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IN THE
SUPREME COURT OF CALIFORNIA

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BIANKA M.,

Petitioner,

v.

THE SUPERIOR COURT OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES,

Respondent;

GLADYS M.,

Real Party in Interest.

AFTER A PUBLISHED DECISION BY THE COURT OF APPEAL, SECOND
APPELLATE DISTRICT, DIVISION THREE · CASE No. B267454

BRIEF OF MENTAL HEALTH ORGANIZATIONS AS AMICI
CURIAE IN SUPPORT OF PETITIONER
BIANKA M.

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INTRODUCTION

This case arises from an immigrant child's search for relief under federal law establishing Special Immigrant Juvenile Status ("SIJS"). Amici Curiae¹ write to emphasize the significant, non-immigration consequences the Court of Appeal's decision will have if not reversed. A sole custody order, like the one sought by Petitioner Bianka M. ("Bianka"), clears the way for immigrant children to receive critical mental health treatment in furtherance of Amici's goals.

The federal government provides an avenue to humanitarian relief for immigrant children who qualify for SIJS because of abuse, abandonment, or neglect by one or both parents. (*See* Opening Brief on the Merits ("Op. Br.") at 6–7.) The process of seeking SIJS has both federal and state law components. While discretion to grant or deny SIJS to a child "is reserved exclusively to the federal government through USCIS" (Op. Br. at 7), state courts play a pivotal role in the application process by making the underlying requisite SIJS findings.² California Code of Civil Procedure section 155 effectuates this policy by giving California courts both jurisdiction and the obligation to make SIJS findings when supported by the evidence. (*See* Op. Br. at 2, 8–9.) California family courts logically

¹ A full list of Amici is attached to this brief as Appendix A. Pursuant to California Rule of Court 8.200(c), no party or counsel for a party authored this brief, either in whole or in part. No person or entity made a monetary contribution to the preparation and submission of this brief.

² As discussed at length in the Opening Brief on the Merits, state courts must make the following SIJS findings before a child may petition the federal government for SIJS: "(1) the child is 'dependent' upon a juvenile court or 'committed to, or placed under the custody of' the State or other court-appointed individual or entity; (2) the child cannot be reunified with one or both parents 'due to abuse, neglect, abandonment, or a similar basis found under State law,' and (3) it is not in the child's 'best interest' to be 'returned' to her country of origin." (Op. Br. at 7–8 (citations omitted).)

would be imbued with the jurisdiction granted under section 155 because California family courts have “the exclusive jurisdictional basis for making a child custody determination[.]” (Fam. Code, § 3421, subd. (b); *see also* Op. Br. at 11–15 (providing a more detailed discussion of the necessity of involving family courts in the SIJS process).) Family courts may make an initial child custody determination if California is the child’s home state and the order is in the child’s best interest. (*See* Fam. Code, §§ 3011, 3021, subd. (f), 3022.) The family court’s primary concern in making a custody determination is the child’s health, safety, and welfare—including the child’s mental health. (*Id.*, § 3020, subd. (a).)

Amici write to emphasize the unnecessary barriers the Court of Appeal’s decision threatens to impose on immigrant children in need of, or receiving, mental health treatment.³ By setting up hurdles to a single parent’s ability to obtain a sole custody order, the court’s decision calls into question the authority of a single parent or guardian to authorize and decide treatment questions for the minor in consultation with mental health providers. Immigrant children who have been abused, abandoned, or neglected by a parent usually experience extreme trauma, which is complicated and exacerbated by the often arduous and dangerous journey to the United States and the perilous circumstances that forced them to flee

³ The Court of Appeal held that the lack of a controversy over custody demonstrated that Bianka’s “primary goal . . . was to obtain an order containing SIJ[S] findings,” and thus “not a bona fide custody proceeding[.]” (*Bianka M. v. Superior Court* (2016) 245 Cal.App.4th 406, 427–28, 433.) The appellate court further held that the family court had discretion to compel Bianka to join her father to the proceeding, despite the personal jurisdiction issues such a joinder would entail. (*Id.* at pp. 430–31.) The Court of Appeal acknowledged obtaining personal jurisdiction over Bianka’s alleged father would be difficult, but suggested entering into a stipulated judgment of paternity with him to address this difficulty. (*Id.* at p. 416.)

their home countries. Consequently, it is essential that mental health treatment be accessible and readily authorized.

The Court of Appeal's decision sets up a catch-22 for children like Bianka: she must show that she cannot reunify with one parent due to abuse, abandonment, or neglect to qualify for SIJS, but she must also join that demonstrably derelict parent to the proceedings in order to obtain the custody order. This requirement will frequently put the onus on the abused, neglected, or abandoned child to contact the parent from whom she is seeking to dissociate herself. The Court of Appeal's joinder requirement is unrealistic,⁴ probably futile, and will in some cases perpetuate the trauma the minor is trying to put behind her. The very purpose of SIJS—to protect abused, abandoned, and neglected children—is frustrated by requiring a child to contact and rely upon a parent who has harmed her. Impeding access to a sole custody order in this manner also means that the caring parent will have an obviously more difficult road to demonstrating the authority necessary to procure mental health services for the child without risk of disturbance or interruption by custody questions. The result will be to aggravate the impact that source of trauma has on the arc of these children's lives. A sole custody order effectively paves the way to ready access to critical mental health treatment for such children without forcing the child and her caring parent to locate and reengage with the abusive, abandoning, or neglectful parent. A sole custody order also benefits abused, neglected, and abandoned children by increasing their security and stability and reducing their anxiety—thereby improving their overall health and welfare.

⁴ The Amicus Curiae Respondent's Brief requested by the Court agrees that joinder of the absent parent is unnecessary. (*See* Respondent's Brief at 35–36.)

Amici have an interest in ensuring that all children, and especially immigrant children, can access vital mental health resources. If the Court of Appeal's holding stands, the trauma inflicted on these children will be exacerbated, and single, caring, and present parents will often be stripped of the ability to adequately address their children's mental health needs. The decision below not only denies vulnerable immigrant children an avenue to remain in the United States but also creates roadblocks for much-needed mental health services, with potentially lifelong consequences. A reversal of the Court of Appeal's decision best effectuates the policy behind the SIJS statute and California Code of Civil Procedure section 155 by safeguarding the mental health of abused, abandoned, and neglected children.

