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Non-Detained

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION
REVIEW IMMIGRATION COURT
1855 Gateway Blvd., Suite 850
Concord, CA 94520

In the Matter of	)	
Johnny Willians da Silva	)	**File No. A 245-868-509**
Bianca Braga Silva	)	**File No. A 245-868-459**
In Removal Proceedings	)	

Immigration Judge: Black, Lauren M. **Next Hearing:** April 13, 2029 at 1:00 PM.

RESPONDENTS' ADDITIONAL DOCUMENTS IN SUPPORT OF ASYLUM AND WITHHOLDING OF REMOVAL

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Exhibit 1

Ray of Light, Psychological Services
444 Estudillo Ave, San Leandro, CA 94577
phone: (510) 827-8583

Psychological Evaluation

Date of Evaluation: February 8, 2026
Evaluation Performed by: Dr. Louisa Lurkis, psychologist
Language Conducted in: English with Portuguese Interpreter
Subject: Johnny Williams da Silva
Date of Birth: January 4, 1977
Gender: Male
Reason for Evaluation: Asylum

Assessment Conditions

Mr. Johnny Williams da Silva Williams da Silva was referred by his attorney to be evaluated for emotional distress and overall functioning as a result of events which forced him to flee his home country of Brazil. In order to gauge the emotional impact on Mr. Williams da Silva, clinical interviewing techniques were utilized and mental health instruments were administered in conjunction with clinical observations, corroboration with his attorney's asylum declaration and professional judgment. Per Mr. Williams da Silva's preference, the interview was conducted in English with Portuguese Interpreter. We met for approximately 2 hours.

The interview was conducted via teleconference. Ray of Light had developed a protocol for conducting psychological evaluations via teleconference and had been conducting interviews via this method, when preferred, since 2018. The design of the video conferencing situation was carefully researched to address all clinical and ethical matters in order to obtain the highest quality of professional standards including privacy, quality of live interactions and emergency plan in the case of a mental health urgent matter. Mr. Williams da Silva was informed of this method of service delivery prior to the appointment and signed the consent explaining any risks and benefits, as well as an opportunity to decline this method of interview. Details of informed consent, confidentiality, and the clinician's role as a mandated reporter were outlined. The interview took two hours to conduct and preparation for this report took three hours.

Before beginning the assessment, Mr. Williams da Silva was informed that the assessment would be approached with no particular result in mind, and independent professional judgment would be exercised throughout. Additionally, the details of the meeting would be made available to Mr. Williams da Silva's attorney, as per the signed consent. Further, it was established that the fee paid would have no bearing on the contents of the finalized report or on any particular finding with respect to the matter in question. Mr. Williams da Silva indicated his understanding and consented to a mental health evaluation.

In the fields of psychology, social work and mental health It is considered standard practice to conduct a psychological evaluation in one meeting. At times, if the client is unable to complete

the entire evaluation due to psychological overwhelm or attention difficulties, the evaluator may conduct the evaluation over the course of several meetings. An evaluation is not the same as psychotherapy. A psychological evaluation typically involves a clinical interview, behavioral observations, administration of clinical screening measures and/or psychometric tests, interviews with corroborative sources such as family members, friends, or teachers (if deemed appropriate), and gathering of additional records (e.g., medical, educational, occupations, legal) obtained from the referral source. All information collected is then analyzed, integrated, and interpreted to draw conclusions about the subject's current and past issues, any psychiatric diagnoses, current functioning, and any recommendations for treatment (Institute of Medicine, 2015). The purpose of an evaluation is to better understand what is going on for a person psychologically and to then determine if psychotherapy or other interventions may be appropriate to address any issues identified. Evaluations can also be for more specific purposes, such as assessing for a disability, or in the case of immigration, for extreme hardship or psychological effects of torture (asylum evaluations).

On the contrary, psychotherapy is an ongoing relationship with a clinician in which the subject is receiving mental health treatment to address specifically identified issues. The purpose of psychotherapy is to assist someone to improve symptoms and overall functioning in their life. Thus, psychological evaluations are generally considered more objective because the clinician is not already invested in a therapeutic relationship with the client (and therefore likely biased in favor of the client) and an evaluation utilizes multiple sources of information, including objective measures, whereas a psychotherapist only has the client's self-report as basis for conclusions (Weiner, 2003). Since the information provided here is a psychological evaluation, the assessment took place in one session.

