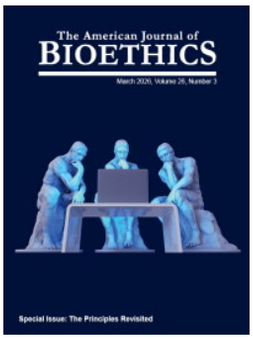

The American Journal of Bioethics

ISSN: 1526-5161 (Print) 1536-0075 (Online) Journal homepage: www.tandfonline.com/journals/uajb20

Advocacy and Assessment: Ethical Dilemmas and Practice Considerations in Pediatric Asylum Evaluations

Julia Rosenberg, Sundes Kazmir, Mary Bunn, Yazmin Rodriguez & Minal Giri

To cite this article: Julia Rosenberg, Sundes Kazmir, Mary Bunn, Yazmin Rodriguez & Minal Giri (25 Feb 2026): Advocacy and Assessment: Ethical Dilemmas and Practice Considerations in Pediatric Asylum Evaluations, The American Journal of Bioethics, DOI: 10.1080/15265161.2026.2632013

To link to this article: https://doi.org/10.1080/15265161.2026.2632013

THE AMERICAN JOURNAL OF BIOETHICS
https://doi.org/10.1080/15265161.2026.2632013

Taylor & Francis
Taylor & Francis Group

TARGET ARTICLE

OPEN ACCESS Check for updates

Advocacy and Assessment: Ethical Dilemmas and Practice Considerations in Pediatric Asylum Evaluations

Julia Rosenberg[a], Sundes Kazmir[a], Mary Bunn[b], Yazmin Rodriguez[c] and Minal Giri[d]

[a]Yale University; [b]University of Illinois Chicago; [c]Esperanza Law; [d]Midwest Human Rights Consortium

ABSTRACT

Children and families seeking legal immigration relief may benefit from forensic medical and/or mental health evaluations and affidavits, which are expert medical-legal assessments conducted by pediatric clinicians. When conducting these evaluations, medical and mental health clinicians encounter complex medical-legal, professional, and ethical issues. This article reviews core ethical tensions in legal immigration relief evaluations for children and adolescents including dual responsibilities in neutrality and advocacy, consent and assent, cultural sensitivity and humility, trauma-informed care, minimizing re-traumatization, trainee involvement, mandated reporting concerns, data security, privacy and confidentiality, and funding models. Throughout these considerations, there is a consistent need to identify strategies to preserve child rights by minimizing harm, optimizing connections to care, and promoting the safety and well-being of pediatric clients throughout the evaluation process.

KEYWORDS

Pediatric ethics; asylum medicine; forensic medical/mental health evaluations; trauma-informed care; medical-legal ethics; cultural humility; epistemic injustice

INTRODUCTION

Immigration Relief Evaluations for Legal Protection

Many children and families fleeing persecution or danger come to the US seeking safety and protection. People who have a fear of returning to their home country and those who have experienced specific kinds of hardship may be eligible to seek immigration relief in the US. The process of applying for immigration relief is often years-long and can involve proceedings either in immigration court or outside of formal court proceedings (Asylum | USCIS 2025). Medical and mental health clinicians play critical roles in applicants' abilities to obtain relief or protection from deportation. As attorneys collaborate with clients to build their cases, they can seek medical and mental health evaluations to assess and document injuries, traumatic histories, and psychological or physical harm. Such evaluations are critical components of corroborating an applicant's eligibility for these humanitarian immigration benefits.

Legal immigration relief evaluations are sometimes referred to more generally as asylum evaluations but can include support for multiple legal protections including asylum, Special Immigrant Juvenile Status, protection under the Violence Against Women Act, and protection for victims of trafficking or criminal activity, known as U-visas and T-visas (U and T Visa Law Enforcement Resources | Homeland Security 2022). They involve forensic medical and/or mental health evaluations by clinicians.

There are clear benefits to including expert medical and/or mental health assessments and affidavits, which are sworn statements that can be used as evidence in legal cases. In studies of adult asylum evaluation cases, 81–89% of asylum-seekers who had undergone a medical evaluation were granted asylum. This contrasts with a national average grant rate of 37.5–42.4% (Lustig et al. 2008; Ferdowsian et al. 2019; Atkinson et al. 2021). Legal experts support inclusion of medical evaluations; recent qualitative evaluations of former immigration judges and lawyers found that medical and mental health affidavits can help to provide critical evidence to support claims, contextualize emotional and behavioral manifestations of traumatic events in courtrooms, and streamline court proceedings, especially when the professional has received training in performing evaluations and writing affidavits (Asgary and Smith 2013; Scruggs et al. 2016; Green et al. 2022).

CONTACT Julia Rosenberg julia.rosenberg@yale.edu Department of Pediatrics, Yale University, 333 Cedar St, New Haven, CT 06510, USA.

A network of services and organizations, often staffed outside of traditional medical practices by volunteer professionals and trainees, has emerged to support and develop best practices in medical and mental health immigration relief evaluations. Clinicians can receive support, training, advocacy tools, listserv advice, and literature-based support from institution-based centers—referred to as human rights clinics, humanitarian centers, or asylum clinics—and from well-established organizations including Survivors of Torture programs (PHR Asylum Program 2021; Society of Asylum Medicine 2021; Society of Refugee Healthcare Providers 2021; Midwest Human Rights Consortium 2022; Synergy for Justice 2022; Services for Survivors of Torture | The Administration for Children and Families 2025).

Pediatric Evaluations

Although many organizations and individuals center their work around the provision of adult evaluations, there is an ever-increasing need for expertise in evaluations focused on children and adolescents. We will henceforth use the term "children" to refer to and include children and adolescents through the age of 18.

Children may require individualized evaluations if they are in the US unaccompanied by a parent or adult caregiver or if their evaluation can bolster the family's application when a parent or legal guardian is seeking legal immigration relief. In recent years, there were multi-fold increases in unaccompanied children and family units apprehended at the US southwest border who were eligible for legal immigration relief and thus in need of such documentation. In 2024, for example, nearly 110,000 unaccompanied children were apprehended at the US southwest border, according to US Customs and Border Protection (Southwest Land Border Encounters | U.S. Customs and Border Protection 2025). The majority of unaccompanied children are over 12 years of age, and many of them reunite with immediate or extended family after arrival to the US (Unaccompanied Alien Children Data 2025).

Amid a complex medical and legal system for immigrant children, robust and thoughtful responses to support pediatric providers in completing medical and mental health immigration relief evaluations have emerged. Human rights clinics across the US include support for pediatric client evaluations, networks have been created to connect children to specialty medical providers across the country (Specialty Care Access Network | Migrant Clinicians Network 2022), and publications provide guidance around best practices (Gartland et al. 2020; Ferrera and Giri 2022). Additionally, child abuse pediatricians, who have been trained in forensic evaluations, are a unique resource to inform evaluations and referrals (ACGME 2023).

It is unknown how many pediatric forensic evaluations are being requested and/or completed, and it is therefore difficult to quantify the underlying need. One survey of multiple US asylum-related and child abuse listservs had only 28 respondents, reflecting the challenges of gathering data about these evaluations (Rosenberg et al. 2021).

