Trauma Informed Techniques for Interviewing Immigrant Children

Guidelines and Recommendations for Attorneys and Other Professionals

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Background

The number of immigrant children and youth seeking entry, asylum, and refuge in the United States has jumped dramatically since 2012, with record numbers of children attempting to cross the US-Mexico border at authorized and unauthorized points of entry. In this process, thousands of children have been forcibly separated from their parents, tens of thousands have been held in detention and forced residential care facilities, and untold numbers have been subject to “pushback” and deterrence efforts at the border. These children and youth have experienced violations of basic human rights, they have been subjected to trauma and abuse, and some have died due to lack of adequate medical care.

There is now clearly an increased need for informed legal advocacy on the behalf of immigrant children and their families. For years, attorneys tasked with legal advocacy (including monitoring of immigration processes and facilities) and the medical providers serving these children received neither training nor resources in best practices in interviewing traumatized children. The provision of such training may prevent the re-traumatization of thousands of children. The scale of the challenge has required the engagement of volunteer lawyers and paralegals that are committed to working with plaintiff legal teams to interview and document information relevant to asylum and other claims. These volunteers may come to this important effort with a wide range of previous experience working with children. Lawyers are interacting with children who are experiencing intense psychological distress that is likely to be manifested during the interviews, through discussions focused specifically on their immigration, separation, and detention experiences. It is important that lawyers are prepared and equipped to conduct interviews that maximize the utility of the obtained information and minimize the risk of unintended negative consequences for both the child and the interviewer. There is a need to provide resources and training to all professionals working with immigrant children on the best practices for interviewing children exposed to trauma, including those children whose traumas are ongoing.

The current document seeks to address this need, and is intended as a reference and resource guide for attorneys and other professionals working with children and families within the context of immigration proceedings. Providers may be interacting with children and families at border patrol processing centers, through inspections at detention facilities (e.g., participating in Flores Settlement inspections), in credible fear interviews for asylum claims, and/or for the purposes of lawsuits. The recommendations, resources, and guidelines presented below are relevant for interactions with children in each of the above contexts, and are guided by best practices for working with children with previous history of trauma exposure.
Preventing Retraumatization

The following recommendations and resources on interviewing immigrant children are provided not only because they will help children feel better during the interview process, but also because they are instrumental for conducting effective interviews and for gathering accurate information while avoiding negative unintended consequences for the child (and their interviewer).

A primary goal while conducting interviews with immigrant youth who have experienced trauma is to avoid re-traumatization (or exacerbation of trauma-related distress) as a result of the interview. In general, risk for re-traumatization is minimized when the following conditions are met:

1. The child feels a sense of agency and control over the interview process.
2. The child understands the interview process and the rationale for the interview.
3. Providers are able to accept and tolerate the emotional and psychological reactions that are inherent and expected in describing past and current experiences of trauma and adversity.
4. The child has available options for coping with anticipated distress.
5. The child’s emotional and psychological experiences are understood, reflected, and validated.
6. The child walks away with a sense of hope or optimism that the recounting of their experiences will have a positive impact for themselves and/or for others.

An important underlying framework for preventing re-traumatization includes a focus on empowerment of children through the interview and advocacy process. In general, interviewers should focus on highlighting and promoting resilience in the context of a challenging situation, rather than having pity for children.

While the guidelines below are meant to provide recommendations, resources, and information to assist with the child interview process, reading and review of these recommendations in itself does not necessarily prepare professionals to conduct interviews with trauma-exposed youth; we recommend that interviewers obtain training from a mental health professional with experience in trauma and development.

Recommended Background Knowledge

Understand and attend to the various modes of children’s expression and communication.

Remember that children are in the process of developing their verbal and linguistic skills, and they do not always express themselves through explicit language. Children often rely heavily on body language, play, art, and expression of affect through behavior to communicate their experiences and needs. Use of tools such as figures, games, drawings, puppets, and/or dolls can be effective for eliciting child narratives, particularly for younger children (i.e., under 12 years old; American Academy of Child and Adolescent Psychiatry, 1995). Stay attuned to children’s alternative modes of expression and try not to rely solely on language for gathering information.