ARGUMENT

I. CHILDREN WHO EXPERIENCE ABUSE, ABANDONMENT, AND NEGLECT OFTEN SUFFER FROM SEVERE MENTAL HEALTH CONSEQUENCES

Social science literature demonstrates that mistreatment in the form of abuse, abandonment, or neglect often has devastating consequences for a child. In the short term, a child may experience trauma, behavioral and psychological problems, and even harmful changes in brain chemistry. But the adverse impact of abuse does not stop there. The effects of post-traumatic stress disorder ("PTSD") can haunt a mistreated child well into adulthood. And her mistreatment can set in motion a cycle of abuse impacting future relationships, mental health, and even the abused child's eventual children. A parent's legal authority to make treatment decisions, reinforced by a sole custody order, would help facilitate prompt treatment in order to avoid this cycle of abuse.

A. Abuse, Abandonment, and Neglect Inflict Immediate, Concrete Harms on a Child

Research shows that disrupted bonding and attachment with a primary caregiver may cause biochemical changes in a child's brain, impeding cognitive development. Children exposed to repeated, stressful events are highly likely to develop PTSD, which can result in a range of harmful symptoms. (Lawson, *Understanding and Treating Children Who Experience Interpersonal Maltreatment: Empirical Findings* (2009) 87 J. of Counseling & Development 204, 204.)

PTSD develops following an extreme stressor threatening one's physical integrity; "maltreatment is a particularly salient trauma for PTSD in youth." (Kearney et al., *Posttraumatic Stress Disorder in Maltreated Youth: A Review of Contemporary Research and Thought* (2010) 13 Clin. Child Fam. Psychol. Rev. 46, 50.) PTSD manifests through persistent and intrusive recollections of the stressful event such as through dreams or flashbacks, and intense distress when exposed to cues that remind the child of the event. (*Ibid.*) It can also cause the child to have trouble falling asleep or concentrating, as well as increased irritability, and feelings of hopelessness, defeat, and detachment from others. (American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (5th ed. 2013) pp. 271–72; see also Schore, *The Effects of Early Relational Trauma on Right Brain Development, Affect Regulation, and Infant Mental Health* (2001) 22 Infant Mental Health J. 201, 214.) PTSD often appears concurrently with other problems such as anxiety, depression, social withdrawal, and delinquent and aggressive behavior. (Kearney, *supra*, 13 Clin. Child Fam. Psychol. Rev. at p. 50.) Moreover, the timing of maltreatment in the earliest years of a child's life can profoundly magnify the harm.

Along with symptoms of PTSD, children who suffer from abuse, abandonment, and neglect frequently undergo behavioral changes—with slightly differing, but all harmful, consequences. Some researchers have observed that abused children tend toward aggression and anger under stress, while neglected children demonstrated significant developmental delays and helplessness when stressed. (Orlans & Levy, *Attachment, Trauma, and Healing: Understanding and Treating Attachment Disorder in Children, Families, and Adults* (2d ed. 2014) p. 109.) Severe childhood abuse is also strongly correlated with borderline personality disorder. (Lawson, *supra*, 87 J. of Counseling & Development at p. 205.) This disorder manifests in a pattern of unstable relationships, impulsivity, recurrent suicidal behavior, and displays of inappropriate anger or emotion. (American Psychiatric Association, *What Are Personality Disorders?* (Feb. 2016), <<https://www.psychiatry.org/patients-families/personality-disorders/what-are-personality-disorders>> [as of April 5, 2017].) Emotional neglect can leave children behaviorally disordered, depressed, apathetic, and slow to learn. (Orlans & Levy, *supra*, at p. 18.) Neglected children often have an impaired sense of empathy and poor impulse control, leading to aggression and even cruelty to animals or other children. (Perry, *Bonding and Attachment in Maltreated Children* (2013) p. 7, <https://childtrauma.org/wp-content/uploads/2013/11/Bonding_13.pdf> [as of April 5, 2017].)

Abandonment triggers psychological consequences by disrupting a child's sense of security during the critical formative years. Attachment theory posits that if children develop secure, healthy relationships with their caregivers, they develop an expectation that others will be trustworthy, that their needs will be met, and they are generally provided a secure and stable foundation for future development. (See Dallam, *A Model of The Retraumatization Process: A Meta-Synthesis of Childhood Sexual Abuse*

Survivors' Experiences in Healthcare (2010), Dissertation Presented to the Nursing and the Graduate Faculty of the Univ. of Kansas, p. 9.) When these security bonds are disrupted through loss, separation, threat of separation, violence, abuse, or neglect—termed “insecure attachment”—the disruption often leads to psychological problems, including depression, anger, and emotional detachment. (Pearlman & Courtois, *Clinical Applications of the Attachment Framework: Relational Treatment of Complex Trauma* (2005) 18 J. of Traumatic Stress 449, 451.) Children who experience a type of insecure attachment—such as neglected or abandoned children seeking SIJS relief—often fail to develop “self-regulation” abilities. (Orlans & Levy, *supra*, at p. 92.) In other words, they have an impaired ability to monitor and control their behaviors and emotions because their caregivers failed to provide the support and security they needed. (*Ibid.*)

In parallel with these sobering effects on a child’s behavior and psychology, abuse, abandonment, and neglect are linked to adverse physical changes in the child’s brain. Researchers opine that parenting “chisels” the brain—its physical structure and its function. (Belsky & de Haan, *Annual Research Review: Parenting and Children’s Brain Development: The End of the Beginning* (2011) 52 J. of Child Psychol. & Psych. 409, 418–19, 423–25). The vast majority of brain organization occurs in childhood, so early life experiences have a disproportionate impact on the developing brain. (Orlans & Levy, *supra*, at p. 120.) Sustained, elevated levels of stress, which can be caused by continuous abuse, may alter brain function by accelerating the loss of neurons or delaying the development of certain brain regions. (De Bellis et al., *Developmental Traumatology Part II: Brain Development in Biological Psychiatry* (May 1999) p. 1272.) These adverse effects on the brain may result in increased susceptibility to schizophrenia, language and intellectual

deficiencies, and poor school performance. (*Id.* at p. 1280.) Simply put, the damage may occur in early childhood but its effects are lasting.

The timing of maltreatment in the earliest years of a child's life can magnify the harm experienced. Only a few months of neglect in infancy can require years of mental health treatment to repair. (Perry, *supra*, at p. 4.) Children's particular vulnerability stems from their unavoidable reliance on adults—the same adults who may be inflicting the abuse—and because they lack coping skills developed later in life.

