 2018, 81 percent[85] of immigrant children had been detained at the facility due to self-injurious behavior, behavioral problems, or mental health diagnoses. The most common documented reason for why an immigrant child was placed at and remained at Yolo was "hav[ing] engaged in conduct that has proven to be disruptive of the normal functioning of a staff secure facility in which the [child] [was] placed such that transfer may be necessary to ensure [his or her] welfare or the welfare of others." Three of the 13 children were relocated to Yolo because they threatened to commit, committed or engaged in "serious, self-harming behavior."

It is clear that Yolo has not taken the steps necessary to meet the treatment and disability needs of these children. California DOJ found that "mental health staff are not equipped to respond to youth who suffer from acute psychiatric issues" and that "Yolo's mental health program is performing below national standards in a number of areas."[86]

ORR grantee facilities reinforce institutionalized behavior.

Through DRC's monitoring, we found that ORR grantee facilities reinforce institutionalized behavior. In all of the facilities, we found that children had very limited interaction with the outside world, including parents, family members, and loved ones. Staff closely monitored all activities and all children had to abide by strict schedules. In one instance, a shelter provider staff member even monitored the use of restrooms, with staff escorting the child to the restroom and waiting outside the door to escort them back. Phone calls were also closely monitored and extremely limited. One shelter provider set up a system were phone calls end exactly at the 10-minute mark with no warning to the child, a practice that was particularly distressing to the younger children.

These pervasive institutional qualities of ORR placements may have long lasting effects for children and negatively affect the psychological and emotional wellbeing of children that have undergone trauma. Even the presence of a parent with a child while in detention does not negate this negative impact.[87] One analysis of the impact that immigration detention has on children found that detained children have a tenfold increase in acquiring psychiatric disorders into adulthood.[88]

In sum, the high incidence of children with behavioral and mental health needs placed at the most restrictive ORR-contracted detention facilities in California raises grave concerns about whether children with disabilities are being denied their right to be placed and receive services in the most integrated setting appropriate to their needs.

IV

Conclusion: Recommendations

After our analysis of ORR guidelines and our monitoring visits to nine facilities and programs across the state, DRC submits the following recommendations:

Recommendation A

California public agencies should commit to regular, ongoing oversight of every facility and program that houses and provides services to children in ORR custody. The state should ensure that every program is operating in compliance with laws and regulations that protect California's children and ensure adequate and timely access to needed medical, mental health, and educational services.

Recommendation B

ORR should enhance its guidelines to provide more specific and complete policies that ensure adequate and timely medical and mental health assessments and treatment.

Recommendation C

California should ensure that its regulatory oversight and enforcement of medical

and mental health care requirements reaches immigrant children in ORR custody to safeguard their health and well-being. It is time to extend these protections to immigrant children.

Recommendation D

ORR and California must ensure that every child in ORR custody receives educational services, including special education assessments and services, consistent with what other California students receive under federal and state law.

Recommendation E

ORR and California should ensure robust oversight for the process by which children with mental health and/or behavioral issues are initially placed and/or "stepped up" to the most restrictive settings. ORR should revise its policy. The act of "stepping up" an immigrant child in ORR detention merits transparency to both the child and to any legal representative of that child. It is inhumane to place children with suicidal ideation and other mental health needs in the most restrictive ORR settings.

Recommendation F

ORR, CDCR, and other entities in charge of detention should rethink the detention of children with mental health needs and other disabilities. Our interviews with children underscore that placing children in detention negatively affects their mental health and can exacerbate mental health concerns.

This paper is a snapshot of a particular moment in time and history when our initial monitoring occurred. The landscape of regulations, facilities, and contracts is ever-changing. DRC's work on these issues is ongoing and we will further investigate the issues highlighted in this report.

