

National Inquiry into Children in Immigration Detention 2014

Melbourne Public Hearing
Wednesday, 2 July 2014

President	So, with those thoughts in mind, can we begin process and may I ask the first of our witnesses to join us. Dr Jon Jureidini would you please come to the witness area. Thank you.
Oath	Please thank the President and repeat after me. [<i>Oath is being said here by Dr Jon Jureidini</i>]
President	Thank you very much Dr Jureidini. I understand that you would like to give an opening statement?
Dr Jureidini	Yes. As a child psychiatrist who first visited detention centres over a decade ago, it's shocking to find that we are still, or again, locking up children in the way that we did a decade ago and painful to visit Inverbrackie Detention Centre recently with our Commission and find children with high levels of distress. It would be a little bit like a lay person walking in to an institution and finding a child being left with a broken leg and nobody attending to them. As a child psychiatrist seeing the level of distress in children that apparently hadn't resulted in any concern amongst the guards and medical service and health services within Inverbrackie was particularly distressing. I think Inverbrackie is, from what I can understand, the most comfortable immigration detention facility that we have in current use. Nevertheless, it's not surprising that when you lock up children in any environment, they begin to think that they must be regarded as bad people in order to be locked up, because we generally only lock up bad people. And sadly some of them begin to regard themselves as bad people, not just to think that other people regard them in that way, and the response to being treated in that way is relatively predictable. The first period after being locked up usually results in people trying to prove to themselves and to other people that they are good people and they participate in what's available in the detention environment. They try to make the best of their time. They think hopefully about the future. But if you continue to lock people up and they ... the worse they begin to feel about that situation they begin to protest. And it's during those periods of protest that they come to attention of health and welfare services and at least it's recognised that they are in a state of distress. Sadly, I have

	<p>frequently had the experience of being involved in the care of young people in the immigration detention system where that protest comes to an end and I'm informed by authorities that "its ok you don't have to worry about such and such anymore because he's quietened down." And what I've almost always found in those circumstances is the persons quietening down in no way represents any recovery, but rather is a product of them having given up. And once people get to that stage, we find that once they're released from detention they very rarely make a complete recovery. So sadly I think I saw all stages of that process amongst the 10 or so families that I saw on my brief visit to Inverbrackie earlier in the year. So I just really want to draw attention to the plight of these children, the complete wrongness of keeping them locked up in detention, the dangers of doing so, and the reckless way in which they are being supposedly looked after.</p>
President	<p>Thank you Dr Jureidini. You may be more comfortable sitting down and also we can get a better recording if I may say so. I want to really, for the record, if you could just tell us a little bit about your professional background, you're a child psychiatrist and I understand you've been working with children in detention for many years. Could you tell us a little bit about your professional background and longer term experience?</p>
Dr Jureidini	<p>Yes. I trained in psychiatry initially in Adelaide and then in child psychiatry in Sydney and Edinburgh and London. I'm also trained in philosophy and psychotherapy. I've worked as a child psychiatrist mostly in Adelaide since the late 80s. I first went into the immigration detention system in around 2002 and have probably seen upwards of 100 people who've had some direct experience of immigration detention both children and adults. I'm a professor of psychiatry and paediatrics at the University of Adelaide and I work clinically at the Women's and Children's Hospital in Adelaide.</p>
President	<p>Thank you very much. One of things you've begun in your introduction to describe to us is that children in detention take on the burden of thinking that somehow or another they must have been bad to warrant this treatment. Can you tell whether a child under the age of 10 is at all likely to be able to understand why they're in locked detention?</p>
Dr Jureidini	<p>They're very likely to form a distorted view about it – they are very unlikely to reach any kind of positive conclusions about why they would be locked up. They are most likely to be fearful that they or their parents are bad people, if not convinced of that, and I think that very much compromises their identity formation at a very vulnerable time.</p>
President	<p>And for children that are older than that in our visits to detention centres we've seen both very young children as well as those that are sort of teenagers, late</p>

