

Qualitative Study of Asylum Seekers' Experiences with the Forensic Medical Evaluation

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BACKGROUND

- Tens of thousands of asylum seekers arrive to the US every year
- Must prove having suffered persecution due to race, religion, nationality, political opinion or affiliation to a particular group
- Forensic medical evaluations encouraged by attorneys to bolster their legal case
- No study has been done trying to understand the client's perspective during this evaluation

STUDY OBJECTIVE

- Learn about client-identified barriers and best practices during the forensic medical evaluation process; specifically in relation to the pre-evaluation communication, evaluation logistics/structure/setting, and post-evaluation communication/referrals.

METHODS

- Study Design: Qualitative; semi-structured interviews
- Population: Asylum seekers who have undergone forensic medical evaluation with HEAL Clinic (Baltimore)
 - Inclusion: >18 y/o, fluent in English or Spanish, evaluation in the last 2 years
- Data Collection
 - 30-60 minute Zoom interview
 - Conversations recorded, transcribed, translated de-identified and analyzed
- Main Outcomes
 - Identify common themes until saturation is achieved
- Statistical Analysis
 - ATLAS.ti (qualitative research software)
- Sample Interview Questions
 - How was the evaluation described ahead of time?
 - Did you feel listened and respected by the evaluator?
 - How was the quality of the interpretation provided?

RESULTS

Difficulty finding representation

- "It wasn't easy, I didn't know much here"
- "It took almost a year"
- "They told me they couldn't help me"

Range of preparedness coming in

- "I was going to have a psychological evaluation and that was to see if it would help me for my asylum case, and that was it."

Preference towards in-person settings

- "I feel like it would feel more personal to me, as well as safer"

Feeling listened and respected by provider

- "She would tell me that if a question made me feel uncomfortable or sad, that she understood"
- "She was looking at me, she was listening"

Satisfaction with interpretation

- "Everything was fine"
- "The person who was interpreting the interview was very good"

Lack of follow up psych care

- "I'm not going to lie to you, but you know it's difficult here because of my job. I'm going to school. It is very difficult to make time for that"

Feeling grateful towards care received

- "What they do is very good because it is a great support for us"
- "It helps quite a bit, talking to someone"

Hardest part since interview: the wait

- "More than anything, it's the wait because it's been almost five years since I've been in this process and I still haven't had a court day"

CONCLUSIONS

- Preliminary themes suggests a need to focus on improving:
 - Pre-evaluation preparedness
 - Trust-building when in-online settings
 - Better psychological follow-up support
- Consistently participants expressed gratitude towards the services and support provided

LIMITATIONS

- Generalizability: All participants conducted their evaluations at the same clinic, in the same city (albeit with a variety of providers)
- Researcher bias: In writing the questions, in guiding the interview and in analyzing the data

IMPLICATIONS

- Results of this study, perhaps paired with quantitative research, could inform training of forensic evaluators, help attorneys better prepare their clients and aid clinical evaluators better understand their patient's perspectives