Pediatric Clinicians Must Consider Ethical Implications When Participating in Forensic Evaluations for Immigration Relief

While there are clear legal benefits associated with forensic evaluations, they challenge clinicians' responsibilities and professional roles. The current immigration system requires a fundamental transformation to advance human rights. There is a need to understand how to navigate the current system using ethically informed approaches. Such ethical issues related to legal immigration relief evaluations have been explored for adults but require additional consideration for children. In their 2013 exploration of adult evaluations, Asgary and Smith reviewed the ethics of clinical evaluations, patient-physician relationships, medical providers' dual roles, conflicts of interest, risk of fabrication, and trainee involvement (Asgary and Smith 2013). As resources become centralized for medical and mental health providers, it is important to attend to these and additional ethical considerations not only for adults, but also for pediatric clients. Because of heightened safety risks and developmental concerns, children deserve specialized approaches, especially for issues of consent and assent and risks of re-traumatization.

In this article, we explore professional dilemmas and advance ethically-informed recommendations to guide legal immigration relief evaluations for children. Applying a child's rights framework, we first examine the ethical tensions and injustices in a complex legal relief system that is often adversarial toward the needs of children, including evaluators' dual responsibilities in neutrality and advocacy. We then advance core recommendations and emerging best practices for evaluations, including concepts related to consent and assent, cultural sensitivity and humility, trauma-informed care, minimizing re-traumatization, trainee involvement, mandated reporting, data security, privacy and confidentiality, and funding models.

ETHICAL COMPLEXITIES RELATED TO LEGAL IMMIGRATION RELIEF EVALUATIONS FOR CHILDREN

There are multi-level injustices in the immigration system which would require systemic changes to fully address. We first discuss ethical analyses to deepen our understanding of structural injustices. However, clinicians must still navigate the realities of children's needs and rights within the legal and political constraints of the current system. Clinicians cannot abandon child applicants because the immigration system is unjust and harmful. To address this practical reality, in the subsequent sections, we highlight the ethical quandaries clinicians face and the imperfect tradeoffs that must take place in order to interact with the current asylum process. Ultimately, clinicians must act within the bounds of the law while still upholding core ethical principles.

Recognize the Systemic and Epistemic Injustice Inherent in Children's Experiences in the Immigration System

The current immigration system is rife with injustice. In considering the work of clinicians involved in evaluations, we first focus on epistemic injustice. Epistemic injustice is harm done to someone in their capacity as knowers. There are two types of epistemic injustice that have been widely discussed: (1) testimonial injustice where the agent's (i.e., client's) testimony is given less credibility due to their social position, and (2) hermeneutical injustice, where the agent (i.e, client) is unable to make sense of or convey their experiences due to their social positioning (e.g., lack of vocabulary or inability to recognize/describe experiences of traumatic abuse) (Carel and Kidd 2017). As applicants in the proceedings, asylum seekers' claims are reviewed critically in our adversarial system, which sets up a problematic power dynamic in which clients are systematically positionally disadvantaged.

Furthermore, survivors of human rights abuses and governmental violence also have the "right to be known." According to Lackey (2022): "It is not just that people have a right to know what happened to victims in certain contexts; it is also that these victims themselves have a right to be seen and heard—to have their stories be given proper uptake." Children who have endured human rights violations have the right to share their stories without distortion, but they must rely on others to tell their stories. So, children must undergo invasive experiences such as displaying scars, undergoing in-depth questioning, and experiencing sensitive physical exams in order to have their stories be heard in our current immigration system. These experiences are in tension with the United Nations Convention on the Rights of the Child, which advises that the best interest of the child should always be a primary consideration (United Nations 2025a).

Child asylum seekers have often already endured hardship, traumatic events, and exposure to violence and therefore occupy a unique nexus of intersectional problems which can further exacerbate the injustice they experience. Especially in light of traumatic histories, coupled with and ongoing injustices that arise from tensions between legal evaluation needs and child rights, clinicians working in this context are in a unique position to alleviate epistemic injustice. They can do this by supporting the testimony of asylum seekers, ensuring that they weigh risks and benefits for their clients throughout the process.

Weigh the Risks and Benefits When Performing Forensic Evaluations of Children: Balancing the Dual Roles of Neutrality and Advocacy

Although forensic evaluations are designed to secure immigration relief through objective expert data, clinicians often find themselves in an unstable ethical position. Evaluators must contribute to the legal immigration process, making them complicit in the harm perpetuated by the government. Yet the evaluator's input is crucial in supporting asylum seekers and helping them navigate an inherently unjust and often violent system. This tension forces clinicians into conflicting dual roles: neutral evaluators tasked with objectivity, and witnesses tasked with advocating for children who are at-risk of harm.

This is a difficult needle to thread. As evaluators and therefore participants in the immigration system, clinicians must balance their roles and responsibilities as legal evaluators, medical providers, and advocates committed to the wellbeing of children. In individual forensic evaluations, the clinician is engaging in a legal—not medical—encounter, and thus there is a requirement to ensure objectivity and independence. The primary role of forensic evaluations is to provide impartial and evidence-based assessments for legal proceedings. Evaluators should adhere to professional guidelines that require neutrality by reporting objective findings. While forensic evaluators often operate in humanitarian and advocacy-driven contexts, they should maintain ethical integrity to ensure that their assessments remain credible, unbiased, and legally defensible. Overstating claims of traumatic experiences or persecution may undermine the credibility of the evaluations in legal proceedings.

Resolve Presumptions of Bias When Balancing Dual Roles of Neutrality and Advocacy

The independent medical judgment required in individual encounters does not negate the capacity for evaluators to advocate for individuals when they are uniquely positioned to inform adjudicators and lawmakers of the special needs of children. Proper forensic evaluations can support testimonies and alleviate the testimonial injustice experienced by asylum seekers. Forensic evaluations can also alleviate hermeneutical injustice by articulating experiences which children may not conceptualize, understand, or have language to express. They can be powerful tools by which victims of traumatic experiences can share their stories.

Pediatric evaluators involved in human rights clinics or advocacy-oriented institutions may be perceived as having a humanitarian or protective agenda. While clinicians may be *perceived* as biased by virtue of their involvement in humanitarian or asylum work, they are not *presumptively biased* if they follow forensic standards of neutrality and medical integrity. Across settings—including in therapeutic or evaluative encounters—clinician evaluators should pursue objective truth (Physicians for Human Rights 2002). Evaluators should act independently in their capacity as medical professionals, which gives legitimacy to their evaluations. They should also complete evaluations with the highest degree of rigor while maintaining integrity to their commitment to do no harm and treat patients with respect and care. When considering the complexity of competing interests and responsibilities, it should be noted that there are benefits for clients to involve evaluators who have specialized knowledge and experience.

At the organizational, community and policy level, clinicians can advocate to expand pro bono, equitable access to forensic medical evaluations, a service that should be available and which can strengthen children's legal claims, and they can advocate for policies that support child welfare. When clinicians may become aware of injustices through this work, they should uphold professional integrity in advocating for human rights (Stoddart et al. 2020).

