

Best Practices for Interviewing Child Clients and Child Victims of Trauma

How to Question Child Clients and Elicit Relevant Information

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Hypo #1: First Client Meeting

- You are about to meet your first client, a 15-year-old boy from Honduras. You have been told the child has an SIJ case, and you have been provided with notes from a preliminary intake. Your supervisory calls you into the hall to meet your client Elvin, his mother, his step-father and his two little brothers. They all follow you into your office.
 - What do you do?
 - Who do you meet with?
 - What is the goal of the first meeting?

Hypo #1: con't

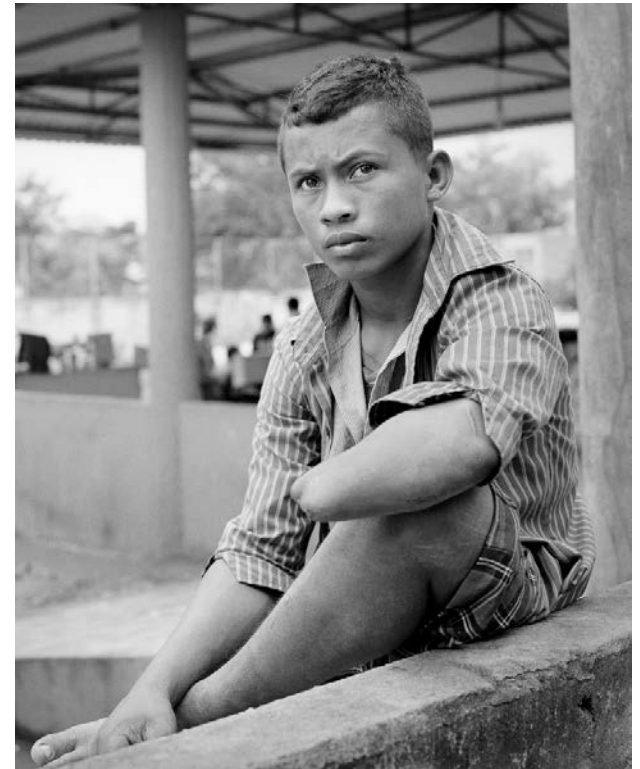
- Do you speak with only the child, the mother and child, or the whole group at first?
- Important to introduce yourself, your role
- Important to explain what to expect in the legal process, how long it will last, expenses, number of visits, location of court
- Explain help you will be seeking from the family
- Explain that child is client, your duty to represent child's interest (adult may also be your client)
- Give family opportunity to ask you questions

Hypo #1: con't

- After speaking to whole family
- Speak to mother alone
- Speak to child alone
- Come back together as a group and explain next steps
- Give your contact information to child as well as parents

Possible Sources of Trauma

- Life in home country with parent
- Life in home country without parent
- Gangs, cartels, general crime/violence
- Trip to U.S., assaults, rape, forced labor, watching others be victimized, hunger, thirst, mode of travel
- CBP detention – hieleras
- ORR detention
- Life with family in the U.S.
- Emotional resentment toward parents, jealousy toward siblings



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Setting the Parameters

- Explain who you are and your role in the child's life
- Distinguish yourself from other adults in child's life
- Introduce others in the room
- Explain duty of confidentiality
- Provide family and child with contact information
- Do not overshare about yourself
- Meet both together and separate from family
- Be clear about what you expect from child
- Be clear about what you expect from the family

Set up for a Successful Meeting

- Meet in a quiet, private area
- Sit in less formal manner, at right angle
- Give child access to door
- Provide frequent bathroom and water breaks
- Give the child your full attention, shut off phone
- If taking notes, explain why, let child see notes
- If reasonable, provide snack, water
- Let child take notes, draw, hold stress ball, toy
- Keep environment informal, non-threatening

