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Mental Health Evaluation

[REDACTED]
Interviewed November 19, 2014 over the Internet, using an interpreter, in which there was face-to-face contact.

Diagnosis using ICD-9-CM, DSM V: 309.81; ICD-10CM: F43.10
Post Traumatic Stress Disorder (PTSD)

[REDACTED] is an indigenous woman of mixed blood from Guatemala. By her own account, one of nine children in her family, she has a long history, going back to childhood, of witnessing and experiencing physical and sexual abuse, often motivated by ethnic hatred, even from within her own family. She was first raped at the age of 13 by an uncle who proclaimed her "worth nothing" for being an Indian. When she told her mother what had happened she was called a liar and disbelieved. At that time she began having nightmares and difficulty sleeping. Physical and verbal abuse were a constant from other extended family members.

At the age of 15 when her father threw a machete at her feet, the patient left home and went to a neighboring village where she met the man who became her husband and the father of her five children. She lived there for five years, suffering much verbal harassment and some physical abuse from her husband's extended family, again much of it being centered around her ethnicity. After a particularly bad beating by her sister-in-law she and her husband went back to her father's house.

At her father's house, a pattern of systematic violent harassment and extortion, including abductions and rapes from local gangs began. She and her father attempted to report these attacks to the authorities but received no help. The gang members stated that the police were their friends and that no one would believe the allegations. Nothing happened since her non-indigenous family members didn't appear in court as witnesses when dates were set. More threats were made and not feeling safe [REDACTED] decided to flee and seek asylum in this country. The degree of her desperation is measured by having to leave most of her children behind. She made two attempts prior to the current one, to cross the border and was sent back both times only to experience more sexual assaults and violence.

The details of the original sexual assault in the above narrative account of [REDACTED] being called a liar, being disbelieved, demeaned and marginalized within her own family are consistent with the patterns of dysfunction often seen in families where sexual abuse occurs. Despite the apparent presence of many siblings, Ms. [REDACTED] recounts her story without mention of them indicating the characteristic isolation and alienation that can occur in such families where basic trust is not established. The physical, sexual and verbal abuse she experienced at a young age in her family of origin also set the stage for the subsequent and frequent victimization she endured. This was exacerbated by the ethnic hatred and patterns of

sociocultural violence in which the original as well as later abuse was embedded, and which negated the possibility of getting any help.

██████████ describes symptoms characteristic of Post Traumatic Stress Disorder (PTSD): Difficulty sleeping and eating; recurrent nightmares related to various aspects of her experiences, a miscarriage brought on by the violence after one of her deportations is particularly distressing to her and the cause of many of the nightmares; intrusive memories of the fetus which she saw after the miscarriage; pervasive fear, shame and guilt from the many sexual assaults which make eye contact difficult; cognitive distortions typical of victims of such violence, i.e. being "worthless," and internalization of the horror so that she feels herself to be "horrible."

Getting an accurate, chronological account of the events from ██████████ is problematic because it is symptomatic of the disorder for a person suffering from it to do everything possible to avoid remembering painful traumatic experiences because it can be so dysregulating. There may even be amnesia for particularly painful events or details. Certain details in the story or circumstances of her surroundings at the time of telling may trigger intrusive memories, flashbacks, or distressing emotions. So the above narrative is only a sketch of the events as I was able to determine from a two hour interview over the Internet using an interpreter.

In order to recount her experiences ██████████ needs to dissociate emotionally from them, resulting in flattened affect and a sense of matter-of-factness to her story. The fact that she's had to recount the story many times to authorities since she's been detained, can also give it the feeling at times of being rote and rehearsed. I found that in interviewing her when I showed empathy for what she's had to endure, she warmed up to me and began to trust me, and the telling had more authenticity. She was able to cry and express her feelings. Safety and trust do not come easily for someone who has been so maltreated and so sensitivity to her predicament is paramount when questioning her. Aggressive questioning would most likely be retraumatizing and cause her to freeze up.

In order to process the traumatization that ██████████ has experienced, she will need an extended period of time in a safe environment, free from fear of harm. In her current situation, where she lives with the fear of being returned to her country of origin where the violence took place, and is most probably going to continue, does not accord her the safety needed to heal from what has happened to her and keeps her PTSD symptoms active. While I was able to determine that ██████████ is suffering from PTSD, given the prevalence of PTSD symptoms, and the circumstances of the interview, I could not determine if there were other mental disorders comorbid with the PTSD, such as a mood disorder. Given the amount of violence she's suffered at the hands of people who she had every right to trust, and the lack of help extended to her by authorities, I find her courage to seek refuge and once again hope that safety is possible remarkable and inspiring.

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November 21, 2014