ETHICAL COMPLEXITIES FACED BY EVALUATORS AND CONSIDERATIONS FOR PRACTICE

Involve Pediatric Clients in Decision-Making, Including Assent and/or Consent, Whenever Possible

For individuals seeking legal immigration relief, it is important to obtain informed consent before proceeding with the legal case or with medical and/or mental health evaluations. The informed consent process is defined by the American Medical Association as, "communication between a patient and physician result[ing] in the patient's authorization or agreement to undergo a specific medical intervention" (Informed Consent | What is informed consent | AMA 2022). In legal cases, informed consent, similarly, is defined by the American Bar Association as an "agreement by a person to a proposed course of conduct after the lawyer has communicated adequate information and explanation about the material risks of and reasonably available alternatives to the proposed course of conduct" (Rule 1.0: Terminology 2022, 0). As Asgary and Smith noted in 2013, informed consent can be complicated by fear for those who are facing potential deportation, and additional care should be taken to obtain consent in several settings and to allow choices related to the evaluation process such as refusing trainee involvement. They advise consenting the client prior to and directly at the medical evaluation (Asgary and Smith 2013).

The process of consent and assent for children involves additional consideration. Legally and developmentally, children under 18 years of age cannot provide informed consent in the US for medical procedures or research, but they can provide assent alongside a parent's or guardian's consent (Children's Assent - NCI 2014).

In a *Pediatrics* perspective that explored assent in research protocols, McMillan conceptualizes three distinct possibilities of requiring a child's assent when parental/guardian consent is also provided. These include: (1) "the parent [or guardian] decides, and the child does not have input" (2) "the parent [or guardian] decides, but the child has input" or (3) "the child can decide, but the parent [or guardian] must agree" (McMillan 2022). For legal immigration relief evaluations, the latter two of these options are best practice. A child should have input and autonomy in evaluations, and whenever possible, children should provide permission for each component of the evaluation. Constructive engagement with children in the assent process amplifies principles of autonomy and self-determination for children whose life histories of traumatic and adverse life events have sublimated their voices within an adversarial system. Furthermore, evaluators should adjust assent procedures according to the developmental stage of children and allow the greatest extent of input possible from the child. In all cases, and especially when a child has limited ability to provide input because of age or developmental stage, risks and benefits should be carefully considered to ensure the child's best interests.

Whenever possible and in circumstances in which the child is not fleeing violence from their legal guardian or parents in their home country, legal and medical providers should obtain informed consent from the child's parents or guardians, even if they are not in the US, to conduct legal immigration relief evaluations. While exceptions may occur if a child is an emancipated minor who has legal independence, children who are separated from their parent/legal guardian should have received consent and guidance on the assent process from their acting guardians (which may include child protective services, the Office for Refugee Resettlement, and/or a court-appointed guardians ad litem) (Cornell Law School Legal Information Institute 2025).

In some instances, the parent or guardian may not have the child's best interests in mind—whether due to conflict, neglect, or coercion—which can raise ethical and legal concerns, including the potential compromise of attorney-client privilege if the attorney is representing multiple family members. In such cases, it is strongly advised to engage a guardian ad litem, if not already appointed, to ensure the child's rights and welfare are represented. Clinicians can also inquire if a family or attorney requested the evaluation, and if not yet connected, can also consult with an attorney before proceeding. Beyond ethical requirements, these deliberate efforts to engage children and their caregivers in decision-making processes establishes the tone for the evaluation. They demonstrate that the child and family are viewed as integral and equal participants to the process in ways that are consistent with the ethics surrounding trauma-informed care practices.

Employ Cultural Sensitivity, Cultural Humility, and Trauma-Informed Care to Minimize Re-Traumatization

When conducting evaluations of children, clinicians should account for pediatric-specific responses and employ culturally sensitive, trauma-informed approaches during forensic evaluations.

Practice Cultural Sensitivity and Humility

Cultural factors shape families' and children's previous experiences, current interactions, and overall understanding of trauma and of medical and legal processes. Clinicians can practice cultural humility, which involves questioning biases and assumptions, actively listening, and remaining open to learning from clients about their experiences and perspectives (Tervalon and Murray-García 1998; Yeager and Bauer-Wu 2013; Cultural Humility: A Critical Step in Achieving Health Equity | Pediatrics | American Academy of Pediatrics 2025). Cultural backgrounds may affect families' and children's beliefs about authority figures, communication, and forthrightness, especially when disclosing traumatic histories or sensitive information. Families' culture can also serve as a source of resilience and strength. Clinicians have a responsibility to recognize and report the ways that cultural norms influence symptoms, communication, interactions, and/or timing of requests for legal services (Fazel 2018). They should ensure equitable language access for clients by employing certified and/or qualified interpreters who follow privacy protection guidelines and, when possible, use professionally translated and validated documents and evaluation tools.

Employ Trauma-Informed Care Practices

Trauma-informed care refers to an approach to providing medical care in which providers assess, recognize, and address the impact of traumatic stress on children, with a goal to avoid re-traumatization and help children heal and thrive across settings, including in clinical and legal interactions (Peterson 2018; Forkey et al. 2021). While many trauma-informed care frameworks have been developed, the overarching approach is rooted in the understanding that every interaction with a child is an opportunity to mitigate potential stress or harm while maximizing choice and empowerment. Evaluators should enact principles of trauma-informed care, not only because trauma-informed approaches are more likely to result in productive evaluation processes, but also because every interaction is an opportunity for healing, trust-building, and growth.

Trauma-informed practices are central in the field of child abuse pediatrics, which is an accredited subspecialty in which pediatricians are specially trained in the evaluation and treatment of children who may be victims of abuse or neglect. Many child abuse pediatricians operate out of child advocacy centers, which are multi-disciplinary centers that partner with local investigative agencies to evaluate allegations of child abuse and child exploitation in a trauma-informed, child-friendly, developmentally and clinically appropriate, and culturally sensitive manner. The nearly 1,000 child advocacy centers in the US may be useful resources to consult when preparing and planning for a child's immigration relief evaluation (National Children's Alliance 2024).

Pediatric asylum medicine providers should adopt pediatric-specific, trauma-informed strategies

and modalities to minimize the risk of re-traumatization, a process in which a child reexperiences or relives traumatic experiences (Center for Substance Abuse Treatment 2014). Certain behaviors may be attributable to traumatic responses or developmental stages for children. For example, children who have experienced traumatic events may exhibit behavioral responses incongruent with the topics they are discussing. They also may not remember or may avoid discussing certain details related to traumatic experiences (Gartland et al. 2020). Furthermore, there is a risk of fabrication, especially if an interview includes misleading prompts (La Rooy et al. 2015).

In the growing and evolving field of asylum medicine, evaluators should incorporate innovative and novel models of care integration and delivery to prioritize children's rights and security. For example, forensic interview training protocols from child advocacy centers can assist multi-disciplinary professionals to interact with children in a developmentally-appropriate, trauma-informed manner. These protocols provide guidance to employ open-ended questions that consider the child's developmental stage and level of understanding, particularly with concepts like time and memory (Berliner et al. 2003; Perona et al. 2005; Lamb et al. 2007; Hershkowitz et al. 2012; Forensic Interview Training - American Professional Society on the Abuse of Children (APSAC)) 2023; Child Forensic Interviewing: Best Practices | Office of Justice Programs 2024; ChildFirst® Forensic Interview Training 2024; Forensic Interviewing Training Model 2024).

