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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	
Ana Noemy Martinez Marroquin	**File No. A 244-519-908**
In Removal Proceedings	

Immigration Judge: **Glober, James** Next Hearing Date: **December 4, 2026 at 1:00PM**

RESPONDENT'S ADDITIONAL DOCUMENTS IN SUPPORT OF ASYLUM AND WITHHOLDING OF REMOVAL

Exhibit list

Exhibits:	Pages:
Exhibit 1	
Ana Noemy Martinez Marroquin's Psychological Evaluation	1-14

Exhibit 1

Human Rights Clinic
Alameda Health System

6955 Foothill Blvd
Oakland, CA, 94605

2526 MLK Jr. Way
Berkeley, CA 94704

Executive Summary: I interviewed the respondent and identified psychological evidence of the ill-treatment she alleges, in the form of post-traumatic stress disorder.

1. I, Tamsin Levy, MD, hereby declare as follows:
2. I am currently licensed to practice medicine by the California Medical Board and certified by the American Board of Internal Medicine.
3. I received a Bachelor of Arts degree in psychology from UC Berkeley, California in 1998. I received my MD degree from the University of California at San Francisco in 2009.
4. I completed internship, residency, and chief residency in internal medicine at California Pacific Medical Center in San Francisco, California. I then joined the faculty at Highland Hospital in Oakland, California as a hospitalist and Core Faculty member.
5. During my three-year internal medicine residency, I received dedicated training in psychiatric conditions that are commonly diagnosed and managed by internal medicine physicians. This included training in the diagnosis and pharmacotherapy of major depression, and of post-traumatic stress disorder and other disorders of anxiety. I was trained and supervised in the care of such conditions by a board-certified psychiatrist, and during my residency I diagnosed and treated the above disorders under the supervision of a board-certified psychiatrist. I also learned extensively about these conditions during my undergraduate psychology training.
6. I completed training in the medical care and forensic medical evaluation of torture survivors and asylum seekers at Highland Hospital in December 2017. I have

received mentorship from Dr. Nicholas Nelson, Medical Director of the Human Rights Clinic at Highland Hospital, who has reviewed this evaluation and made minor contributions.

7. My evaluations are done in compliance with the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment (AKA The Istanbul Protocol)[1]. The Istanbul Protocol is produced by the United Nations Office of the High Commissioner for Human Rights that establishes "a global standard against which the delivery of expert legal and medical evidence can be benchmarked in the investigation and prevention of torture." The Istanbul Protocol directs clinicians to correlate the accounts of people alleging to be victims of torture and other ill-treatment with historical, physical, and psychological evidence observed during the clinical encounter using a series of descriptors, given in Table I:

[1] https://www.ohchr.org/en/publications/policy-and-methodological-publications/istanbul-protocol-manual-effective-0

Descriptor	Meaning
"Not consistent with"	The finding could not have been caused by the alleged torture or ill-treatment
"Consistent with"	The finding could have been caused by the alleged torture or ill-treatment, but it is non-specific and there are many other possible causes
"Highly consistent with"	The finding could have been caused by the alleged torture or ill-treatment and there are few other possible causes
"Typical of"	The finding is usually observed with this type of alleged torture or ill-treatment, but there are other possible causes
"Diagnostic of"	The finding could not have been caused in any way other than that described.

Table I. Descriptors specified by the Istanbul Protocol for correlating accounts of torture and other forms of ill-treatment with historical, physical, and psychological findings.

8. I receive no additional compensation for my work in the Human Rights Clinic beyond the base salary I receive from my employer, Alameda Health Medical Group, for the totality of my work at Alameda Health System.

