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Zoe Given-Wilson, Jane Herlihy, and Matthew Hodes

ABSTRACT

Unaccompanied asylum seeking children (UASC) are separated from caregivers, have often been exposed to significant additional past and ongoing adversities, and seek protection from war, organised violence or persecution in a new country. Obtaining a more secure legal position by achieving recognition of the asylum claim and legal rights may involve arduous interviews with officials who appear disbelieving. Assessing a minor's claim to asylum is an important and difficult task. UASC often arrive with little "proof" or documentation to justify their claims and can only provide their account in making their claim. Without such 'proof' decision-makers turn to the subjective judgement of the applicant's credibility. This review appraises the literature on UASC asylum claims from a psychological perspective. Searches were made of the main databases for relevant studies. The review focuses on key findings: developmental processes, mental health, autobiographical memory, cultural influences, and decision-makers own thinking processes and subjective states. Key findings specific to the UASC predicament are their ability to tell their story - an aspect of autobiographical memory, which is affected by developmental stage, presence of mental illness and culture. The review shows that the decision-makers' own beliefs, past experiences and emotional state also affects their decision making processes. An adequate assessment requires evaluation of a multitude of factors and careful decision-making. The findings are pertinent for understanding the UASC, interviewing style and appraising the information. The implications for policy and practice are summarised.

INTRODUCTION

Asylum seekers are people who leave their country because of fear of persecution or organised violence and seek sanctuary in another country. The United Nations states that to be eligible for state protection someone must have “a well-founded fear of being persecuted because of his or her race, religion, nationality, membership of a particular social group or political opinion; and is unable or unwilling to avail him or herself of the protection of that country, or to return there, for fear of persecution” (UN General Assembly, 1951). A refugee is thus ‘recognised’ as eligible for state protection, if when considering “all relevant facts”, a receiving state judges that the person qualifies for protection (UNHCR, 1992). Asylum seekers are children or ‘minors’, as defined by Article 1 of the UN Convention on the Rights of the Child as anyone below 18 years. This paper addresses issues relating to unaccompanied asylum seeking children (UASC) – those who are unaccompanied by an adult. UASC are not subject to the same legal processes.

UASC, like adult asylum seekers, often arrive in the resettlement country with little ‘proof’ or documentation and only have their account as a means of evidencing their claim to protection from further persecution. In the absence of ‘hard evidence’ through which to assess a claim, decision-makers turn to more general indicators of the credibility of the applicants’ claim. Credibility is the subjective judgement as to whether or not the source (i.e. the young person) is to be believed (Bruck, Ceci, & Hembrooke, 1998). For UASC, law and policy assert that their claims should be assessed cautiously with their age, maturity and mental health in mind. Whilst such recommendations exist, there is little explanation on how this translates into the actual practice of assessing minors’ claims. But how would a traumatised young person tell their story compared to someone who did not experience such trauma, but was sent away from home to avoid persecution or violence? Should we expect certain emotional responses from these young people? Despite the dearth of detail in asylum policy, the psychological literature can contribute to a better understanding of the issues concerning both the young asylum seeker and the decision maker.

This paper presents a review of psychological literature on adolescent development, autobiographical memory and mental health and shows how they may affect a young persons’ account when seeking asylum. These are crucial areas of study as the way young asylum seekers speak about their experiences may influence whether the decision maker regards their account as credible, and thus whether they are more likely to be granted asylum or leave to remain. The paper also presents research on judicial decision making and assumptions held about adolescents. In particular we consider how these affect the evidence a UASC presents and the way decision makers’ assumptions and attitudes, rather than the evidence of the claim, might determine whether or not the young person’s claim is believed. The review is based on consultation with experts in the field of UASC (including legal representatives, policy makers, psychologists, psychiatrists, and UNHCR employees), and review of the English language literature published in the past 25 years in the four main databases (PsychInfo, Medline, Embase & JStor), then hand searching of relevant papers.