Recognize common traumas and adversities experienced by immigrant youth.

Familiarize yourself with the forms and types of trauma and adversity faced by immigrant youth. Immigrant youth have high rates of trauma exposure before, during, and after the migration process. These include experiences of victimization or abuse (physical, sexual, or psychological); neglect, direct, indirect, or witnessed violence exposure and threats of violence; extortion and recruitment into gangs; severe illness or medical trauma; family separation and loss; forced displacement and political/structural violence; and chronic stressors related to poverty (including food insecurity, health problems, lack of housing/shelter). Recognize that immigrant youth are likely to have experienced...
multiple traumas, including (1) multiple types of traumas and (2) repeat or chronic trauma exposure, knowing that these forms of “complex” trauma can have a more profound and pervasive impact on psychological functioning (relative to single-incident trauma). Also be aware that historical traumas (often related to discrimination, persecution, political violence, and parental/family trauma exposure) also impact children’s psychological functioning and presentation through processes of intergenerational transmission. However, be careful not to assume particular trauma exposure for any given child just because he or she is an immigrant seeking refuge or asylum.

Understand the impact of exposure to trauma and adversity on children’s functioning and presentation.

Trauma exposure is commonly associated with symptoms of depression (sadness, lack of motivation, low energy), anxiety (worry, agitation, nervousness), posttraumatic stress disorder (hyperarousal, re-experiencing, avoidance), and dissociation. However, the impact of trauma in childhood can be pervasive, with a resulting impact on general processes of attention, memory, and self-regulation, which may surface in interviews and interactions. Child trauma exposure is associated with skill deficits in the areas of emotion identification (e.g., awareness of internal states), emotion expression (e.g., communication), and emotion regulation. Any efforts you can take to provide support and skill development in these areas will increase the effectiveness of the interview and may also have potential benefits for the child in the longer term. In addition, children who are in detention at the time of interview are also expected to have specific psychological reactions that may affect their presentation and participation. Remember that for these children, the traumas of separation and detention are ongoing: they are still living their trauma and may not be willing or able to discuss their experiences in depth, as this would create both real and psychological risk. While adaptive within the context of detention and ongoing trauma, children’s emotional and psychological distancing (or numbing) from their experience can present a challenge for the interview process – it is important that we do not challenge or eliminate this protective response, and rather just go where the child is willing to go.

FOR MORE INFORMATION


Understand the importance of child development.

Children at different developmental stages will express themselves differently and also demonstrate different manifestations of distress. Interviewers need to have familiarity with stages of development and related capacities in order to effectively adapt their interview approach based on children’s developmental stage. Infants and toddlers cannot be formally interviewed, but their experiences and distress can be captured through observation of play and their interactions with caregivers and adults, keeping an eye towards the child’s level of trust, comfort, and emotion/behavior regulation in such interactions. School-age children often benefit from games and play to express their experiences in an indirect fashion (versus direct questioning); they are creative and often use fantasy and magical thinking in their worldview, so cannot be expected to always provide factually accurate information (rather, their presentation will require interpretation). Some school-age children require clearly-articulated structure and guidelines for their interactions, as they are “concrete thinkers”. Adolescents are developing their sense of independence and often...
benefit when they are granted personal autonomy and authority in their experiences and interactions; they may require greater flexibility and self-determination in the interview process. Adolescents typically have comprehension skills similar to adults, but may be more emotionally sensitive and have a harder time with self-regulation.

Children at different developmental stages will vary in their understanding of their placement and processing, and will respond differently to separation from caregivers. For example, young children may not be able to grasp the temporary nature of separation and may respond to the temporary absence of a loved one as if it were a permanent loss.

