Submission to the National Inquiry into Children in Detention

May 2014

About ASeTTS

The Association for Services to Torture and Trauma Survivors (ASeTTS) supports people who have arrived in Australia as refugees and asylum seekers to recover from torture and trauma. ASeTTS works in Western Australia and sees over 2800 clients per year. The association works with asylum seekers in detention centres and in the community. ASeTTS staff worked with children in the Leonora Alternative Place of Detention (APOD) prior to its closure in 2013.

ASeTTS' clients come from a diverse range of cultural, linguistic, socio-economic and religious backgrounds and aims to provide services in a respectful and inclusive manner. Recognising that people have different needs and are at different stages of the recovery process, services range from clinical counselling through to family support and community programs. ASeTTS also trains other service providers working with survivors of torture and trauma in order to raise competency levels in the wider community.

The ASeTTS Model of Recovery is based on Rebuilding Shattered Lives and forms the basis of ASeTTS' work with clients. This framework provides the guiding principles for all torture and trauma service providers who are members of the Forum of Australian Services to Survivors of Torture and Trauma (FASSTT).

ASeTTS Recommends

The Australian Government follow the UNHCR Detention Guidelines, with special attention to Guideline 9.2 relating to children in detention.

Supporting Information

ASeTTS' submission to this inquiry draws on its experience working with children in detention to support the need to follow the UNHCR Detention Guidelines. These guidelines were developed in accordance with the principles of human rights. Guideline 9.2, relating to children, is in accordance with the Convention of Rights of the Child (CRC), which Australia has ratified. ASeTTS emphasises the importance of the key UNHCR Detention Guidelines relating to children in detention (para. 51);

- in principle, children should not be detained at all.
- the best interests of the child shall be primary consideration.

2 UNHCR (2012) Guidelines on the Applicable Criteria and Standards relating to the Detention of Asylum-Seekers and Alternatives to Detention
In this submission, ASeTTS emphasises specific sections of the UNHCR Detention Guidelines and highlights their importance for the two areas in which ASeTTS works; mental health and trauma recovery. Four case studies have been included as evidence. Names have been changed to protect confidentiality.

**Mental Health**

ASeTTS has observed negative mental health outcomes for children in detention over and above pre-existing mental health conditions. Research has shown that this impact continues beyond the time spent in detention. Our experience is consistent with well documented research on the negative impact of detention on the mental health of children.

*Overall ethic of care – and not enforcement – needs to govern interactions with asylum seeking children (UNHCR Detention Guidelines, para. 52).*

Rather than an environment of care, detention has been experienced by children as a prison like environment. The detention environment feels like a prison because there are fences, uniformed staff, the ability and authority to make decisions has been removed from residents and movement is restricted. Parents and older children have reported that they felt as if they were being treated like criminals or worthless persons. Furthermore, such clients are more likely to develop feelings of worthlessness about themselves and other negative symptoms such as feelings of being trapped, disempowerment, helplessness, and therefore are more likely to develop depression.

*Children have a right to education and provision should be made for their recreation and play (UNHCR Detention Guidelines, para. 53).*

Quality education and opportunities for play provides children with resources to explore and resolve emotions and inner conflicts. Younger children do not have the capacity to cognitively explore thoughts and emotions in the same way as older children and adults. Children rely on play as a way of expressing thoughts and emotions and a means of solving problems and resolving inner conflicts and tension. Lack of quality education and opportunities for play restricts the resources through which children can explore and resolve emotions and inner conflicts.

The educational environment is also important for child development and a poor environment can lead to developmental delays. The more developmentally advanced a child is, the more receptive they are to therapy interventions that can help them recover from mental illness. Developmental delays, therefore, can potentially impact on trauma recovery, restricting options for processing their trauma.

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Looking at the Leonora APOD, where ASeTTS previously worked, the facility was in a small, remote location where there were limited opportunities for children to take part in active play and learning in order to meet their developmental needs. Parents repeatedly expressed the need for their children to go to the local school to receive a formal education and socialise with other children outside the detention environment. However, their requests received no response and parents were frustrated at not being heard. Children only attended classes within the centre and the quality, in terms of breadth of teaching, was not as good as what was available in the local school. This was because of the smaller number of students and teachers in the facility. For example, there were no specialist art, science or music teachers in the centre.

