



The
CENTER for
VICTIMS of
TORTURE

Designing a Trauma-Informed Asylum System in the United States

EXECUTIVE SUMMARY

As a candidate, President Joe Biden pledged to “finish the work of building a fair and humane immigration system—restoring the progress Trump has cruelly undone and taking it further.” More specifically, he promised to “reassert America’s commitment to asylum seekers and refugees,” including by ensuring migrants’ dignity and “their legal right to seek asylum.”

An important step toward fulfilling those commitments is for the Biden / Harris administration to design and build a trauma-informed asylum system.

Exposure to traumatic events and experiences – in the countries from which refugees and asylum seekers flee or along their migration journey – is prevalent among those populations and has profound impacts, both directly on survivors and indirectly on those who engage with them in a professional capacity. In order to maximize the asylum system’s fairness, accuracy, and efficiency, and to minimize harm to those who access or work within it, the system must be structured to account for and appropriately address trauma.

Reversing the Trump administration’s myriad punitive and cruel asylum-related rules, policies, and practices is necessary to achieving that goal, but it is not sufficient. A system that is trauma-informed “realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.”

As the Biden / Harris administration begins the hard work of transforming the nation’s immigration system broadly, and its humanitarian protection components specifically, CVT recommends prioritizing the following five actions:

- 1. Provide initial and ongoing training to all government personnel who regularly engage with asylum seekers on: recognizing signs of trauma exposure; understanding common behaviors of people exposed to trauma; and, sensitive or trauma-informed principles for interacting.**

All government personnel who regularly engage with asylum seekers should receive basic training on the psychological and physical effects of torture and other traumas, and on how to engage with trauma survivors in a non-adversarial manner. Such training should be tailored depending on the recipient’s role in the system—for example, whether the person is law enforcement, serves an adjudicatory function, is charged with collecting information, or has medical responsibilities. The training should include how to ask questions in a non-interrogative manner; incorporating boundaries, transparency and choice; and allowing for breaks as needed.

2. Provide secondary trauma and resilience training and support, initially and at regular intervals, to all government personnel who routinely engage with asylum seekers.

Indirect exposure to trauma can have harmful health consequences to the individual and lead to occupational hazards such as prejudicing asylum seekers' claims and high staff turnover. Secondary trauma and resilience training and support need to be expanded and emphasized for all government personnel who regularly engage with asylum seekers, including but not limited to asylum officers, Customs and Border Protection officers, Immigration and Customs Enforcement officers, immigration judges, and medical personnel.

3. Provide trauma survivors with government-funded rehabilitation services, including as a form of redress for asylum seekers traumatized by Trump administration policies and practices.

A program to provide services should be housed in the Administration for Children and Families' Office of Refugee Resettlement but should operate in close coordination with United States Citizenship and Immigration Services. Rehabilitation services should be provided by non-governmental organizations and entities with appropriate clinical expertise that contract with the federal government. Such services could also be mandated through settlement agreements in certain pending litigation.

4. Phase out immigration detention.

Often indefinite in nature, immigration detention is both re-traumatizing and an independent source of trauma for many subjected to it and should be phased out entirely. The administration can dramatically reduce the detained population quickly by immediately ending family detention and cutting ties with the private prison industry; eliminating bond for those eligible for release; and applying a presumption of liberty when revisiting the status of currently detained immigrants and during initial assessments of those newly arriving.

5. To the maximum extent possible, eliminate features of the asylum system that are unnecessarily adversarial or otherwise exacerbate or cause trauma.

This should include shifting to a humanitarian-oriented "reception center" model at U.S. borders, with robust case management and support services; minimizing the use of immigration court; expediting work authorization; and assessing claims through non-adversarial methods, processes, standards, and settings designed to facilitate truth telling and limit re-traumatization.

Read the full report online [here](#).