	<p>teenagers. Would an older child or teenager have a different perception and a better ability to understand what's happening to them?</p>
Dr Jureidini	<p>Yes one of the things about adolescence is that our cognitive development and our emotional development don't always proceed in a neat and tidy and co-ordinated way. So we often find young people who reach an intellectual understand of something that they're not yet prepared to deal with emotionally. So one of the patterns that we see amongst intelligent young people in immigration detention is that they kind of get an idea about what's going on and what's happening and what the rules are but do not have the emotional maturity to deal with that. And so in some ways they are worse off than older children who are to some extent protected by their lack of understanding, and adults who bring more emotional maturity into the equation.</p>
President	<p>And what is the relationship or the impact on the relationship between a child and their parent in these circumstances? I ask that question partly because many of the parents that I spoke to express such deep guilt that they had exposed their children to this. So clearly of course the parents are deeply affected by the experience but I'm wondering, what is the effect of this detention on that relationship from a child's perspective?</p>
Dr Jureidini	<p>Yes well a primary function of a parenting relationship is to protect a child from harm and parents in immigration detention are repeatedly being reminded of their failure to do that. They've made difficult, impossible decisions to flee in the first place about which anybody would feel conflicted because you know these things aren't in any way straight forward. It might be a lifesaving decision but that doesn't make it uncomplicated. And then when they find themselves and their children being cruelly treated in a place where they'd reasonably expected they might find safety then they do very much question their judgment. And I've sadly frequently seen what you might describe as parenting failure in the face of that, in that parents who we have every reason to believe were perfectly competent before they arrived in this country are now not competent to care for their children, to the point where child protection, you know, measures have needed to be invoked, which really just compounds of the sense of failure that the parents have further. And if you can imagine the effect of that on the child who is on the way one hand deprived of the ordinary parental protection that they should expect, and on the other hand feeling guilty about the fact that parents have made these decisions for them, feeling anxious and concerned about their parents, it's a cocktail of distress that very few children are capable of metabolising.</p>
President	<p>Do you have any knowledge of or understanding of the wider impact on the capacity of these children to relate to other adults in other social environments</p>

	as a consequence of their detention?
Dr Jureidini	We know that when children face adversity, that forming a positive relationship with somebody outside the family can be protective. I guess there is no principled reason why in immigration detention a protective relationship couldn't form between a staff member and a child in detention, but unfortunately the system is set up such that what it promotes in the children that I have seen is suspicion of those potential you know lifesaving connections that might be made with adults outside the family. The routines and bureaucracies that are part of daily life in immigration detention, and you know I can't see that they are necessary or sensible, cause a great deal of ... interferes a great deal with any capacity to build trust with other adult figures and I think that compromises the potential protective effects of well-meaning people who worked within that system.
President	One of the areas that we wanted to explore today is it is a treatment of children who in detention who have had a background of torture and trauma and we will be asking that the Department of Immigration to tell us a little bit more about their understanding of that but I believe that you treated children who experienced torture and trauma, can you describe your own witness and experience with children arriving in Australia who had been victims of torture or trauma?
Dr Jureidini	You know I can't think ... I don't think I can find an exception to a case where ... I think every case I've seen of a child who's been in immigration detention, the immigration detention experience has been what's at the forefront in terms of their trauma. That whatever traumatic experiences they've had prior to coming to Australia has been pushed into the background both by the trauma associated with the travel to Australia by boat and whatever, but also sadly in relation to the experiences they have already had subsequent to arrival. We know from the stories they tell that a lot of children have had bad direct trauma themselves. More commonly it's other adult family members who have experienced the most extreme trauma and the major impact on the child is the fear for the wellbeing of their parents and others, the distress and so on at what's already happened to people. Most of the children I've seen are...somebody's disappeared or been killed in their country of origin, but it's not you know in, other people working in different settings would have had different experiences, but my experience of working in this setting is that the focus for most of the children has been on their current experience rather than what's happened in the past.
President	Well that then is of course directly relevant for this inquiry because what we are trying to do is to determine what the circumstances of detention are and the impact on children. So in summary your evidence is that in your experience the

	immediate impact of trauma for children arises from the condition of detention.
DrJureidini	That's correct.
President	Thank you. How do children recover from torture and trauma if they have had those experiences? Can they recover?
Dr Jureidini	Well the first thing is that they need to be made to feel safe and no therapy is going to be, is going to have a realistic chance of success if the child is not in a safe environment. So a lot of ordinary psychiatric and psychological interventions aren't applicable in immigration detention because children don't feel safe there or often don't feel safe there. Once you've created a sense of safety then you need to make space for the child to address traumatic experiences in their own time. We've learnt that you know kind of assertively going to children and strongly encouraging them to talk about traumatic experiences is not advisable, that you need to make space for them to talk about it and be ready to talk with them about it when they are ready to do that. You know, if I am asked what the most productive thing I think I can do to look after a child who's been traumatised, it would be to look after their parents and make sure their parents are in the best possible state to support, love and protect their children.
President	So one of my own observations has been to see extraordinary cases of quite young children taking over the protective role for the family where the parents are so manifestly not coping. Is that an experience that can ultimately be a positive one for that child or does it really feed into the trauma of being in a situation where they're asked to step up to adult responsibilities without any real maturity or life experience to do it?
Dr Jureidini	I think there's a really important notion in psychology of a zone of proximal development, that is, that it's healthy in terms of development to stretch children a little bit but not healthy to push them to beyond their capabilities. So, in some respects children will benefit from taking on extra responsibility provided they're not overwhelmed by the experience, but it's a dangerous enterprise and there are significant risks associated with it and on average it's not a good thing for children to be extended beyond their capacity.
President	During our investigation we have heard a great deal of evidence that children are displaying evidence of highly regressive behaviour and some of that we don't need to revisit at this hearing. But one that's come up perhaps more recently that we've become aware of is this phenomenon of children in detention who refuse to speak, and that is something that again, I and my colleagues have personally witnessed but it now seems to be something that more and more