Attorney's Ethical Duty

- Advise the child of her legal options, in a child-friendly way, and represent her “stated” or “expressed” interest
- Diagrams can help explain legal options, allow child to take something tangible home, review later
- Recognize primary concern of trust
- If a child fails to express his/her interest, must pursue all legal interests
- Children are often indecisive and change their minds about outcome of representation, may relate to what is going on at home, may suggest child take more time

ABA Model Rule 1.14

- Rule 1.14 Client with Diminished Capacity:
 - (a) When a client's capacity to make adequately considered decisions in connection with a representation is diminished, whether because of minority, mental impairment or for some other reason, the lawyer shall, as far as reasonably possible, **maintain a normal client-lawyer relationship with the client.**
 - Comment to Rule 1.14:
 - The normal client-lawyer relationship is based on the assumption that the client, when properly advised and assisted, is capable of making decisions about important matters.

Communicating with Child Client

- Anne Graffam Walker, Ph.D., *Handbook on Questioning Children, A Linguistic Perspective*, 3rd Edition, ABA Center on Children and the Law
- Effective questioning of children requires speaking in a direct and literal manner
 - Didn't you say no one was home when the gang member entered your home?
 - Who was home when the gang member entered your home?
- Do not assume a child understands common legal terms, even if he/she uses them
- Ask child to explain concepts to you, promote active vs. passive participation

Communicating, con't

- Children tend to want to please adults, will usually agree with what an adult is saying or what child believes the adult wants to hear
- Ask open-ended questions vs. leading questions
 - You felt scared when your mother left El Salvador, right?
 - How did you feel when your mother left El Salvador?
- Do not show emotion when listening to a child's story, if child recognizes you are upset, may refrain from disclosing full details
- Reassure child with positive reinforcement
- Try not ask questions that are laced with judgment
 - So your father abused you several times but you never reported him to the police, why not?

Effective Questioning of Children

- Children, especially age 7 – 10, have trouble with abstract concepts and complex ideas:
 - Were you supposed to have gone to your aunt's house on the day your brother was beaten?
 - What should you have done after school that day?
 - Easily confused by complex negation
 - Do you deny that you ever went to your aunt's house?
 - Very literal in their approach to language
 - Did you go to his home? No, I went to his apartment.
- Adolescents, 11 – 18
 - Reluctant to ask for clarification or acknowledge they don't understand
 - May prefer to write or record story rather than speak it

Effective Questioning, con't

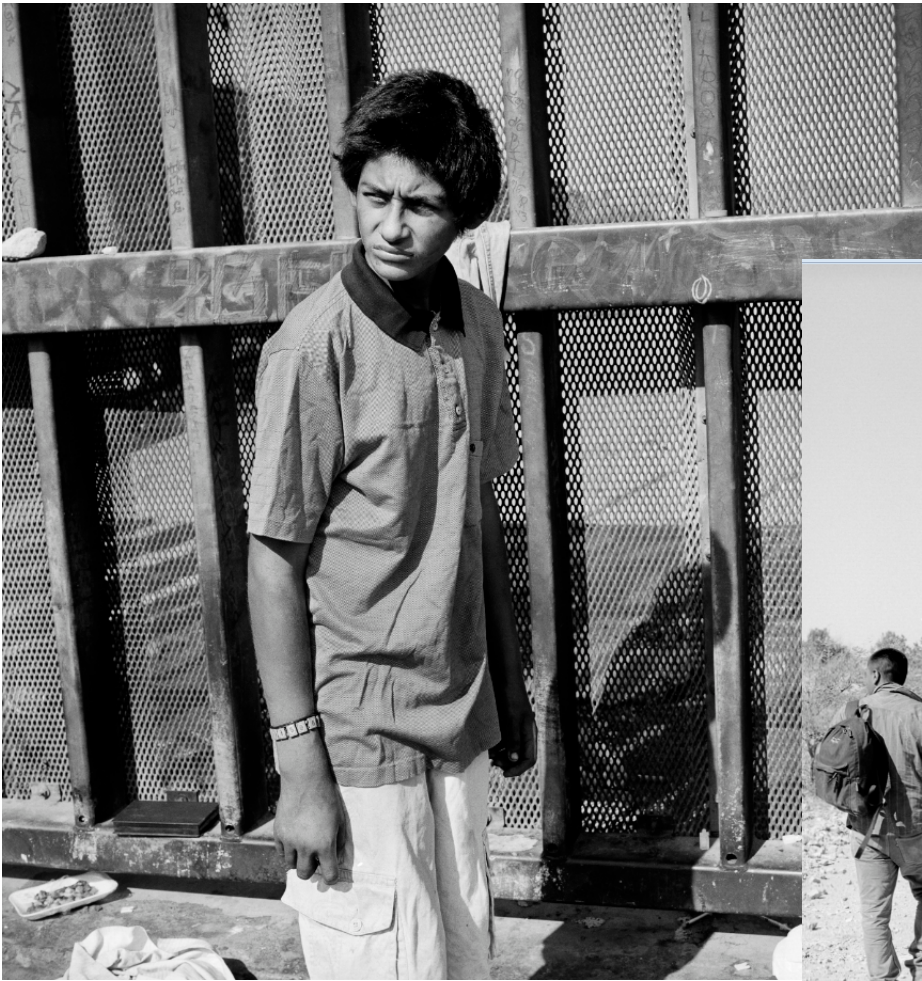
- Pausing is productive
- Children often won't tell you they don't understand
- Let children know what to expect in questioning them
 - Frame the issue
- Children's ability to relate a story may depend on how much talking was done in the home
- Even very young children can be competent witnesses
- It is the adult's responsibility to make herself understood and help the child communicate effectively and be understood