Because trauma in early childhood sets exposed children on a negative trajectory and places them at high risk of debilitating developmental effects, unobstructed access to mental health care is particularly crucial for these children. (See Moroz, *The Effects of Psychological Trauma on Children and Adolescents* (June 30, 2005), Report Prepared for the Vermont Agency of Human Services, pp. 7, 19.) Fortunately, early assessment and intervention during the initial post-trauma period can significantly reduce PTSD symptoms in youth. (See Wamser-Nanney et al., *Early Treatment Response in Children and Adolescents Receiving CBT for Trauma* (2016) 41 *J. of Pediatric Psychol.* 128, 128.) Providing effective, unhindered access to mental health treatment is a mission and goal of Amici. In accordance with this goal, permitting Bianka and other SIJS-eligible children to obtain a sole custody order and the requisite SIJS findings paves the way to obtain critical mental health services without risk of disruption.

B. The Negative Impact of Abuse, Abandonment, and Neglect Is Lasting: It Affects Future Relationships, Well-Being, and Opportunity

Childhood maltreatment often plagues the child into adolescence and even throughout life. (Larkin et al., *The Health and Social Consequences of Adverse Childhood Experiences (ACE) Across the Lifespan* in The

Adverse Childhood Experiences (ACE) Study (2012) p. 4.) Stress from abuse, abandonment, or neglect in infancy sets the stage for later childhood, adolescent, and adult stress disorders or PTSD. (See Schore, *supra*, 22 *Infant Mental Health J.* at p. 214.) Ready access to mental health services is critical to treatment and long-term quality of life for these children. (See Lawson, *supra*, 87 *J. of Counseling & Development* at p. 206.) Take the example of Dianna who immigrated from the Middle East with her mother to escape her abusive father. Dianna fled to the United States hoping to foster a bright future by attending college. She was forced to drop out, however, because of the debilitating symptoms of PTSD that she suffered, including flashbacks, nightmares, and a reduced ability to function. (Babel, *Escape from an Emotionally and Verbally Abusive Father*, *Psychology Today* (2012), <<https://www.psychologytoday.com/blog/somatic-psychology/201205/escape-emotionally-and-verbally-abusive-father>> [as of April 5, 2017].) By working with a psychotherapist and severing all contact with her abusive father, however, Dianna was able to move past the abuse and significantly reduce her PTSD symptoms. (*Ibid.*)

Trauma during childhood puts a child's ability to form strong, healthy relationships—even those formed many years later—at risk. Ongoing and recurring relationship problems are common where children have experienced severe interpersonal violence, neglect, or abuse. (Pearlman & Courtois, *supra*, 18 *J. of Traumatic Stress* at p. 449–50.) “This is particularly true for those harmed in their childhood by primary caregivers or attachment figures as well as for those whose lives involve ongoing traumatic exposure (e.g., war and genocide, refugee status, human trafficking and prostitution, etc.)”—that is, precisely those individuals who are likely to seek SIJS findings. (*Id.* at p. 449.) Chronically abused and traumatized individuals often form relationships with others who themselves have unresolved trauma, often reenacting relationships with

attachment figures from the past leading to additional harm and abandonment. (*Id.* at p. 450.) Moreover, prolonged separate and insecure attachment predisposes children to permanent changes in neurochemistry that result in high sensitivity to loss. (*See ibid.*)

Childhood abuse, abandonment, and neglect put an individual's long-term health at risk, impacting even the physical well-being of the child. Adults who experienced abuse and neglect as children "report considerably higher rates of virtually every type of psychopathology including depression, anxiety, drug and alcohol disorders, personality disorders, and generalized distress" across their lifetimes. (Armstrong & Kelley, *Early Trauma and Subsequent Antisocial Behavior in Adults* (2008), 8 Brief Treatment & Crisis Intervention 294, 295.) In fact, physically abused adolescents were seven times more likely to develop a major depressive disorder than children who were not abused. (*Id.* at pp. 295–96.) Women abused as children are even more likely to exhibit later physical symptoms such as cardiovascular and respiratory disease, gastrointestinal illnesses, cancer, and chronic fatigue syndrome. (Orlans & Levy, *supra*, at p. 114.)

Abused or neglected individuals also report higher levels of stress across a lifetime and higher rates of relationship disruption—namely, divorce and separation—than those who did not experience childhood mistreatment. (Armstrong & Kelley, *supra*, 8 Brief Treatment & Crisis Intervention at p. 295.)⁵ Finding a strong correlation between childhood abuse or neglect and a lifetime of impaired health, another study posited that stressful childhood events, such as abuse, cause children to turn to unhealthy (and addictive) coping behaviors like risky sexual activity,

⁵ Notably, the study also posits that psychological treatment interventions focusing on the underlying psychopathology, rather than its symptoms, could reduce the burdens of child trauma on society. (*Id.* at p. 294).

smoking, alcohol, or drug abuse. (Felitti et al., *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults* (1998) 14 Am. J. Prev. Med. 245, 252–54.)

One study of criminal offenders indicated that childhood trauma and maltreatment are significant precursors to the participants' adult antisocial behavioral patterns—typically characterized by a lack of empathy for others, egocentrism, and exploitation of others—and psychopathology. (Armstrong & Kelley, *supra*, 8 Brief Treatment & Crisis Intervention at pp. 301–02; American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (5th ed. 2013) p. 476.) PTSD—which maltreated children develop at rates ranging from 20 to 63%—is associated with lower income, absenteeism from work, and lower educational and occupational success. (Lawson, *supra*, 87 J. of Counseling & Development at p. 204; *see also* American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (5th ed. 2013) p. 279). It is clear that—if left untreated—abuse, abandonment, or neglect of a child sets her up for failure, or at least immense challenges, in the family, work, and emotional facets of her adulthood.

But perhaps the most poignant impact on abused, abandoned, and neglected children is that their trauma propels a cycle of abuse that affects future generations. Children who are neglected, abandoned, or abused by caregivers—and thereby lack secure attachments with those caregivers—frequently grow up to be parents who are incapable of establishing healthy attachments with their own children. (Orlans & Levy, *supra*, at p. 18.) And so the cycle continues: “Instead of following the instinct to protect, nurture, and love their children, they abuse, neglect, and abandon[,]” in turn. (*Ibid.*)

With appropriate consent from an authorized parent or custodian, Amici can help reverse some of these devastating effects of abuse,

abandonment, and mistreatment, as they have for countless children. For example, St. John's treated a young girl from Central America whose mother abandoned her and left her to be abused physically and sexually by gang members. Since arriving in the United States, she has reunited with her father and received therapy; she is now demonstrating healing and resiliency.

