UNIVERSITY OF CALIFORNIA SAN DIEGO

Care, Violence, and the American Dream: Professionals' experiences of double binds and moral injury within immigration detention spaces

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by

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ABSTRACT OF THE THESIS

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by

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Professor Saiba Varma, Chair

For the professionals who work or volunteer with detained migrants, providing care or advocacy requires navigating morally tumultuous double binds and exposure to an environment of harm. Working in immigration detention spaces has a cost, both for the professional's mental health and for the detainees who rely on professionals' capacity to intervene in a system of harm and neglect. Using a moral injury framework, this paper explores the landscape of professionals'

moral injury experiences, from sources of injury to strategies of management. Ethnographic interviews with detention employees, case workers, forensic psychologists, and medical evaluators revealed a range of strategies and outcomes of moral injury. While professionals used strategies like moral numbing or avoidance to protect themselves and continue providing care, the withholding or lessening of care has consequences for the detainees relying on their intervention. Yet not utilizing strategies has its own cost, as professionals experience burnout, trauma, and hauntings. In attempting to intervene or lessen harm, care becomes a justification for and a source of violence in professionals' lives. Understanding how policies and structural forces come to create the circumstances of moral injury is critical not only for understanding individual experiences of harm, but to identify ways to disrupt systemic sources of violence. Examining the moral dimensions to professionals' experiences and distress allows for more informed, targeted interventions to disrupt this harm and empower professionals' efforts to provide care and advocacy within detention spaces.

INTRODUCTION

> "The systems that we're working with are not serving the greater community. And so, the moral injury here is being…a cog in the system" (Donna, psychologist)

I met Donna at a conference in 2023, teaching a seminar for mental health professionals interested in performing forensic evaluations for asylum cases in the United States. Donna's enthusiasm for immigrant rights and advocacy shone as she spoke, lighting up her face and capturing her listeners' attention. Yet in moments where she spoke of her own specific experiences in immigration detention centers and failed asylum cases, she became more solemn. She mentioned occasional nightmares, the anxiety and dread she felt on a client's behalf knowing they were returning to an environment where they might be killed. While she refocused on the positives of her work, the marked difference in her countenance in these moments stood out to me.

During our Zoom interview several months later, Donna described herself as a psychologist who was "fortunate" to receive dual training in forensics and trauma, and a passion for human rights that had sent her around the world before she came to exercise her skills closer to home. By the time we spoke, I had interviewed several other professionals whose narratives were littered with expressions of "vicarious trauma," "burnout" or feeling "broken" by their experiences in immigration detention. I was circling around several potential frameworks to understand the patterns of harm being shared when Donna uncovered what would become the focus of this project:

> LM: What do you think is the most difficult part of doing [forensic] evaluations?
>
> Donna: One is the logistics…but in some ways the *moral injury* involved in getting access to and going to ICE [Immigration and Customs Enforcement] facilities…These for-profit prisons are re-detaining people who don't even have

> criminal records. Walking in and seeing the microaggressions happening and the maltreatment…you realize the human rights issues on the radar. And how do I go in there and document that? But that stuff probably is a disservice to include in the [forensic] reports because the judges don't want to hear about that. But it hurts me as someone who's an advocate and believes in human rights. What do I do then, in terms of supporting and attending protests but without disqualifying myself as an expert? There's all these kinds of *moral questions* around working in systems where you have legitimate concerns about human rights" (emphasis mine).

For Donna, the very act of working as a mental health professional in immigration detention spaces presented a fundamental ethical conundrum: it required her to witness, participate, and comply with detention policies despite being vehemently opposed to them. According to Donna, this experience also cast her two expertise–in human rights and forensic trauma evaluation–into tension with each other.

Originating in psychology, moral injury is described as resulting from witnessing, acting, or failing to act in circumstances that violate an individual's moral standards (Litz et al. 2009). Donna described several ethical tensions between her personal values, such as her adherence to human rights, her moral agency, such as when she failed to act (i.e., by not documenting violations she witnessed), and her professional duties (i.e., the requirements to access detention sites). Donna is confronted with a number of dilemmas and distressing circumstances, yet to deviate from what she is expected or required to do has its own consequences, ones that ripple outward to not only impact Donna, but her organization and the detainees she wants to help. The tensions that Donna described as *morally injurious* force her to confront and consider what it means to provide care in an environment of harm.

As has been well documented, migrants and asylum seekers to the US and elsewhere face significant physical and mental harm before, during, and after their migration journey (Black 2024; Fernández-Ortega et al. 2023; Gushulak and MacPherson 2000; Navarro, 2023; Vukčević

Marković, Bobić, and Živanović 2023). Many are detained and encounter legal and medical professionals when most vulnerable. While detention centers have their own medical staff, Non-Governmental Organizations (NGOs) are contracted by a number of detention centers to provide legal aid, mental health care, and other social services. Detention employees and outside professionals can be a critical source of care within detention spaces through individual acts of kindness or interventions that interrupt or mediate harm within these spaces. In addition, professionals have provided critical information and advocacy through testimonials about the conditions inside detention centers and the harms occurring in these spaces. These sources of documentation are critical given that ICE has asked the federal government to destroy records of complaints, abuse allegations, and detainee deaths (Human Rights Watch et al. 2018).

While there has been much deserved public and scholarly focus on the mistreatment of migrants and asylum seekers, there has been limited research exploring the emotional or mental toll to professionals who work within these spaces. Some research has been conducted with employees at Australian detention centers who have experienced psychological distress, burnout, or trauma (Briskman, Zion, and Loff 2012; Coddington 2017; Esposito et al. 2021; Judge and Loughnan 2022; Masoumi 2021; Mountz 2017). Yet, even within this work, the ethical and moral conundrums faced by professionals has not been analyzed in depth, nor do they examine the broader structural conditions that produce moral injury.

The material presented in this paper is based on ten semi-structured, in-depth ethnographic interviews conducted with a range of professionals working in migrant detention facilities across the United States. Of the ten interlocutors, three worked as detention employees, one former detention nurse, and two current guards, all of whom identified as Black immigrant men. Three case workers were interviewed, all identified as women of color, and one an

immigrant.[1] The four legal evaluators, two medical evaluators and two forensic psychologists, were volunteers based in Colorado, all of whom identified as white women.[2] For most, but not all interlocutors of color, other parts of their identities became sources of both empathy and injury and centered in their narratives of their experiences of moral injury. Education and socio-economic backgrounds ranged from high school and working class, to upper middle-class, with doctoral or medical degrees. Interlocutors were recruited through study advertisements on social media and were approached through snowball sampling. Given that research was conducted during the COVID-19 pandemic and because interlocutors were dispersed across the United States, all interviews occurred over Zoom.