**Understand the impact of trauma on development.**

Trauma exposure and traumatic stress is associated with developmental regression. Therefore, given children’s exposure to current and past traumas, interviewers should anticipate that some children being interviewed might possess developmental capacities that are behind their stated or apparent age. In addition, the elicitation of trauma-related content (inherent in interviews) may also cause ‘in-the-moment’ temporary regression (sometimes related to posttraumatic stress symptoms, such as flashbacks or dissociation). Interviewers will need to adapt their approach accordingly. Interviewers should understand that trauma exposure may manifest differently depending on a child’s developmental stage at the time of trauma exposure. Infants and toddlers are likely to experience ruptures in trust and comfort with adults (including parents and caregivers). School-age children may regress in their speech/expression, sleep, and toileting skills, and often respond to trauma with a pervasive sense of helplessness and generalized fear. Younger children may engage in repetitive “traumatic play” or re-enactment. School-age children may also experience high levels of guilt or self-blame related to their trauma, and often experience somatic complaints as indirect expressions of their traumatic stress. Given their active identity development, adolescents may internalize their trauma experiences, leading to shifts in attributions related to their personal identity and beliefs about the surrounding world (sometimes leading to withdrawal, aggression, and destructive behaviors towards self and others).

**FOR MORE INFORMATION**

For more information, including recommended specific approaches and practices for interviewing children at a range of developmental stages, see:


**Understand the role of cultural differences in interpersonal interactions, forms of psychiatric expression, and idioms of distress.**

Be aware that individuals (and children) from Latino cultures are more likely to endorse somatic symptoms of psychological distress, such as headaches or stomach pain. Children may not have had prior experiences that emphasize verbal expression of affect or distress. Make note of culture-specific manifestations and descriptions of distress (e.g., ataques de nervios, susto). There are also cultural variations in expectations for engaging with adults, which may influence children’s interactions and comfort with eye contact, communication, and/or self-expression. Practice cultural humility, knowing that the child “is uniquely qualified to educate the practitioner about his or her multiculturalism, that is, his or her membership in multiple cultural groups and his or her life stressors, rather than assuming cultural knowledge of the [child] based on preconceived identity labels” (Falicov, 2014, p. 33).
It is important that attorneys and other service professionals remember the inherent power imbalances (e.g., due to ethnicity, age, education, socioeconomic privilege) that exist in their interactions with immigrant children. These power imbalances can be addressed by acknowledging their presence, transmitting power and control to the child (where possible), and/or learning about the impact of the child’s experience of being on the ‘downside’ of power, among other approaches. Furthermore, we each naturally possess our own implicit biases and assumptions about individuals from other communities and cultures, and we must engage in preparatory work to identify and explore our biases so that they don’t interfere or negatively influence our engagement with immigrant children.

FOR MORE INFORMATION

For more information, including recommended specific approaches and practices for interviewing children at a range of developmental stages, see:


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### Interview Practice Recommendations

**Provide a warm and careful introduction to the interview process.**

Greet children by their first name and introduce yourself and any other people in the room. Be mindful of the child’s demeanor and presentation, and adapt your style of speech, tone, and body language to suit and mirror the child’s. Provide a clear explanation and rationale for the purpose of the interview. Set clear expectations and parameters for the interview (United States Department of Justice, 2015). For example, explain that you will be asking questions, and that the child may or may not know all of the answers; let children know that it is okay to say, “I don’t know.” Give children advance notice as to how, with whom, and for what purposes information from the interview will be shared. Help them anticipate and prepare for potential distress given the nature of the interview content. Build rapport and comfort with children by getting to know them, their interests, and their experiences (US DOJ, 2015). For example, take time to ask about their day and how they are doing, and be ready to use play!

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**Maximize children’s sense of control during the interview process.**

Remind children that the interviews are voluntary and that they don’t have to talk about anything they don’t want to talk about. Empower children by giving them control over seemingly small decisions. Give them advanced permission to request breaks or pauses. Allow children to guide the flow and timing of the conversation; be patient with children’s pacing. For many children, it is helpful to provide nonverbal indicators that they need to stop or pause the interview, or skip a question (such as picking up a designated object, e.g., a stress ball, or pointing to a ‘stop sign’ animation). Provide
advance notice that you will be asking about stressful topics and that it is possible/likely they might experience moments of sadness, anxiety, or anger; children feel a greater sense of power and control when they can anticipate and prepare for their emotional responses. Create a plan with the child as to how he/she would like to handle the situation if he/she feels distressed or upset; offer options such as taking a break, moving/stretching, drawing, or practicing deep breathing. To whatever extent possible, give children agency and authority in determining with whom and how the information they provide will be shared.