Background to the UASC Experience

The numbers of unaccompanied minors currently seeking asylum across the world is increasing with reasons for leaving their home country commonly due to exposure to war, violence, sexual assault and/or high levels of persecution (Thomas, Thomas, Nafees, & Bhugra, 2004). In addition these young people have been separated from their caregivers either when leaving their home country or during their journey to seek refuge. It appears that the type of adverse events impacts psychopathology outcomes; exposure to violence and maltreatment increases vulnerability to posttraumatic stress disorder, and loss and ongoing stressors such as instability in living can lead to depression (Hodes, Jagdev, Chandra, & Cunniff, 2008).

Chronic uncertainty about personal safety and limited opportunity for resettlement has a deleterious effect on children's mental, developmental, and physical (Fazel, Karunakara, & Newnham, 2014). Despite this, UASC often live with uncertainty about their immigration status for months or even years. Consequently they are unable to achieve social and educational stability. Living conditions may further expose them to violence or abuse. Many UASC are age disputed (i.e. the immigration officials or local authority/social services may not believe an UASC who claims to be under 18 years reference) and this can result in frequent interviewing by social workers and immigration officials, and placement in unsuitable environments with inadequate care arrangements. Evidence from the UK shows that many UASC who are age disputed are vindicated when further investigation, sometimes when documentary evidence can be obtained, is carried out. Given that the UASC's can only remain in a resettlement country, and avoid deportation if the asylum claims are believed, how those claims are made and assessed is crucial. If a legitimate claim is rejected, then a young person is at risk of being returned to a country in which his/her life may be in danger, with risk of persecution and possible death.

Psychological Development

Adolescence commences with the onset of puberty, but its end point is culturally determined. Most Western countries consider adulthood to begin at age 18. However, psychological and neurological evidence suggests full maturation is not achieved until the early 20s, and developmental changes occur in response to multiple interactions between neurological development, individual experiences, family relationships, social, education, cultural influences (Johnson, Blum, & Giedd, 2009). Consequently, variations in development have to be considered when assessing UASCs' motivation and understanding in the asylum account, especially because they have been separated from caregivers, and may have experienced traumatic events and frequent moves which are all likely to impact optimal development (Derluyn & Broekaert, 2008).

Consequently, when considering a minor's capacities, it is important to conceptualise maturity as more than just chronological age. This is particularly the case among asylum-seeking youth who due to atypical and traumatic experiences may be adept in some ways (e.g. early responsibility to care for self or others) yet apparently delayed in others (e.g. if they did not receive formal education). As a result they are more likely to present with 'uneven' development and may not match expected norms in receiving countries.

Cognitive

The reviewed research indicates that young adolescents think in a concrete way – basing their thoughts on facts, their own experiences and inductive reasoning (e.g. 'Authorities have exploited me and my family in the past, so all people in authority do this'). As the capacity to think abstractly develops during mid-adolescence they may begin to draw on hypothetical principles and deductive reasoning, which enables them to consider another's perspective (e.g. 'Although I have experienced

exploitative authorities in my home country, the rules and values of the authorities in this country might be different'). However this cannot be presumed, as deductive and hypothetical reasoning are valued more and encouraged in Western cultures. Consequently explanations of events which appear shallow or implausible to an adult may be a reflection of a concrete and inductive thinking.

Marked neurological development during adolescence allows for greater capacity for forward planning, abstract thinking, understanding of self and others, and language development, (Giedd, Keshavan, & Paus, 2008). This enables a young person to consider different perspectives, acquire a broader vocabulary, understand the structure of language, and gain increased eloquence. These capacities are likely to improve UASCs ability to understand and participate in the asylum assessment process. For example, in an asylum interview, being able to consider the interviewer's perspective in order to deduce what information is important, may be crucial. Similarly increased verbal capacity enables a 'smoother' narrative – easier for the decision maker to understand, and potentially more likely to be judged credible. However if UASC did not experience in childhood an environment that stimulates such cognitive aptitudes (e.g. abstract thought, language development) these capacities may not have developed.

Moral

Initially children adhere to rules and social codes without considering potential consequences. For example, they are more likely to obey an authority figure regardless of the outcome. As capacity for abstract thought develops during adolescence they are likely to explore the meaning and consequences of moral codes, and begin to make decisions based on their own values (Kohlberg, 1969). Consequently when assessing a child's motivations or actions, it is important to consider the child's moral developmental stage.