	<p>people are speaking about. Can you tell us something about this phenomenon of a child choosing to be mute for particular periods of time? What does it really mean, why does a child choose to become, or refuse to communicate, and become mute, and how is this treated and what are the prospects for these children?</p>
<p>Dr Jureidini</p>	<p>I think it's not a question of a child saying to themselves, I'm going to stop talking. It's usually something which evolves, they talk less, there may be an element of protest in it, maybe it's related to fear and anxiety, it's complex and I don't think you can generalise too much about what the explanation is, it's an individual explanation in each case. But there is a quality of protest about it. In the same way that young women with eating disorders who stop eating, whatever else is going on there's an element of protest about that. It's a quiet protest. And like all, I mean children have a limited number of ways of telling us that things aren't right in their life. Ideally they come to us and say in words what it is that's troubling them, but more often they do it in a non-verbal way, either through becoming aggressive, or depressed or getting into drugs or promiscuity or something. And our task I guess as adults in their lives is to try to understand that communication, to turn it into words and to make sense of it. And so confronted with a mute young person in immigration detention, we have to understand what it is that's not right about their life that they are in a predicament that they can't manage and help them to try and make sense of that. Some of that is obvious, being locked up, deprived of freedom, witnessing the distress of their family, but there would also be individual things about that young person that need to be understood. The treatment is always ideally to try to reverse whatever it is that's driving the behaviour. When it's not clear what's driving the behaviour or when that can't be changed, then there are general rehabilitation things that we can do but they will always be less powerful than if we can understand the behaviour and deal with what's driving it.</p>
<p>President</p>	<p>Thank you. The next questions and indeed the last group of questions I'd like to ask you about are really your professional views about the tools that are available to assess the level of mental health of children. Are you aware of any tools that have been used to assess the impacts of detention on children in Australia, and are you aware that those tools are being used by the International Health and Medical Services?</p>
<p>Dr Jureidini</p>	<p>Yes I understand that tools K10 and the HoNOSCA which are two different kinds of measures of distress that can be used in young people have been applied in immigration detention. I went to a presentation at a psychiatry conference recently where some of that material was presented. These instruments are of some use in understanding the overall level of distress that people are experiencing. Like most tools, they have their positives and their negatives but</p>

	<p>you would be concerned if tools like that showed significant levels of distress. But in a sense we don't need those tools, I mean to have just interacted with ten families more or less at random who selected themselves to come and talk to the Commission and see the level of suffering that was readily apparent there. Having measurements on a tool just merely confirms what's pretty obvious.</p>
President	<p>So can I just clarify that those tools, K10 and HoNOSCA are creditable, respected tools, along with the personal experience of working with young children, but they're creditable tools that are respected by the profession and would be used in appropriate environments to get an objective data base for the mental health of the group you are examining?</p>
Dr Jureidini	<p>Yes for example a HoNOSCA is used throughout child and adolescent mental health services certainly in South Australia and some other states to monitor young people's wellbeing.</p>
President	<p>OK, and would you use those tools in private practice?</p>
Dr Jureidini	<p>Umm, people do, I mean I don't do any private practice but yes people use, I mean that they are probably less used in private practice than they are in Government practice.</p>
President	<p>And then finally, if children are assessed by whatever means as having escalating mental health problems, what is the usual course of action or care adopted to assist those children, once it has been identified, what do you do next?</p>
DrJureidini	<p>Those tools are most useful for looking at what is happening to an overall population rather than what they tell you about the specific individual who has filled out the tool, where it's only ever an adjunct to your clinical assessment. If I knew nothing else about a child but they scored badly on their HoNOSCA, then that would be a signal to me to try and understand what is going on for that child. So you don't treat the HoNOSCA if you like, you use the HoNOSCA as an indication that something is not right and go and try and find out what that is that is not right.</p>
President	<p>So given what something you said earlier that the normal treatment would be for a clinician to identify what has driven the behaviour and try to reverse it, given that in light of current Government policy to the extent that detention has caused that acceleration in mental health problems, we cannot get those children out of detention. What other mechanism or what other tools or what other healthcare alternatives are available for the medical staff within detention centres when they are well aware that this is happening to the children in front of them?</p>