Use a simple and straightforward interview and conversational style.

Use short sentences and phrases that contain only one thought or question. Provide questions and statements one at a time, allowing time for children to reflect on questions/statements and respond in a way that is comfortable for him/her. Use language and terminology that is appropriate for the child's developmental stage, and be sure to check for understanding (where, especially for younger children, it is often best to ask them to summarize what they understood, rather than asking “do you understand?”).

Build a positive relationship and interactional style by identifying, acknowledging, and reflecting children’s experiences and affect.

Express empathy and understanding for children’s experiences and affect. Normalize any potential distress that children may be feeling (e.g., “it is okay to be nervous”, “it is okay to cry”). Give yourself permission to name the emotional reactions (in the child) that you are observing. Remember that the experience of feeling seen, heard, and understood by others promotes emotion regulation (through biologically-engrained processes of co-regulation) and reduces distress, facilitating a more effective interview process. This experience can be accomplished by using summary statements and reflective statements that show you have understood both the content and affect being communicated by the child. Query the child to make sure that you understand them correctly, and/or ask if there is anything they would like to clarify. Demonstrating your understanding and attention to children’s experiences and affect will increase their comfort, willingness, and ability to share further information.

**During the interview process, check in regularly with children about their experience and stress level.**

This maximizes both (1) the child's sense of control and (2) her/his experience of being understood and supported. Use tools and scaffolding as needed (for example, emotions thermometers, feelings faces, rating scales). Again, normalize any distress the children endorse or exhibit: help them to know that they are not “crazy” for feeling sad, angry, scared, and that the feelings they experience are expected in the situation they are in. Utilize in-the-moment coping and relaxation skills as needed (e.g., movement/stretching, art, deep breathing, muscle tension and relaxation, guided imagery, etc.).

**Exercise non-judgmental acceptance of children’s reactions and presentation.**

Remember that every behavior (even if seemingly counterproductive or maladaptive) has a function and origin, often rooted in children’s experiences of trauma and adversity. Be ready to accept and tolerate all emotional and behavioral responses.
exhibited by children, knowing that they are there for a reason. Your job is not to treat or change these responses, only to capture and identify what you are seeing (which in itself is validating, normalizing, and empowering for children). Children may have pre-existing biases and protective reactions (based on past experiences) related to your own ethnicity, gender, role, profession and presentation, that may influence how they respond and relate to you. Be ready to accept (and, if appropriate, acknowledge) these reactions, knowing they are not necessarily personal.

Be on the lookout for warning signs (“red flags”) or cues for intense psychological distress that may be associated with risk.

For example, persistent thoughts about death (suicidal ideation), expressed desire to harm oneself, and/or reported or observed previous attempts at self-harm or suicide (e.g., scars, cuts) are indicators of risk. Be prepared to notify the appropriate authorities (i.e., those liable for custody or care of the child) of any potential risks in order to ensure the child’s safety both during and after the interview process.

In this effort, it is important to remember that, even though thoughts about death and some self-harm behavior are concerning, they are not always indicators of immediate risk. For example, some self-harming behaviors are maladaptive forms of coping and distress tolerance, rather than attempts to die (i.e., non-suicidal self-injury). It may be beyond the scope or mandate of attorneys and other professionals to evaluate and report such behavior, and the reporting of such behaviors may have unintended consequences for some children in custody. As such, interviewers should prepare risk response and consultation protocols prior to their interviews; these protocols should be based on the specific interview context and facility, and should hold the child’s safety and well-being as the ultimate priority.

Identify and highlight children’s resilience and sources of strength, and finish your interview with a focus on the positive.

