

## Clinical information about making assessments of and interviewing people who have experienced human rights abuses

### Introduction

This is some brief information for assessing or interviewing people who are seeking asylum in all scenarios (e.g. clinical, social and legal). It aims to cover common clinical issues which may have an impact on assessments.<sup>8</sup>

### Psychological factors affect how people talk about their past experiences

People seeking asylum sometimes have difficulty giving an account of experiences relevant to their asylum claim. They may give accounts that are vague or lacking in detail; they may say different things at different times; they may give an account that seem confusing or contradictory. There are multiple possible scientific reasons for this:

- **Human autobiographical memory** is not always reliable, especially for dates, chronology and detail.
- People's **age, personality, early attachments, social and cultural background, education, intellect** all affect what they recall and how they talk about this. For example, these factors affect what detail the person offers, whether they show the 'expected' range of emotion while doing so, and when they are willing to talk about an issue.
- Memories of **frightening, distressing experiences** may be laid down and recalled differently from other memories.
- Some people may find it particularly difficult to talk about events that they feel **shame** about, for example sexual abuse, sexuality and gender identity. Cross-cultural differences are very significant. They may disclose such things only after several meetings, or not at all. Sometimes people use coded language or the body language gives clues to problems with disclosure.
- **Fear of consequences** may prevent disclosure of certain information. People may be aware that talking about a traumatic experience will cause them distress; they may not trust the interviewer; they may have been threatened by traffickers; or they may have been badly advised by well-meaning friends.
- **The interview/assessment setting and approach** is crucial. The degree of rapport and trust established, the manner of questioning, the presence of interpreters etc will all influence the ease with which an individual feels able to talk about difficult experiences. (See 'What can help?')
- A person's **state of mind at the time** of an interview affects what they are able to recall, what they feel able to speak about, and how clearly they do so. For example anxiety, dissociation<sup>9</sup> or simple tiredness may affect someone's ability to focus on questions or recall information.
- Those with **mental health issues or a history of trauma** are likely to have particular difficulties giving their account. For example, depression, PTSD (post-traumatic stress disorder) and individual post-traumatic symptoms such as tiredness, flashbacks and irritability may all affect memory, attention and concentration. Mild intellectual disability and the after effects of previous head injury may be difficult to spot but affect attention, concentration, memory and reasoning.
- In **children and young people**, the ability to report life experiences depends on development and may not be fully developed until the early twenties.

### Psychological issues pose challenges for interviewers

All of the above interviewee issues make it easy for interviewers to draw conclusions that may not be correct. In addition, interviewers' own social and cultural background may mean their expectations may unwittingly mislead them about verbal and non-verbal communications, for example avoidance of eye contact may be mistakenly seen as a sign either of disrespect or of insincerity. Interviewers' emotional responses may also play a significant part, for example it will be harder for an interviewer to think clearly when an interviewee is very distressed, suspicious, angry or rude.

## Talking about upsetting experiences may affect people's mental health

Being questioned about upsetting or frightening experiences can lead to people becoming distressed, anxious, angry, unable to concentrate, or preoccupied by the past. It can trigger flashbacks, or other forms of dissociation where the person is no longer fully aware of what they are being asked or what they are replying. An increase in symptoms provoked by an interview/assessment can last hours, days, or much longer than this.

These kinds of responses are particularly likely when people have been coping with frightening or distressing experiences by avoiding talking or thinking about these. Avoidance is a common coping strategy. It may be deliberate or involuntary, and in PTSD it is a diagnostic feature of the condition.

## What can help?

It is easy to miss opportunities to enable people to give their account clearly and fully. Measures worth considering include the following:

- Encouraging the person to travel to the appointment accompanied by a trusted person
- Appropriate choice of interviewer and interpreter, especially considering gender and ethnic background of both
- Limiting the number of people in the room
- Explaining carefully what will happen
- Creating an atmosphere of calm, security and respect
- Offering regular breaks
- Keeping questions simple and straightforward
- Allowing time for responses
- Avoiding an adversarial style of questioning, or treating the person as not credible
- Adapting the approach to the individual's age and developmental level
- Noticing when someone's attention is wandering, or they may be beginning to dissociate, and allowing time to recover
- Considering how the person will manage after the appointment.

Generally a trauma-informed approach is likely to be helpful. The Helen Bamber Foundation guide 'The Trauma-informed code of conduct' provides more information:

<https://www.helenbamber.org/resources/best-practiseguidelines/trauma-informed-code-conduct-ticc>