Emotion regulation

Adolescence is also a time of increased vulnerability to external stressors (Blakemore & Robbins, 2012). Adolescents are particularly susceptible to social and emotional influences (i.e. peer influence, risk taking) because they have not mastered emotional regulation or impulse control. This can lead to them making poor decisions based on their feelings at a particular moment rather than considering the consequences.

The ability to infer the mental and emotional states of others and oneself emerges in mid-adolescence. However, mastery of emotion regulation and the capacity to evaluate risk and plan for the future (Giedd et al., 2008) is not developed until around mid-20s. Consequently UASC are likely to be still developing ability in perspective-taking and be influenced by their emotional state proportionally more than adults. This heightened emotionality and limited capacity to regulate their affect can result in difficulty managing emotional responses in stressful situations - such as an asylum interview - or understanding others' emotional reactions. This could lead to a young person becoming emotionally dysregulated in an asylum interview

and being unable to answer questions, or they may misread the expressions of the interviewer as threatening when they are not – again inhibiting their ability to give a clear account.

The combination of partially developed impulse control, emotion regulation and increased sensitivity to reward during adolescence can increase the likelihood of acting impulsively before weighing up consequences. Adolescents are more likely to take risks as they are less able to pause and assess a situation before making a decision (Johnson et al., 2009). This may mean they have taken seemingly improbable actions in their home country or on the journey to the receiving country. Therefore it is important when assessing a young persons' account of what they have done the decision-maker does not base their assessment of the actions on what they themselves would have done. Rather it should be assessed in light of what we know about the still developing neurological capacities and regulation systems of young people.

Mental Health.

Asylum seeking minors have heightened risk of developing mental health problems due to the stressors they have been exposed to in their home country (i.e. war, disruption to community life, witnessing deaths), in transit (i.e. sexual exploitation, separation from caregivers, illness) and upon arrival (i.e. uncertainty of refugee status, discrimination, low social support) (Derluyn & Broekaert, 2008; Fazel, Reed, Panter-Brick, & Stein, 2012). In addition a sustained lack of any parental figure further increases these young peoples' vulnerability to mental health problems (Hodes et al., 2008). For example, one study suggests that unaccompanied minors are five times more likely to have emotional difficulties than those who are accompanied by a caregiver (Derluyn, Broekaert, & Schuyten, 2008)

Common mental health problems include posttraumatic stress disorder (PTSD), depression, anxiety, as well as psychosis, self-harm and suicidality, delinquency and aggression (Hodes et al., 2008). Prevalence rates vary depending on the population studied and methodologies. Posttraumatic stress disorder PTSD rates vary greatly but seem to be around 10-25% in UASC in high income countries and as high as 75% in low or middle income countries (Fazel et al., 2014). A review found that PTSD was ten times higher amongst asylum seeking youth than non-asylum seeking peers and prevalence of depression ranges from 5-30% and anxiety 10-30%, again higher in less settled populations (Fazel et al., 2014). However, often these adolescents' difficulties are not detected due to lack of access to treatment, reluctance to seek help due to stigma or believing it would not help, or reporting somatic rather than psychological symptoms (Dura-Vila, Klasen, Makatini, Rahimi, & Hodes, 2012).

Trauma responses may be due to exposure to a single event or repeated distressing experiences. Although a single event is often seen as crucial in evidencing an asylum claim, other experiences are also important to consider as the number and type of traumatic events experienced will have an impact on memory and psychological and behavioural difficulties. Asylum-seeking youth have often experienced both a single event which they may recount in asylum proceedings, but also repeated

traumas such as exposure to organised violence and persecution in their home country, the loss or separation from their parents, the journey to the asylum country, and abuses associated with trafficking. The UASC may not disclose all these experiences due to the distress of invoking both the memory and the associated physiological and emotional stress. The reported events therefore may only be the tip of the iceberg of the UASC's experiences.

Both single and repeated traumas can significantly affect a young person's everyday life and memory, and repeated trauma from a young age has been found to have a particularly deleterious effect on brain and language development and memory (Chu, 2010). Repeated traumas will affect children differently depending on developmental stages, for example early trauma may increase the likelihood of dissociation¹ throughout later life, and poorer autobiographical memory (see below) as they grow. Earlier, more severe or longer lasting stressors cause more psychological distress and may hinder development.