Be on the lookout for the strengths and qualities that have helped children persevere through trauma, adversity, and migration. Immigrant children’s sources of strength include often include personal and family values, coping practices, connection with peers and family, traditional cultural and spiritual beliefs and practices, and desire, hope, and optimism for a better future. Acknowledge and reflect these qualities back to the child so that he/she feels recognized and empowered. Recognize the trust, honesty, and courage that the child has demonstrated in completing the interview and answering your questions. This is particularly important as you conclude the interview – end your interaction on a positive note by showing appreciation for the child’s time, effort, and honesty, as well as emphasizing his/her demonstrated strengths. Let the child know that it is common to feel upset after talking about stressful experiences, and they may find themselves feeling sad, angry, or scared in the hours or days to come. You can prepare children for this potential distress by helping them identify things they can do, and/or resources they can turn to, if and when they experiences distress in the future. Review and reinforce the potential positive impact of the interview (for the child and/or for others). For some children, you may want to end with a game, drawing, or relaxation activity as a means of providing positive closure to your interaction.

“Recognize the trust, honesty, and courage that the child has demonstrated in completing the interview and answering your questions.”
Anticipate and prepare for secondary stress reactions and vicarious traumatization experienced by the interviewer.

Challenging emotional, psychological, and physical reactions are common and expected following provider interactions with children experiencing traumatic stress; these reactions can look like symptoms of posttraumatic stress disorder and/or other forms of anxiety, depression, and burnout. Hearing children’s stories and bearing witness to their distress affects us as human beings, resulting in secondary stress and vicarious trauma. These reactions may be present immediately after interviews, or may emerge with some delay (often after returning to the home or workplace). In general, coping with secondary trauma (or vicarious trauma) involves:

1. Awareness of our reactions. Recognize that we may feel sad, irritable, or exhausted; we may have intrusive thoughts of trauma; or we may avoid trauma content; etc., because of the work we are doing and the stress we are carrying; these are not signs of weakness, but are signs of caring.

2. Getting support and consultation from others and having a space to process our reactions. Building community around this work helps to sustain and inspire us. In some cases, seeking counseling, therapy, or clinical support to address secondary trauma, and/or related triggers from our individual trauma histories.

3. Staying true to our self-care practices and routines and maintaining balance as best we can. This involves making a conscious effort to honor our experiences, while also finding ways to ‘step away from them through fun and relaxing activities (which is different than spending our time trying to push away our feelings and reactions).

4. Accepting our reactions: knowing we experience secondary trauma reactions because we are caring and attuned individuals. In supporting and advocating for children by hearing and acknowledging their experiences, we will also carry some of their distress.

FOR MORE INFORMATION

For further information and resources on secondary traumatic stress and vicarious traumatization, see:


Vicarious Trauma Toolkit: https://vtt.ovc.ojp.gov

Professional Quality of Life (ProQoL) resources on compassion fatigue and vicarious trauma: https://proqol.org and http://proqol.org/Helper_Pocket_Card.html

About This Project

This project was made possible through a collaboration between faculty at the University of Texas Rio Grande Valley School of Medicine, Stanford University and highly experienced attorneys practicing in this field. We have relied heavily on the guidance of these faculty and professionals, many of whom have traveled to border towns to take part in this effort: Marsha Griffin MD, Paul Wise MD, MPH, Ryan Matlow PhD, Hope Frye ESQ, Nancy Ewen Wang MD, Victor Carrion MD, Fernando Mendoza MD, MPH, Jodi Goodwin ESQ, Lisa Chamberlain MD and others. View the entire video series at https://digitalmedic.stanford.edu/our-work/trauma/

References and Additional Resources


“With engaged reflection, self-care, and support, we know that you can turn distress into purpose — and we have directly witnessed the impact of these purposeful efforts in advocating for the rights and well-being immigrant children and families, in both individual cases and in system-wide litigation and policy change.

As colleagues and collaborators, we are grateful for the work that attorneys, advocates, and other service professionals do on the front lines for immigrant children and families and, we stand with you in this effort.”

- Ryan Matlow PhD
Clinical Assistant Professor
Stanford University