Holistic models such as *Terra Firma* (Pineda and Punsky 2024) incorporate immigration medical-legal partnerships into clinical care, minimizing direct child involvement in obtaining histories and ensuring that all interactions are trauma-informed. Rather than relying on models that require children to share their history with a stranger, involving familiar providers who have previously cared for the child is trauma-informed and often results in more accurate disclosures (Saywitz et al. 2019; Lavoie et al. 2021). These integrated care models inherently recognize the multidimensional impacts of traumatic life experiences on children's physical, emotional, and psychological well-being and seek to reduce challenges that children and their families may face in accessing multiple different providers.

Independent evaluators—particularly seasoned professionals who are not affiliated with academic institutions—also have models that allow flexibility. They are able to respond to urgent needs and tailor their approach to each case but may lack institutional supports such as medical-legal protection, malpractice insurance coverage, peer consultation networks, or reimbursement pathways.

A trauma-informed strategy that should be considered, especially for pediatric cases, is to ensure interdisciplinary professional support and care. Individuals involved in children's and family's cases can support communication and consultations when needed with pediatricians, child abuse specialists, attorneys, school professionals, professional societies (e.g., American Academy of Pediatrics, Physicians for Human Rights), and governmental entities. In some cases, a guardian ad litem may be court-appointed to serve as a vital link among these professionals and help ensure that the child's voice is heard and their rights are protected. These practices of clear communication and collaboration foster trust with children and their families, a fundamental requirement of trauma-informed care, and ensure that comprehensive needs are met.

Another unique source of pediatric trauma-informed expertise can be incorporated via collaboration with certified child life specialists, who work across medical settings ranging from outpatient specialty clinics to emergency rooms to reduce anxiety, enhance children's capacity for coping, and engage in developmentally-appropriate play and preparation before medical visits and procedures (McGee 2003; Hall et al. 2018; Isaacson and Ainsworth 2023). Their role is to focus on the child and ensure they feel prepared and comfortable. They can also advocate for trauma-informed approaches from others who are involved in the evaluation. Child life interventions begin from the start of visits, with a focus on welcoming the child and building rapport. Throughout the visit, child life specialists use play to facilitate communication and exploration while reducing anxiety and enhancing coping. They are also able to ascertain the child's development, their level of understanding, and how they may feel as they then prepare and walk them through the steps of what to anticipate. It has been shown that the preparation and education provided by child life can reduce feelings of anxiety and fear in new settings (Brewer 2006). Pediatric evaluators can employ child life specialists or include individuals who serve similar, child-centered roles from the planning process onwards.

Ensure Adequate Oversight of Trainees, and Elicit Consent for Trainee Involvement

While trainee (e.g., medical/health professional students, resident physicians) involvement is important not only for the education of junior medical providers but also for the infrastructure of many student-run

centers, there are several competing ethical principles of observerships in clinical settings (Geiderman 2017). On a practical level, student-led humanitarian asylum clinics often have established reputations, strong networks and infrastructure, and greater capacity than individual providers to conduct evaluations (Physicians for Human Rights 2025). By engaging trainees and serving as referral hubs, humanitarian asylum clinics can perform evaluations efficiently and can often accommodate short deadlines (Sharp et al. 2019). Trainees can assist with arranging logistical support, drafting documents including affidavits, following up with attorneys, and tracking long-term data, which can save considerable time for supervising clinicians while providing valuable educational opportunities in domestic global health, cross-cultural learning, and human rights work (Domestic Opportunities in Global Health 2025).

Forensic evaluations often require clients to recount highly sensitive and traumatic experiences, including torture, persecution, and severe abuse. This creates an ethical tension for training programs, which must balance the education of students and professionals with the responsibility to protect the best interests of individuals undergoing evaluations. The primary obligation in these evaluations is always to the client, not the trainee (United Nations 2025b).

Clinical trainees learn by gaining experiential exposure to a spectrum of clinical encounter types, but this must be balanced with patient privacy and autonomy as well as with ethical principles of beneficence and nonmaleficence (Beauchamp and Childress 2001). While the principle of non-maleficence requests that clinicians "do no harm," it is important to weigh potential harms of evaluations and observerships against the potential benefits gained. In applying trauma-informed approaches to observerships, supervising clinicians must remain attentive to these tradeoffs to avoid unjustified harm and thus may need to deprioritize learning goals to protect children's and families' wellbeing in certain cases. Clients seeking immigration relief may be at risk for coercion or exploitation, and thus the importance of balancing ethical principles with the needs of learners is imperative. When involving trainees, it is important to prioritize ethical integrity, trauma-informed care, confidentiality, and the protection of highly sensitive information.

It is also important to recognize the power differential that exists, especially because evaluations with supervised trainees are frequently pro bono interactions, and families may be grateful and thereby willing to agree to the terms the evaluator stipulates (United Nations 2025b). In some settings, clinics or legal counsels may even stipulate outright that permitting trainee observation is required to facilitate access to the evaluation itself. Such coercive dynamics compromise the autonomy of clients.

In trainee-involved settings, several practice recommendations rooted in trauma-informed care can promote respect, compassion, and self-determination during all stages of the evaluation, especially given the sensitive nature of the forensic evaluation, potential tensions for learners' goals, and power dynamics at play.

First, training should not come at the expense of clients' autonomy and well-being. Supervisors can assure that they are not prolonging interviews for learning purposes, and they can also limit trainee involvement in particularly sensitive cases where recounting traumatic experiences might heighten psychological distress. Any trainees involved in interviews should be trained in trauma-informed care techniques and apply them during client interactions, including avoiding leading questions and allowing the individual to set the pace for sharing their experiences (SAMHSA 2014).

Second, medical-legal teams should engage clients' families in discussions and elicit informed consent related to trainee participation prior to beginning evaluations. Communication about trainee involvement should be clear and respectful to ensure meaningful informed consent and protect the client's decision-making power. Informed consent regarding trainee participation includes reviewing the trainees' role in evaluations, allowing questions and, ultimately, permitting clients to decline trainee participation without any pressure or consequence (United Nations 2022). For example, before agreeing to an evaluation, evaluators and attorneys can discuss involvement of trainees as part of the written informed consent process.

Third, when trainees are included, it is advised that they participate consistently at all stages of the process. This promotes a sense of safety, predictability, and rapport building among the client and all involved in the evaluation in ways that are consistent with trauma-informed care practices.

Fourth, avoid the use of two-way mirrors or video recordings of interviews in a separate room, even with informed consent from the client. While such scenarios are common in some training setting and are often used in child advocacy centers in cases of child abuse, these strategies are discouraged in the context of immigration relief evaluations. Video and/or mirror setups may imply surveillance or cause confusion, as

such technology is often used in coercive settings of interrogation or torture (United Nations 2025b). Furthermore, it is also possible that recordings could be misused in future contexts. These observation tactics can fundamentally upend the foundations of trauma-informed care which promotes transparency in all client-provider interactions and procedures.