In detailing the moral injuries experienced by professionals in immigrant detention facilities, this work aims to answer the call by Wiinikka-Lydon (2017) to use moral injury not only to assess individual experiences of harm, but as a tool to critique the broader socio-political contexts that create circumstances of harm. This work chronicles three different outcomes of moral injury experiences for professionals working in immigration detention, which impacted not only their personal mental wellbeing, but also their ability to continue providing care for detained migrants. In examining the differences in interlocutor's experiences and outcomes, their narratives detail how broader structural factors, such as immigration policy and racism, and their own positionalities shaped their perceptions of advocacy, complicity, and objectivity, impacting their exposure to and management of experiences of moral injury.

Oversight and approval of this human subjects research was obtained through UC San Diego's Office of IRB Administration under project number 808280.

[1] Case workers are responsible for connecting detainees to any available social services, such as legal aid or mental health services.

[2] For the purpose of this work, legal evaluators refers to medical evaluators or forensic psychologists who provide assessments for immigration cases. Each screen for current or past illnesses or signs of abuse or torture which the patient's lawyer can use as evidence for the need of asylum on medical or humanitarian grounds.

Chapter 1 MORAL INJURY

Our moral values are more than criteria to evaluate situations as "right" or "wrong;" they are integral to our understanding of ourselves, society, and the world at large (Fassin and Rechtman 2009; Parish 2008, 2014; Taylor 1989, 1992). Situations where moral standards are tested are moments of moral stress, and how we react to this stress, positively or negatively, can in turn shape and reorient our values, sense of self, and our behavior (Grimell and Nilsson 2020; Lear 2011; Parish 2014; Zigon 2009). Zigon (2009) argues that moments of moral stress pull individuals from unreflective everyday moral actions into uncomfortable dilemmas where we are asked to make a conscious choice to resolve this discomfort as soon as possible (Zigon 2009).

Further, moral injury–in this case, emotional and psychological responses to witnessed violence or harm inflicted on others–is also impacted by empathy, an individual's perceptions of another being's humanity (Riner and Carnes 2024). Who we extend empathy to is significantly tied to social, political, and moral determinations of deservingness, justice, and connection (Willen 2012). The more we come to identify with another, the more we empathize with them, the more distressing it is when faced with situations that take away that person's dignity, rights, and humanity (Enemark 2019; Riner and Carnes 2024). Alternatively, by dehumanizing someone any wrongs done to them become less egregious, it can be rationalized as necessary or unavoidable, lessening the wrong being done and reducing the moral and emotional reaction to that wrong. In research conducted in other humanitarian settings, interlocutors describe empathy as both a tool, used to elicit motivation from workers and the public or to foster connection between foreign aid workers and local clients, and a danger that could paralyze workers with distress (Malkki 2015; Redfield 2013). When moral stressors are not successfully or

satisfactorily addressed, distress can linger, become malignant, and eventually build into moral injury, extending feelings of harm far beyond the initial event.

The term moral injury was originally conceived as an alternative diagnosis to PTSD, as a tool to highlight and critique the actions or inactions of the military or government that created this injury (Shay 2002, 2011). Shay, a psychiatrist working with Vietnam War veterans, was concerned by the number of veterans whose symptoms were labeled as "disorders," when their experiences of distress emanated from experiences of a betrayal of their own values due to their participation in immoral acts or behaviors on order of their superiors or the command structure. Shay advocated for the use of the term "injury" to emphasize that harm was being inflicted by the broader political powers who created the circumstance for harm.

Litz and colleagues (2009) expanded the moral injury framework from external betrayal by superiors, to a model where injury can originate from exposure to an external environment of violence or dehumanization where individuals witness other's immoral actions or inactions, or internally when their own actions or inactions create a perception of self-betrayal, violating their own morality and their identity as a "good" or "moral" person (Litz et al. 2009; Molendijk et al. 2022). Remaining within a system of harm, returning to it day after day, can be just as morally stressful as witnessing a moment of intense violence (Riner and Carnes 2024).

In Litz and colleagues' framework for moral injury, dissonance between an individual's expectations of a morally "right" or "just" world and their reality can lead to feelings of guilt, shame, and other negative emotions (Litz et al. 2009). In response, individuals might withdraw and engage in avoidance behaviors, not fully address the injury, leading to continued distress and negative emotions, including emotional numbing, psychological disorders, burnout, or self-harming behaviors such as alcohol abuse (Enemark 2019; Litz et al. 2009; Molendijk et al.

2022). Notably, Litz et al. argue one of the most concerning impacts of avoidance is the potential lowering of moral standards, especially if the individual is unable to remove themself from the stressful environment, a strategy used by several interlocutors.

While Litz's framework has been instrumental in developing assessment tools and treatment strategies, the focus on diagnosis and treatment also means that an important application of moral injury has been overlooked. In Shay's original conceptualization, moral injury was not just a tool for identifying signs of distress in individuals, but also in society. As argued by Wiinikka-Lydon (2017), moral injury is an alarm drawing attention to ongoing injustices. He argued that it is critical that researchers investigate not only the individual level impacts of moral injury, but also the systemic circumstances creating these moments of distress. Medical anthropologists have examined both individual and structural contexts of moral injury to varying degrees. The majority of the moral injury literature within anthropology remains fixed on soldiers' and veterans' experiences (MacLeish 2022; Riner and Carnes 2024; Yahalom, Frankfurt, and Hamilton 2022; Zefferman and Matthew 2020), with a smaller number branching into addiction recovery (Ziv 2023), healthcare professionals and iatrogenesis (Chary and Flood 2021), and climate anxiety (Marks et al. 2021).

While the term "moral distress" is conceptually similar to "moral injury," it most often describes the acute onset of distress and fails to reflect on the long-term disruption experienced by some interlocutors, although Grimell and Nilsson (2020) argue that moral distress can describe the initial, acute reaction that can then develop into the more severe or longer-term moral injury. While some research has examined experiences and consequences of moral injury in the short-term, the moral injury framework is intended to investigate and highlight the long-term implications of moral harm. From Shay's original work with Vietnam veterans decades

after the end of the war to later studies conducted with veterans of other conflicts, what distinguishes moral injury as a framework is not only its attention to moral sources of harm, but the potential for severe and long-lasting consequences that can go unacknowledged or underestimated. Not all moral distress necessarily leads to moral injury; for example, we can explain away our choices or orient them into existing schemas. A moment of unkind behavior is explained away as a bad day, instead of being a sign of personal failure (Holland 1992). It is when our actions or inactions drastically deviate from our expectations of ourselves and our worldview, when they violate our sense of right and wrong that a more serious and personally significant impact is experienced (Zigon 2009).