Depression and anxiety are also very common among asylum-seeking adolescents and often occur alongside posttraumatic stress disorder (Ehnholt & Yule, 2006). Depression and anxiety are often associated with past war trauma, losses, disruption of social ties, and resettlement stressors such as the challenges of obtaining secure asylum status (Ehnholt & Yule, 2006). These mental health difficulties may affect a young person's behaviour and memory in ways which negatively impact their asylum application. For example, depression may result in flattened affect leading to a young person appearing emotionally cut-off from the story of a traumatic event they recount in an asylum interview; an impression which may lead the decision maker to not believe the account (Rogers, Fox, & Herlihy, 2015). Depression may also manifest as difficulties with concentration, low self-worth, feelings of guilt, and hopelessness. It is important that all of these symptoms are recognised as part of depression rather than being interpreted as lack of cooperation. For example, if the applicant's low mood and lack of motivation is interpreted as them being indifferent and could influence the decisions about their protection status. Anxiety is associated with increased restlessness which could be interpreted as a sign of insincerity or lying in an interview setting (Kaufmann, Drevland, Wessel, Overskeid, & Magnussen, 2003). Often these adolescents will withdraw and as a consequence their distress is not communicated and they may appear unemotional. Anxious people have also been shown to be more easily influenced in interrogative interviews when reporting negative life events (Drake, 2010). This high anxiety and power imbalances may mean UASC are more suggestible.

Whilst newly arrived asylum seeking youth are more likely to present with posttraumatic stress, depression and anxiety, over time disruptive behaviours may emerge. In cases when youths have been exposed to extreme violence or actively engaged in violence (i.e. child soldiers) the likelihood that they become violent during adolescence increases. Poor care in resettlement countries, social marginalisation and antisocial peer groups may increase the risk of antisocial behaviour. Adolescents are more likely to act impulsively than adults, and in combination with antisocial behaviour this may contribute to being regarded negatively. In addition to these mental health conditions young asylum seekers may also have pre-existing developmental

difficulties such as learning difficulties, autistic spectrum disorder or attention deficit disorders which are likely to influence their understanding of events and adjustment (Dura-Vila et al., 2012; Fazel et al., 2012).

Attachment and Trust.

UASC may have witnessed or experienced human rights abuses and combat, threatening soldiers, or traffickers, and on arrival in resettlement countries encountered disbelieving and even dismissive officials. Such experiences may create uncertainty for the UASC regarding trust and may make honest disclosure difficult. They may come to believe, at times correctly, that parsimony or even avoidance of the truth when interviewed is the best survival tactic.

Difficulties in establishing trust may also prevent disclosure. Early separation from parents or caregivers may affect young people's 'attachment system' - a set of self-protective strategies which become activated in the presence of threat, and include increasing proximity to attachment figures who for children and adolescents are usually one of the parents or caregivers. Attachment systems originate from the strong emotional bond experienced in early life between infant and primary caregiver and they shape the development of the individual's self-regulatory systems and their internal model of people, emotions and relationships. They also have a long lasting impact on the individual's ability to feel safe and trust another, elicit positive responses from others, and regulate emotions. Some asylum seeking youth may have experienced disrupted attachments due to early parental separations or loss related to war and organised violence. Consequently their ability to trust, or relate to others, may be severely impaired.

This may have a particularly deleterious effect as UASC often come into contact with many more authorities (e.g. lawyers, judges, social workers, NGO support, police and border agencies) than adults due to additional social care issues. Difficulty in trusting people could mean the young person is unable to disclose aspects of their story, or they may provide different information to different people, which if compared, undermines their credibility and may ultimately affect how they are judged.

Asylum seeking children may also have had numerous encounters with other adults including traffickers, immigration officials, and even social workers who have not acted in their best interests and betrayed their confidence. Ongoing difficulties with processing asylum applications and repeated interviewing may also contribute to the difficulty in establishing trust.

The issue of trust is particularly important for young people as – more so than adults - when young people are faced with unresponsive interviewers and their anxiety increases, they provide poorer accounts of previous events (Pasupathi & Wainryb, 2010). This may negatively affect their asylum claim and could result in omissions of important information or providing an account which lacks detail pertinent to their asylum claim.

