Women’s Rights Violations at the U.S.-Mexico Border:
Motherhood, Menstruation and Sexual Violence

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Organization #1 Details: Mama JuN (Mother’s Justice Network) seeks to promote, advance and represent the legal rights of women and children in immigration. As part of its mission, Mama JuN challenges national and international laws, policies and practices that lead to the denial of maternal rights and the denial of the familial rights of women and their children.
Date organization established: January 5, 2019

Organization #2 Details: Women LEAD Network sees the leadership of women as central to the health of communities around the world. WLN nurtures women’s leadership by advocating for
women’s voices to be heard when they speak up about their own bodies, their communities and solutions to the world problems. Women LEAD Network sees women’s leadership as grounded in community knowledge and emphasizes the importance of women and community driven advocacy. Women’s leadership is not aspirational, it is reality.

I. SUMMARY

1. Migrant women and girls (and other non-binary individuals), in U.S. immigration detention, suffer a variety of gender-based human rights abuses due to either limited access to reproductive health services, including abortion and menstrual hygiene, or on the basis of pregnancy and motherhood. Additionally, women in migration endure sexual abuse at the hands of immigration officials. They are also turned away because of their status as abuse survivors, even where the abuse occurs in their country of origin or en route to the United States.

2. The U.S. Immigration and Customs Enforcement has increased detention at the border between the U.S. and Mexico, enforcing strict detention rules that include detaining children separately from their families, lifting an exemption on the detention of pregnant women and preventing abortion and abortion related care in federal immigration detention facilities.

3. Statistically, more than half of those immigrating into the U.S. will be women. Many of those are between the ages of 13-50, years in which reproductive care is critical to health and life. As a result of the “zero tolerance” immigration policies criminalizing people reaching U.S. borders without documentation, the number of women in ICE detention has significantly increased since 2017, thus aggregating the responsibility of the U.S. government in ensuring appropriate access to reproductive care, including childbirth and abortion.

4. In addition to the lack of medical and reproductive care, mothers held in detention face a denial of their maternal rights when their children are torn from their arms and given into the care of others, including foster parents and detention officials. If children are born in detention, these infants are taken away from their mothers immediately and sent into foster care. Women are often denied the ability to be reunited with their families, or being allowed to see them. Judges have stated that women attempting to cross the border illegally are incapable of being good mothers and have, in some cases, terminated their parental rights. These U.S. policies and practices are causing mental, as well as physical health issues, in both mother and infant. Infants are not allowed to bond with their mothers nor breast feed for optimum growth and health.

5. Pregnant women subjected to detention suffer from additional depression and other mental stresses, some of which have resulted in miscarriage while in detention. Many of the women attempting to cross the U.S.-Mexico border have travelled large distances, during which they have been raped and tortured. Once in detention, they experience further trauma as a result of detention and lack of pre-natal and mental healthcare.
6. Post-delivery detainees suffer from lack of medical treatment, often left in cells alone, lying on a cement floor with no mattresses, blankets or pain killers, against the mandates of Immigration and Customs Enforcement (ICE). 

7. In the rare instances when children and their mothers have been reunited, the children often don’t recognize their mothers, causing additional trauma when they must be reintroduced to the women who bore them. Further, as illegal immigrants, both women and children are subject to inhumane conditions, including squalid detention facilities, no items for personal hygiene, no bathing or laundry facilities, lack of adequate food, no mattresses or bedding, overcrowding and lack of healthcare.

8. Sexual violence is also rampant in immigration detention facilities. The European Union Agency for Fundamental Rights notes that “Sexual and gender-based violence is identified as both a reason why refugees and migrants are leaving countries of origin...and a reality for women and girls along the refugee and migration route.” Reports of sexual violence in immigration detention often go unaddressed, in violation of national and international law, as do reports of rape and torture en route to the border crossing. Additionally, U.S. policy prevents access to asylum for victims of abuse whether at the hands of detention officers or en route to the U.S.

II. LEGAL FRAMEWORK

A. INTERNATIONAL OBLIGATIONS

1. The U.S. has not ratified several conventions and treaties that protect the rights of women, the rights of detainees and the rights of refugees and migrants. In the 2015 Universal Period Review of the Unites States, several U.N. member states urged the signing and ratification of these conventions addressing the human rights of women, migrants, refugees and those in detention.