Mental health Examination
Method of Assessment: Clinical Observations, Self-Report, Mental health Measures, Asylum Declaration

Relevant Background and **Mr. Williams da Silva' Psychological Functioning during and following the Events in Brazil**
Mr. Willlians da Silva reports he is from Brazil and fled his home country due to the murder of his two brothers who were assassinated by the gang "Red Command". He explained that one of his brothers was assassinated in 2008 in front of their family home and it occurred when his brother was 18 years old and the other brother was killed in 2010 when he was 29 years old. The gang arrived with cars and motorcycles and had arranged it in advance to assassinate his older brother who was getting out of jail. They had planned to murder him because he was involved

with the gang and had gone to jail as a result of his involvement. His younger brother was also involved in the gang.

Mr. Williams da Silva explained that his family grew up in a very poor area and there was a lot of gang presence in his community. When his brother went to prison, the gang started to do things to his family in order to prevent his brother from speaking about things that the gang was doing. They would message them and threaten that they would kill his whole family if he gave any information to the authorities.

As the eldest brother, Mr. Willlians da Silva was terrified and felt powerless and helpless to protect himself and his family, but carried a significant sense of responsibility to shield them from danger. The gang vocalized feeling angry that they did not kill three of the brothers so that they could wipe out their family.

These words caused, and continue to cause Mr. Willlians da Silva to feel deeply afraid and in constant fear of dying. For many years following the murder of his brothers, he has experienced severe sleep disturbances and ongoing nightmares. He startled at every noise and felt they were after him at all times and desperate to flee the country.

In his terror and desperation to save his life, he fled his town and went to Sete Lagoas, then relocated to Rio de Janeiro, but they pursued him there as well. Desperate and terrified, he fled back to his hometown. He states his ex-brother-in-law was murdered in December, 2021 and his brother-in -law's son later killed in 2024, the same year Mr. Williams da Silva fled the country.

In order to protect himself from ongoing danger, Mr. Willlians da Silva was forced to move around a lot, which caused a lot of disruption in his day to day life as he tried to work and maintain a sense of stability, but he was in constant fear for his safety and the constant moves caused him ongoing disruption in his daily life.

Mr. Willlians da Silva has been deeply affected by the traumatic losses of his two younger brothers. He explained that his father abandoned the family when he was a teenager. The loss of his father deeply impacted him and his brothers and he believes that none of the gang involvement would have occurred if his father had not left the family, since his brothers got

involved after his father left the family due to a deep void and need for belonging and sense of connection from the severely traumatic rejection by their father.

Mr. Willlians da Silva is currently married and works with various delivery applications, such as Uber and Door Dash. He states that his journey coming to the U.S. was deeply traumatizing as well where he spent a month at the border before he was able to request asylum and the time he spent in the detention center as well was also highly anxiety producing and lonely with constant uncertainty and deep sorrow about his life.

Fleeing Brazil also meant that he had to separate from his daughter who he had with his ex-wife. He continues to feel extremely afraid for the safety of his daughter who is 8 years old, as well as the safety of his mother, who is currently 70 years old. He also suffers from Diabetes.

Although he feels safer here in the U.S., Mr. Williams da Silva reports he is in constant fear of being forced to return to Brazil and the gang waiting to kill him there. He remains in a state of hypervigilance, stating that it feels as if it was yesterday that his brothers were murdered. As he spoke about it, he states that he felt as if he was reliving all the terror and sorrow he endured for so many years in his home country. He has had some trauma treatment but continues to be severely impacted by the devastating losses of his brothers and the fragmentation and severe trauma his family endured after his father abandoned the family and his brothers got involved with gang activity. He feels a deep sense of responsibility for his mother, as well as ongoing survivor's guilt for having escaped while his two younger brothers were murdered. He constantly thinks about what he could have done to prevent the devastating outcomes and blames himself for it. He feels powerless to protect the family members he had to leave behind, including his young daughter and his aging mother. These thoughts cause him ongoing despair, sorrow, terror, guilt, and hopelessness.

Mental Health Measures
To further measure Mr. Williams da Silva symptoms, I administered the PTSD Checklist (PCL-5), an instrument designed to screen for current symptoms of Posttraumatic Stress Disorder. The PCL-5 is a standardized and validated measure. Scores above 33 and endorsed symptoms within four diagnostic clusters (intrusions, hyperarousal, avoidance, and negative alterations in cognition and mood) are considered a strong indication of Posttraumatic Stress Disorder.