Shame and Stigma.

A sense of personal identity is not consolidated until late adolescence and may be further affected for those who lack close sustained relationships (i.e. family or peers (Derluyn & Broekaert, 2008)) and experience cultural identity conflict (i.e. between the values of their country of origin and host country) . Such identity concerns can render young people particularly vulnerable to peer influence, and thus experiencing shame (Cunha, Matos, Faria, & Zagalo, 2012). Shame is a socially focused emotion associated with feeling negatively judged by others or exposed as inadequate, flawed, powerless, or inferior (Cunha et al., 2012). Adolescents who have traumatic and shameful memories have been found to be more prone to believe that others view them negatively, and have higher levels of depression and anxiety (Cunha et al., 2012). The young person may also feel guilt over surviving adversities or escaping when others did not.

Shame has been identified as a significant barrier to disclosure in asylum interviews with adults (Bogner, Herlihy, & Brewin, 2007). Given the heightened sensitivity to shame during adolescence, it could be expected to be an equal, if not greater obstacle to disclosure among child applicants. Shame and embarrassment have been found to result in adolescents providing less information and less accuracy when recalling medical procedures (Goodman & Quas, 1994) and in sexual abuse testimonies (Hershkowitz, Orbach, Lamb, Sternberg, & Horowitz, 2006). Importantly this also affected the behaviour of the interviewers; a study of child abuse cases found that forensic interviewers digressed from interviewing guidelines (i.e. made fewer requests for information and more unsupportive comments) when confronted with a minor who was not forthcoming (Hershkowitz et al., 2006).

Interviewers working with sexually abused children have suggested that repeated interviews, leading questions, induction of stereotypes (e.g. asking ‘show me how he touched you’) are all needed to elicit details . However, using directed questions driven by the interviewer’s beliefs may mean further questions to counter those beliefs are not asked. This is particularly important when considering interviews with young people, who are more susceptible to providing an answer to appease the interviewer.

A young person’s sense of duty towards their family may also create a sense of shame. Adolescents who come from collectivist cultures acknowledge greater expectations about their duty to assist, respect and support their families (Fulgini, Tseng, & Lann, 1999). Minors may believe that disclosure of their experiences would bring shame to their family. Furthermore, minors may have been selected by their family to seek protection for them, and may have been briefed on what they must say, or do, to increase their chances of gaining protection (Gross, 2004). This additional pressure to ‘succeed’ in attaining asylum with the possibility of failure, may contribute an additional burden of shame and a sense of failure, which paradoxically will make it more difficult for them to present a credible claim.

Autobiographical Memory.

It is very important to consider autobiographical memory when young asylum seekers' claims are assessed. To tell one's story in an asylum interview requires retrieval of autobiographical memories. Autobiographical memory is the recollection of personal events, specific to time and place including sensory, perceptual and emotional detail (Willoughby, Desrocher, Levine, & Rovet, 2012). Recounting a memory involves construction and reconstruction of an event which means with each re-telling it may become distorted over time. The specificity, coherence and consistency of someone's autobiographical narrative is also influenced by their individual and contextual circumstances such as developmental stage, culture, early life experiences, mood state, trauma and mental capacities. It is therefore crucial that the child's individual and contextual circumstances are considered when assessing credibility based on the applicant's ability to recall and provide a coherent narrative.

During adolescence the complexity, length and amount of information in memories increase, whilst the accuracy of recall remains similar in adolescents to that in adults (Lamb, Sternberg, & Esplin, 1995; Sutherland & Hayne, 2001). Due to neurological development, coherency of one's memory narratives increases between 12 and 16 years, but does not fully mature until around 20 years.

Younger adolescents typically recount memories with factual content and action statements – the 'who' and 'what' of a story. However, their memories may have less orientation in time and place, fewer emotions and interpretations or causal accounts (i.e. explanations of someone's actions) compared to older adolescents (Willoughby et al., 2012). It appears that the 'when' and 'why' are later developments in autobiographical memory. This is highly relevant as questions of causality are often used in asylum interviews.