2. The Convention on the Elimination of All forms of Discrimination Against Women, while not ratified by the United States, identifies international norms by which all member states should operate to protect women. During the 2015 periodic review, the U.S. supported the pursuit of ratification of these principles. However, to date no ratification has been forthcoming. Specifically, references in Article 16 1(e) requires equality in family planning, but the U.S. has rolled back such commitments in practice and policy by preventing women’s access to information about family planning, including abortion, in detention. Additionally, the U.S. has developed barriers to healthcare, including menstrual hygiene materials, for migrant women, girls and other menstruating individuals in detention. The United States remains one of only four nations who have not ratified CEDAW and is the only industrialized nation not to do so.
3. *The Convention of the Elimination of All forms of Discrimination Against Women* also states that “States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.” The practice of detaining pregnant women and limiting their access to health related services is a violation of international norms.

4. *United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (The Bangkok Rules) Rules 5, 6, 7, 21 (b) and (c), and 25*. In 2010, the U.N. adopted specific rules to apply to women prisoners often identified as The Bangkok Rules. These rules require member states to attempt to keep women out of detention settings, but if circumstances necessitate detention, they should provide appropriate health care, treat women humanely and protect them from violence. The current treatment of migrant women and girls in U.S. immigration detention violates these rules.

5. *The New York Declaration for Refugees and Migrants*, expresses the collective will of the international community and includes commitments to protect the human rights of all refugees and migrants, regardless of status, including women and girls, and prevent and respond to sexual and gender-based violence. With specific focus on commitments 23 & 29, the U.S. ’s inhumane treatment of all migrants, especially women and girls, violates international commitments. Additionally, the U.S. has not responded effectively to sexual violence of women in immigration detention settings.

**B. U.S. LEGISLATION**

1. Several U.S. laws are in place to protect migrant women from abuse during immigration detention. Federal laws also provide for access to reproductive health care, protection from violence and responses to violence in a detention setting. Additionally, federal laws exist that prevent the separation of children from their parents without due process.

2. *The Violence Against Women Act of 1996 (VAWA)*: In 2015, in response to concerns from member states about the levels of violence against women in detention in the U.S., the State department stated: “The United States has a strong commitment to preventing domestic violence, dating violence, sexual assault and stalking; assisting those who are survivors; and holding accountable those who commit such crimes. The Violence Against Women Act is designed to increase the availability of services for victims of violence and improve the criminal justice response.” However, there is no avenue of recourse or protection from abuse in detention provided.
3. The Prison Rape Elimination Act of 2003 (PREA) identifies specific obligations of detention facilities to prevent abuse and harm to those under their supervision. However, the U.S. has attempted to avoid its responsibility to immigrants under this act by arguing that immigration detention does not require the same obligations under this law.

4. The Patient and Protection Affordable Care Act of 2010 (ACA) mandated coverage in health plans for women’s preventive health care, including contraception. However, women and girls in immigration detention are prevented from accessing this care. In addition, policy and practice prevent women, girls and other pregnant individuals in detention from having access to abortions as a result of the Hyde Amendment, which prohibits federal spending on dissemination of information about abortion or provision of abortion related services.

5. As a general matter, the U.S. Constitution makes it illegal to deny a person one’s own family. Furthermore, although there is no federal body of family law, all 50 states prohibit the government from removing children from their parents’ care, except in cases of neglect or abuse. However, the U.S. government does not apply Constitutional principles or recognized legal policy to illegal immigrants.

III. U.S. COMPLIANCE WITH ITS HUMAN RIGHTS OBLIGATIONS

A. DENIAL OF THE RIGHT TO SEEK ASYLUM

a. “…foreign nationals are supposed to be able to present themselves to a CBP agent and request asylum” but the U.S. has started positioning an officer at the borderline and is not allowing people to enter the U.S. at all. By denying legal avenues of entry into the U.S., the government is creating a situation in which foreign nationals must enter illegally, in order to escape the violence in their countries of origin. To enter illegally means detention, human rights abuses and deportation. However, the U.S., in denying asylum, is in violation of U.S. and international law.

B. SEPARATION OF CHILDREN FROM MOTHERS IN IMMIGRATION DETENTION

a. When women with children seek permission to enter the United States at the U.S.-Mexico border, or enter illegally, the adults and children are immediately separated. Children are sent to separate facilities, while parents are held for prosecution and probable deportation. “The children who are separated from their parents obviously are very traumatized. And [the parents are] distressed because they don’t know where their children are.” Here, the U.S. is in violation of human rights treaties, international law and its own family law policies.

C. LACK OF ACCESS TO REPRODUCTIVE CARE, INCLUDING PRENATAL CARE AND ABORTION, FOR MIGRANTS IN IMMIGRATION DETENTION
1. While in the custody of Immigration and Customs Enforcement (ICE) women are provided with little or no access to reproductive care, including abortion and prenatal care. For example, legal service providers were instructed not to advise detainees on their rights to access abortion, under threat of withdrawn funding. While this decision was later revised, ICE continues to block access to abortion services for detainees as it did when it refused to allow a 17-year-old detainee to leave the detention facility to receive an abortion. The U.S. is in violation of Roe v. Wade, UNCHR, CEDAW and other international laws.