Mr. Williams da Silva obtained a score of 36 on a total score of 0 to 80, which suggests that he is currently demonstrating *clinically significant* symptoms of posttraumatic stress. He endorsed extreme levels of repeated, disturbing and unwanted memories of the traumatic events, repeated disturbing dreams, feeling highly distressed if reminded of the events, and avoiding external reminders of the stressful experience. He also endorsed moderate levels of suddenly feeling or acting as if a similar experience were happening again, avoiding memories, thoughts, or feelings related to the traumatic events, blaming himself and others for what happened, and feeling jumpy.

Because Mr. Williams da Silva also reported a number of signs of nervousness and physiological manifestations of anxiety, I also administered the Beck Anxiety Inventory (BAI), an instrument designed to screen for symptoms of anxiety. The BAI is standardized and validated. **Mr. Williams da Silva obtained a score of 23 on a scale of 0 to 63, indicating *moderate* anxiety symptoms.** His responses on the measure were similarly consistent to his self-report of moderate levels of feeling hot, wobbliness in legs, unable to relax, fear of the worst happening, terrified, and nervous when reminded of the traumatic events in his home country.

Because Mr. Williams da Silva also reported a number of signs of nervousness and physiological manifestations of anxiety, we administered the Generalized Anxiety Disorder screening (GAD-7), an instrument designed to screen for symptoms of anxiety. The GAD-7 is standardized and validated. **Mr. Williams da Silva obtained a score of 16 on a scale of 0 to 21 on the GAD-7, indicating *clinically significant* symptoms of anxiety.** His responses on the measure were consistent with his self-report of feeling daily experiences of trouble relaxing, becoming easily annoyed, feeling afraid as if something awful might happen, and more than half the days feeling unable to stop or control his worrying, worrying too much about different things, and being so restless that it is hard to sit still.

To quantify Mr. Williams da Silva's symptoms of depression, I administered the Patient Health Questionnaire 9 (PHQ-9), a depression screener that is in widespread use in medical settings. **Mr. Williams da Silva scored 5 out of 27 on this measure. Although his overall score places him in the *mild* category for depressive symptoms, his responses were noteworthy.** He endorsed feeling several days in the last week of depressed mood, hopelessness, sleep disturbances, low energy, appetite fluctuations, poor concentration and feeling tired.

Interpretation of the Data
Based on the clinical interview, behavioral observations, review of supplemental materials, and the results of standardized mental health measures, Mr. Williams da Silva is currently suffering from trauma-related psychiatric symptoms that are directly a result of the traumatic experiences he endured in his home country of Brazil, including the violent and devastating murders of his

two brothers, ongoing death threats against his family, forced displacement, and severely consequential developmental trauma after his father abandoned the family.

His father left the family during Mr. da Silva's adolescence. The sudden loss constituted a severe attachment disruption and psychological trauma that profoundly altered the emotional and structural stability of his family. This abandonment created a deep sense of sorrow, rejection, and vulnerability for him and strongly contributed to a sense of instability, uncertainty and lack of protection.

Mr. da Silva reports that following his father's departure, his younger brothers became involved in gang activity, which ultimately resulted in their murders. As the eldest sibling, Mr. da Silva internalized a deep sense of responsibility for the wellbeing and protection of his family. The inability to prevent his brothers' involvement and subsequent deaths has resulted in persistent and pervasive survivor's guilt.

Survivor's guilt is a well-documented psychological phenomenon in which individuals who survive life-threatening events or outlive loved ones experience persistent self-blame, remorse, and feelings of unworthiness for having survived. In Mr. da Silva's case, his survivor's guilt is profound and chronic. He persistently ruminates on what he believes he could have done differently to prevent his brothers' deaths and experiences ongoing feelings of personal responsibility for their murders, despite the objective reality that he did not cause or control the actions of the gang.

This maladaptive self-blame is a hallmark cognitive distortion associated with trauma-related disorders and contributes significantly to his ongoing psychological distress. The murders of his brothers themselves constituted severe traumatic events involving exposure to actual and threatened death of immediate family members, meeting Criterion A for trauma exposure as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR).

Following these events, Mr. da Silva developed persistent symptoms consistent with Posttraumatic Stress Disorder, including:

- Recurrent intrusive memories and nightmares related to his brothers' murders;
- Persistent fear and hypervigilance;
- Avoidance of reminders of the trauma;
- Persistent negative emotional states, including guilt, despair, and hopelessness;
- Exaggerated startle response;
- Chronic sleep disturbance;
- Persistent fear of being killed by the same gang.