Whilst the above paragraphs outline 'typical' autobiographical memory development, autobiographical memory is particularly vulnerable to distortions. Accuracy of recall reduces when an event occurs repeatedly as 'script memories' are established. Script memories are based on typical events rather than the specific details of each event, and consequently one's memories tend to become generalised. Memories of personal importance or emotional salience are more likely to be recalled than those which do not have any personal salience (Kuyken & Howell, 2006). Importantly, what one official may view as a fundamental part of the account, may not have the same personal importance for the UASC and therefore not as likely to be recalled.

Linguistic and cognitive development is necessary but not sufficient for providing coherent accounts of autobiographical memories. Children and adolescents develop the skill of narration through conversation with caregivers which enables young people to re-examine their experiences and bring them together into formed memories of past experiences (Habermas & de Silveira, 2008). However, for those without this support such as UASC, being separated from their caregivers, may not be able to narrate their experiences so adeptly. Cultural background will also shape what is told and what is not. People from interdependent or collectivistic cultures tend to provide shorter memories which focus more on social events, rather than

individual experiences as people from independent, or individualistic cultures do (Antalikova, Hansen, Gulbrandsen, De La Mata, & Santamaria, 2011).

The individual's current emotional state also influences the specificity and coherence of autobiographical memory accounts. Generally retrieval of emotion-based memories is difficult for adolescents and research indicates this is even more so in traumatised and depressed adolescents. Depression can also significantly affect a young person's account of their autobiographical memories. Research to date suggests that depressed adolescents compared to non-depressed counterparts provide less event-specific autobiographical memories which have less emotional and sensory content, and often describe events from an observer perspective (e.g. giving an account in the third person) (Kuyken & Howell, 2006).

Early exposure to trauma, abuse, or neglect has also been linked with overgeneral autobiographical memories –categorical summaries of repeated events rather than descriptions of specific events occurring at a certain time and place. Adolescents with a history of childhood abuse or neglect, have less specific autobiographical memories. Previous abuse has a particularly significant effect on reducing adolescents' ability to recall specific events, resulting in overgeneral memory (Valentino, Toth, & Cicchetti, 2009). The developmental stage at which the trauma occurred will also affect the person's autobiographical recall and PTSD may also affect adolescents' autobiographical memory, although further research is needed to draw a conclusion. Two particularly relevant studies examining adolescents seeking asylum (Spinhoven, Bean, & Eurelings-Bontekoe, 2006) or exposed to war (Brennen et al., 2010) both found them to have overgeneral memories. One study examined interviews with adolescents with over-general memories and found that interviewers needed to provide more prompts to encourage these youth to access memories (Johnson, Greenhoot, Glisky, & McCloskey, 2005). Given that credibility is often assessed by how detailed or consistent a story is, variations in autobiographical memory may be misconstrued in an asylum interview as signs of fabricated or unreliable reports. Supporting this hypothesis is Spinhoven et al.'s (2008) finding that that UASC whose accounts had fewer inconsistencies were more likely to be granted protection.

The Decision Maker.

Whether or not a claim is regarded as credible is influenced by the perception of the interviewer, who may be the decision maker. A review of judges assessing adult asylum claims in the UK found that their appraisals were based on assumptions (about human behaviour, intentions, and ways of remembering and relating) that were not all in line with current psychological science (Herlihy, Gleeson, & Turner, 2010). There was also evidence of inconsistency between decisions, suggesting subjectivity in credibility assessment, possibly due to individual decision-makers' personal assumptions. Whilst there is no research directly examining assumptions that decision-makers make in minor's asylum claims, there is research into assumptions of decision-makers about young people in other legal arenas which offers some insight.

Decision makers' own experiences

Reviewed research suggests that personal experiences and emotions influence decision making. One study found that judges for the US court of appeals who had daughters were found to vote consistently in line with feminist values on gender issues compared to judges with only sons. This research highlights how personal experience appears to influence the decisions judges make (Glynn & Sen, 2014).