Because of the potential for abused, abandoned, and neglected children to suffer ongoing and long-lasting harm, early and decisive intervention is crucial. In many cases, this intervention could be effectuated by a single parent with a sole custody order. The more time that passes between the incidence of maltreatment and treatment, the more time and effort will be required to alter the negative effects of the maltreatment. (See Lawson, *supra*, 87 J. of Counseling & Development at pp. 204–06.) Impeding access to a sole custody order means that the caring parent will have an obviously more difficult road to demonstrating the authority necessary to procure mental health services for the child without risk of disturbance or interruption by custody questions. For many children like Bianka, a sole custody order would pave the way for quick and effective treatment by making the parent's authority to initiate treatment clear and legally enforceable. A sole custody order is thus a powerful tool to further the well-being of abused, abandoned, and neglected children.

II. IMMIGRANT CHILDREN FACE UNIQUE MENTAL HEALTH TRAUMAS

Immigrant children, in particular, come to the United States with unique mental health struggles stemming from the often dangerous—and always uncertain—journey to this country. Immigrant children who qualify for SIJS have likely suffered a trifecta of traumatic events: (1) they often immigrate from countries where violence and instability are the norm; (2) they undergo a haunting journey to arrive in the United States;

(3) and—in order to qualify for SIJS—they have been abused, abandoned, or neglected by at least one parent. These layers of traumatic stress increase the mental health needs of the child going forward. Unimpeded access to authorized mental health treatment is crucial for these children to avoid the negative long-term effects associated with these traumas.

A. The Conditions in Immigrant Children’s Countries of Origin Frequently Add to Their Mental Trauma

Immigrants coming into California, particularly from Central America, often leave behind fear and uncertainty only to face it again in their new home. Extreme and sustained violence inside and outside of the home, in the absence of state protection, has driven Mexican and Central American women and children in particular to the United States. In 2014, UNICEF reported increasing, generalized violence against children, including murder and torture, in Biánka’s native country of Honduras. (UNICEF, *Worrying Trend of Violence Against Children Emerging in Honduras, Warns UNICEF* (May 2014), <https://www.unicef.org/media/media_73515.html> [as of April 5, 2017].) Violence and victimization are consistently among the main factors cited by children as reasons they have emigrated. (See UNHCR, *Children on the Run* (Mar. 2014) p. 28 (hereinafter UNHCR, *Children*) (“Eighty-five children, slightly more than a fifth of the total number interviewed, revealed some form of abuse in the home, including physical abuse, emotional abuse, sexual abuse, sibling violence, intimate partner violence and abandonment.”); see also Kennedy, *No Childhood Here: Why Central American Children Are Fleeing Their Homes* (July 2014) p. 1, <http://www.immigrationpolicy.org/sites/default/files/docs/no_childhood_here_why_central_american_children_are_fleeing_their_homes_final.pdf> [as of April 5, 2017] (“[C]rime, gang threats, or violence appear to be the strongest determinants for children’s decision to emigrate.”).)

Reports indicate that children quit school in their country of origin because of gang threats. (See Collier, *Helping Immigrant Children Heal* (2015) 46 Monitor on Psychol. 58, 60, available at <<http://www.apa.org/monitor/2015/03/immigrant-children.aspx>>.) Many become prisoners in their own homes. (*Ibid.*) Some of these children “suffered psychological breakdowns severe enough that their parents took them for emergency care and were told by emergency room doctors to get the child out of the country.” (*Ibid.*) Other children report being unable to sleep through the night due to shaking and trembling. (*Ibid.*) But because these symptoms are so common in their communities, their caregivers view them as normal. (See *ibid.*; see also UNHCR, *Children, supra*, at p. 28 (noting that children who suffer abuse at home often do not recognize the behavior as abusive because “it is all they have known”).)

The SIJS statute was created specifically to help foreign children in the United States who have faced these very types of situations. (See U.S. Citizenship and Immigration Services (“USCIS”), *Special Immigrant Juvenile (SIJ) Status* (June 15, 2015), <<https://www.uscis.gov/green-card/special-immigrant-juveniles/special-immigrant-juveniles-sij-status>> [as of April 5, 2017].) Similarly traumatized children regularly arrive at Amici’s doorsteps with urgent mental health needs, some children entertaining thoughts of suicide. (See generally, e.g., St. John’s Well Child and Family Center, *A New Day in South L.A.* (2015).) It is inevitable that immigrant children who have escaped violent and unstable country conditions, as well as an abusive, abandoning, or neglectful parent, will desperately need the mental health services Amici provide, and a sole custody order ensures that such treatment can be obtained without recourse to the abusive parent.

B. Immigrant Children Often Endure Additional Layers of Trauma During Their Journeys to and Adjustment Within the United States

The demands of immigration and adjustment to a new country make the stability provided by a legally empowered parent or guardian that much more essential. For example, a 2008 review of 22 studies of unaccompanied refugee minors' arrivals to the United States from 1998 to 2008 found higher levels of PTSD symptoms for unaccompanied minors than either normal populations or accompanied refugee minors. (Collier, *supra*, 46 Monitor on Psychol. at p. 60 (citation omitted).)

“[Unaccompanied refugee minors] frequently arrive in the United States having suffered trauma from a myriad of causes including abandonment, displacement, violence, extreme poverty, and the horrors of war.” (Kindel, *Psychosocial Accompaniment of Unaccompanied Central American Youth: A Collaborative Inquiry* (2016), Dissertation Presented to the Pacifica Graduate Institute for a Doctor of Philosophy in Depth Psychology, p.8, available at <<http://bit.ly/2nC2qoa>> (citation omitted).)

Research shows that Unaccompanied Immigrant Minors (“UIMs”) specifically are at a high risk for mental health problems, including higher rates of anxiety, depression, conduct problems, and PTSD due to the added stressors of their journey alone. (See Alvarez & Alegría, *Understanding and Addressing the Needs of Unaccompanied Immigrant Minors: Depression, Conduct Problems and PTSD Among Unaccompanied Immigrant Minors* (June 2016) Am. Psychol. Ass’n, available at <<http://www.apa.org/pi/families/resources/newsletter/2016/06/immigrant-minors.aspx>> (hereinafter Alvarez & Alegría, *Understanding Needs*) (describing UIM studies and findings).) One researcher said of migrant children she interviewed about the dangerous journey to the United States, “[t]hey tell me, ‘I could be raped, I could be maimed, I could be kidnapped,

I could be disappeared, I could be beaten,' but the reality is those risks are lesser, they feel, than the ones they run if they stay.” (Collier, *supra*, 46 Monitor on Psychol. at p. 60; *see also* Aranda, *Living in the Shadows: Plight of the Undocumented* (2016) 72 J. of Clinical Psychol. 795, available at <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5129489/>> (describing dangers many immigrants face in their home countries that prompt their flight, despite danger of journey to the United States).)