In addition to "moral injury" being the term my interlocutors themselves used, the focus on *injury* rather than distress also conveys intentionality. Like Jusionyte's (2018) analysis of the border wall as a curated source of injury, death, and disaster, moral injury is created in detention spaces through an environment of harm that contains and controls migrants' bodies while neglecting their basic needs and rights. Individuals working in detention facilities did not understand their moral injury as accidental or inadvertent but argued that the spaces they traversed had been *made* harmful, even though they were not the intended targets of that harm. Building on previous work, I explore how immigration policies and other structural factors inflict harm on the professionals traversing detention spaces through the curation of spaces of control over and violence towards migrants.

Chapter 2 VIOLENCE IN DETENTION SPACES

Human rights reports and testimonials from former and current detention employees or detainees have documented the systemic indifference and outright violence migrants can face within detention facilities. These abuses occur not just in the US immigration system, but globally, such as in facilities in Australia and the European Union (cf. Abu-Hayyeh and Webber 2015; Arbogast 2016; Briskman, Zion, and Loff 2012; Sanggaran and Zion 2016). However, within the United States, immigrant detention centers occupy a unique legal and bureaucratic space, with some government oversight, but few if any enforced boundaries or consequences if harm befalls migrants while in custody. Through heavy lobbying efforts by private corporations, immigration detention centers, particularly privately-run facilities, receive little oversight from federal regulators (Schriro 2021).

As of July 2023, over 90% of detained migrants were held within privately-run detention centers (Cho 2023). If regulators do find violations, ICE often provides waivers for facilities, allowing them to operate with legal impunity (Schriro 2021). Examples of impunity within US detention centers include failures to provide migrants with adequate food and water, to prevent or penalize violence against detainees by staff, the use of solitary confinement even for individuals who expressed suicidal intentions and denying detainees access to infirmaries or doctors (Cho et al. 2020; Human Rights Watch et al. 2018). During the COVID-19 pandemic, detention centers failed to provide even basic sanitary supplies such as soap or hand sanitizer to prevent the spread of illnesses (Bojórquez, Odgers-Ortiz, and Olivas-Hernández 2021). In addition to creating inhumane and inhospitable conditions, the lack of standards of care and oversight encourages an environment of denied or delayed care, violence, and abuse. Investigations found at least twenty-two detainee deaths in immigration detention between 2013

and 2018 were caused by negligence, deliberate delays in care, and inaccurate or incomplete health records gathered by employees (American Immigration Lawyers Association 2022). Detainees have also reported violence, harassment, and psychological torture at the hands of staff, including verbal and physical violence, as well as the use of tear gas and pepper spray for real and perceived slights or disobedience (Cho et al. 2020). Detainees have also been stripped down to their underwear and held in "iceboxes," holding cells notorious for being cramped and cold (Cho et al. 2020; Wilson et al. 2023). The reported incidences of direct violence is a vast undercount of the everyday harms that asylum seekers endure.

Detention conditions have also led detainees to ill health and death. Solitary confinement, the use of "iceboxes," and other forms of violence may be particularly triggering for asylum seekers who have previous experiences of trauma and may be re-traumatized by the experience of similar circumstances. Between January 2017 and March 2020, of the thirty-eight individuals who died in ICE custody or shortly after being released, thirteen died by suicide (Cho et al. 2020). Detainees experiencing suicidal ideation have been placed in solitary confinement and only checked on every twelve hours (Human Rights Watch et al. 2018) in contravention with established guidelines, which mandate constant visual supervision (Cho et al. 2020). Detainees should only be placed on suicide watch once they have been evaluated by a mental health professional, yet many detention centers do not have one on staff or may refuse to have a contracted mental health professional to visit the detention center (Cho et al. 2020). The lack of assessment allows detention centers to skirt their responsibilities to intervene, avoiding the cost and nuisance of diverting staff to monitor one detainee around the clock. Unsurprisingly, several detainees have died from suicide while being held in solitary confinement (Cho et al. 2020; Human Rights Watch et al. 2018). Migrants undoubtedly face horrific and sometimes fatal

conditions of abuse, neglect, and injustice within detention spaces. Yet, this work focuses instead on professionals within these spaces, to examine a less explored consequence of immigration detention.

Chapter 3 DILEMMAS AND MORAL NUMBING

> You're in a dilemma, you want to help other people as much as yourself. There are consequences for trying to address such issues from the senior management…I'm in a position where I can't try to reach out, make things more positive, or address these challenges that will not jeopardize my job. I just let things happen and do my job. (Brian, guard)

The two guards interviewed identified as Black immigrant men, however, despite their similar backgrounds they understood the relationship between their identities and moral injuries in very different ways. For Brian, even taking a job as a correctional officer had moral dimensions that made him uncomfortable. He said, "especially as a Black person…to some extent, I always felt a certain type of guilt." For Brian, taking up the law enforcement identity itself was an act of complicity, something he struggled to reconcile with his identity as a Black man in the US. Lepora and Goodin define complicity as "(A) a contribution that is neither involuntary nor accidental, (B) knowledge or culpable ignorance of the contributory role of one's actions, and (C) knowledge or culpable ignorance of the wrongfulness of the other's act to which one is contributing" (2013:83). By taking up this enforcement identity, Brian places himself in a position where his actions, or inactions can contribute to wrongdoing that he can foresee because of his positionality in a community often on the receiving end of wrongdoing.

Brian also mentioned his own immigrant identity as a source of empathy for detainees, but he described this empathy as a "weakness" he had to monitor and curtail. Notably Brian, perhaps unconsciously, repeatedly referred to migrant detainees as "victims" throughout our interview, though when I inquired about his use of this word, he became uncomfortable and explained it as a mistake as a non-native English speaker. In contrast, the other guard, Daniel, never directly discussed the impact of his own immigrant identity on his work or perceptions of his moral injury. Rather, he was critical of detainees who were not "being straight forward" in

trying to enter the United States. He described how he had held significant prejudices against certain ethnic groups and said he and his colleagues "wouldn't be available to help them." Yet over time, and after building relationships with some detainees, Daniel began to confront his prejudices and became more invested in providing care to detainees, although he too was still cautious of being too sympathetic.