1. Tal Kopan, *More than 14,000 immigrant children are in U.S. custody, an all-time high*, S.F. Chron., Nov. 16, 2018, https://www.sfchronicle.com/nation/article/More-than-14-000-immigrant-children-are-in-U-S-13399510.php.
2. Off. Of Refugee Resettlement, Children Entering The United States Unaccompanied § 1.1 (Jan. 30, 2015), https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied.
3. Karen de Sá & Hamed Aleaziz, *California housing about 100 immigrant children separated from parents at border*, SFGate, June 21, 2018, https://www.sfgate.com/bayarea/article/California-housing-about-100-immigrant-children-13015087.php.
4. Off. Of Refugee Resettlement, Unaccompanied Alien Children Released To Sponsors By State (Jan. 31, 2019), https://www.acf.hhs.gov/orr/resource/unaccompanied-alien-children-released-to-sponsors-by-state.
5. Off. Of Refugee Resettlement, *supra* n. 2.
6. *Id.* § 1.2.1. See Off. Of Refugee Resettlement, *supra* n. 2. ("ORR has procedures in place to obtain background information on the unaccompanied alien child from the referring Federal agency to assess whether the unaccompanied alien child is a danger to self or others, whether there are any known medical and/or mental health issues, and whether other special concerns or needs are known, and then to designate an available care provider. ORR uses this information to determine an appropriate placement in the least restrictive setting for the unaccompanied alien child.").
7. *Id.* § 1.2.1.
8. Long-term foster care constitutes a fifth category of placement. These are community-based placements for children under 17 years and 6 months old who likely do not have a viable sponsor and are potentially eligible for immigration relief. ORR children in long-term foster care live and attend schools in their communities.
9. Off. Of Refugee Resettlement, *supra* n. 2, at § 1.2.4.
10. *Id.*
11. ORR defines "Special Needs Minor" as a child "whose mental and/or physical condition requires special services and treatment. A [child] may have special needs due to a disability as defined in section 3 of the Americans with Disabilities Act…" Off. Of Refugee Resettlement, *supra* n. 8. DRC encountered many children who could be considered to have "special needs" in more restrictive settings.
12. Plyler v. Doe, 457 U.S. 202, 202 (1982).
13. See *Butt v. California* 4 Cal. 4th 668 (1992); *see also Serrano v. Priest*, 18 Cal.3d 728 (1976).
14. See Cal. Welfare And Institutions Code § 16001.9(a)(13) (West 2004).
15. Youth Law Center, *Overview of the Foster Care System in California*, citing Cal. Welfare And Institutions Code §§ 361(a)(5), 726(c)(2).
16. *Id.* § 3.4.1 ("Health care eligibility is effective on the first day that a child has been placed in the physical custody of ORR. Eligibility for ORR coverage ends on the day the child leaves ORR's custody.")
17. *Id.*
18. See Cal. Code Regs. tit. 15 §§ 1300-1511 (2019).
19. Off. Of Refugee Resettlement, *supra* n. 2 § 1.2.4.
20. This was the case for 13 out of 16 ORR detainees at Yolo County Juvenile Facility on September 28, 2018. Yolo County Detention Center, Internal Census (Sept. 28, 2018) (unpublished document) (On file with Disability Rights California).
21. Tal Kopan, More than 14,000 immigrant children are in U.S. custody, an all-time high, S.F. CHRON., Nov. 16, 2018, https://www.sfchronicle.com/nation/article/More-than-14-000-immigrant-children-are-in-U-S-13399510.php.