The psychological impact of these immigrant-unique challenges does not necessarily disappear once a child is established in the United States. “Other influences on stress include financial difficulties, language barriers, uncertainty about asylum status, failed immigration claims, the process of immigration itself, discrimination and the lack of personal and structural support all contribute to the distress the children experience.” (Kindel, *supra*, at p. 18 (citation omitted).) Acculturation⁶ studies and other research show that the immigration experience as a whole, ranging from loss and separation from family members and traditions to navigating unfamiliar cultural contexts, can spur the development of a variety of psychological problems. (American Psychological Association Presidential Task Force on Immigration, *Crossroads: The Psychology Of Immigration In The New Century* (2012) p. 9 (hereinafter APA, *Crossroads*).) In a study of children from Central America, acculturative stress was associated with increased risk of depression and suicidal thoughts. (See Hovey, *Acculturative Stress, Depression, and Suicidal Ideation Among Central American Immigrants* (2000) 30 *Suicide & Life-Threatening Behavior* 125, 132). “Longitudinal studies have found that mental health problems in UIMs persist over time, underscoring the importance of mental health

⁶ “Acculturation” refers to the psychological process that immigrants experience as they adapt to the culture of their new home country. (APA, *Crossroads, supra*, at p. 6.)

treatment and follow-up care. A study of immigrant youth during the five years after migration found that having been separated from parents resulted in higher symptoms of anxiety and depression during the initial years after migration.” (Alvarez & Alegría, *Understanding Needs, supra* (citations omitted).)

Conversely, reunifying with a loving parent can bring stability to a child’s life that would reduce anxiety and increase the child’s ability to manage stress, including acculturative stress. (See Lawson & Quinn, *Complex Trauma in Children and Adolescents: Evidence-Based Practice in Clinical Settings* (2013) 69 *J. of Clinical Psychol.* 497, 499 (observing that attachment with committed caregiver is a crucial component of treating complex trauma in children).) And a sole custody order would give a legal imprimatur to this relationship, providing further assurances and stability to the child in her new home. Reunification with family members in the United States is important for exactly this reason. While reunification does not itself erase the psychological impact of immigration, it is an important first step on a child’s road to recovery. “The longer the separation, the more complicated the family reunification and the greater the likelihood that children will report psychological symptoms.” (American Psychological Association Presidential Task Force on Immigration, *Working With Immigrant-Origin Clients: An Update for Mental Health Professionals* (2013) p. 1.)

The psychological impacts of the journey to and adjustment within the United States must be addressed as part of comprehensive mental health care, and is significantly aided by the presence of a caring, stabilizing parent or guardian. Amici understand the long-lasting effects of this trauma and the necessity of access to quality mental health care to enable impacted children to grow and thrive. Therefore, Amici urge the removal of any

extraneous hurdles placed between these children in need and access to available services.

C. Fear of Deportation May Also Weigh Heavily on the Child

In addition to adversity in their native countries, the long, challenging journey to the United States, and abuse, abandonment, or neglect, SIJS-seeking children may face further instability after their arrival in the United States. Even if they have recently reunited with a loving and caring parent, the continued risk of deportation contributes to immigrant children's ongoing fear and stress. A sole custody order not only cements the stabilizing relationship with a caring parent or guardian, but also opens a path for these children to seek humanitarian relief under SIJS, which may ameliorate the fear of being deported.

Children who fear negative immigration consequences if they seek social and health services provided by governmental agencies or associated agencies are less likely to receive the healing benefits they need to overcome the traumas they have faced. “[I]mmigrant stress is compounded for those persons who are undocumented because of the constant fear of exposure and deportation.” (Cavazos-Rehg et al., *Legal Status, Emotional Well-Being and Subjective Health Status of Latino Immigrants* (2007) 99 J. Nat'l Med. Ass'n 1126, 1130.) These children are faced with the possibility of being sent back to the conditions from which they barely escaped. They may be subjected yet again to an abuser, or further left to fend for themselves due to abandonment or neglect. In one study, more than a third of a sample population of undocumented immigrants “indicated that they did not visit social or government agencies for fear of deportation[.]” (*Ibid.*) As a result, “[e]ven when undocumented immigrants need psychological, social and medical services, they may not come forward, wary that they will also come to the attention of immigration authorities and face deportation.” (*Ibid.*)

Access to SIJS findings and an accompanying sole custody order, by contrast, provide legitimate avenues to interact with these governmental agencies without fear of reprisal. Thus, a court order can provide the force of law behind a caregiver's right to make mental health treatment determinations on behalf of his or her child. An immigrant child's need for mental health services is inherently entwined with the legal security and stability provided by a loving caregiver and someone with decision-making power over her mental health treatment. The child receives further security in knowing she will not be subjected to deportation while the SIJS application is being processed. Such reassurance fosters resilience and creates a path to healing and eventual mental well-being. The Court of Appeal's ruling imposes unnecessary hurdles to these immigrant children's access to mental health care, thereby jeopardizing their ability to heal over time.

III. REQUIRING THE ABUSIVE, ABANDONING, OR NEGLECTFUL PARENT TO APPEAR IN THE CASE IMPOSES AN ADDITIONAL OBSTACLE THAT CAN EXACERBATE THE DAMAGE TO THE MENTAL HEALTH OF THE CHILD

At the same time its decision impedes SIJS-seeking children's access to mental health services, the Court of Appeal's decision also lays the foundation for further mental health harm. In upholding the family court's decision requiring Bianka's father to be joined to the action, the appellate court would impose a contradictory and self-defeating set of conditions on a child seeking SIJS. It would demand that a child demonstrate that one parent had abused, abandoned, or neglected her, while requiring the child to obtain that very same parent's presence at the proceedings. Most abusive and neglectful parents like Bianka's father have already demonstrated their absolute indifference—at best—toward the child and her well-being. (See *Bianka M. v. Superior Court* (2016) 245 Cal.App.4th 406, 429–30.) Yet this decision effectively obligates Bianka to contact her father and plead for

his cooperation in the proceedings, inviting further abuse, manipulation, and control by the parent from whom the child is seeking to dissociate herself. The court's recommendation that Bianka obtain personal jurisdiction by entering a stipulated judgment of paternity with her father is equally unrealistic. (*See id.* at p. 416.) The Court of Appeal's holding thus places the child in a catch-22 by imposing the impracticable requirement that the uncaring parent be called upon to help the child while the child must simultaneously demonstrate that same parent was derelict in his or her parental duties; in so doing, the court's opinion frustrates the purpose of promoting the child's health.