Both guards described how policies and broader structures created the circumstances for moral injury in the form of intractable moral dilemmas. As Brian described:

> [A detainee] wanted to get in contact with his family and insisted to a point where he wanted to harm himself. Experiencing that alone was a challenge for me [...] Sometimes, you get to a point where you really push certain boundaries, maybe you'd lose a job, or face some consequences. And at the same time, you also feel like whatever you're doing…it's not right, not within the parameters of human rights. So, you're really in a dilemma in these kinds of situations.

Their sense of injury was derived from feeling caught in a 'double bind' between what was morally right and their desire and responsibility to remain employed, as well as the pressure to both care and not care too much (Redfield 2012). Double binds describe circumstances requiring a choice between contradictory options, whereby choosing one necessitates failing the other (Redfield 2012).

Confronted with repercussions for overt care, both guards tried to limit their interventions, yet their experiences left them "bothered" or "weighed down" by their roles in maintaining control over migrants and failing to intervene in moments of harm and dehumanization. Their sense of moral injury grew from the uncertainty that their actions were right, even while believing in the moral necessity of "protecting" the country from "bad actors." "Maybe some, not all of them of course, but some of them are innocent. They've gone through experiences that I would not wish for anyone else," Brian said. The fact that detention centers

held potentially "innocent" migrants in a space of mistreatment betrayed the guards' values. The evaluation of some detainees as "innocent" not only was a source of moral injury, but a mechanism for moral numbing.

By identifying some detainees as "innocent," guards determined who was and was not deserving of care. While deservingness has been explored in other spaces within humanitarian aid and the immigration system to make determinations of care (Humphris and Yarris 2022; Malkki 2015; Redfield 2013; Ticktin 2011; Willen 2012), here I use it to understand how immigration detention guards manage moral injury. Rather than espouse the ideals of equality and universality, guards, particularly Daniel justified unequal treatment of migrants through institutional logics of worthiness. My conversation with Daniel was littered with distinctions between "well-behaved" and not well-behaved detainees. These distinctions justified why some requests for medical care were answered quickly, while others were delayed or ignored. Daniel said, "The people who are well behaved, that are true to themselves, they are seen as human beings, treated as human beings." By shifting the onus of care onto detainees' behavior and comportment, the ill-treatment of the undeserving was no longer morally injurious. Perceptions of deservingness helped reduce guards' responsibility for harm, despite being most directly implicated in achieving and enforcing the immigration system.

Further, both guards rationalized their complicity through narratives such as that they were "just doing their job" or used anti-immigrant rhetoric to legitimize the harm being inflicted. For example, they worried that detainees might "be lying about why they're here" or "might be dangerous." While both guards expressed concern about their part in doing things that "are not right," they immediately followed references to harms witnessed and experienced with statements defending the detention system. "There is a reason the relevant authorities keep these

people. We don't know what they'll do when they get outside" Brian stated. Despite the care they want to extend to some detainees, using rhetoric to depersonalize or withdraw empathy allowed the guards to lessen their moral injury:

> As much as I'm trying to empathize with these victims, I have to take care of my mental health, 'cause when you hear these stories, you live with them. I also have to take care of myself. (Brian)

The guards chose to limit their exposure to stories to avoid becoming empathetic, to avoid caring about the injustices being inflicted. Instead, they chose to redirect their energies towards themselves rather than migrants, lowered their moral standards, and constrained their desire to push against policies or unjust circumstances. Within the guards' rhetoric are examples of moral numbing, a strategy to manage moral injury that can nonetheless be in the long-term deleterious (Litz et al. 2009). As individual's numb themselves, they withhold their empathy, fail to intervene, or reduce the care they provide if they provide any at all. In the case of the guards, this moral numbing resulted in them only extending care to a select number of individuals, and only to a certain degree, limiting how much effort they would give to pushing back against policies or to advocate on a detainee's behalf. It is critical that there are those within detention spaces willing and able to push back against the environment of violence and injustice being sustained within them, yet the guards have to numb themselves in order to continue their work at all.

Chapter 4 OBJECTIVITY, ADVOCACY, AND AVOIDANCE

> It was one of those moments of just knowing, like "I just told you people how clear it is that this guy is not lying. There's all these scars, and he even had documentation from his home country after being tortured." So, it's very painful in the moment to say, "I think this is overwhelming evidence that this man has a claim to asylum, yet you're still trying to deport him". (Nicole, medical evaluator)

Unlike guards directly employed by the immigration centers, case workers and legal evaluators were employees or volunteers from outside organizations. Their positionality as 'outsiders' provided more leeway for them to intervene in policies than detention employees, but like guards, they also faced pressures to limit their care and advocacy in ways that betrayed their personal and professional morals. As in other humanitarian settings, the staff and volunteers of these organizations walk a tightrope between their objectives of maintaining access to detainees by cooperating with detention policies, on the one hand, and providing emergency and non-emergency aid and advocacy, on the other (Malkki 2015; Redfield 2013; Varma 2020). For interlocutors of color, these limitations and their perceptions of complicity were made more distressing because of their backgrounds. Yet, despite their commitments to care and advocacy, moral numbing was one of outsider professionals' management strategies, although it differed in the degree and methods than what was expressed by guards.

Entering detention centers, whether as an employee or volunteer, requires complying with detention policies and authority. Case workers and legal evaluators noted that decisions to complain about mistreatment or alert outside authorities or the press to stop injustices witnessed within detention spaces had consequences for themselves and their organizations. Case workers were acutely aware of how their organization's access might be negatively impacted if they were too vocal: "We care about the client [detained migrant], but also you have to care about the wellbeing of the organization. So sometimes the goals might not align" (Cynthia). Cynthia had

worked as a case worker for under two years, and while she acknowledged how "frustrating" it was when client needs were not being met, she reiterated that "we need their [detention center's] support." Emily's organization had had their access withheld for an unknown slight, leaving them unable to assist their clients until they completed the months-long re-credentialing process.