Fifth, to minimize the risk of retraumatization, individuals should not be asked to repeat their trauma histories for the benefit of trainees only. De-identified case studies should be used instead. Furthermore, trainees should receive instruction and training on trauma-informed principles in order to observe in a way that prioritizes the comfort and safety of the individual being evaluated (Ferrera and Giri 2022).

Finally, to avoid undue legal and immigration consequences from trainee-led assessments, it is advised to employ structured supervision, competency assessments, and a progressive training model where trainees first receive training, then observe, and then assist with activities (Ferrera and Giri 2022). Trainee education, which is key to their involvement, includes ensuring an understanding of the purpose of forensic evaluations in asylum law and of principles such as confidentiality, informed consent and assent, trauma-informed care, and cultural humility to recognize diverse expressions of trauma. Educational strategies include didactics and simulation workshops, which can train students on sensitive topics (e.g., sexual assault and trafficking) and have been shown to result in improved confidence and comfort for trainees in managing patients with these conditions without involving clients in their training (Bechtel et al. 2020; Brennan et al. 2023; Lee et al. 2023). Because children often present with unique developmental, psychological, and communication needs, trainees should also receive education in developmental stages, age-appropriate signs of trauma, cross-cultural assessments of mental health, interpreter use, and communication styles to ensure children feel safe and understood.

Support Client Needs outside of Legal Encounters, and Communicate Mandated Reporter Requirements Transparently

Evaluations for legal immigration relief are often performed outside of medical homes, which are integrated, comprehensive primary care models (American Academy of Pediatrics 2025). As legal encounters, evaluations may be considered independent of medical care. Thus, clinicians can apply their expertise to help connect children with other needed care and services. Because of the unique needs of children and legal statutes related to mandated reporting, specific ethical and legal considerations are needed when deciding one's capacity to offer additional support for children compared with adults.

Clinicians who perform evaluations can provide varying levels of support beyond the roles and responsibilities related to asylum or immigration relief claims, such as connecting patients with primary care providers, specialists, and social services. For adult evaluations, clinicians can decide to what degree they will provide recommendations for medical, mental health, social, and other needs, and they can elect to direct most of these recommendations to the client's legal advisor. For pediatric evaluations, however, certain needs may arise that should be addressed expeditiously. These may include assuring children have received needed vaccines, are enrolled in school, and have safe living conditions. Because some of the children evaluated often have limited available resources, such as uninsurance or financial insecurity, clinicians should be familiar with available resources and support networks to ensure children receive the health, education, and social supports they need. This includes responding to acute clinical issues and imminent risk of harm that come to light during the evaluation. This is especially relevant in the context of mental health forensic evaluations, where clinicians assess traumatic and adverse life experiences and use standardized measures to assess a range of psychological conditions including posttraumatic stress, anxiety, and depression. Given the severity and chronic nature of traumatic life experiences, children may report severe symptoms of depression including suicidal ideation, plans, and intent. Research indicates that children with a migration history have an elevated risk of depression (Blackmore et al. 2020; Jin et al. 2021). If immediate risk of harm comes to light in the context of an evaluation, clinicians should be prepared to respond with appropriate clinical triage and emergency referral consistent with their scope of practice. This may include immediate accompaniment to the hospital in serious cases. Clinicians are advised to have a risk of harm protocol in place prior to conducting evaluations so that next steps and responsibilities are clarified at the outset.

This responsibility to support children outside of the evaluation encounter exists not only because of general pediatric needs, but also because of potential legal requirements to report concerns of abuse, neglect, or safety that may be components of federal and state mandated reporter statutes (Mandatory Reporters of Child Abuse and Neglect - Child Welfare Information Gateway 2023).

Because of these responsibilities, it is important for clinicians to discuss both their capabilities and limitations to support children and families beyond the legal encounter upfront and to disclose their role as mandated reporters before beginning the evaluation.

Define and Uphold Data Security Standards

Forensic medical evaluations conducted in support of asylum and legal immigration relief often include sensitive personal and health information. Leaked sensitive information can result in severe consequences for clients including persecution, deportation, misuse of information, or harm to family members who remain home in a third location (Canada 2024; Dreier 2025).

According to the Istanbul Protocol, evaluators should adhere to local/national legal requirements in handling sensitive information (United Nations 2025b). Collected disaggregated data should also be examined and scrubbed of identifying details that would put an individual or group at risk. The United Nations High Commissioner on Refugees provides a framework for considering data responsibility and security in legal immigration relief scenarios (UNHCR 2022). Standards include minimizing data collected, using data solely for specified purposes, implementing safeguards against unauthorized access, and storing data for only as long as needed. These steps can further safeguard information in contexts where professionals or institutions may face pressure to disclose data or where medical records could be forcibly seized by the government or authorities.

While not a traditional clinical encounter and thus subject to different protections, forensic medical evaluations frequently contain otherwise protected health information (PHI) and should be handled with appropriate security safeguards (Table 1). Failure to protect this information not only undermines trust but can result in serious legal consequences.

Ensure Confidentiality, Privacy, and Data Protections

The forensic medical evaluation process presents challenges to privacy with multiple parties involved in conducting the evaluation and drafting and finalizing the affidavit. The legal team and evaluator may transmit multiple drafts that can include sensitive photographs and/or diagrams. If conducted through a student run asylum clinic, the affidavit may be drafted by multiple authors before being finalized by the supervising clinician in addition to undergoing revisions by the legal team. Deidentified data may also be collected for research and program evaluation.

From the outset, clients should be informed regarding who will have access to information collected during the evaluation and how it will be shared. Individuals who may access data may include the evaluators' team, legal representatives, and others involved in handling the case. While important for confidentiality and privacy, assuring clients have agency in how their story is conveyed, stored, utilized, and protected is a part of trauma-informed care, in which clients are actively engaged in all decisions and actions.

As the immigration landscape changes, medical professionals and advocates should anticipate evolving data security risks related to the documentation, storage, and transmission of forensic evaluations, especially as artificial intelligence is rapidly evolving. These concerns are particularly acute when dealing with special populations such as unaccompanied children, as various departments have had access to children's data which may result in downstream effects on their safety. Certain diagnoses in a client's file can follow a child into adulthood and impact future status determinations (Dreier 2025).

Practices for securely handling forensic medical evaluations and affidavits are evolving. Approaches vary widely, ranging from the use of encrypted email to storage within hospital electronic health records. It is essential to be thoughtful and predetermine how to best protect data in consultation with information technology services and legal counsels when possible (see Table 1 for additional data safety considerations), especially because of long term implications.

Develop Funding Models That Support Sustainability While Minimizing Financial Burden on Clients

Given that evaluations are critical for some clients to gain legal immigration relief, the question arises of who should fund evaluations. While pro bono humanitarian asylum clinic models have been essential in expanding access and reflect ethical values such as justice, compassion, and professional responsibility, they raise questions about sustainability, workload burden, and long-term equity. Given the capacity and sustainability constraints in meeting the growing demand for qualified forensic medical evaluations,

Table 1. Comparison of data security concerns and Protected Health Information (PHI) handling in traditional medical encounters compared with in forensic medical examination.