A. Forcing the Child to Contact the Abusive or Absent Parent May Damage the Child by Re-Triggering Past Trauma

A child who has experienced trauma is likely to experience renewed trauma by encountering people or places that invoke memories of the initial trauma, such as by facing her childhood abuser. The term "retraumatization" refers to a triggering event that causes the victim to be overwhelmed by memories and feelings from previous trauma, and may cause further suffering. (*See UNHCR, Sexual Violence against Refugees: Guidelines on Prevention and Response (Extracts)* (1995) 7 Int'l J. Refugee L. 720, 733, 739.) Retraumatization has been described as "the psychological equivalent of having a scab torn off. It is painful, and can deplete what little emotional resources the victim has built up." (Dallam, *supra*, at p. 29.)

This process of opening up old wounds would be triggered every time a child is required to reengage with an abusive, neglectful, or abandoning parent, even many years after the initial harm. Reminders of prior trauma can be invoked by seeing people, places, or activities associated with past traumatic events. (National Center on Domestic

Violence, Trauma & Mental Health, *Preparing for Court Proceedings with Survivors of Domestic Violence* (Mar. 2013) p. 1.) It can trigger fear, distress, or “restart” post-traumatic stress reactions even years after the trauma occurred. (*Ibid.*) Requiring a child to join or negotiate a stipulation with the absent parent asks the child to subject herself to renewed fear, PTSD, and emotional depletion, which unfairly punishes the child for seeking protections from the very harm she has already endured.

B. Requiring the Abusive, Neglectful, or Abandoning Parent’s Appearance Grants That Parent the Power to Control the Child’s Fate, Inviting Manipulation and Further Abuse of the Child

Abusive relationships are often characterized by the abuser’s exertion of dominance and control over the victim. (Dore, *Downward Adjustment and the Slippery Slope: The Use of Duress in Defense of Battered Offenders* (1995) 56 Ohio State L.J. 665, 695 & n.119.) In a parent-child abusive relationship, as is the case for abused children seeking SIJS findings, the parent’s ability to exert and abuse his or her control over the child may be magnified by the intrinsically dominant position of a parent. Psychological abuse—potentially just as damaging as physical or sexual abuse—may include acts designed to make the victim feel powerless, such as name-calling or shaming. This abuse could include coercing the victim to perform degrading tasks, isolating the victim from family and friends, or other behaviors designed to manipulate the victim’s emotions. (See James, *Freud Was Right: Mean Mothers Scar for Life* (May 7, 2010), ABC News, *available at* <<http://abcn.ws/2nHOXfJ>>.) Children are particularly vulnerable to a parent’s psychological abuse because of their dependency on their primary caretakers during their key developmental years. (*Ibid.*)

Where a parent-child relationship is dominated by an abusive and controlling parent, a requirement that the child obtain that parent’s presence

implicitly allows the continued victimization of the child by giving that parent another source of power. An abusive parent may intentionally use the court process itself to make the survivor feel uneasy or afraid, such as by taking advantage of court procedures to create opportunities for contact. (National Center on Domestic Violence, Trauma & Mental Health, *supra*, at p. 2.) The parent sought to be joined in a SIJS case could perpetuate psychological abuse by prolonging the decision whether to appear in the case; threatening to interfere with or object to the custody determination; or otherwise manipulating the child's emotions during an important, stressful process that will determine the child's future.

C. An Abandoning or Neglectful Parent Is Unlikely to Cooperate with Court Procedures Designed to Help the Child

By definition, a child's attempts to gain the assistance of a parent who has abandoned or neglected her will most likely prove futile. The very acts of abandonment and neglect have demonstrated the parent's absolute disregard for the child's well-being; seeking to engage that parent's aid is highly unlikely to be successful, if the child even knows how to contact the parent. For example, consider seventeen-year-old Adrian who grew up on the streets of Guatemala City with a crack addict for a father and an absent mother. (Gordon, *70,000 Kids Will Show Up Alone at Our Border This Year: What Happens to Them?* (July/August 2014) Mother Jones, available at <<http://bit.ly/T9FbDg>>.) Adrian grew up amid violence, never went to school, and was often left in the care of his mother's prostitute friend. When a local gang began asking him for the little money he had and threatened him with warning shots, he decided to travel to the United States alone, making the journey by bus, inner tube, bike, and 150 miles on foot. (*Ibid.*) A requirement that an adolescent like Adrian present a parent at a hearing to adjudicate his SIJS status would be laughable—except that the

Court of Appeal's opinion would make his immigration status dependent on successfully making such contact.

Adrian's story is not unique. (See Krogstad, *U.S. Border Apprehensions of Families and Unaccompanied Children Jump Dramatically* (May 4, 2016) Pew Research Center, <<http://www.pewresearch.org/fact-tank/2016/05/04/u-s-border-apprehensions-of-families-and-unaccompanied-children-jump-dramatically/>> [as of April 5, 2017] (noting that significantly more unaccompanied children arrived at the U.S.-Mexico border than families).) Indeed, in Bianka's own experience, her father said he would rather Bianka die than provide her with money for milk. (Op. Br. at 9.) Unsurprisingly, despite multiple attempts to contact Bianka's father, he did not appear in court to claim Bianka as his child. Accordingly, the Court of Appeal's requirement that the absent parent be joined or stipulate to a custody order would impose an insurmountable burden for many children seeking relief under the SIJS status.