The concern that 'if we don't help, who will?' traps NGOs and individuals in double-binds, relationships of compromise with detention centers and the immigration system (Esposito et al. 2021; Fassin and D'Halluin 2005; Lepora and Goodin 2013). Confronting harms could lead to structural transformations or could lead to a loss of access (Esposito et al. 2021; Essex 2016; Maylea and Hirsch 2018). The uncertainty of this double bind is also present in other humanitarian settings as individuals grapple with their role in making systems of violence sustainable (Fassin and D'Halluin 2005; Malkki 2015; Redfield 2012, 2013). Complying with the system produced an ongoing internal struggle at odds with their aims to dismantle an "unjust" system:

> [...T]he hardest part of my job is that I'm part of this fucked up system, even though I'm helping clients navigate through it I'm part of it. I get paid through it; the federal government funds the nonprofit to pay us to do this advocacy work. If you [the government] would be doing your job a lot better, you wouldn't have to spend money on us. It just feels a little bit hypocritical at times that I'm part of these systems, too. (Emily, case worker)

Emily's ability to perform care is entwined with a system she aims to disrupt. For Emily, being "a part of these systems" raises questions about her sense of self. This concern with complying with detention policies in order to potentially disrupt a violent system was also present in other interlocutor's narratives, such as Donna, the forensic psychologist described in the opening of this paper. Being in these spaces, yet not acting in the face of the very injustices Donna works to prevent, becomes a source of hurt and questions of whether inaction betrays not just her moral values, but her identity as an advocate.

This complicity becomes all the more painful when structural factors and policies place limits on the care Emily can provide or her ability to intervene on her clients' behalf. She described how, while certain policies may not explicitly be harmful, their implementation and enforcement could have harmful, sometimes fatal consequences for detainees.

> Being detained really accelerates the trauma that [our detained clients] experience. I've had clients that had more thoughts of suicidality while they're in there, their memories of trauma start to come back because of the isolation, the disorientation…they have no control over their environment. They're locked in for many hours of the day. And that really impacts them. And the only thing that's available for our clients when they are expressing suicidality, and they're telling us that they cannot keep themselves safe, is we have to talk through with them, like: "This is what the facility will do. If you can't keep yourself safe my only option is to call the medical department, and let them know what's happening, and this is what will happen. You will get removed; your clothes will be removed. You'll be put in this really cold room by yourself," which they go into isolation. So, it's even more triggering for them. And a lot of the times clients have already experienced that and they're like, "No, I don't want to do that." So, it's really hard to navigate through that when that's really the only option that you have available.

When a client expresses suicidal ideations, as a case worker Emily is legally and professionally required to report this information if she feels her client is an active risk to themselves. Yet as Emily describes, she knows from experience that if she reports this information to the center, not only will her client not receive care, but instead will be subjected to treatment that is known to increase suicidality. For a client whose desire for self-harm stems from severe re-traumatization from past experiences of imprisonment and torture, further violations of bodily autonomy and confinement could be catastrophically harmful. Emily's options are limited; whatever option she chooses has risks, and she has to live with the consequences of her decision.

This feeling of responsibility towards clients and over the consequences of their decisions was another significant source of moral injury for outsider professionals. Whereas guards described their professional demands as obligations they were required to do, outsider

professionals described their professional demands as responsibilities they felt morally accountable for, except in a few instances such as the requirement to report suicidal ideation to detention staff. These exceptions all centered around actions they felt obligated to perform for professional reasons, such as legal requirements or to maintain relationships with the center, but that was not aligned with their personal morals. In addition to providing care and advocacy to detained migrants, outsider professionals felt responsible to morally witness to protect their client's interests and perform significant emotional labor.

Advocacy through moral witnessing has seen significant discussion in humanitarian and human rights literature, in part because of organizations like Doctors Without Borders and others' vocal commitments to speak on the behalf of those experiencing injustices (Redfield 2013). Particularly for legal evaluators, witnessing was seen as a form of care through acknowledging someone's humanity and showing compassion. Witnessing can also be a form of advocacy through raising awareness of unjust practices or events or drafting reports written in support of a detainee's asylum case. Nicole, a medical evaluator, described, witnessing can give meaning and purpose to being in spaces of harm and injustice:

> Just seeing them detained, especially knowing a lot of them have already been detained and tortured, is really painful. And pretty angering. Part of how I try to channel that frustration is letting people know about that experience, whether it's friends and family, but also encouraging other healthcare providers to get involved.

While detention centers cannot prevent professionals from sharing what they witnessed informally, doing public advocacy like Donna wished, by documenting detainment conditions in her forensic reports, can have significant repercussions for the client and the professional's access. These limitations led Donna to restrain her desire to document publicly, something that "hurts" as a source of inner conflict.

The double-bind between advocacy and objectivity is a prominent source of moral injury, particularly for legal evaluators. With only a limited time to present crucial information evaluators have to be very purposeful when writing their reports. Above all, evaluators have to maintain appearances of objectivity, or their expertise may be discounted. Too much emotion or compassion in a written report may make a client's story more humanizing, more moving, yet it also risks coming across as false or overdramatized. Nicole articulated this dilemma:

> I know I can't bring any subjectivity to the affidavit, so I try to keep that as objective and unemotional as possible, but it does sometimes…weigh on me a little bit, especially when there's time sensitive ones. It's like, I gotta hurry and get this done in time, or what if I mess up? So, sometimes I do spend a long time making sure everything's right, that I didn't make typos, 'cause I don't want that to bring into question their story when I've made an error.

The feeling of responsibility for another person's life was threaded throughout legal evaluators' narratives, failures becoming all the more morally injurious because of these heightened stakes. Beyond feeling responsibility for the client's life, several of my interviewees, particularly those who are female-identifying, also described the additional burden of performing emotional labor on behalf of their clients, in the form of representing their 'humanness.' As Donna put it: "I'm giving the judge what they want to hear. And that's not always the perspective that I want to utilize in my work. The fact that I have to paint this person as human when you [the judge] should just see them as human, because they are." Several non-detention center employees described their work as being about "acknowledging" detainees or "humanizing" migrants in a system of dehumanization. Yet humanizing migrants was also recognized as a form of emotional labor that was not valued, if not actively discouraged, within the immigration system.