Protection Concern	Traditional Health Encounters	Forensic Medical Evaluations	Potential Mitigation Measures
Confidentiality	Established expectation of privacy confidentiality and patient/doctor relationship.	Relies on informed consent. Unauthorized access to PHI could expose client to harm, legal jeopardy.	Minimize use of identifiable data when possible. Obtain informed consent for potential data that may be shared or stored, even once deidentified.
Medical Record Access	Established protections. Access to medical record limited to essential personnel.	Self-created limits on how people handle and/or have access to files and data.	Use encrypted storage for electronic records, password protection with two factor authentication, restrict access to authorized users, share data on need-to-know basis.
Electronic Communication Vulnerabilities	May include third parties such as insurance companies, specialists, or others.	Emailing sensitive information may lead to information leak.	Use secure, encrypted email services, avoid identifying details in subject/body of emails. Use password-protected files or secure portals for document sharing.
Data Storage & Retention	Electronic Health Record (EHR) – built-in security aligning with legal requirements.	Long-term storage of forensic reports, notes, emails, and photos can increase risk of unauthorized access. May use some EHR or legal organization files.	Store files on HIPAA-compliant or encrypted cloud platform. Use external encrypted drives for offline storage. Establish policy for length of time stored.
Physical Security	Medical legal risk department, medical offices/organizations required to keep health records locked in secure locations, limited access.	Paper records, handwritten notes or printed affidavits can have risk of loss or theft.	Minimize paper usage. Prefer digital encrypted storage. Keep physical documents locked, restrict access, and include shredding policy.
Telehealth / Remote Evaluation	Specific process for undergoing telemedicine evaluations: HIPAA compliant secure platform, consent forms.	Unauthorized recordings may occur. Others physically present during evaluation. If conducted in detention center, guards may be present.	Conduct remote evaluations via HIPAA-compliant platforms. Ask client who else is in the room or if there are any safety / privacy concerns they are aware of. Ensure they feel safe to proceed.
Cybersecurity	EHR can be compromised; evolving cybersecurity risks.	Cyberattack may compromise data, especially on unsecured servers.	Use firewall protected device with virus protection, multifactor authentication. Work with informational technology teams to optimize security.
Legal / Ethical Compliance	Established requirements including HIPAA, limited access to medical record, patient authorization for access.	May not have official data privacy requirements.	Ensure compliance with HIPAA and other privacy laws; obtain informed consent with clear explanations; educate all team members on legal and ethical standards.
Legal Protection	Multiple layers of protection, Health information privacy protection act (HIPAA) Privacy Rule. Federal government can subpoena records.	May have some protections for data in hospital EHR, but other data may not have similar protections. Potential risk of subpoena.	Consider that data may be subpoenaed. Include legal counsel and information technology teams to ensure data protection. Recognize attorney-client privilege.
Research Databases	Patients may opt out of research. IRB process is required for human subjects' research.	If storing information (even deidentified) for research, include in informed consent.	Consult with IRB before evaluating deidentified and/or identified data.

EHR: Electronic Health Records; HIPAA: Health Insurance Portability and Accountability Act (data protection); IRB: Institutional Review Board; PHI: Protected Health Information.

there must be thoughtful exploration of how best to support evaluators and humanitarian asylum clinics. Alternative models that provide financial compensation that is not at the expense of the client—such as stipend support, institutional support, or philanthropic funding—deserve consideration to promote sustainability and equity.

Introducing payment models may raise concerns about potential bias, evaluator credibility, equity in access, and professional obligations tied to receiving compensation. Legal and medical communities have a responsibility to evaluate funding stream models when scaling services while maintaining ethical integrity and prioritizing the needs of clients.

Future Directions of Research, Training, and Dissemination

Further research is needed to understand the current scope of pediatric asylum medicine work, and once defined, a pediatric-focused research agenda can help to guide future directions. Because of the legal nature of asylum medicine, it is important that research incorporates expertise from attorneys and immigration judges. One study, for example, used semi-structured interviews with immigration judges to assess how tele- versus in-person evaluations affected decision making (Green et al. 2022), while another included attorneys and judges on an expert Delphi

panel (Hampton et al. 2023). Additional areas for future research in pediatric legal immigration evaluations include but are not limited to evaluating the scope of practice, determining case outcomes with and without forensic evaluations, evaluating feasibility and acceptability of tele-evaluations, assessing outcomes with trainee involvement, and qualitatively evaluating client and family experiences with evaluations.

There is a need for training and dissemination to advance current models and best practices for trauma-informed, child-centric legal immigration relief evaluations within the complex medical, legal, and ethical landscape involving multiple organizations and governing bodies. Existing training opportunities can continue to incorporate and expand modules that support pediatric-specific needs and ethical considerations (PHR Asylum Program 2021; Asylum Medicine Training Initiative 2023).

The Society for Asylum Medicine, which facilitates communication and dissemination of key information and progress in the field, has recently centralized key resources related to asylum medicine, and it will be important to continue to simultaneously incorporate pediatric-specific considerations as norms and standards work continues to expand (Society of Asylum Medicine 2021). The Society for Refugee Healthcare Providers also collates and disseminates late breaking research and information and holds an annual conference (Society of Refugee Healthcare Providers 2021).

CONCLUSION

In the evolving field of asylum medicine, and specifically in pediatric asylum medicine, clinicians face several key ethical complexities. We have examined injustices children experience when seeking legal protection and the dual roles clinicians face as objective evaluators and advocates and as medical providers and experts for legal cases. We further examined ethical approaches to consent and assent; cultural sensitivity and humility; trauma-informed care; minimizing re-traumatization; trainee involvement; mandated reporting; data security; and funding. While this discussion has included practical guidance and approaches to minimize trauma, optimize medical support, and ensure safety in an adversarial system, evaluations of children should be avoided if other reliable sources of information can be used to support their claims for relief. Evaluators should ensure transparency and offer multiple opportunities for informed consent and assent. Medical-legal teams should also ensure that networks for support exist when needs are identified outside of the immediate evaluation. This analysis of practical ethical considerations and guidance has only scratched the surface of ethical concerns in pediatric asylum medicine. There remain gaps in theoretical frameworks to understand pediatric asylum evaluations. Future work can delve into systemic transformations to improve child and human rights and minimize the harm that is inherent in this adversarial system.

DISCLOSURE STATEMENT

Dr. Minal Giri disclosed that she serves as an Advisor for Terra Firma National network. All other authors report no competing interests to declare or conflicts of interest to disclose.

FUNDING

This project was funded by National Institute of Mental Health [K01MH128524] and National Institute on Minority Health and Health Disparities [K23MD020430].

ORCID

Julia Rosenberg http://orcid.org/0000-0001-9338-3634
Sundes Kazmir http://orcid.org/0000-0002-0442-9846
Mary Bunn http://orcid.org/0000-0001-8464-7888
Minal Giri http://orcid.org/0000-0001-6908-4896

REFERENCES

Accreditation Council for Graduate Medical Education [ACGME]. 2023. ACGME program requirements for graduate medical education in child abuse pediatrics. ACGME.