D. The United States Supreme Court Has Acknowledged the Vital Importance of Protecting Children from Retraumatization Even Where a Countervailing Constitutional Right Was at Issue

The United States Supreme Court has recognized the importance of protecting children from facing their past abusers in other trial court contexts. When faced with the prospect of imposing additional trauma on a child, constitutional protections have been adjusted to accommodate the fundamental goal of protecting child welfare. Indeed, the U.S. Supreme Court has held that the Confrontation Clause right of criminal defendants to confront witnesses called against them could be abridged where necessary to protect a child from the trauma that would be caused by testifying in the presence of her abuser. (*Maryland v. Craig* (1990) 497 U.S. 836, 857.) The Court carved out an exception to a criminal defendant's Confrontation Clause right where a child witness was abused

by the defendant. The Court recognized the State's "transcendent interest" in protecting children's welfare and the "growing body of academic literature documenting the psychological trauma suffered by child abuse victims who must testify in court," finding this to be a sufficiently important interest to accommodate the child witness by having her testify by a one-way closed circuit television. (*Id.* at 855.)

Likewise, even if it is generally the case that both parents should be provided notice of and joined to a custody determination proceeding, the paramount policy of preventing retraumatization should take precedence where a child has been abused, abandoned, or neglected by one of the parents. In these cases, a parent's due process rights are still fairly respected—as in the Confrontation Clause context—by preserving its essential elements: here, notice and an opportunity to be heard.

The case for deferring to the overarching importance of protecting a child from retraumatization may be even stronger where instead of being called to testify, the child is compelled to cajole her abusive, neglectful, or abandoning parent into court. Where a child is seeking to join a parent in order to qualify for SIJS relief, she will not benefit from the countervailing sense of justice and public accountability that derives from testifying in court. (*See Awan, Balancing a Child's Right to Be Heard with Protective Measures Undertaken in "the Best Interests of the Child": Does the International Criminal Court Get it Right?* (2015) 35 *Child. Legal Rts. J.* 98, 101–03.) Rather, she is being asked to contact the harmful parent *privately*, without the protections of a courtroom and the supervision of a judge. Thus, in this context, instead of instilling feelings of empowerment and participation by enabling a child's right to be heard in court, forcing a child to confront her abuser will exacerbate her sense of powerlessness and may further harm her mental health. (*Cf. ibid.*)

By requiring the child to join her abusive, neglectful, or abandoning parent to the proceeding, the Court of Appeal's decision is not just unreasonable, but it may also damage the child's mental health by forcing her to rely upon her abuser or abandoner. Renewed contact with, or reliance upon, the ill-treating parent may retrigger the child's trauma and gives that parent an opportunity to perpetuate abuse—and all this risk is incurred with a very low chance of success, given that it is dependent on the parent's willingness to affirmatively help the child he or she has already harmed. To protect the child from additional harm, she should not be required to join or enter a stipulation of paternity with the abandoning, neglectful, or abusive parent.

IV. A SOLE CUSTODY ORDER AND SIJS FINDINGS PROVIDE STABILITY WHICH BENEFIT THE MENTAL HEALTH OF THE CHILD

A sole custody order and access to SIJS findings help ameliorate the traumas immigrant children have faced by providing stability for children suffering from the lasting mental health effects of childhood abuse, abandonment, or neglect. “A custody order has intrinsic value to Bianka in ensuring a stable home situation that protects her health, safety and welfare.” (Op. Br. at 11.) Research has consistently demonstrated that the presence of a stable and nurturing caregiver is a critical factor in improving a traumatized child's long-term outcome, and a sole custody order is a method of legally proving a caregiver is responsible for the child. A sole custody order also provides the legal groundwork for these children who desperately need mental health treatment.

A. A Stable Family Environment Is Necessary for the Mental Well-Being of Abused, Abandoned, or Neglected Children, and a Sole Custody Order Cements That Stability

Research consistently shows that the presence of a stable and nurturing caregiver greatly improves a traumatized child's long-term

outcome because safety and stability in the home are among the protective factors that best foster resilience. (Centers for Disease Control, *Strategic Direction for Child Maltreatment Prevention*, <https://www.cdc.gov/violenceprevention/pdf/CM_Strategic_Direction-Long-a.pdf> [as of April 5, 2017]; Summers, *Children's Exposure to Domestic Violence* (2006) p. 33; Jensen et al., *Development of Mental Health Problems-A Follow-Up Study of Unaccompanied Refugee Minors* (2014) 8 *Child & Adolescent Psychiatry & Mental Health* 29, 30.) A predictable, caring, and consistent caregiver, such as a single parent, is “the most critical factor in the development of resilience because it promotes the acquisition of self-regulatory abilities and fosters a secure attachment that blunts the effects of trauma.” (Lawson, *supra*, 87 *J. of Counseling & Development* at p. 206; *see also* Moroz, *supra*, at p. 20; Lawson & Quinn, *supra*, 69 *J. of Clinical Psychol.* at p. 499.) Simply put, attachment with a loving parent is the optimal environment for a child’s healing. A sole custody order solidifies the stability and security a maltreated child receives from a loving parent and the assurance she will not be forced to return to her abusive, abandoning, or neglectful parent. Such reassurance fosters resilience and creates a path to healing.

A sole custody order gives the force of law and the State’s imprimatur to an essential compact underlying mental health treatment for these vulnerable children: that the child will not be returned to the parent that abused, abandoned, or neglected her. The child is now “safe.”

The literature shows that secure legal status and its impact on family well-being plays a direct role in childhood mental health. (See, e.g., Brabeck & Xu, *The Impact of Detention and Deportation on Latino Immigrant Children and Families: A Quantitative Exploration* (2010) 32 *Hispanic J. of Behavioral Sci.* 341, 343 (parents’ fears of deportation impact their emotional well-being, finances, and relationships with their

children and thus have a large impact on a child's well-being.) Therefore, whether the family court is ruling on SIJS findings or making a sole custody determination, these decisions "concern[] the care and custody of the child" as SIJS envisions.

Moreover, a sole custody order also provides the legal groundwork for a child who needs mental health treatment. Standard protocol for mental health providers is to consider the legal implications of treatment, including child custody issues. (See, e.g., Substance Abuse & Mental Health Services Administration, *Treatment Improvement Protocol (TIP) Series 57: Trauma Informed Care in Behavioral Health Services* (2014) p. 99.) Most organizations consider obtaining the consent of both parents to be the best practice before administering treatment. (See Benitez, *Consent for the Treatment of Minors with Divorced Parents* (Nov./Dec. 2001) *The Therapist*, at p. 2.) Before one parent alone can obtain necessary mental health services for the child, that parent may be asked to provide a court order, such as a sole custody order, particularly where court involvement is likely. (See Shumaker & Medoff, *Ethical and Legal Considerations When Obtaining Informed Consent for Treating Minors of High-Conflict Divorced or Separated Parents* (2013) 21 *The Family J. Counseling & Therapy for Couples & Families* 318, 321.) Thus, a sole custody order can be a critical tool to ensure that a child receives the treatment she needs. It is naive to believe the alternative to producing a sole custody order is a viable option: that a parent, already struggling with the implications of his or her child's mental health, will reengage with the parent whose behavior led to pain and suffering in the first place to obtain that parent's consent to treatment.

