

Tips for working with children: A Pocket Guide for Border Patrol Agents

This Pocket Guide outlines some tips for taking a child-sensitive approach. A child sensitive approach allows agents to carry out their work and communicate in a way that support children’s safety and well-being, while minimizing harm.

Overall approach

- Attend to basic needs (health, food, water, hygiene, rest).
- Keep children and caregivers together for as long as possible.
- Keep unaccompanied children separate from adults they do not trust, but never in seclusion.
- Work with same gender children as yourself when possible.
- Ensure confidentiality of children.
- Be aware of potential signs of smuggling/trafficking/abuse.
- Report any witnessed or disclosed abuse and exploitation.
- Be prepared and familiar with specialized/emergency service referral contacts for medical, mental health, disability, etc.
- Maintain detailed and accurate documentation.
- Provide reasonable accommodations for disabilities.
- Acknowledge children’s strengths and resilience.

Don’t

- ✗ Touch a child unless it’s necessary to carry out essential functions.
- ✗ Take a child into a private room alone; Ensure you have another person with you or stay in a visible area.
- ✗ Blame, shame, judge or insult the child (e.g. “It’s your fault you’re in trouble; That was a dumb thing to do”).
- ✗ Accuse or confront a suspect in front of the child or question the child in front of a suspect (if possible).
- ✗ Ask the child to share details about a traumatic experience.
- ✗ Keep asking questions if the child refuses to answer and may be too tired, upset or distrustful.

What Child-sensitive Communication...

Sounds like:

- Use a calm tone
- Don’t speak too fast or loud
- Use simple language, appropriate to the child’s age
- Use open-ended questions to encourage talking: “what do you need” “tell me more”
- Repeat or rephrase what the child says to check for understanding
- Give clear instructions, limited to 1-2 steps
- Ask one question at a time
- Let the child finish. Do not interrupt.
- Avoid questions that start with “why”
- Use interpreter for child’s native language

Looks like:

- Adapt posture and body language to the child – Speak at eye level, face the child
- Avoid sudden or aggressive gestures

Do adapt to the child’s age and developmental ability



Early childhood (0-4)

- Take cues from body language- gestures, facial expressions, cries
- Limit instructions to 1-2 steps



Middle childhood (5-10)

- Use simple words and short sentences
- Avoid questions that require placing events in time sequence



Adolescence (10-18)

- Be patient! Withdrawn or aggressive behavior is not personal. It is a normal response to stressful situations.
- Look for warning signs that require a mental health referral, such as signs of self-harm (cuts)
- Offer services for gender-based violence or pregnancy and menstrual hygiene kits if needed.

Steps in child-sensitive communication

1. Approach the child calmly together with their caregiver (if present); Get on their level and make non-threatening eye contact.
2. Introduce yourself - Give your name and explain your role.
3. Ask if the child is ok or needs anything. Show interest in child's current well-being. Get emergency help if needed.
4. Prepare the child and build rapport. Let the child know what you will be asking. Start with simple questions. Ask permission to discuss difficult or sensitive topics. Give permission to say, "I don't know" or "I don't understand"
5. Answer the child's questions honestly. Don't make promises.
6. Explain next steps in the process.

Showing comfort and care

Staying calm, listening, and showing concern can help children who have been exposed to stress and trauma, which can negatively affect children's development for a lifetime.

- Tell them "It's important to me that you are safe" / "Me importa que estés bien y seguro/a."
- Help the child to name their feelings (identify physical feelings or use visuals like emojis)
- Validate feelings. "It is understandable that you feel sad/scared/confused" / "Es comprensible que te sientas así."
- Help the child understand what is happening, why and that it is not their fault.
- Have child-friendly and culturally relevant food items and drink available to offer (juice, bread, banana, etc.)
- Provide choices, even small ones (what music to listen to or what snack to eat)
- Identify and validate the child's strengths and thank the child for their cooperation. Tell them they did a good job.



Signs of distress and response

Need	Signs of distress	Response 
Physical	<ul style="list-style-type: none"> • Fever over 100.4F/38C, diarrhea, dehydration • Rapid heart rate • Shallow/rapid breathing • Fatigue, aches, pains, stomachache, dizziness, vomiting, disturbed sleep 	<ul style="list-style-type: none"> • Call emergency medical service • Provide first aid • Let them sit and rest, provide water and snack
Emotional (feelings)	<ul style="list-style-type: none"> • Fear, numbness, detachment, depression, sadness, grief, guilt • Anger, irritability, anxiety, panic • Erratic mood changes 	<ul style="list-style-type: none"> • Show comfort and care • Validate feelings • Listen without judgment • Refer to specialized mental health service
Behavioral	<ul style="list-style-type: none"> • Easily startled • Apparent delusions or hallucinations • Risk or threat of harm to self or others • Non-responsive, in shock • Cannot calm down or stop crying • Substance abuse 	Call emergency medical service and/or specialized mental health service
Cognitive (thoughts)	<ul style="list-style-type: none"> • Confusion, disorientation, poor memory • Intrusive thoughts, nightmares 	Refer to specialized mental health service