American Academy of Pediatrics. 2025. What is Medical Home? [accessed 2025 June 9]. https://www.aap.org/en/practice-management/medical-home/medical-home-overview/what-is-medical-home/.

Asgary R, Smith CL. 2013. Ethical and professional considerations providing medical evaluation and care to refugee asylum seekers. Am J Bioeth. 13(7):3–12. https://doi.org/10.1080/15265161.2013.794876

Asylum | USCIS. 2025. September 11.

Asylum Medicine Training Initiative. 2023. Asylum Medicine Training Initiative. [accessed 2023 Oct 5]. https://asylummedtraining.org

Atkinson HG et al. 2021. Impact of forensic medical evaluations on immigration relief grant rates and correlates of outcomes in the United States. J Forensic Leg Med. 84:102272. https://doi.org/10.1016/j.jflm.2021.102272

Beauchamp TL, Childress JF. 2001. Principles of biomedical ethics. Oxford University Press.

Bechtel K, Bhatnagar A, Joseph M, Auerbach M. 2020. Sexual assault in an adolescent female: a pediatric simulation case for emergency medicine providers. MedEdPORTAL. 16:10942. Association of American Medical Colleges https://doi.org/10.15766/mep_2374-8265.10942

Berliner L, Hyman I, Thomas A, Fitzgerald M. 2003. Children's memory for trauma and positive experiences. J Trauma Stress. 16(3):229–236. https://doi.org/10.1023/A:1023787805970

Blackmore R et al. 2020. Systematic review and meta-analysis: the prevalence of mental illness in child and adolescent refugees and asylum seekers. J Am Acad Child Adolesc Psychiatry. 59(6):705–714. https://doi.org/10.1016/j.jaac.2019.11.011

Brennan EF, Markopoulos A, Rodriguez J, Sheth NK, Shah N. 2023. Addressing a gap in medical school training: identifying and caring for human trafficking survivors using trauma-informed care. MedEdPORTAL. 19:11304. https://doi.org/10.15766/mep_2374-8265.11304

Office of the Privacy Commissioner of Canada. 2024 Jun 6. Investigation into a privacy breach at Immigration, Refugees and Citizenship Canada.

Carel H, Kidd IJ. 2017. Epistemic injustice in medicine and healthcare. In: The Routledge handbook of epistemic injustice. Routledge.

Center for Substance Abuse Treatment. 2014. Trauma-informed care in behavioral health services. In: Trauma informed care in behavioral health services. Substance Abuse and Mental Health Services Administration (US).

Child Forensic Interviewing: best Practices | Office of Justice Programs. 2024. https://www.ojp.gov/ncjrs/virtual-library/abstracts/child-forensic-interviewing-best-practices. [accessed 2024 Oct 7].

ChildFirst® Forensic Interview Training. 2024. Zero Abuse Project. [accessed 2024 Oct 4]. https://zeroabuseproject.org/for-professionals/childfirst-forensic-interview-training/.

Children's Assent - NCI. 2014. cgvArticle. Nciglobal, ncienterprise. November 13.

Cornell Law School Legal Information Institute. 2025. Guardian ad litem. LII/Legal Information Institute. [accessed 2025 Mar 24]. https://www.law.cornell.edu/wex/guardian_ad_litem

Cultural Humility: a Critical Step in Achieving Health Equity | Pediatrics | American Academy of Pediatrics. 2025. [accessed 2025 Apr 14]. https://publications.aap.org/pediatrics/article/149/2/e2021052883/184574/Cultural-Humility-A-Critical-Step-in-Achieving?autologincheck=redirected

Domestic Opportunities in Global Health. 2025. [accessed 2025 Apr 3].https://www.aafp.org/family-physician/patient-care/global-health/domestic.html

Dreier H. 2025. Trust and consequences. Washington Post. [accessed 2025 Apr 17]. https://www.washingtonpost.com/graphics/2020/national/immigration-therapy-reports-ice/.

Fazel M. 2018. Refugees and the post-migration environment. BMC Med. 16(1):164. https://doi.org/10.1186/s12916-018-1155-y

Ferdowsian H, McKenzie K, Zeidan A. 2019. Asylum medicine. Health Hum Rights. 21(1):215–225.

Ferrera MJ, Giri M. 2022. What should count as best practices of forensic medical and psychological evaluations for children seeking asylum? AMA J Ethics. 24(4):E267–274. https://doi.org/10.1001/amajethics.2022.267

Forensic Interview Training - American Professional Society on the Abuse of Children (APSAC). 2023.

Forensic Interviewing Training Model. 2024. National Children's Advocacy Center. [accessed 2025 Oct 4]. https://www.nationalcac.org/forensic-interviewing-training-model/.

Forkey H, Szilagyi M, Kelly ET, Duffee J, COUNCIL ON FOSTER CARE, ADOPTION, AND KINSHIP CARE, COUNCIL ON COMMUNITY PEDIATRICS, COUNCIL ON CHILD ABUSE AND NEGLECT, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH. 2021. Trauma-informed care. Pediatrics. 148(2):e2021052580. https://doi.org/10.1542/peds.2021-052580

Gartland MG et al. 2020. Forensic medical evaluation of children seeking asylum: a guide for pediatricians. Pediatr Ann. 49(5):e215–e221. https://doi.org/10.3928/19382359-20200421-01

Geiderman JM. 2017. Observers in the medical setting. Ann Emerg Med. 70(1):86–92. https://doi.org/10.1016/j.annemergmed.2016.10.006

Green AS et al. 2022. Immigration judges' perceptions of telephonic and in-person forensic mental health evaluations. J Am Acad Psychiatry Law. 50(2):240–251. https://doi.org/10.29158/JAAPL.210075-21

Hall JE et al. 2018. Certified child life specialists lessen emotional distress of children undergoing laceration repair in the emergency department. Pediatr Emerg Care. 34(9):603–606. https://doi.org/10.1097/PEC.0000000000001559

Hampton K, Mishori R. 2023. What constitutes a high-quality, comprehensive medico-legal asylum affidavit in the United States immigration context? A multi-sectoral consensus-building modified Delphi. J Forensic Leg Med. 96:102513. https://doi.org/10.1016/j.jflm.2023.102513

Hershkowitz I, Orbach Y, Lamb ME, Katz C, Horowitz D. 2012. The development of communicative and narrative skills among preschoolers: lessons from forensic interviews about child abuse. Child Dev. 83(2):611–622. https://doi.org/10.1111/j.1467-8624.2011.01704.x

Informed Consent | What is informed consent | AMA. 2022. [accessed 2022 Jul 11]. https://www.ama-assn.org/delivering-care/ethics/informed-consent

Isaacson V, Ainsworth S. 2023. Child advocacy center. In: The role of child life specialists in community settings. IGI Global. p 175–190. https://doi.org/10.4018/978-1-6684-5097-0.ch008

Jin SS, Dolan TM, Cloutier AA, Bojdani E, DeLisi L. 2021. Systematic review of depression and suicidality in child and adolescent (CAP) refugees. Psychiatry Res. 302:114025. https://doi.org/10.1016/j.psychres.2021.114025

La Rooy D et al. 2015. The NICHD protocol: a review of an internationally-used evidence-based tool for training

child forensic interviewers. J Criminol Res Policy Practice. 1(2):76–89. https://doi.org/10.1108/jcrpp-01-2015-0001

Lackey J. 2022. Epistemic reparations and the right to be known. Proc Addr Am Philos Assoc. 96:54–89.