SCOPE OF EVALUATION

9. My forensic evaluations are focused on the diagnosis and management of human injury and illness in order to identify the degree of correlation of objective pathology with prior reported trauma. I also make recommendations for ongoing care and give prognostic opinions based on my findings. In this I assume a limited role as a diagnostic consultant that differs from my role as a medical practitioner. A physician practicing general internal medicine assumes global responsibility for their patient's health, acts as their advocate and in their best interests, and anticipates the need for longitudinal care over time. A physician acting as a forensic evaluator uses their expertise and skill objectively to identify and describe evidence in order to assist adjudicators in understanding matters of fact, and does not act as an advocate nor assume global or longitudinal responsibility for the health or interests of the person evaluated.

BACKGROUND

10. I was asked to interview Ana Noemy Martinez Marroquin by her attorney in order to evaluate her narrative of abuse and trauma in her home country; to determine if physical or psychological sequelae exist which may be related to such abuse and trauma; and to judge the consistency of any such sequelae with her account. I interviewed her for approximately one hour on March 19, 2026 in the Human Rights Clinic of Alameda Health System. I used a Spanish interpreter, ID# 62728, for the entirety of our interview and examination.

SOCIAL HISTORY

11. Ms. Marroquin is a 25 year-old woman from Colonia Nueva Ferrocarril, El Salvador. She has a college-level education in El Salvador, which was interrupted due to economic reasons and concerns for her safety while traveling to and from school. She presently lives in Daly City, CA.

MEDICAL HISTORY

12. She has no known medical or surgical history.

PSYCHOLOGICAL HISTORY

13. She has not been previously evaluated by a mental health clinician.

TRAUMA HISTORY

14. She reported a complex history of traumatic events, notable for the following major themes and significant episodes:
    a. While walking home in mid-2023, she was stopped by police officers, who asked about whether or not she has tattoos and demanded that she show her tattoos to the officers. They questioned repeatedly, asking things such as why she had tattoos and what they signified. She felt harassed and intimidated, and realized she was marked as suspicious in the eyes of the authorities based on the fact that she has tattoos, which are often associated with gang affiliation in El Salvador.
    b. Two to three months later, she was again stopped by police. This time, they accused her of being associated with a gang. They asked if she was a girlfriend to a gang member, or of her relatives were in a gang. They started walking next to her and behind her. They ultimately laughed and walked away. This experience again reinforced her sense that she was a target of law enforcement because of her tattoos.

c. In January 2024, while at home with her brother and former partner, approximately ten police officers suddenly entered her house unannounced (and without a warrant) via a window. She was in her underwear when the entered, leaving her feeling vulnerable and defenseless. They allowed her to get dressed, but one male officer watched as she did so. They ordered her former partner and brother to put their hands on their heads. The officers proceeded to search their phones, including the photos. They demanded that she show them her tattoos and explain the meaning of each. They forced open her brother's bedroom door and searched the entire house, including the yard. After about 20-25 minutes, they left without a word, and never provided a reason for the raid.

d. Also in 2024, police officers went to her mother's food business and accused her of selling food to gang members. The involvement of her mother's business signaled to Ms. Marroquin that the authorities weren't just targeting her, but also her family.

PHYSICAL EXAMINATION

15. I performed a physical examination and noted the following:

a. Generally, she is well-appearing. I noted a small tattoo of an airplane on her anterior left shoulder.

PSYCHOLOGICAL EXAMINATION

16. Ms. Marroquin is a 25-year-old woman who appears younger than her stated age. She arrived on time and was well-groomed and appropriately dressed. Her affect was appropriate and her mood was anxious. Her thought process was linear and there was no evidence of delusional thought content. She had good insight into the nature and purpose of the consultation, and was cooperative and forthcoming throughout. I observed no discrepancies of affect or narrative that would have caused me to suspect that she was amplifying or fabricating psychological symptoms, or otherwise malingering.

INTRUSION SYMPTOMS

17. She has frequent, intrusive, distressing thoughts and memories of her experiences with police in El Salvador. She has frequent flashbacks of when the police entered her house through the window and she was in her underwear. She has nightmares about her experiences with police officers.

18. She has struggled with insomnia for the past few weeks in anticipation of this evaluation, feeling anxious about re-telling her traumatic experiences.