In addition to trauma symptoms, Mr. da Silva experiences persistent anxiety, excessive worry, and chronic fear related to his safety and the safety of his remaining family members.

His trauma is compounded by the psychological impact of multiple layers of loss, including:

- The emotional abandonment by his father;
- The violent and deeply despairing loss of his two brothers;
- The ongoing threat of death;
- The forced separation from his daughter;
- The loss of his homeland, culture, stability, and sense of safety.

These cumulative losses have contributed to enduring emotional distress and impairment in his psychological functioning.

His symptoms are supported by objective psychological testing, including a clinically significant score of 36 on the PTSD Checklist (PCL-5), indicating clinically significant trauma-related symptoms. His scores on the Generalized Anxiety Disorder Scale and Beck Anxiety Inventory further support the presence of clinically significant anxiety.

Based on the totality of the available information, Mr. da Silva meets full diagnostic criteria for:

Posttraumatic Stress Disorder, Chronic
DSM-5-TR Code: 309.81
ICD-10 Code: F43.10

He also meets criteria for:

Generalized Anxiety Disorder
DSM-5-TR Code: 300.02
ICD-10 Code: F41.1

Additionally, he exhibits symptoms consistent with Persistent Complex Bereavement-related trauma and survivor's guilt, which are trauma-related features commonly associated with Posttraumatic Stress Disorder and traumatic loss. These conditions are directly and causally related to his exposure to gang violence, the murders of his brothers, the abandonment by his father, and the chronic threat to his life.

Conclusions and Recommendations
Mr. Williams da Silva is suffering from chronic and clinically significant trauma-related psychiatric disorders as a direct result of cumulative traumatic experiences in Brazil, including

the violent murders of his two brothers, chronic death threats against his family, forced displacement, and profound developmental trauma associated with abandonment by his father from the family when he was a teenager.

The abandonment by his father represents a severe psychological injury that destabilized the family structure and contributed to his brothers' vulnerability and subsequent deaths. This loss created a deep and enduring sense of emotional devastation and responsibility in Mr. da Silva. The violent deaths of his brothers further compounded this trauma, resulting in severe survivor's guilt, persistent grief, chronic fear, and psychological distress.

Mr. da Silva continues to experience persistent trauma-related symptoms, including intrusive memories, nightmares, hypervigilance, chronic fear, anxiety, emotional distress, and survivor's guilt. These symptoms have significantly impaired his psychological wellbeing.

It is my professional opinion that Mr. da Silva's psychiatric condition is directly a result of the trauma and persecution he experienced in Brazil. Forcing Mr. da Silva to return to Brazil would place him at high risk of significant psychological deterioration. Return to the environment in which his brothers were murdered, and where he himself was threatened with death, would likely exacerbate his Posttraumatic Stress Disorder symptoms and survivor's guilt, resulting in increased anxiety, emotional destabilization, and psychological decompensation.

His current psychological functioning is consistent with individuals who have experienced severe traumatic loss, chronic threat, and cumulative psychological trauma. Mr. da Silva's presentation is credible, consistent, and fully consistent with the psychological impact of the traumatic events he described.

He has had some trauma treatment and I urged him to seek counseling treatment for his significant mental health symptoms.
I sincerely appreciate your willingness to consider my input in this matter and would be happy to discuss the situation further.

Ray of Light, Psychological Services
444 Estudillo Ave, San Leandro, CA 94577
phone: (510) 827-8583

Sincerely,

Dr. Louisa Lurkis, Psy 20065

Johnny Willians da Silva **File No. A 245-868-509**
Bianca Braga Silva **File No. A 245-868-459**

Proof of Service

On this day, I, Otavio Haverroth Silva, served a copy of the following documents:

RESPONDENTS' ADDITIONAL DOCUMENTS IN SUPPORT OF ASYLUM AND WITHHOLDING OF REMOVAL

To the following:

Office Location:	**Mailing Address:**
Office of the Principal Legal Advisor Department of Homeland Security 100 Montgomery Street, Suite 200 San Francisco, CA 94104	US Immigration and Customs Enforcement US Department of Homeland Security Office of the Chief Counsel P.O. Box 26449 San Francisco, CA 94126-644

by:

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