This emotional labor burden was also applied unevenly among interlocutors, as BIPOC interlocutors felt they had additional responsibilities to not only support detainees, but also in

confronting discrimination that they themselves faced in their workplaces. One case worker, Emily, described how her identity as a woman of color and an immigrant made her work all the more complicated and morally injurious. Emily's mother immigrated the "right" and "legal" way from the Caribbean when Emily was a child, yet it took five years for them to be reunited, a traumatic experience which motivated her work with migrants. "For me, this work is personal, this is my community" Emily said. Her commitment to confronting discrimination is an additional emotional burden and a source of scrutiny from detention employees and even colleagues, but one she felt obligated to perform:

> There's been a lot of microaggressions, treating me differently because I look different than my colleagues. It's a struggle, because I'm a fighter, so it's really hard to have someone disrespect me and not stand up for myself because I know that that's gonna affect my client. So that then impacts me psychologically. I'm the one that always has to stay calm and manage everybody else's emotions so that I can get to my client and what they need. Then when I'm in spaces of leadership I don't feel heard. I am triggered by a lot of the things that are said in these spaces that people are blinded to. It gets exhausting to have to be the one calling things out all the time. It makes me feel like I'm the problem because I'm the only one noticing and everyone seems to be dismissing it.

Emily must be vigilant for and confront discrimination or microaggressions in all aspects of her work–not just towards her clients but herself as well. Part of her commitment to advocacy is pointing out policies or moments where her own organization becomes a source of harm, yet this self-imposed responsibility is an additional point of stress and conflict. Emily describes it as "exhausting" to perform this additional labor, yet not doing so also feels like an additional drain on professionals' mental and emotional resources.

As professional's navigate double binds and face the consequences of working within detention spaces, their experiences of moral injury weigh on their mental wellbeing, the impact of which interlocutor's understood through burnout and trauma frameworks. Within interlocutors' narratives, experiences they identified as burnout or trauma were a mix of morally

and psychologically injurious circumstances. While interlocutors did not distinguish between different sources of distress, feelings of burnout or trauma could result from moral injury or co-occur with them, compounding the sense of harm being experienced. Further investigation would be needed to parse out the various sources of distress that led to interlocutors to report experiences of burnout or trauma.

In the psychology literature, burnout is most often conceptualized as experiences of emotional exhaustion, cynicism or depersonalization, and reduced personal achievement due to unsupportive or toxic work environments (Edú-Valsania, Laguía, and Moriano 2022). Experiences of burnout have been linked to mental and physical ill health, self-harming behaviors, suicidal ideation, absenteeism, reduced expressions of empathy for others, and the exiting of their position. Outsider professionals particularly experienced symptoms of burnout in cases that ended in deportation, as they wondered "if we could have done more" (Carol). Other interlocutors also mentioned decreasing their participation in care or advocacy work in order to prevent burnout and thought burnout was responsible for high turnover at their organization .

In addition to burnout, outsider professionals used terms such as "trauma" or "vicarious trauma" to describe the emotional impact of hearing a particularly harrowing story from a migrant, in addition to describing their reactions to directly witnessing harm in detention centers. Interlocutors of color believed themselves to be more at risk of experiences of vicarious trauma than their white colleagues because of the likelihood of shared experiences of violence and discrimination. Further, they also highlighted how their identities as BIPOC affected their emotional and mental resources to manage their injuries and distress:

> There's a lot that comes up for me, especially when I have a client that experienced similar trauma, that's definitely really triggering for me. Doing this work and also experiencing oppression in my own personal life… can be really hard. [Seeing] my loved

> ones also being oppressed or being impacted by these systems. I struggle a lot with…high levels of stress [...] It is worse for me, compared to my white colleagues, because they go back to their homes that they own, they go back to their nice neighborhood. They don't have to deal with policing and with discrimination, and so they get to disconnect. Their families are not being targeted by the criminal or immigration system…And so, coming to work, and then still continuing to live that reality in your personal life, there's no break. (Emily, case worker)

For Emily and other interlocutors of color with whom I spoke, the discrimination and stress she faces in her everyday life affected her ability to decompress and recover from her stressful work environment. A sense of shared identity becomes yet another double bind, while it fosters care and empathy it also places additional emotional and moral weight to a professional's work. To take a break from this work begins to feel impossible or a betrayal of their responsibilities to their community and themselves.

Despite the negative impact of their moral injuries and their concerns of burnout, all but one outside professional stress the importance of remaining in these spaces and providing care and advocacy. To this end, outside professionals employed strategies of avoidance to escape further injury or to strengthen their capacity to endure further harm. To manage or prevent further experiences of moral injury and the resulting negative impact on their mental wellbeing, some outsider professionals physically or emotionally distanced themselves from their detention work to varying degrees. The forensic psychologists and medical evaluators all stated that when they began, they volunteered regularly, but all had to reduce their workload to only performing one evaluation every three to four months to avoid burnout. This strategy of avoidance was of course only available to them because they were volunteers, and not full-time detention employees.

All outsider professionals, but particularly employed professionals, relied on strategies to emotionally distance themselves, they "compartmentalized," "just did the work" or "put it in a

box." One forensic psychologist saw emotional withdrawal as a skill provided by her medical training in order to protect herself: "I don't think I'm callous, I've been in the field for so long and worked with so many people, so many different types of trauma, that for the most part I'm able to compartmentalize" (Denise). Professionals emphasized that they had to wall themselves off to some degree or else would become paralyzed:

> There have been a few cases that have been really, really heart-wrenching. Normally, I want to find out from the attorneys the results of the case. For one guy, I never even reached out to the attorney to find out, because if he gets deported, he can be killed by the cartel. Just, the level of hideous trauma he had undergone. [...T]here's not a lot that surprises me anymore, but the story he told me, I had to write a paragraph and then get up and walk around, it was…very difficult. (Denise)

Denise deliberately avoided hearing about the outcomes of particular cases to avoid lingering questions and guilt. Other interlocutors also described similarly using "not knowing" or ignorance as a way of avoiding moral injury. Interlocutors described how these strategies of physical and emotional distancing helped them continue to work in morally injurious conditions.

Outsider professionals also utilized resources of mutual support and focused on positive experiences to endure these morally injurious circumstances. Cynthia's organization created time for caseworkers to receive support or discuss the challenges of their positions with their colleagues. These opportunities to hear others' experiences "resonated with what I was going through," she said. Others found educational or support resources offered by their supervisors or organizations to be helpful, something not available to the detention employees. Another strategy used by one caseworker, Carol, was to take inspiration from detainees themselves, focusing on "vicarious resilience," moments when detainees remained positive, compassionate, and open in the face of adversity. Others focused on specific relationships they built with a detainee, or specific success stories: "I know it's a drop in the ocean but it's satisfying to know that we've helped this one person in a very concrete way, and sometimes it's a life-or-death situation"

(Carol). Yet, even with these strategies of avoidance and endurance, moral injuries became embodied and endured long after they left detention spaces.