AVOIDANCE

19. She avoids discussing her experiences and tries not to think about them. She avoids being alone with men. She deactivated her Facebook account for fear of seeing accounts of violence or missing people from her home country. She prefers to stay at home when she has free time.

NEGATIVE ALTERATIONS OF MOOD AND COGNITION

20. She described a range of negative alterations in mood and cognition that she attributes to her traumatic experiences in El Salvador. She notices that she's a more fearful person who doesn't like to be with others, which is a stark change from how she used to be; she used to be very social child who liked to be with others. She used to sleep without clothes but now is always fully dressed. She feels anxious much of the time.

ALTERATIONS IN AROUSAL AND REACTIVITY

21. She's hypevigilant and feels that something bad is going to happen to her; even if she knows it isn't, she imagines it happening to her. She's always alert and waiting for something bad to happen to her. She's easily startled by ambient noises. For example, when her partner arrives home from work late, she always jumps when

the door opens. If she's startled by him, she gets mad and anxious and can't sleep, even though she knows it is him.

ASSESSMENT

22. My impression is that Ms. Marroquin demonstrates historical and psychological evidence of the ill treatment she alleges:

23. Psychological Evidence: There are psychological findings that are highly consistent with the abuse she alleges. According to the *Diagnostic and Statistical Manual and Statistical Manual of Mental Disorders, Edition 5* (DSM-V), the combination of:
    a. a traumatic stressor followed by
    b. persistent re-experiencing of the traumatic events,
    c. avoidant behaviors with respect to distressing trauma-related stimuli,
    d. negative alterations in cognition and mood, and
    e. alterations in arousal and reactivity,
    f. persisting for more than one month after the event

constitutes the diagnosis of post-traumatic stress disorder (PTSD). On the basis of the symptoms documented above, I have diagnosed Ms. Marroquin with chronic PTSD.

DISCUSSION

Considerations Respecting Interpretation of Oral Testimony Given in Asylum Proceedings

24. Cognitive problems related to memory, attention, and concentration are extremely common among forcibly displaced people who have a history of physical and/or psychological trauma. These frequently impact their ability to recount their

traumatic experiences in ways that are not obvious or predictable to non-clinicians, but have been well delineated by rigorous psychological research.[2]

25. People without specific training in the psychological effects of trauma tend to apply "common sense" assumptions drawn from everyday life when evaluating the reliability of accounts of traumatic events given by refugees and asylum seekers.[3,4] Examples include the assumptions that:
    a. very traumatic events will be clearly remembered, and these memories will be stable over time,
    b. that inconsistencies in details between serial accounts of the same traumatic events are good indicators of unreliability,
    c. that people who have been severely traumatized will appear outwardly sad,
26. However, decades of psychological research have clearly established that assumptions such as these are not reliable guides in this context. Conclusions about reliability drawn without regard for this body of evidence are hazardous.[5] I will briefly address some of the scientific evidence pertinent to the examples given above.
    a. It may appear intuitive that very traumatic events would be clearly and consistently remembered. However, it is well established that PTSD can *both* enhance *and* impair different aspects of human memory. Memory formation is substantially impacted by stress responses, and it has been demonstrated in eyewitnesses to crime that higher levels of anxiety impair their ability

[2] Jilinek L, Randjbar S, Seifert D, Kellner M, Moritz S. The organization of autobiographical and nonautobiographical memory in posttraumatic stress disorder (PTSD). *J Abnorm Psychol.* 118:288-298 (2009)
[3] Herlihy J, Gleeson, K, Turner, S What Assumptions about Human Behaviour Underlie Asylum Judgments?. *International Journal of Refugee Law* 22(3): 351–366 (2010)
[4] Herlihy J, Turner S. Untested assumptions: psychological research and credibility assessment in legal decision-making. *Eur J Psychotraumatol.* 2015 May 19;6:27380. doi: 10.3402/ejpt.v6.27380. PMID: 25994022; PMCID: PMC4439408.
[5] Herlihy J, Cameron HE, Turner S. Psychological research evidence in refugee status determination. *Journal of Refugee Studies,* (2023)