22. Off. Of Refugee Resettlement, Children Entering The United States Unaccompanied § 1.1 (Jan. 30, 2015), https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied.
23. Karen de Sá & Hamed Aleaziz, California housing about 100 immigrant children separated from parents at border, SFGATE, June 21, 2018, https://www.sfgate.com/bayarea/article/California-housing-about-100-immigrant-children-13015087.php.
24. Off. Of Refugee Resettlement, Unaccompanied Alien Children Released To Sponsors By State (Jan. 31, 2019), https://www.acf.hhs.gov/orr/resource/unaccompanied-alien-children-released-to-sponsors-by-state.
25. Office Of The Inspector Gen., U.S. Dep't Of Health And Human Servs., Report OEI-BL-18-00411, Separated Children Placed In Office Of Refugee Resettlement Care at 1 (Jan. 2019), https://oig.hhs.gov/oei/reports/oei-BL-18-00511.pdf.
26. A sample of these media reports include de Sá & Hamed Aleaziz, *supra* n. 3; Molly Hennessy-Fiske, Lawsuit alleges improper medication of migrant children in federal shelters, L.A. TIMES, Jun. 21, 2018, https://www.latimes.com/nation/la-na-immigrant-shelters-medicated-20180620-story.html; and Blake Ellis, Melanie Hicken, & Bob Ortega, Handcuffs, assaults, and drugs called 'vitamins': Children allege grave abuse at migrant detention facilities, CNN, June 21, 2018, https://www.cnn.com/2018/06/21/us/undocumented-migrant-children-detention-facilities-abuse-invs/index.html.
27. Ellis, Hicken, & Ortega, *supra* n. 6.
28. Field staff who act as the local liaison with care providers and stakeholders. A federal field specialist is assigned to multiple care providers within a determined region and serves as the regional approval authority for transfer and release decisions. Off. Of Refugee Resettlement, Children Entering The United States Unaccompanied: Guide To Terms (Mar. 21, 2016), https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms.
29. Some of the facilities were not at capacity when we visited. In other facilities, some children chose not to speak with us or were not on-site at the facility.
30. All quotes were originally in Spanish and have been translated to English. Identifying details have been changed.
31. Off. Of Refugee Resettlement, *supra* n. 2.
32. *Id.* § 1.2.1. See Off. Of Refugee Resettlement, *supra* n. 2. ("ORR has procedures in place to obtain background information on the unaccompanied alien child from the referring Federal agency to assess whether the unaccompanied alien child is a danger to self or others, whether there are any known medical and/or mental health issues, and whether other special concerns or needs are known, and then to designate an available care provider. ORR uses this information to determine an appropriate placement in the least restrictive setting for the unaccompanied alien child.").
33. *Id.* § 1.2.1.
34. Long-term foster care constitutes a fifth category of placement. These are community-based placements for children under 17 years and 6 months old who likely do not have a viable sponsor and are potentially eligible for immigration relief. ORR children in long-term foster care live and attend schools in their communities.
35. Off. Of Refugee Resettlement, *supra* n. 2, at § 1.2.4.
36. *Id.*