2. Additionally, reports of inadequate health care, including gynecological care and increased stress due to poor conditions in detention may play a role in the increasing number of miscarriages reported in ICE detention. In a 2011 visit, the Special Rapporteur noted the poor state of health services available to incarcerated women. These conditions have not been improved and have declined since that visit.

3. Finally, the U.S. has recently lifted its exemption on the detention of pregnant women or its “presumptive release” policy, permitting pregnant women to be detained, despite AMA concern over trauma to both mother and child as a result.

D. LACK OF ACCESS TO MENSTRUAL HYGIENE MATERIALS

1. Lack of access to menstrual hygiene has been linked to gender inequality in educational attainment and health outcomes, and is a concern from both a physical and mental health perspective. Period shame is very common for women and girls who menstruate around the world and can cause a lack of engagement in public life. Human Rights Watch and the United Nations Population Fund have identified menstrual hygiene as a human rights issue. Detained and incarcerated women in the U.S. have been denied access to necessary menstrual materials or have been forced to pay for these materials as “extras”. A lawsuit brought by women detainees in 2014 highlighted the deprivations of these basic rights. Recently, similar cases have been documented for women in immigration detention in the U.S. In a lawsuit filed by 16 states against the U.S. government, an investigator for the state of Washington documented the experiences of several girls that were left in immigration detention without access to a shower and with only one menstrual pad per day. The girls were left to “visibly bleed through their pants”.

E. SEXUAL VIOLENCE IN IMMIGRATION DETENTION

1. A recent lawsuit filed by a woman identified as E.D. illustrates the heightened risk of sexual violence in U.S. immigration detention. In this case, E.D. was
detained after having had fled to the U.S. with her 3 year old son to escape sexual and domestic violence in Honduras. She was sexually assaulted by an employee of the detention center on several occasions. While ICE protocol prohibits sexual assault of detainees, the government is requesting immunity from liability because E.D. is in immigration detainee and not a prisoner. The 2011 visit from the Special Rapporteur identified concerns about the lack of accountability for perpetrators of sexual violence, particularly for women in detention. The Special Rapporteur also noted, with concern, the prevalence of custodial sexual abuse perpetrated by staff members. This case illustrates the lack of improvement in this area.

Furthermore, for those having experienced sexual abuse, the detention setting carries triggering experiences in every day interaction. Loud noises, forced body checks, close spaces and an imbalance of power can all cause a re-triggering of past trauma, in addition to the sexual trauma experienced while in detention.

2. Additionally, the current administration has actively attempted to limit access to asylum for women who have experienced domestic violence. Previous policy of the Department of Justice recognized the special circumstances of domestic violence victims in escaping abuse in their home countries and fleeing to the U.S. as asylum seekers. A recent reversal in policy, however, may have a long-term detrimental impact on domestic violence victims seeking asylum in the U.S. Former Attorney General of the United States, Jeff Sessions, singularly reversed the decision of the Board of Immigration Appeals Court and determined that domestic violence victims are in no “special position” when seeking asylum because violence is not targeted against them as a “social group” but is private violence. While this continues to be litigated, victims of domestic violence, fleeing to the U.S. for safety may be effectively barred from entry based on this decision.

VI. RECOMMENDATIONS

General Recommendations

Promptly ratify the Convention on the Elimination of All Forms of Discrimination Against Women and other core human rights conventions protecting the rights of women and migrants. During the 2015 UPR of the U.S. many state members recommended the ratification of CEDAW and other human rights conventions protecting women and vulnerable people. To date, there has been no such ratification. Furthermore, since Donald Trump took office, the rights of women have been openly denied and ridiculed by the President and his administration, creating a more hostile environment for women’s issues in the political sphere.
Adopt international legal standards and norms for the protection of prisoners and detainees, including those in immigration detention, through implementation of laws, policies and programs at the Federal, State and local levels. This recommendation was made by the Special Rapporteur in 2011 and has made little progress. In fact, progress has regressed since 2015 due to the current administration’s hostility for the rule of law as it applies to immigrants.

Identify alternatives to incarceration for women, and other individuals, who are pregnant and are primary care givers for their children. This recommendation was made by the Special Rapporteur in 2011 and has made little progress. Although the Obama administration disallowed the detention of pregnant women at the border, currently, Homeland Security and Customs and Immigration have refused to follow this ruling. A recommendation to address the treatment of migrant women and children was made by several member states during the 2015 UPR. Progress in this area has regressed to the point of massive human rights violations against all immigrants, but women and children in particular.