Lamb ME, Orbach Y, Hershkowitz I, Esplin PW, Horowitz D. 2007. Structured forensic interview protocols improve the quality and informativeness of investigative interviews with children: a review of research using the NICHD Investigative Interview Protocol. Child Abuse Negl. 31(11-12):1201–1231. https://doi.org/10.1016/j.chiabu.2007.03.021

Lavoie J, Wyman J, Crossman AM, Talwar V. 2021. Meta-analysis of the effects of two interviewing practices on children's disclosures of sensitive information: rapport practices and question type. Child Abuse Negl. 113:104930. https://doi.org/10.1016/j.chiabu.2021.104930

Lee CH, Santos CD, Brown T, Ashworth H, Lewis JJ. 2023. Trauma-informed care for acute care settings: a novel simulation training for medical students. MedEdPORTAL. 19:11327. Association of American Medical Colleges https://doi.org/10.15766/mep_2374-8265.11327

Lustig SL, Kureshi S, Delucchi KL, Iacopino V, Morse SC. 2008. Asylum grant rates following medical evaluations of maltreatment among political asylum applicants in the United States. J Immigr Minor Health. 10(1):7–15. https://doi.org/10.1007/s10903-007-9056-8

Mandatory Reporters of Child Abuse and Neglect - Child Welfare Information Gateway. 2023. [accessed 2023 Jul 31]. https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/manda/.

McGee K. 2003. The role of a child life specialist in a pediatric radiology department. Pediatr Radiol. 33(7):467–474. https://doi.org/10.1007/s00247-003-0900-2

McMillan G. 2022. The parent's dilemma: pediatric assent in research. Pediatrics. 150(3):e2021055426. https://doi.org/10.1542/peds.2021-055426

Midwest Human Rights Consortium. 2022. Illinois Chapter. American Academy of Pediatrics. [accessed 2022 Jul 24]. https://illinoisaap.org/mhrc/.

National Children's Alliance. 2024. Fact sheet. National Children's Alliance. [accessed 2024 Oct 6]. https://www.nationalchildrensalliance.org/media-room/nca-digital-media-kit/fact-sheet/.

Perona AR, Bottoms BL, Sorenson E. 2005. Research-based guidelines for child forensic interviews. J Aggres Maltreat Trauma. 12(3–4):81–130. https://doi.org/10.1300/j146v12n03_04

Peterson S. 2018 Feb 28. Trauma-informed care. The National Child Traumatic Stress Network.

PHR Asylum Program. 2021. Physicians for Human Rights. [accessed 2021 Jul 2]. https://phr.org/issues/asylum-and-persecution/phr-asylum-program/.

Physicians for Human Rights. 2002. Dual loyalty & human rights in health professional practice: proposed guidelines & institutional mechanisms. Physicians for Human Rights; Observatory, South Africa School of Public Health and Primary Health Care, University of Cape Town, Health Sciences Faculty.

Physicians for Human Rights. 2025. Student asylum clinics. PHR. [accessed 2025 Mar 24]. https://phr.org/issues/asylum-and-persecution/student-asylum-clinics/.

Pineda L, Punsky B. 2024. Mental health as the cornerstone of effective medical-legal partnerships for asylum-seekers: the terra firma model. Psychol Trauma. 16(Suppl 2):S417–S425. https://doi.org/10.1037/tra0001343

Rosenberg J et al. 2021. Characteristics and scope of humanitarian relief forensic medical evaluations for immigrant children in the US. J Forensic Leg Med. 82:102221. https://doi.org/10.1016/j.jflm.2021.102221

Rule 1.0: Terminology. 2022. [accessed 2022 Jul 11]. https://www.americanbar.org/groups/professional_responsibility/publications/model_rules_of_professional_conduct/rule_1_0_terminology/.

Saywitz KJ, Wells CR, Larson RP, Hobbs SD. 2019. Effects of interviewer support on children's memory and suggestibility: systematic review and meta-analyses of experimental research. Trauma Violence Abuse. 20(1):22–39. https://doi.org/10.1177/1524838016683457

Scruggs E, Guetterman TC, Meyer AC, VanArtsdalen J, Heisler M. 2016. "An absolutely necessary piece": a qualitative study of legal perspectives on medical affidavits in the asylum process. J Forensic Leg Med. 44:72–78. https://doi.org/10.1016/j.jflm.2016.09.002

Services for Survivors of Torture | The Administration for Children and Families. 2025. [accessed 2025 Oct 5]. https://acf.gov/orr/programs/refugees/services-survivors-torture

Sharp MB, Milewski AR, Lamneck C, McKenzie K. 2019. Evaluating the impact of student-run asylum clinics in the US from 2016–2018. Health Hum Rights. 21(2):309–323. https://doi.org/10.59586/jsrc.v2i2.18

Society of Asylum Medicine. 2021. Society of Asylum Medicine. [accessed 2021 Jul 2]. https://asylummedicine.com

Society of Refugee Healthcare Providers. 2021. [accessed 2021 Jul 2]. http://refugeesociety.org/.

Southwest Land Border Encounters | U.S. Customs and Border Protection. 2025. [accessed 2025 June 9]. https://www.cbp.gov/newsroom/stats/southwest-land-border-encounters

Specialty Care Access Network | Migrant Clinicians Network. 2022. [accessed 2022 July 11]. https://www.migrantclinician.org/our-work-health-network/specialty-care-access-network.html

Stoddart R, Simpson P, Haire B. 2020. Medical advocacy in the face of Australian immigration practices: a study of medical professionals defending the health rights of detained refugees and asylum seekers. PLoS One. 15(8):e0237776. https://doi.org/10.1371/journal.pone.0237776

Synergy for Justice. 2022. [accessed 2022 July 24]. https://synergyforjustice.org/.

Tervalon M, Murray-García J. 1998. Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. J

Health Care Poor Underserved. 9(2):117–125. https://doi.org/10.1353/hpu.2010.0233

U and T Visa Law Enforcement Resources | Homeland Security. 2022. [accessed 2022 Jul 24]. https://www.dhs.gov/publication/u-visa-law-enforcement-certification-resource-guide

Unaccompanied Alien Children Data. 2025 Sept 11. US Department of Health & Human Services Office of Refugee Resettlement.

UNHCR. 2022. General policy on personal data protection and privacy. UNHCR RefWorld.

United Nations. 2025a. Convention on the Rights of the Child. OHCHR. [accessed 2025 Apr 4]. https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child

United Nations. 2025b. Istanbul protocol: manual on the effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment. OHCHR. [accessed 2025 Mar 24]. https://www.ohchr.org/en/publications/policy-and-methodological-publications/istanbul-protocol-manual-effective-0

Yeager KA, Bauer-Wu S. 2013. Cultural humility: essential foundation for clinical researchers. Appl Nurs Res. 26(4):251–256. https://doi.org/10.1016/j.apnr.2013.06.008