Women: the invisible detainees
Michelle Brané and Lee Wang

Research by the Women’s Refugee Commission into immigration detention of women in the US explores why and how differences in treatment between detained men and women matter.

After receiving desperate phone calls from immigrant women detained at the Baker County jail in rural Florida, attorneys from Americans for Immigrant Justice decided to visit the facility. When the team arrived, however, the warden insisted the jail held no women. Finally, the attorneys left. The next day they received another call from a woman at Baker County desperate for help. The women had been there all along but somehow the warden was unaware of their existence.

The Baker County warden’s insistence that there were no women in his jail is symptomatic of women’s invisibility in the United States’ immigration detention system. According to US Immigration and Customs Enforcement (ICE), women have accounted for 9-10% of the immigration detention population since 2008. In 2012, women’s average length of stay in detention was 10% longer than men’s, and in the first half of 2013, it was 18% longer. Women in detention are five times more likely to be asylum seekers.¹

The majority of women are clustered in just six facilities while the rest are housed in small numbers in state and local jails around the country. The six facilities are located in the southeast and southwest of the US, with one facility in the northwest. This geographic distribution is significant because it means that a woman apprehended outside of those areas is likely to be transferred far from where she and her family live. Researchers at Human Rights Watch have documented the many negative impacts of transfer on family unity, access to counsel and the ability to win reprieve from deportation.

Women who are not detained in the six large facilities face a different set of problems. In half of the smaller facilities, they account for less than 3% of the detainee population. This minority status significantly affects conditions of detention and limits women’s ‘freedom of movement’ – as access to services is called. This is largely the result of the logistical challenges that result from ICE’s policy forbidding the mingling of men and women. While ICE houses men and women in the same facilities, interaction between them is strictly prohibited. Staff shortages and facility layout, however, often result in less freedom of movement for women, who are limited to certain areas or require escorts to go from one area to another while men are able to come and go more freely. The result is that women often do not have the same access as men to law libraries, religious services, medical appointments, recreation and visitation rooms. This inequity can even affect access to court proceedings. For example, at the Glades County Prison in Florida, female detainees can only participate in hearings to determine whether they will be deported via video teleconference while male detainees can participate in person. This raises troubling concerns about due process.

The Women’s Refugee Commission (WRC) has also found that women are more likely than men to be mixed in with criminals. This is because more than half of the facilities that detain women house fewer than ten on any given day, which is insufficient to fill an entire housing unit. Rather than waste bed space, these facilities lock up immigrant detainees alongside criminal inmates. This mixing not only violates ICE’s standards but also causes emotional distress and renewed trauma.

Women’s experiences and needs
Women’s experiences in detention differ substantially from men’s, not only because they are minorities in an overwhelmingly male system but also because they have particular experiences and needs that are unrecognised and unmet.
First, women in detention are vulnerable to sexual assault and exploitation, as evidenced by the 185 sexual abuse complaints filed by detainees since 2007. ICE has begun to address this problem by releasing long-overdue draft regulations to comply with the 2002 Prison Rape Elimination Act. In addition, detained asylum seekers suffer from inordinately high rates of depression, anxiety and post-traumatic stress disorder, and large proportions of women in detention have also previously been victims of domestic violence, sexual assault, trafficking and other forms of gender-based harm. Identifying these vulnerable populations of women, with their particular mental and physical health requirements, is critical. However, ICE may fail to identify them because they rely on detainees to self-identify as vulnerable or traumatised and rely on untrained personnel (who are often men) to ask sensitive information.

Second, women have particular health care needs. At the Irwin County Detention Center in Alabama, women need a doctor’s note to obtain more than 12 sanitary napkins a month. Other facilities provide women with only one sanitary napkin at a time, requiring women to ask male guards for napkins. Some of the most disturbing accounts of inappropriate detention and lack of care come from pregnant women. Female detainees in Georgia and Arizona told the WRC that they were denied requests for additional mattresses when their bedding was very thin, and were forced to give birth with only a nurse practitioner present. According to a report by the University of Arizona, women have miscarried after their pleas for medical attention for profuse bleeding were ignored.

ICE has taken some positive steps towards addressing inadequate health care by developing a women’s medical standard with gender-specific guidelines. But they could and should do more to implement these new standards at all facilities and conduct proper oversight and accountability. Until recently, the strongest detention standards in use at most facilities contained only three references to gender differences in its chapter on medical care (re pre- and post-natal care, adequate numbers of toilets, and annual gender-appropriate examinations). The newest standards, issued in 2011, provide stronger guarantees of appropriate and necessary medical care; however, to date only four of the 86 facilities that detain women have agreed to follow these standards.