subsequently to identify the perpetrator and recall details of the scene.[6] Traumatic memories in people with PTSD are typically disorganized compared to the same individual's memories of nontraumatic events.[7] On the other hand, people with PTSD characteristically suffer from intrusive, overwhelming, unwanted memories and nightmares which typically contain strong visual imagery related to the traumatic event. As one expert in the effects of PTSD on memory has put it, "The most distinctive element of memory disturbance in PTSD is the combination of impairment in voluntary trauma memories and the facilitation of involuntary trauma memories."[8] Caution must therefore be exercised in interpreting the coherence of autobiographical memory of traumatic events as a marker of reliability.

b. Respecting discrepancies between serial accounts of the same events, researchers have found that in refugees whose status has already been adjudicated, (i.e., whose reliability is no longer at issue and thus have no motive to deceive), 32% of details given changed between two serial interviews, and all subjects interviewed demonstrated such discrepancies.[9] This issue is necessarily compounded in cases where many traumatic events of a similar nature have occurred (e.g. child abuse, serial rape, or multiple assaults). Because of this, iterative oral examination respecting the details of traumatic events is a poor indicator of reliability, because traumatized people *normally* demonstrate discrepancies in details of serial accounts, even

[6] Deffenbacher KA, Bornstein BH, Penrod SD, McGorty EK. A meta-analytic review of the effects of high stress on eyewitness memory. *Law Hum Behav* 28:697-706 (2004)
[7] Jilinek L, Randjbar S, Seifert D, Kellner M, Moritz S. The organization of autobiographical and nonautobiographical memory in posttraumatic stress disorder (PTSD). *J Abnorm Psychol.* 118:288-298 (2009)
[8] Brewin, CR. The nature and significance of memory disturbance in post-traumatic stresss disorder. *Annu Rev Clin Psychol* 7:203-207 (2011)
[9] Herlihy J, Scragg P, Turner S. Discrepancies in autobiographical memories — implications for the assessment of asylum seekers: repeated interviews
study*BMJ* 2002; 324 doi: https://doi.org/10.1136/bmj.324.7333.324 (Published 09 February 2002)

when their reliability is not in question. The psychological basis for this fact is complex, and rooted in the core symptom domains that constitute PTSD:

i. Intrusive thoughts
ii. Avoidant behaviors
iii. Negative alterations in mood and cognition, and
iv. Alterations in arousal and reactivity.

returning to memories of traumatic events often provokes intrusive and distressing memories, which can distract individuals from attempts to render a chronologically oriented narrative; individuals with PTSD seek both consciously and unconsciously to avoid dwelling on or recapitulating their experiences, and thus may consciously or unconsciously omit details or episodes which are particularly distressing; PTSD directly causes negative alterations in mood and cognition which include negative effects on an individual's ability to produce a clearly ordered chronological narrative; and alterations in arousal and reactivity create a state of generalized anxiety and hypervigilance which impairs powers of concentration and memory.

c. Affect refers to the immediate expression of emotion, as opposed to the mood, which refers to the general emotional disposition of an individual over time. Non-clinicians may assume that people who suffer from post-traumatic psychological disturbance will visibly manifest negative emotions such as sadness. On the contrary, affect is unpredictable in people with PTSD. Their self-presentation is conditioned by their autobiographical integration of traumatic events, their present level of symptoms, their expectations of any given situation, and the presence, frequency, and intensity of intrusive thoughts and memories. Many people with PTSD are visibly distressed and often tearful while describing traumatic events, and this is generally a sign of reliability since these emotional responses are often overwhelming and very

challenging to simulate. However, some people with PTSD appear utterly emotionless, some are withdrawn and monosyllabic, some laugh or smile inappropriately, some develop pressured, impassioned speech patterns, and some demonstrate reflective growth and resilience. It is important to bear this diversity of response in mind when assessing reliability. Assumptions about the relationship of veracity to affect drawn from daily life and common experience can be misleading. For example, it might be reasonable to conjecture that person who claims to have broken their leg and yet walks normally without any sign of discomfort is lying about their injury. However, the analogous conjecture that a person who claims to have experienced severe emotional or physical trauma yet is able to discuss it dispassionately is likely to be lying about their experience, is a false analogy unsupported by scientific evidence or clinical experience.