Yet another example of when a child may need a sole custody order to obtain necessary mental health treatment involves the administering of psychotropic medication. These children have often faced severe trauma

for which psychotherapy alone may not be sufficient and for which medication may be proscribed. A provider must obtain parental consent before prescribing psychotropic medications, which include antidepressants, mood stabilizers, and antipsychotic medications. (See Fam. Code § 6924, subd. (f) (stating that a minor may not receive psychotropic drugs without the consent of the minor's parent or guardian); California Health & Human Services, *California Minor Consent Laws — Mental Health Services*, <http://www.chhs.ca.gov/Child%20Welfare/CA%20Minor%20Consent%20Laws_Mental%20Health%20Services.pdf> [as of April 5, 2017].) Among mental health professionals, the best practice when parental consent is needed is to obtain consent from both parents. (*Ibid.* (advising that therapist should always request custody order prior to treatment of minor child with divorced parents unless both parents consent); see Shumaker & Medoff, *supra*, 21 *The Family J. Counseling & Therapy for Couples & Families* at p. 321.) Prescribing medication for youth can be particularly sensitive; thus, practitioners strive to be on solid legal and ethical grounds before writing a prescription. Having a sole custody order removes any confusion over whether the parent may legally consent to the child receiving necessary psychotropic medication.

The child's best recourse to avoid the negative long-term consequences discussed above is to remove any ambiguity surrounding her single, loving caregiver's legal power to make critical mental health treatment decisions for her. The Court of Appeal's decision unnecessarily complicates this determination.

B. A Sole Custody Order Would Also Facilitate Access to the Relief SIJS Intended

Being granted a sole custody order in family court without requiring the presence of the abusive, neglectful, or abandoning parent is one method of ensuring the ready availability of essential mental health benefits. The

SIJS program was enacted to protect immigrating children in the United States who have been abused, abandoned, or neglected. (See U.S. Citizenship and Immigration Services (“USCIS”), *Special Immigrant Juvenile (SIJ) Status* (June 15, 2015), <<https://www.uscis.gov/green-card/special-immigrant-juveniles/special-immigrant-juveniles-sij-status>> [as of April 5, 2017].) Under the statutory scheme, state courts have the distinct responsibility of making “factual findings concerning the care and custody of the child,” and leaving federal courts to rule on the immigrant’s eligibility for a change in immigration status. (See USCIS, *History of SIJ Status* (July 12, 2011), <<https://www.uscis.gov/green-card/special-immigrant-juveniles/history-sij-status>> [as of April 5, 2017].) The California Legislature enacted section 155 of the California Code of Civil Procedure to effectuate Congress’ intent for the SIJS program. (See also Op. Br. at 8–9.)

Ruling on sole custody orders falls squarely within the purpose behind the federal statutory scheme for SIJS as well as this State’s intent to actualize that purpose. Family courts should rule on whether a child has been abused, abandoned, or neglected, and in the process may also deem a sole custody order necessary to provide the child with security and stability, as described above.

Family courts have the power to provide sole custody orders and should also have the unencumbered ability to render SIJS findings. Amici request that the Court confirm that these “factual findings concern[] the care and custody of the child” as intended under SIJS, and thus are proper issues for family courts to resolve without the burdensome additional procedures imposed by the Court of Appeal. Doing so would provide immeasurable security and stability to children who have already undergone immense mental health trauma and who would benefit from a clear path to a brighter future.

CONCLUSION

For all of the reasons stated above, Amici Curiae ask the Court to reverse the Court of Appeal's decision in *Bianka M.* and remand with directions to order the Family Court to make the requisite SIJS findings and provide the custody order Bianka requested.

Dated: April 6, 2017

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APPENDIX A

AMICI MENTAL HEALTH ORGANIZATIONS

IN SUPPORT OF PETITIONER BIANKA M.

The Children's Institute
2121 West Temple Street
Los Angeles, CA 90026

Shields for Families
11601 S. Western Avenue
Los Angeles, CA 90047

St. John's Well Child & Family Center
808 W. 58th Street
Los Angeles, CA 90037

California Association of Marriage
& Family Therapists
7901 Raytheon Road
San Diego, CA 92111

Family Violence & Sexual Assault
Institute
10065 Old Grove Road, Suite 101
San Diego, CA 92131

California Association for Licensed
Professional Clinical Counselors
1240 India Street, Unit 1302
San Diego, CA 92101-8552

American Association for Marriage and
Family Therapy – California Division
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Santa Barbara, CA 93160

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Los Angeles, CA 90017

CERTIFICATE OF COMPLIANCE

In accordance with California Rules of Court 8.204(c)(1) and 8.520(b)(1), counsel for Amici hereby certifies that the number of words contained in this Brief of Mental Health Organizations as Amici Curiae in Support of Petitioner Bianka M., including footnotes but excluding the Table of Contents, Table of Authorities, and this Certificate, is 8,569 words as calculated using the word count feature of the computer program used to prepare the brief.

By: _____



Matthew W. Close

PROOF OF SERVICE BY OVERNIGHT COURIER

I am over the age of eighteen years and not a party to the within action. I am a resident of or employed in the county where the service described below occurred. My business address is 2 Embarcadero Center, 28th Floor, San Francisco, CA 94111.

On April 6, 2017, I served the following:

**BRIEF OF MENTAL HEALTH ORGANIZATIONS AS
AMICI CURIAE IN SUPPORT OF PETITIONER BIANKA M.**

by putting a true and correct copy thereof together with an unsigned copy of this declaration, in a sealed envelope, with delivery fees paid or provided for, for delivery the next business day to:

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and by placing the envelope for collection today by the overnight courier in accordance with the firm's ordinary business practices. I am readily familiar with this firm's practice for collection and processing of overnight courier correspondence. In the ordinary course of business, such correspondence collected from me would be processed on the same day, with fees thereon fully prepaid, and deposited that day in a box or other facility regularly maintained by FedEx, which is an overnight carrier.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct. Executed on April 6, 2017 at San Francisco, California.



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