Third, the separation of families that results from detention takes a particular toll on women. Women are more likely to be single parents, meaning that the detention of a mother is more likely to leave children with no carer. The mothers interviewed by WRC were often unable to arrange care for their children since ICE does not guarantee that detainees can make phone calls. The consequences of this policy can be dire, including endangerment of children’s well-being, severe emotional trauma and termination of parental rights. Once in detention, it can be extremely difficult for mothers and fathers to maintain basic communication with children, the child welfare system and attorneys. Requirements that parents have in-person visits with their children or take parenting classes (which are unavailable in detention) can make it impossible to regain custody. Detention facilities also frequently deny parents’ requests to participate, even by phone, in family court proceedings where their parental rights are at stake. All of these basic barriers to communication and participation are exacerbated for women because they are more likely than men to be transferred far from their children and the communities that can support them.

WRC’s primary recommendations include:

- Improve screening and training for personnel to identify and respond appropriately to vulnerable populations.
- Hire detainee resource managers to act as points of contact on women’s issues in each facility.
- Collect more comprehensive gender-specific data.
Detention, alternatives to detention, and deportation

- Extend alternatives to detention, especially for pregnant women, primary caretakers and other vulnerable populations.
- Reform immigration laws to include protection and due process for everyone.

Michelle Brané MichelleB@wrcommission.org directs the Migrant Rights and Justice Program of the Women’s Refugee Commission www.womensrefugeecommission.org.

Lee Wang lwang00@gmail.com was an intern with the programme.

The Women’s Refugee Commission’s report on women in detention is forthcoming at http://wrc.ms/162ur8f. For more on the Women’s Refugee Commission’s work on detention, see http://wrc.ms/1eoH8DE

1. All data from ICE obtained by the Women’s Refugee Commission on 28 March 2013.
2. www.aclu.org/sexual-abuse-immigration-detention

Do higher standards of detention promote well-being?
Soorej Jose Puthoopparambil, Beth Maina-Ahlberg and Magdalena Bjerneld

Sweden is generally considered to have high standards of immigrant detention. However, a recent study conducted in Swedish detention centres suggests that irrespective of the high standards life in detention still poses a huge threat to the health and wellbeing of detained irregular migrants.1

Sweden has a comparatively low detention capacity (235) and immigration detention occurs in specialised secure facilities rather than prisons. The maximum limit for detention is 12 months. Detention facilities are run by civil servants employed by the Swedish Migration Board. Detainees do not wear any uniform, can use mobile telephones and have access to the internet. Volunteers from different NGOs can visit to provide psychosocial support for detainees.

Initial results of the study indicate, however, that detainees still feel helpless, despite the comparatively better facilities. To date, the study has involved interviews with detainees, staff and nurses working at the detention centres and with volunteers visiting the detainees. Detainees expressed the futility of seeking help to meet their daily practical needs and resolve their legal cases, mainly because of the lack of or unhelpfulness of response from staff, lawyers and the police. They appreciated being able to go to the courtyard, use the gym, have food served four times a day and having access to the internet but were concerned about the restrictions imposed on the use of some of these facilities. According to the detainees, the services are still at the discretion of staff, who therefore play a major role in making the detention conditions bearable or unbearable. However, in the guidelines issued by various international organisations such as IOM, UNHCR and the EU, training for staff in working with detainees often takes a back seat.

The health-care needs of the detainees are still not properly met. All except one detention centre has a nurse visiting just twice a week and no detention centre has mental health-care services available at the centre. Detainees sorely missed having someone to interact freely with, and their urge to talk and be listened to was evident during the interviews. Visits by NGO volunteers seemed to ease the stress for some but at the same time detainees were disappointed that the volunteers could not provide legal help. Physical features of the detention centres such as sleeping quarters situated close to noisy common areas and the high bare walls were cited as causes of stress.

Irrespective of the facilities provided, detainees considered detention centres to be similar to prison: “a prison with extra flavours”, they say. Uncertainty about the duration of detention and its outcome is a major contributing factor to their stress; some said that detention is worse than prison because in prison at least the outcome and the time period are known.

Soorej Jose Puthoopparambil is a Doctoral student in the Department of Women’s and Children’s Health at Uppsala University, Sweden Soorej.jose@kbh.uu.se Beth Maina Ahlberg Beth.ahlberg@vgregion.se and Magdalena Bjerneld Magdalena.Bjerneld@kbh.uu.se are researchers in the same department.

1. 2012-15 research project funded by the European Refugee Fund. This article focuses on the results of interviews conducted with the detainees.