Decision makers' beliefs about the capabilities and motivations of young people may influence decisions and this is likely to vary according to the decision maker's exposure to adolescents. For example, one study showed that older adults who had had more exposure to young people were more sensitive to young people's accounts and less prone to biases (Block et al., 2012). Adults' expectations of a young person's credibility also differ depending on their age. In the legal setting there has traditionally been a view that children's evidence is negated by their limited capacity for observation, recollection, and communication of evidence as well as the amount of moral responsibility children hold – a view which may still pervade some people's assumptions. A review of twenty-two studies of child sexual abuse cases found that adolescents were generally viewed as less credible and more culpable than young children, due to beliefs that adolescents are intentionally deceitful in order to manipulate or gain attention (Font, 2013). However, this difference between children and adolescents was small and varied between studies, depending on the aspect of credibility considered (e.g. lying or emotional presentation), who the participants were (e.g. university students, lawyers) and with whom the adolescents were compared (e.g. adults or children) (Bala, Ramakrishnan, Roderick, & Lee, 2005).

A Canadian study found that judges viewed adolescents as more trustworthy than adults, although less trustworthy than children. Adolescents were also thought to be more likely than adults to make errors due to less developed memory and communication skills (Bala, Ramakrishnan, Roderick, & Lee, 2005). A study of psychiatric clinicians found that adolescents' credibility was assumed to be higher when they were older, when they had higher cognitive ability and when they exhibited fewer behavioural problems (Youngstrom et al., 2011). A culture of 'negative credibility' and identifying disingenuous applicants, which may permeate the decision-makers' thought processes and credibility assessments.

It has been demonstrated that assumptions are made about what an applicant ought to know about the asylum process, for example the steps one takes to file an asylum claim, which may influence decision makers' approach to the applicant (Herlihy et al., 2010). This research has not been replicated with children's claims so it is unclear whether similar assumptions are held for children. However, it has been reported that in asylum cases, concessions are not made to accommodate age and/or developmental stage (Crawley, 2006), which may disadvantage UASC if they do not understand what is required of them.

The question at the heart of credibility assessment of young people's asylum decisions is whether or not they are lying about their situation in order to gain entry to the host country. Unfortunately on average people are only slightly better at determining a lie than if the decision was made by tossing a coin (de Paulo, Charlton, Cooper, Lindsay, & Muhlenbruck, 1997). Interestingly one study found that on the whole professionals and the general public used the same indicators to detect

lies in adolescents (Vrij, Akehurst, & Knight, 2006). Even if the person judging the deception was a professional (i.e. police, social worker or teacher) they were no more accurate in determining lying among young people than lay people – although they did report feeling more confident in their judgement (de Paulo et al., 1997). This capacity to detect deception is further reduced when there is cultural difference (Bond, Omar, Mahmoud, & Bonser, 1990), which in the case of UASC is highly likely. Research indicates that the distance (in terms of culture, age, identity) between the decision-maker and the applicant also influences the decision maker's ability to assess an applicant's credibility. When a decision-maker is 'closer' in social distance to an appellant they feel more confident in their ability to judge deception (Bond et al., 1990).

Faced with many decisions every day, it is adaptive to use intuition, based on knowledge and previous experiences (Kahneman, 2011). Such reasoning is however prone to personal bias, which in complex asylum decisions, may lead to erroneous conclusions. If a decision-maker has other mental demands, is emotionally overwhelmed, or even has low glucose levels, they are more likely to make decisions based on their own experiences and beliefs rather than giving full consideration to the facts available to them (Jaffe, Crooks, Dunford-Jackson, & Town, 2009). Furthermore, unconscious influences such as the political context or pressure to reject claims due to unprecedented increase, may sway someone's decision if they are already in doubt (Gross, 2004).

Such assumptions and decision making processes may well distort fact-finding and the outcomes of asylum applications. As a result decision-makers are recommended to adopt a systematic, structured approach to gathering information and making judgements, and minimise additional mental demands (UNHCR, 2014).

Emotional responses of decision-makers

Burnout, vicarious traumatisation and secondary traumatic stress are emotion-based afflictions which may also affect decision-making capacity (Baillot, Cowan, & Munro, 2013). Burnout refers to emotional overload and exhaustion arising from overextension and feeling overwhelmed (Jaffe et al., 2009). This can result in apathy, irritability, self-blame, feelings of failure and an uncaring or cynical attitude towards work.