Dr Jureidini	<p>And this is where you get into very difficult territory for medical ethics because it is not appropriate for a psychiatrist to be used to pacify protest. And it's clear that the use of medication in immigration detention, if analysed dispassionately, sometimes the best explanation is that it is pacifying protest. And that applies more broadly to what I am asked to do to treat somebody in immigration detention even if I am not using medication. I have to be very careful that what I am doing is not kind of patching up or trying to put a Band-Aid over a broken system. I think there are, it would be possible to make the immigration detention system more humane and less harmful to children. The very fact of being locked up is clearly the critical most important thing and you can't do very much about it without stopping that, but there are so many things that happen in immigration detention that I don't think need to, would you like me to talk about it?</p>
President	<p>Yes please, please elaborate.</p>
Dr Jureidini	<p>I've used the term bureaucratic cruelty. All of us have the experience of being frustrated by some piece of bureaucracy that prevents us from getting on with an ordinary task and it seems, my observation is and in discussion with other people and talking to people who have been in immigration detention, those little, what for us are irritating bureaucratic barriers happen all the time in immigration detention. That is what daily life is like, whether it's getting permission to go to the health centre, or whether it's trying to arrange to get access to a visitor, whether it's trying to see a lawyer and all of this remember is often happening for people who have a poor understanding of English. There doesn't seem to me to be a genuine effort amongst the different agencies involved, Immigration, Serco or whatever the security agency is these days and the health agency. Frequently people are told, that by whichever agency they are talking to, that it's the other agency's responsibility. I am told that, when I am trying to get information about somebody that I am working with clinically, that I am talking to the wrong people. When we visited Inverbrackie we were told that every detainee knows who their case worker is. I've never yet clinically met an immigration detainee who can tell me who their case worker is. And there is all the so called security measures. And I think at Inverbrackie there are four head counts a day and I did a quick calculation that worked out to 70,000 times a year that a threshold is breached in that detention environment by people coming into houses. And I was told when I asked about the number of times that anything had been found on those visits and it was zero. So there are something in the order of 70,000 breaches of people's privacy with no positive outcome. You could only think that that is designed to make people uncomfortable. So for example women can't take their head scarves off in their own house for fear that they are going to be intruded on. I saw an infant who was having enormous difficulty sleeping, being settled. He wouldn't, he would wake any time that he</p>

	<p>lost physical contact with his mother during the night, so she had to be kind of next to him the whole time. And they would just get him off to sleep and, you know, guards would come in and shine lights. And you know any one event like that seems innocuous but when that's your whole life. Children going from Inverbrackie to school on the bus, having to be searched or being searched on the way in and the way out. One 17 year old told me "I can't go to school while I am in jail." So he just stopped going to school, simply because of the so-called security measures that were required. So, you know all of that stuff and you know there were 75 houses at Inverbrackie and about 75 families but you know you would think logically that meant one family per house. But no. Every house has to be filled up before you move on to the next one. You can see there are some costs savings associated with that and you are keeping stock available for unexpected arrivals. But you know, in reality, the harm that's done by crowding people together unnecessarily could have been ameliorated at least to some extent by more humane attitudes to that kind of thing. So these are you know, these are what feel to me to be, if not deliberate then reckless acts of cruelty that are happening all the time for children and families in detention.</p>
President	<p>Thank you very much and I think those particular examples really do inform and help this inquiry. Perhaps we could just finish, you mentioned the ethical dilemmas that a medical practitioner would have in these circumstances. Can you tell me as a clinician, when you observe or when any clinician observes these conditions in an environment in which it's clear that there are mental health outcomes the longer a child is detained. What is the clinician's responsibility within the profession to report the linkage between the detention and the need for that detention to end in order to address the problem? What responsibility exists?</p>
Dr Jureidini	<p>I think we have a clear responsibility of advocacy in those situations. I mean, not just in those situations. In any situation where a medical practitioner finds themselves faced with some public act that or some you know some set of rules or behaviours that are damaging our patients and we need to speak out about that.</p>
President	<p>Hmm. Hmm.</p>
Dr Jureidini	<p>I think we have an ethical responsibility to do that.</p>
President	<p>Well thank you very much Dr Jureidini. I think your expertise as a child psychiatrist and your many years of observing this I think has been enormously helpful to the inquiry and we are very grateful that you have given up so much of your time to come from Adelaide yet again to help the inquiry and this in evidence. Thank you very much indeed.</p>

Dr Jureidini

Thank you.