37. ORR defines "Special Needs Minor" as a child "whose mental and/or physical condition requires special services and treatment. A [child] may have special needs due to a disability as defined in section 3 of the Americans with Disabilities Act…." Off. Of Refugee Resettlement, *supra* n. 8. DRC encountered many children who could be considered to have "special needs" in more restrictive settings.
38. Cal. Dept. Of Just., Immigration Detention In California 40 (2019), https://oag.ca.gov/sites/all/files/agweb/pdfs/publications/immigration-detention-2019.pdf.
39. Off. Of Refugee Resettlement, *supra* n. 2, at § 1.2.4.
40. *Id.*
41. Cal. Dept. Of Just., *supra* n. 19, at 39.
42. Immigrant children detained at Yolo are mostly housed separately from locally detained children.
43. Off. Of Refugee Resettlement, *supra* n. 2, at § 1.2.4.
44. *Id.*
45. BCFS, Completed Group Home Program Statement (Dec. 30, 2010) (on file with Disability Rights California).
46. *Id.* § 1.4.2.
47. In 2018, there was an additional transitional foster care provider: International Christian Adoptions (ICA). ICA notified DRC in January of 2019 that it no longer is an ORR-grantee program. Email from Charlotte Paulsen, Executive Dir., International Christian Adoptions, to Liz Logsdon, Registered Legal Services Attorney, Disability Rights California (Jan. 23, 2019, 03:46 PM PST) (on file with Disability Rights California). In 2018, ICA had the capacity to house 12 children in community-based foster homes.
48. *Plyler v. Doe*, 457 U.S. 202, 202 (1982).
49. California Constitution, Articles XI, Section I and I, Section 7. See *Butt v. California* 4 Cal. 4th 668 (1992); see also Serrano v. Priest, 18 Cal.3d 728 (1976).
50. See Cal. Welfare And Institutions Code § 16001.9(a)(13) (West 2004).
51. Youth Law Center, *Overview of the Foster Care System in California*, citing cal. welfare and institutions code §§ 361(a)(5), 726(c)(2).
52. Off. Of Refugee Resettlement, *supra* n. 2 § 3.3.5.
53. *Id.*
54. *Id.*
55. *Id.*
56. Maria Sacchetti, Trump administration cancels English classes, soccer, legal aid for unaccompanied child migrants in U.S. shelters, Washington Post, Jun. 5, 2019, https://www.washingtonpost.com/immigration/trump-administration-cancels-english-classes-soccer-legal-aid-for-unaccompanied-child-migrants-in-us-shelters/2019/06/05/df2a0008-8712-11e9-a491-25df61c78dc4_story.html?utm_term=.23df38bed983.
57. cal. educ. code §§ 46112, 46114 (West 1977).
58. Cal. Educ. Code §§ 46113, 46114 (West 1977).
59. Off. Of Refugee Resettlement, *supra* n. 2 § 3.3.5.
60. *Id.*
61. *Id.* § 3.4.1 ("Health care eligibility is effective on the first day that a child has been placed in the physical custody of ORR. Eligibility for ORR coverage ends on the day the child leaves ORR's custody.").
62. *Id.*
63. See Cal. Code Regs. tit. 15 §§ 1300-1511 (2019).
64. *Id.*
65. *Id.* § 1430.
66. *Id.* § 1436.
67. *Id.* § 1437.
68. Off. Of Refugee Resettlement, *supra* n. 2 § 3.4.1
69. See CAL. CODE REGS. tit. 15 § 1437.
70. *Id.*
71. *Id.* § 1413.
72. See Cal. Welfare And Institutions Code § 16001.9. (West 2004).
73. Cal. Welfare And Institutions Code § 16001.9(a)(4) (West 2004).
74. See Cal. Dept. Of Soc. Serv., *Health Passport* (2019), https://www.cdss.ca.gov/inforesources/Caregiver-Advocacy-Network/Health-Passport.
75. Cal. Dept. Of Just., *supra* n. 19, at 61.
76. *Id.* at 64, emphasis added.
77. Off. Of Refugee Resettlement, *supra* n. 2, at § 3.4.1.
78. Off. Of Refugee Resettlement, *supra* n. 2 § 1.2.4.
79. See 45 C.F.R. § 85.21(d). The authors substituted "disabilities" for "handicaps" to be consistent with the language of Section 504 of the Rehabilitation Act as amended.
80. Stipulated Settlement Agreement, Flores v. Reno, 507 U.S. 292 (1993) (No. CV 85-4544-RJK(Px)).
81. Off. Of Refugee Resettlement, *supra* n. 2 § 1.2.4.
82. *Id.*
83. CAL. DEPT. OF JUST., *supra* n. 19, at 51.
84. *Id.* at 42.
85. This was the case for 13 out of 16 ORR detainees at Yolo County Juvenile Facility on September 28, 2018. Yolo County Detention Center, Internal Census (Sept. 28, 2018) (unpublished document) (On file with Disability Rights California).
86. Cal. Dept. Of Just., *supra* n. 19, at 62.
87. See Michael Dudley et al., *Children and Young People in Immigration Detention*, 25 Psychiatry 285 (2012); K. Ehntholt et al., Mental health of unaccompanied asylum-seeking adolescents previously held in British detention centres, 23 Clinical Child Psychol. And Psychiatry 238 (2018); R. Kronick, C. Rousseau, & J. Cleveland, *Asylum-seeking children's experiences of detention in Canada: A qualitative study*, 85 Am. J. Of Orthopsychiatry 287 (2015).
88. Zachary Steel et al., Psychiatric Status of Asylum Seeker Families Held for a Protracted Period in a Remote Detention Centre in Australia. 28 Austl. And N.z. J. Of Pub. Health 527 (2004).

We thank the children who courageously told us the stories of their lives.

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