**To address the lack of access to reproductive health care for women in immigration detention:**

Adopt policies at the federal and state level that would ensure women, and other individuals, in prisons receive appropriate levels of reproductive, health and mental health care, including abortion and childbirth, pre-natal and post-natal care. Ensure that qualified medical providers are available and that detainees can make decisions about their own health and reproductive care, and that they have adequate and accurate information to do so. This reflects the recommendation made by the Special Rapporteur in 2011, restated during the mission of the U.N. Women’s Working Group in 2015. Progress towards this achievement has stalled and regressed.

Repeal the Hyde Amendment and restrictions on accessing abortion related information and services for women accessing public health care services.

**To ensure access to menstrual hygiene for women in immigration detention:**

Ensure women and girls (and other menstruating, non-binary people) in immigration detention have access to adequate, acceptable and free menstrual hygiene materials. 38

Ensure adequate sanitation facilities and privacy for menstruating women, girls and other individuals.

**To ensure maternal rights are met for women in immigration detention:**

Ensure that pre- and post-natal care are available for pregnant women crossing the U.S. Mexico border.

Uphold the Obama-era regulation that pregnant women are not to be held in detention while awaiting immigration hearings and possible deportation.
When children are born in detention, ensure that U.S. Family law is adhered to. Children should not be taken from their mother’s without cause and without a hearing.

Identify and implement ways in which families can be detained together when detention is necessary.

Hold border officers responsible for violations of maternal and filial rights.

**Sexual violence in immigration detention:**

Increase funding under VAWA and PREA to ensure that programs address women in immigration detention.

Ensure statutory language, policies and practices under PREA include reference to the protection of immigration detainees.

Ensure institutional accountability for all staff and others under the control of Immigration Control and Enforcement that abuse or sexually harass detainees. The Special Rapporteur, in 2011, recommended to “enact laws criminalizing sexual abuse and other misconduct towards prisoners, covering not only guards and correctional officers, but also all individuals who work in prisons including volunteers and government contractors.” Sexual violence perpetrated by staff members remains a danger for women in immigration detention, with little accountability.

**ENDNOTES**


3 *Stepped Up Illegal-Entry Prosecutions Reduce Those for Other Crimes*. New York; TRAC Immigration; Syracuse University. May, 2019. https://trac.syr.edu/immigration/reports/524/#f1

4 Taylor Levy of Annunciation House in El Paso, Texas states that women who are seven to nine months pregnant and those who have high-risk pregnancies are being sent to Texas for prosecution. Infants then born in Texas detention facilities are put into the Texas foster care system. It is not known if these women are also traveling with other children or whether children of the same mother are sent with her to Texas.


6 Ibid.


Several members of the U.N. urged the U.S. to ratify conventions reflecting international norms during the 2015 UPR Process

Several U.N. members urged the U.S. to address issues related to humane incarceration standards and alternatives to incarceration, in particular for women.

Members of the international community have identified norms and standards in addressing the needs of migrants and refugees. The U.S. has lacked leadership in these areas.

The Violence Against Women Act of 1996 is a law intended to create mechanisms included funding and protections for women experiencing interpersonal violence. Recent updates to the law include protections for immigrant victims.

The Prison Rape Elimination Act of 2003 is a law intended to address the harm from sexual abuse that prisoners experience in U.S. detention. Advocates and drafters note that the Act includes immigration detention settings, however, the U.S. consistently challenges this interpretation.

The Affordable Care Act was the attempt of the U.S. to address access to healthcare for its people. Though a far stretch from universal health care, it improved the experiences of women in accessing reproductive care and prevented insurance companies from denying coverage for pregnancy and other related treatments, on the basis of a pre-existing condition. This law has been consistently targeted by the current Congress and they have stated the intent to roll back the ACA, which can jeopardize women’s access to reproductive health care, both in and out of detention.

It is important to note that individuals who do not identify as “women” may also be impacted by these violations, including transgender and non-binary individuals


The Special Rapporteur also noted concerns about women in detention and their access to maternal care in her 2011 visit.


Link to article about Prison Lawsuit regarding lack of access to sanitary product: https://www.newsweek.com/prison-menstruation-sanitary-products-human-rights-1375695

Link to lawsuit filed by 16 states: https://oag.ca.gov/system/files/attachments/press_releases/Flores%20Complaint.pdf

Link to report by Alma Poletti, Investigator with Washington State documenting lack of access to menstrual products https://agportal-s3bucket.s3.amazonaws.com/uploadedfiles/Another/News/Press_Releases/2019-08-23%20Poletti_Declaration_FloresCDCA_Washington_FINAL.pdf


Jeff Sessions, former Attorney General of the United States, reversed a decision by the Board of Immigration Appeals finding that domestic violence victims may apply for asylum as a special group. Link to case reversal https://www.justice.gov/eoir/page/file/1070866/download