Hypo #2: Family Conflict

- Your client is 15-year-old girl from Guatemala who lives with grandmother. You represent her in an asylum case. Grandmother calls you to say she wants the child to return to home country, she has been nothing but trouble and is lying about her fear of return to Guatemala. You speak to child and she does not want to return and complains about living with grandmother.
- What do you do?
- What do you tell grandmother?
- What do you tell child?

Hypo #3: Family Conflict

- Your client is a 15-year-old girl from El Salvador. She calls you one day to say she wants to go back to her home country, doesn't want to continue with SIJS case. You speak to her mother and mother vehemently opposes child's return, says she just wants to return to be with a gang member boyfriend. Child doesn't have a master calendar hearing scheduled for six months and she is desperate to leave.
 - What do you do?
 - Who is your client?



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Psychological and Emotional Effects of Trauma on Children

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Trauma and UACs

- Virtually all UACs are survivors of trauma just by virtue of having made the journey to the United States
- Effects of trauma may have a significant impact on child's ability to adjust to life in US and participate in legal case



From the movie *Sin Nombre*

Post Traumatic Stress Disorder

- Occurs as a result of child’s exposure to 1 or more major traumatic events
 - Such events can take many forms, including physical or sexual assaults, natural disasters, accidents, traumatic death or injury of a loved one, and emotional abuse or neglect

- Symptoms:
 - Re-experiencing, which can include pervasive nightmares and disassociation
 - Avoidance
 - Hyperarousal

- Post-Traumatic Stress Disorder (PTSD).
National Institute of Mental Health. 2014.
<http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>

Depression

- A mood disorder that causes a persistent feeling of sadness and loss of interest
 - It affects how you feel, think and behave and can lead to a variety of emotional and physical problems

- Symptoms:
 - Sadness
 - A feeling of hopelessness
 - Mood changes
 - Loss of interest in activities once enjoyed
 - Feelings of worthlessness or excessive or inappropriate guilt
 - Suicidal ideation

Depression (Major Depressive Disorder). Mayo Clinic. 2014.