Chapter 5 DOUBLE STANDARDS AND BECOMING HAUNTED

While all interlocutors were impacted by their experiences and moral injury to some degree, the detention nurse Alan experienced the most severe and disruptive consequences for the care he tried to extend to detainees. Threaded throughout Alan's narrative were signs of the depth of his distress, in the shaking in his voice, the pauses in his recollection of events in order to compose himself. By the hegemonic standards of the US immigration system, Alan is an American success story. He immigrated to the US from Africa as a child, completed a nursing program, and was "chasing the American dream." After completing his program, Alan accepted a job at a prison on the West Coast that holds both criminal and immigration detainees. He laughed as he recalled to me how excited he was about the job, but his mood quickly became troubled:

> It seemed to be…exactly what I wanted because I thought that I was going to be able to help people. That was my goal, because growing up I heard stories that my dad passed away because he didn't receive the best healthcare. Maybe if there were people who were able to help, maybe my dad would be alive. That was in my mind, hoping that I won't let that happen to someone else. [...] But I started to notice how they [migrants] were actually not being taken care of. They needed my care. They needed my attention. But then, when I started to request stuff to be able to take care of them, I noticed a change in tone from my superiors [...] People died, and we were not supposed to talk about it. People died from simple, treatable infections and diseases because we were not allowed to do our jobs.

Despite "being there to help people," Alan's requests for medical supplies or medications were denied, preventing him from responding to detainees' immediate needs. He also witnessed numerous instances of dehumanizing and abusive behavior towards migrants, including other employees' refusals to grant migrants' requests for medical care, medication, or safe food and drinking water.

During Alan's tenure, multiple detainees died or committed suicide while in custody. While he was distressed about all of them, one death in particular stood out in his memories:

> Someone hung himself because of what he was going through in there. This guy was stabbed, he needed care and all we could offer at that time was a band-aid. He did complain, what's confirmed is that these female officers were seen taking him out, and his clothes were found alone in one of the offices late at night. The rumors were that they forced him to have sex with them, though this is not confirmed. These are words from others [detainees]. And I think it was too much for this guy to take. And then he hung himself. It was so sad, and I still think of it now because this guy only needed help for his wounds, and he needed to know that he's in a safe country. The United States of America, the American dream brings people, it captures people. I'm not from this country, but now this is my home. I needed to be safe and I'm trying to chase that American dream, and this is exactly what these other people are trying to do.

In this vignette, Alan connected his moral injury to several sources: the violence within the detention center, his own responsibility to provide care as a nurse professional, and the larger betrayal of what he called "the promise of the American dream." The difference between his own immigration story and those that he witnessed in the detention center clearly bothered him, yet also contributed to his empathy for detainees. He identified with the migrant's attraction to the American dream and with the need to be and feel safe. While Alan and his family achieved both, migrants held within the detention center were penalized for having the same desires. He notably used the word "captured" to describe the impact of the American Dream, referencing how ideas can capture the imagination, yet also lead to the very real capture and containment of bodies. In so doing, he suggests that the policies leading to migrant detention, which denies them dignity, safety, or health, is a betrayal and a form of violence, both on the migrants being detained and on Alan, for whom this dream also ruptures.

As Alan's harrowing narrative reveals, his moral injury was the result of a cascading chain of events, beginning with a lack of medical supplies to treat a detainee's wounds, to the repercussions faced by the detainee when he complained, to rumors of sexual violence, and

finally, to suicide. In examining their own experiences of moral injury as medical professionals, Chary and Flood (2021) use cascade iatrogenesis to describe how a series of events can "cascade" from one medical decision that leads to iatrogenic harm; harm that becomes more difficult to correct or prevent as events unfold. Alan's ability to successfully provide care is compromised by a cascade of individual actions and systemic abuse or neglect that both create the need for care and degrade the quality of care being given. This environment of cascading harm was aggravated by what Alan described as a culture of anti-immigrant sentiment that excused if not outright encouraged abuse and neglect: "Mostly it came from superiors, but everyone would try to make sure you understood that these people [migrants] are not good people. These people don't deserve to be alive. These people don't get anything, have any privileges. It's the culture there."

When Alan tried advocating for patients or insisted on providing care, his supervisors and coworkers discouraged him, pressuring him to comply with the center's policies and even threatening legal action: "Personally, I was actually threatened that, if I try to mention this, or whatever it was that I saw back there, I was putting myself at risk, I was putting a target on my head whenever I talk about it." The pressure and threats from his colleagues became so intense that he felt physically unsafe at work. Alan also felt betrayed by the detention center's failure to implement policy changes after a death. Instead, the deaths were "secrets we weren't supposed to be talking about."

Despite his growing distress and unease, Alan attempted to "keep [his] head down" to keep working. He described the event that finally drove him to resign:

> [A criminal detainee] was stabbed, and every single thing that we needed was provided, to show that whatever we needed was available this whole time…It's

> really, really painful. I don't really like taking my mind back to…back there, but it's really…really painful. [...] I chose to leave [the job], I didn't have any other income at that time. I left that particular center broken. My mental health was not in the state that I wanted it to be.

Providing limited care in a resource poor environment is distressing, but to have the resources available yet deliberately withheld from migrant detainees clearly violated the detention center's responsibility, a message that migrant's lives held little or no meaning. For Alan, this blatant act of violence against migrants was the last straw; he could no longer stand to stay even though he had no other income.

As a result of his experiences, Alex was left with "painful" memories that left him "broken":

> They [detainees] are haunting me. [...] I felt like something was hitting me from inside. I lost weight because I was not in a position to talk about what I felt, or rather what I witnessed in that particular facility. I was there, I saw it with my own eyes, I experienced it, and it…it haunts me till today.

Haunting was a theme that appeared several times in my conversation with Alan. He felt his experiences went beyond distress or negative emotions to something that pervaded his life and lingered even after he left the detention center. He hoped that by discussing his experiences as part of this project, by bringing awareness to the harm being done, it could be a step towards healing his injury, laying his ghosts to rest. While Alan never used the terms trauma or burnout to describe his experiences, his severe and enduring distress is hard not to label as an experience of trauma, and his sudden exit from his position as a result of his hostile work environment matches the criteria for burnout.