Vicarious traumatisation and secondary traumatic stress both describe distress as a result of assimilating others' traumatic experiences, but differ as vicarious traumatisation results in cognitive changes whilst secondary traumatic stress results in more emotional symptomology (Jenkins & Baird, 2002). A person's vulnerability to these conditions is mediated by past and current personal experience and includes professional isolation, past experiences similar to those they hear, and/or heavy workload (Jaffe et al., 2009). Vicarious traumatisation and secondary traumatic stress have been found among many professionals working with refugees and asylum seekers, such as immigration lawyers who must manage conflicting roles of empathic advocate with objective fact-finder (Westaby, 2010).

A study of judges attending workshops organised by the U.S. National Council of Juvenile and Family Court Judges and the American Judges Association found that 63% reported some aspect of vicarious traumatisation. The most frequently reported complaints were fatigue, difficulty concentrating, lack of empathy or intolerance of others and emotional distress (Jaffe et al., 2009). Baillot et al (2013) suggest that decision-makers may protect themselves from the powerful and potentially distressing emotions by detachment and denial.

Traditionally emotions have been viewed as superfluous to legal decisions, and most guiding principles of 'professionalism' still do not acknowledge the role of emotion in decision-making processes (Baillot et al., 2013). Distress and high emotion are central to most asylum claims, given that they often depend on accounts of persecution – which are likely to be even more distressing when told by children – leading to decisions based on, or influenced by, emotion.

Such emotional responses to applicants' stories are concerning both in relation to the decision-maker's well-being to the deleterious effect they may have on the interview and decision making processes. An examination of forty protection determinations in Canada found significant levels of avoidance, lack of empathy, prejudice, cynicism, denial and trivialisation of applicants' accounts, which the authors suggest can be attributed to vicarious traumatisation (Rosseau, Crepeau, Foxen, & Houle, 2002). Such disengagement has also resulted in behaviours such as 'doodling' throughout an appellant's account (Baillot et al., 2013).

Detachment or denial may also prevent an interviewer from probing for details of an event as they unconsciously may wish to protect themselves from hearing it. This lack of detail could then be used as evidence that the account was fabricated (Bogner et al., 2007). It has been suggested that such emotional barriers can result in 'case hardening' in asylum proceedings (Baillot et al., 2013) where due to hearing many disturbing cases, the less extreme ones become insignificant and can be judged as unimportant. Inability to recognise the gravity of events may also lead to an aggressive cross-examination which would raise the applicant's distress and be more likely to yield inaccurate responses (Hershkowitz et al., 2006).

Remaining engaged with the young person's emotional state will enable an interviewer or decision maker to be responsive and sensitive to the UASC's needs (e.g. offering breaks when recounting traumatic events) which in turn is likely to yield more accurate information to inform the decision (Baillot et al., 2013).

Conclusions

UASC are an especially vulnerable group to ongoing abuse and/or neglect. The judged credibility of a young persons' asylum claim is central to the outcome of whether they receive protection and can have a significant effect on long-term psychological adjustment. An adequate assessment requires consideration of a multitude of factors and complex, thoughtful and careful decision-making. UNHCR highlights the importance of active decision-making in such situations stating that a decision maker should use 'all the means at his disposal' to seek evidence in support of the application (UNHCR, 1992) and

this review highlights in particular the importance of interviewers and decision makers of UASC asylum claims being aware of psychological findings concerning young people's development, memory capacity, and mental health as well understanding attachment. The assessment of a minor's credibility should consider the ways in which developmental stage, autobiographical memory and mental health affect behavioural presentation and a young person's ability to tell their story of why they are seeking asylum. For example it is also clear from the psychological research that detail and proficiency of autobiographical memories are not reliable measures of a credible asylum story.

Policy does not currently outline the need for self-reflection as one's own assumptions and thought processes may also affect how a young applicant may tell their asylum claim. However the psychological literature indicates that Decision-makers should take a deliberate and structured approach to decision-making to reduce biases due to personal experiences and assumptions. Safeguards should also be implemented to prevent decision makers experiencing burn out, vicarious traumatisation and secondary traumatic stress. Furthermore decision-makers need to be aware of their own contextual and individual circumstances which also influence their conduct and interpretation of the child's case.

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