<http://www.mayoclinic.org/diseases-conditions/depression/basics/definition/con-20032977>

Additional Signs and Symptoms of Having Survived Trauma

- Overreliance on/lack of trust of adults
- Hyper arousal/flat affect
- Memory impairment: problems with chronology and difficulty recalling details
- Impaired concentration and decision-making ability
- Substance abuse
- Poor self-esteem
- Anxiety
- Physical effects: insomnia, fatigue, loss of appetite, reduced immune response

Interviewing Child Survivors of Abuse

- Children’s brains are altered by traumatic events
 - Children who have been abused are likely to be in a “hyper-vigilant” state and may exhibit hyperactivity, anxiety, and impulsivity and are less likely to trust people
- Be “present” and relaxed/open
 - If your body becomes tense or if you appear uninterested in the child’s story, he or she may construe your non-verbal behavior negatively, thereby affecting his or her trust and will to talk
- The survivor may feel that they won't be believed and may have tried to disclose the abuse before and been met with doubt
 - It is fine to show some level of shock at what the child reveals, but avoid expressing disbelief verbally and non-verbally

Physical Space

- Sit next to, not across from, child if possible
- Ask child if it is OK to close the door
- Child should not have to sit with her back to the door
- Clear off your desk
- Turn off the ringer on *all* phones
- Close your laptop if you are not using it to take notes
- Have tissues at the ready

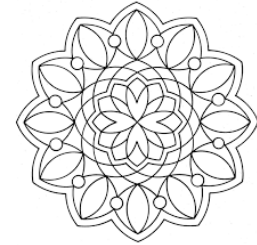


Icebreakers

It is important not to jump into a conversation about traumatic events right away

- Begin by speaking about neutral topics such as school, hobbies/activities, and family (keep in mind that in some cases, a family member may be the abuser, which would prevent family from being a neutral topic.)
- Positive conversation increases people’s ability to think clearly and make better decisions.
- Thoughtful compliments are one way to move the discussion in a positive direction:
 - “I am impressed by your grades. I bet that you have been working hard.”
 - “Wow, so you are the captain of the soccer team? It sounds like you are a really good player.”

Eliciting Necessary Information While Avoiding Further Traumatization



- Make the child feel comfortable
 - “You’re the boss!”: Give child control over the process
 - Try to make the environment as child-friendly as possible
 - Ideally, child survivors of sexual abuse should be offered a choice of whether to work with a male or female
- Go at the child’s pace
 - Each person has their own way of coping with traumatic events, can take time for child to feel comfortable opening up
- Reassure the child
 - Use statements such as “it’s not your fault”, and “I believe you”
- Have child repeat story as few times as possible
- Be aware of how much information you actually need
 - Avoid forcing the child to recount details that may not be relevant to the legal case

Interviewing Child Survivors: Alternative Methods

- **If a child can't talk about something:**
 - Ask her to draw it for you
 - Ask her to write it down
 - Ask the child to sign a release giving you permission to talk with somebody who already knows what happened (prior attorney/intake worker; therapist; counselor at school; family member)
- **If a child can't remember when things happened:**
 - Write events on index cards and put them in order
 - Relate events to the child's age; the weather; holidays; the school year, rather than dates

At the Conclusion of the Meeting

- Acknowledge Strengths: thank him or her for sharing such difficult experiences
- Ensure that child understands what is happening and next steps
- Make referrals to social service providers when possible
- ***Story may change as trust is built: be patient!***

Avoiding Further Trauma During the Legal Case

- Submitting written affidavits vs. testifying in person
- When preparing affidavit, have child write down their story instead of recounting it orally if that's something the child would prefer
- If testimony is necessary, look into limiting who can be permitted in the court room/ whether testifying *in camera* would be possible
- Exemptions from reporting to police for T and U visa in certain situations
 - T- Child under 18 not required to cooperate with law enforcement (also trauma exception, but poorly defined in case law)
 - U- if a victim is under age 16, his/her parent, guardian or next friend may fulfill the cooperation requirement

Hypo 1:

- Sam, 14, comes into your office for an intake. After you do a brief introduction, you ask him if he was ever abused by his parents. He looks down and says no. As the interview goes on, he continues to answer in one word responses before finally asking if it's time for him to go yet.