While other interlocutors did not use the term "haunting" to describe their experiences, guards, legal evaluators, and other outsider professionals also described how experiences "bothered" them long after they were over, how they "stayed" with them. Within anthropology,

works examining haunting explore how trauma, violence, fear, and loss can become mentally or bodily present in ways that continue to inflict harm, or in other cases, can become a mechanism for healing (Becker, Beyene & Ken 2000; Good 2019; Gordon 2008; Madsen 2021). Similar to moral injury, hauntings are a way for social wrongs and injustices to work their way to the surface of our consciousnesses, bringing attention to unresolved violence that otherwise is hidden or ignored (Gordon 2008). In the case of my interlocutors, the experiences of haunting or moral injury manifest themselves as an individual's embodied experience of broader structural or social violence, even if that violence is intended for another.

While guards were able to numb themselves enough to continue in their positions, Alan did not. Strategies to manage experiences of moral injury, such as moral numbing or other forms of emotional withdrawal, were largely absent from Alan's narrative. Eventually, Alan's distress became so disruptive that resignation became his only option for managing his moral injury, yet his resignation too was a source of pain. Alan wanted to make a difference, to be a source of care like his own father had needed, and to help those who were caught by the same dream that he and his family had achieved. Yet the individual factors that motivated him to work at a detention center, to push for better medical care and conditions for detainees, was what made the violence he witnessed and the limitations he was under so injurious.

CONCLUSION

> There was a gentleman from Darfur, and he beautifully captured his experience of depression. He said, "You know, nothing has taste for me anymore." And he described this tasteless world, and once he won asylum, he was able to bring his wife and children here. When I found out, I gave him a mini-Tabasco and I said, "I want you to find taste again." And just how meaningful it is to see things lead to reunification, it's this ripple effect of positive outcomes. You gotta hold on to those cases, despite the overarching abrasiveness of the system, and seeing it affect people. (Donna, psychologist)

I end with this vignette as a reminder of what is at stake here, and what motivated many of my interlocutors to take up their positions in detention settings in the first place. And yet, this article shows how their intentions and actions are tempered by the realities of structural and policy limitations, professional consequences, and the necessity of maintaining access to detention sites. While the immigration system's policies aim to control the lives, bodies, and rights of migrants, this control extends beyond the bodies of migrants to professionals, past the boundary of detention spaces into everyday life. The harm being experienced in detention spaces spreads contagiously, igniting distress and inflicting injury that infects professionals' whole beings (Masoumi 2021). While detention spaces are conceptualized as impermeable, the movement of people through these spaces allows harm and trauma to escape its boundaries (Mountz 2017). Even as professionals carry their distress and moral injury out of these spaces, their entry into these spaces allows care and humanity to enter in, disrupting the system of harm migrants are trapped within.

In detention spaces, the divide between care and violence becomes blurred. Access to detention spaces requires propping up a system of harm to some degree, through actions that directly enforce its goals, inaction that fails to confront injustice, or by legitimizing its existence; all of which inflict harm or help maintain the system's ability to inflict harm. By virtue of the compromises needing to be made, the limitations being placed on the care being provided is just

enough to keep people going, but not enough to free them from the cycle of harm, not enough to change the very system that creates and benefits from harm. Care begins to feel like another form of violence, a slow violence that leaves interlocutors feeling a part of the problem, not working toward a solution (Humphris and Yarris 2022; Varma 2020). As in other humanitarian settings, interlocutors question how care can make violence just palatable enough that the government and society as a whole can feel comfortable with the harm continuing. Violence and complicity become justified through care, in turn care becomes a source of violence, both to detainees and professionals within detention spaces.

While interlocutors describe a number of double binds they must weigh and navigate, threaded throughout their narratives is the overarching bind of what it costs to care. Underlying discussions of advocacy, complicity, and objectivity is the inescapability of moral choices and their consequences. Like issues of complicity, the problem of moral injury is not solved by ceasing to do the work. Complete disengagement from detention work is its own moral choice; choosing not to intervene or to confront harm in these spaces is another form of complicity, of allowing harm to continue. Double binds, like moral injury, only inflict harm so long as the individual cares; about detainees, about upholding certain moral standards. The only way to fully escape the binds professionals find themselves in is to reduce or withdraw their care completely, to numb themselves to circumstances that once caused hurt, but also inspired their care. Like migrants who become "captured" by the American Dream, professionals become entangled in their empathy, in their desire to provide care and advocacy. Some degree of self-protection is necessary, after all some care is better than none at all, yet it is hard to reconcile any deliberate reduction in care. Withholding care and empathy becomes another source of injury unless professionals normalize this withdrawal, through rationalizing it as self-protection or a matter of

deservingness. But where does this normalization lead, to a balance between care and numbness or a slow slide into apathy? This work does not answer this question, but it is notable that the interlocutor who left his position minimized strategies of moral numbing in their narratives.

While moral numbing and its impact on the availability or quality of care and advocacy is an important concern and critical direction for future research, it runs the risk of narrowing our focus, and potentially our blame, to the individual. Examining how individual factors and perceptions come to be embodied through individual experiences in detention spaces should not distract us from the ways policy and structural factors create circumstances of injury. As argued by Wiinikka-Lydon (2017) and Gordon (2008), moral injury and hauntings are symptoms alerting us to a much broader wrongdoing, one that remains unspoken and unaddressed by failing to search for the root cause. If an injury is being inflicted, we must investigate its source, examine the factors that create the circumstances for this violence in the first place. Tracing individual's experiences of moral injury means tracing the cascade of factors that culminate in migrants being held in detention spaces where abuse and neglect go unaddressed, that traps professionals in double binds, and that limits and penalizes those who try to intervene in this system of violence.

Without professionals who can or want to help from within, no one is subverting individual moments of harm or providing moments of encouragement or care, moments that can make a significant difference for individual detainees. If the individuals who advocate or intervene for detained migrants are driven to leave their positions or reduce how much care they provide, more harm goes unaddressed, abuse goes unreported, and injustice continues unimpeded. Without professionals entering these spaces, reporting injustice or abuse unfairly falls on migrants who are vulnerable to retaliation both inside detention centers and after they

have been released. Examining the moral dimensions of professionals' experiences allows for more informed, effective interventions for professionals, who in turn can better intervene on detainees' behalf within detention settings (Cahill, Moyse, and Dugdale 2023; Litz et al. 2009). Finding ways to reconcile and resolve the moral choices professionals must make in these spaces is an important goal for intervention in and disruption of moral injury. The more we can empower and encourage professionals who have the opportunity to intervene in harm, the greater the difference they can make for the detained migrants enduring some of the most difficult times in their lives within a system that not only has neglected mental health, but has forgotten care, humanity, and justice.

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