Throughout our interview Ms. Marroquin affect was anxious. She teared up at times and appeared uncomfortable, fidgeting in her chair. This is well within the normal range of self-presentation for people with PTSD.

RECOMMENDATIONS

Therapeutic Recommendations

27. I recommend that Ms. Marroquin establish care with a primary care physician and a culturally appropriate psychotherapist, and that she begin psychotherapy for PTSD (e.g. cognitive behavioral or psychodynamic psychotherapy). I also recommend that she be evaluated for pharmacotherapy for PTSD.

Recommendations for Interpretation of Oral Testimony in Immigration Proceedings

28. On the basis of the scientific evidence referred to in the preceding section, I recommend that oral testimony be interpreted with caution, specifically as an

indicator of reliability. I recommend that difficulty voluntarily recalling and describing traumatic experiences, and discrepancies between accounts, (especially concerning peripheral aspects of traumatic experiences such as places, dates, and names,) be interpreted generally, in the absence of clear evidence to the contrary, as predictable and pathological manifestations of PTSD, rather than as tools for assessing reliability.

29. The most accurate way to establish the facts of a person with PTSD's autobiographical narrative of traumatic events is through serial interview in a non-confrontational setting, using trauma-informed interviewing techniques, by a person with whom the patient has developed a trusting rapport. This being the case, I recommend generally privileging written testimony that Ms. Marroquin has prepared in such a context over oral testimony. Such an approach is more likely to clearly establish her account of her experiences, whereas relying on high-pressure oral examination is more likely to produce apparent errors that are, in fact, an artefact of the method of examination applied in this specific psychological context.

PROGNOSIS

30. If Ms. Marroquin receives the ongoing medical and psychiatric care recommended above, her prognosis for gradual recovery from PTSD is generally favorable, although it is unlikely she will ever be completely free from symptoms of this disorder.
31. The prevalence of mental health problems among forcibly displaced people who are involuntarily repatriated is known to be substantial. One study of Mayan refugees repatriated from Mexico to Guatemala found that PTSD, anxiety disorder, and major depression were common.[10] PTSD is, almost invariably, worsened by uncontrolled re-exposure to actors and/or environments implicated in the inciting trauma. Were

[10] Sabin M, Sabin K, Kim HY, Vergara M, Varese L. The mental health status of Mayan refugees after repatriation to Guatemala. *Rev Panam Salud Publica*. 2006;19(3):163–71.

Ms. Marroquin returned to her home country against her will, I would confidently predict a precipitous decline in mental health characterized by resurgent and probably disabling symptoms of PTSD, and a corresponding increase in her risk of self-neglect, self-harm, and suicide.

CONCLUSION

32. Based on my knowledge of methods of torture and other forms of degrading and inhumane treatment, and their physical and psychological effects, it is my judgment that the historical, physical, and psychological evidence presented above, taken in the aggregate, is typical of the ill treatment alleged by Ms. Marroquin.

33. I declare under penalty of perjury, pursuant to the laws of the United States, that the foregoing is true and correct and that this report was executed on March 19, 2026 in Berkeley, California. If needed I will be happy to elaborate and to answer questions respecting my methods and conclusions.

Tamsin Levy, MD
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Ana Noemy Martinez Marroquin **File No. A 244-519-908**

PROOF OF SERVICE

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

RESPONDENT'S 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	Office of the Principal Legal Advisor Department of Homeland Security Office of the Chief Counsel P.O. Box 26449 San Francisco, CA 94126-644

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