What are some strategies that could be used to establish rapport and build trust with Sam?

Hypo 2:

- You are representing Mary, 16, in her SIJS case, with her distant relative as the guardian. Several months into representation, Mary reveals to you that she has not been living with the relative for some time, and that she barely has enough to pay for groceries and basic necessities. In order to make ends meet, she has been engaging in survival sex in exchange for money. Mary wants some form of legal status so that she can work and support herself more effectively, but you know that SIJS would now be difficult since her relative is not a suitable guardian. She does not want to report anyone to the police, nor does she want to share her story with anyone else, including CPS. In addition, she blames herself for her situation and is convinced that she now has no future in the United States.

What are some strategies for working with Mary in order to minimize additional trauma and ensure that she understands the options available to her?

CULTURE AND TRAUMA

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Culture

“The values, norms, and traditions that affect how individuals of a particular group perceive, think, interact, behave, and make judgments about their world.”



Cultural Identities

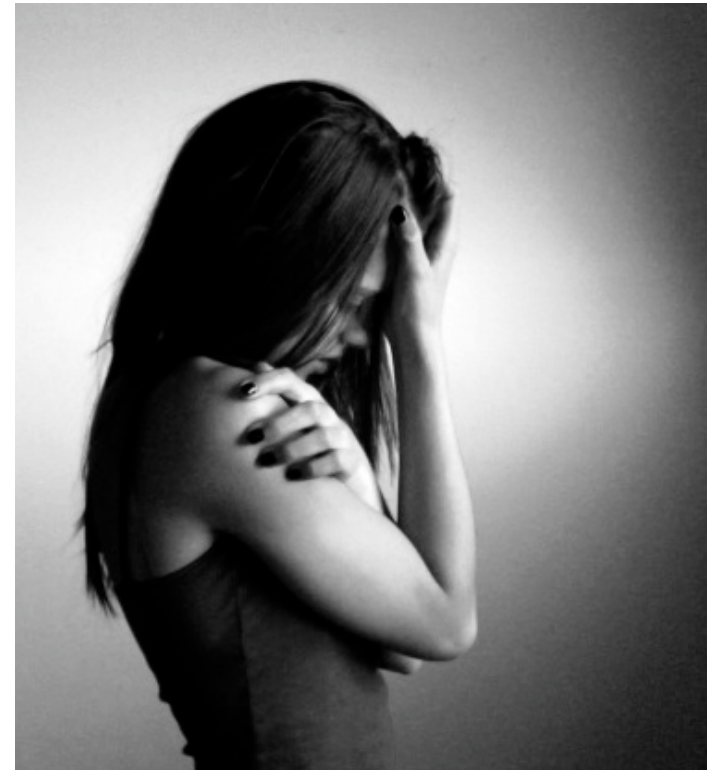
- Ethnicities
- Religion
- Geographical area
- Family relationships (including parenting)
- Gender roles
- Sexuality
- Mental/Physical disabilities
- Microcultures

Examples of Concepts Shaped by Culture

- **Birth**
 - Is birth order significant?
- **Ambition**
 - Should people strive to reach their full potential?
- **Individualism/Collectivism**
 - How important is individual self-fulfillment?
- **Marriage**
 - What type of relationship is considered a marriage?
- **Death**
 - Is death an end of life or is it a beginning?
- **Time**
 - Orientation towards past, present, or future?

Emotional Language and Expression

- Different languages convey emotion differently
- May be culturally dangerous to express emotion
- Silence can mean many things (e.g. stoicism, shame, passivity)
- Expressive versus receptive language
- Language/culture shape how we think, feel, and respond



Culturally-Informed Interviews

- Interview in child's native language (using a competent interpreter – not a family member)
- **Interview should address:**
 - Cultural identity
 - Cultural values
 - Beliefs about causes of presenting problem
 - Attitudes and expectations related to legal system/court
 - Attitudes and expectations related to therapy/treatment
 - Family relationships
 - Experience of discrimination

Culture Influences

- **Example** **What We Perceive as Traumatic**
 - Researchers studying a group of Cambodian refugees found that nearly half had been physically assaulted, 60% had a family member killed, and 86% met the criteria for PTSD. The researchers were surprised to find that the refugees rated food shortage more distressing than the death of a close relative.



