Society of Refugee Healthcare Providers

Forensic Evaluation of Asylum Seekers Training Course

Asylum Evaluations of Children

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Katherine Peeler, MD
Vidya Ramanathan, MD, MPH

Disclosures

- Drs. Peeler and Ramanathan are both pro bono medical experts with Physicians for Human Rights (PHR)
- The content within this lecture represents our own personal opinions about best practices for pediatric asylum exams and does not represent the advice of PHR
- We have no financial or other disclosures related to this talk

Learning Objectives

- Delineate the components of the pediatric forensic medical exam (FME)
- Explain the aspects of the pediatric FME that make it differ from the adult FME
- Know where to find more resources about the pediatric FME when performing such exams in the future

Children applying for relief

- Most gain derivative relief as part of their parent(s)' application
- Unaccompanied minors (17,000 in 2017 from Northern Triangle countries)
- May apply for asylum and similar forms of relief as well as Special Immigrant Juvenile Status (SIJ)

Exam Components

- History
  - Medical, developmental, trauma/abuse (in home country, en route, during detention, since in U.S.)
  - ROS (particularly for somatic manifestations of traumatic stress)
- Physical exam of scars and/or injuries
- Assessment of psychological-related disorders and/or trauma-related mental health disorders

Interview Considerations

- Role of family presence
  - Can put child at ease
  - May also hinder full history if child nervous to discuss certain trauma in front of parents
  - Consider age, cognitive functioning, and what the known trauma is you've been tasked with evaluating when deciding upon this
- Child's ability to narrate
  - Consider age, developmental stage, and effects of trauma on ability to recall memories

Interview Approach

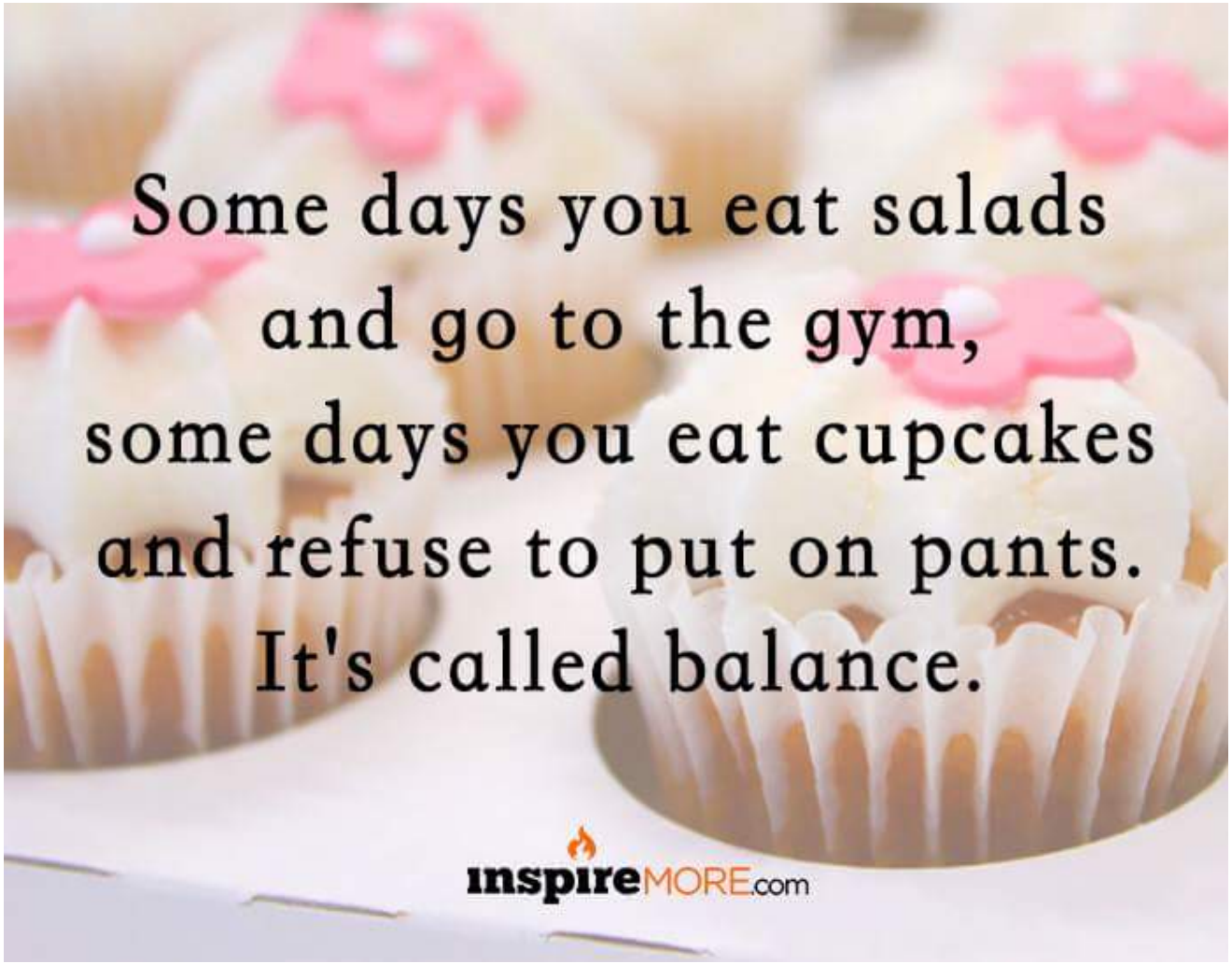
- Goal: establish trust
  - Introductions, explain purpose of visit
  - Child-friendly environment
  - Set expectations up front
- Questioning
  - Open-ended questions
  - Give child time to respond, allow the child to control how much information to share v. not
  - Only ask what is necessary and no more to minimize risk of re-traumatization

Medical Assessment

- Similar to adult FME
  - Head to toe (no GU unless necessary for trauma or developmental concern)
  - Focus on areas known to have experienced trauma
    - Scars (derm)
    - Deficits or residual disabilities (MSK, neuro)
- Offer child to maintain control over the order of the exam; minimize exposure of body parts when possible

Psychological Assessment

- DSM V. child-specific assessment tools
- Manifestations of traumatic stress in children
  - Varies widely
    - Avoidance of traumatic/distressing feelings
    - Aggression, irritability, “under-reacting,” fidgeting, difficulty concentrating
    - Difficulty separating from parents
    - Teens: risk-taking behavior, isolation from peers
    - Somatic: enuresis, insomnia, HA, abd pain, fatigue


Some days you eat salads
and go to the gym,
some days you eat cupcakes
and refuse to put on pants.
It's called balance.
inspireMORE.com

Am I a mandated reporter?

Resources

- Heather Forkey, MD (Umass Memorial Medical Center) and Brooks Keeshin, MD – “Role of Psychotropic Medications in Children Exposed to Trauma” presentation at 2019 American Academy of Pediatrics National Conference and Exhibition
- Rinne-Albers, M.A.W., et al. Neuroimaging in children, adolescents and young adults with psychological trauma. Eur Child Adolesc Psychiatry (2013) 22: 745.
- Gartland M, et al. Forensic Medical Evaluation of Children Seeking Asylum: A Guide for Pediatricians. Pediatric Annals; 49(5), 2020.

Questions?

vkramanathan@gmail.com

@ramanathanvidya

katherine.peeler@childrens.harvard.edu

@katiehale29