Culture Influences

How We Make Sense of Trauma

- **Hypo:**

- A 16-year-old Latina client tells you that she feels like “damaged goods” because she was raped by her boyfriend. When her brothers found out what had happened to her, they became enraged and threatened to kill her boyfriend. Your client says she thinks God is punishing her for bad behavior.

What cultural values/beliefs may be affecting this client's experience?

Culture Influences

How We Express Traumatic Reactions

- **Mexico:** *susto*, or fright, which has been understood in the West as the equivalent of an "anxiety state."
- **Japan:** *amae*, a state of passive dependence, insecurity, and helplessness
- **China:** *shenjing shuairuo*, a psychosomatic manifestation involving headaches, weakness, irritability, poor appetite, and concentration difficulties.



Culture Influences Society's Response to Traumatized Individuals

- Stigma/rejection versus acceptance
- Weakness versus strength
- Deserving/not deserving of what happened to them
- Understanding impact of untreated trauma (how it will affect individuals and society)

Culture Influences How Traumatized People Judge Their Own Actions and Responses

- **Hypo:**

- A 14-year-old client from Guatemala was forced by gang members at gunpoint to beat another boy with a baseball bat. He blames himself for what happened and does not see himself as a victim. He remains withdrawn and silent during your meetings with him.



Culture May Help Define Pathways to New Lives After Trauma

- Formalized ways of reentry after a traumatic event
- Means of integrating an individual's trauma story with mythology of culture
- Provides context in which social support and other positive and uplifting events are experienced



Theories on Culture and Trauma: 3 Dimensions

- Universal dimensions
- Cultural aspects
- Personal uniqueness

Universal Dimensions

- **Fear expressed and perceived universally**
(cultural influences for other emotions!)
- **PTSD symptoms**
 - Some symptoms universal: intrusions and arousal
 - Some symptoms cultural: avoidance, numbing, somatization, dissociation
 - e.g. somatic blindness among Cambodian refugees, “ataques de nervios” in Latin Americans

Cultural Aspects

- **Culture and mental illness**
 - Certain psychiatric disorders (e.g. schizophrenia, depression) exist around the world
 - But there is a range of cultural expressions
- **Ethno-cultural factors**
 - Identity of individual
 - Explanations of illness
 - Related to psychosocial environment
 - Relationship between individual and clinician
 - Assessment for diagnosis and care

Personal Uniqueness

- Idiosyncratic aspects of the person
- Individual differences in the influence of ethno-cultural factors
- Subjective experience
 - Individual
 - Collectivist



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Acculturation and Assimilation

- **Acculturative Stress**

- Loss of friends, family, work, home
- Decreased opportunity for social interaction

- **Assimilation**

- Overpowered by dominant culture
- Culture loss



Multicultural Competence

- **Awareness**
 - Consciousness of one's | reactions to people who are different
- **Knowledge**
 - Acquiring info regarding other cultures (e.g. language, history, rituals, geography/environment)
- **Skills**
 - Communication (verbal and non-verbal)
- **Attitude**
 - Perspective towards this issue, willingness to examine own biases

Multicultural competence is important for interviewing clients, screening for trauma/abuse, and providing appropriate referrals

Importance of Identifying Trauma Early

Adverse effects of childhood trauma can extend well into adulthood and include:

- Depression and anxiety
- Poor health/pain/disease/ greater risk of early death
- Cognitive impairment
- Social impairment (e.g. ability to form relationships)
- Aggressive behavior (e.g. tantrums, verbal abusiveness, physical violence)
- Alcoholism/drug use