Although parents and children did participate in excursions and recreational activities in the Leonora community, these opportunities were limited. There were also not many opportunities for pre-school aged children to take part in active learning and play activities outside the detention facility. In addition, there was no pre-school facility in the Leonora APOD, limiting their early childhood development. Moreover, children’s ability to make choices about their play was limited in detention. Parents also stated that their young children did not have access to toys and play resources and there were not enough recreation programs for children to engage in the centre either. Again this impacted on children’s ability to use play as a coping resource and as a means to continue with processing their trauma outside therapy.

All efforts, including the prioritisation of asylum processing, should be made to allow for the immediate release of children from detention (UNHCR Detention Guidelines, para. 57).

There is currently a perceived arbitrariness about the length of stay in detention, which is exacerbated by a lack of transparency in immigration departmental decisions. Parents and older children who were still in detention while others who had arrived after them had been released, reported that they felt as if they were being treated unfairly. Such clients were also more likely to ruminate on possible negative outcomes and be more likely to report symptoms associated with depression and anxiety.

Children have the right to family unity (UNHCR Detention Guidelines, para. 51).

Family is the primary way that children learn about and develop social norms and relationships; preparing them for social interactions throughout the rest of their lives. The social support that families provide is also an important preventative measure for mental illness, particularly depression and symptoms such as withdrawal and feelings of isolation and worthlessness.

In situations where the father is absent through death or disappearance, a close male relative will often assume the father role. However, this relationship was not always recognised by the immigration department and the family may have been separated, with the male relative located in an all male detention centre. By missing out on the care and guidance of a father figure, children’s development and sense of safety and belonging may have been impacted.
Single parent families also struggled without extra support from extended family. This is especially true for families without a mother, as many fathers did not have experience in child rearing, usually undertaken by the mother or female relatives. If female relatives were living in the Australian community their separation from these relatives sometimes caused the parent increased distress. If there is not sufficient support for the parent, it is more difficult for them to provide safety and support for their children, possibly leading to a negative mental health impact on their children.

Unaccompanied minors who have been separated from their parents through death, disappearance or circumstance, often experience negative mental health outcomes. However, this is exacerbated for unaccompanied minors who have relatives living in the Australian community who could care for them but are unable to, due to the unaccompanied minor being in detention. In some instances this has impacted on their daily functioning and their ability to participate in education and activities.

**Case Study 1 - Hussain**

Hussain is a young man from Iraq who was sought asylum in Australia as an unaccompanied minor. ASeTTS worked with Hussain for three months at the Leonora APOD in 2012. He had previously spent time in detention both on Christmas Island and in Darwin. He was 17 years old at the time ASeTTS worked with him.

Hussain had witnessed his father being killed in Iraq and subsequently lost all contact with his mother after she had organised his escape to Australia. He had a maternal Aunt in Melbourne who had the facilities and was willing to provide for care for him. The fact he had an aunt in the community who was willing and able to care for him coupled with his detention caused him to worry and ruminate about his situation, how long he would be in detention, when he would be reunited with his aunt and what had happened to his mother.

His symptoms included nightmares, sleeplessness, headaches, tiredness, poor concentration, loss of appetite, anxiety, depression including feelings of despair and hopelessness. These symptoms impacted on his daily function as he was socially withdrawn and unable to participate in activities, nor engage properly with his education. Due to a lack of safety to express his grief and loss, coupled with the lack of familial support, his symptoms and loss of functioning did not significantly improve whilst in detention.

After finally being released from detention into the care of his aunt, Hussain later made contact with his ASeTTS counsellor. He reported that he had a dramatic improvement in his symptoms.
Case Study 2 – Vigitha and Thali

Vigitha and her daughter Thali are Tamils who sought asylum in Australia. ASeTTS worked with both Vigitha and Thali in 2010 at the Leonora APOD for almost one year. At the time, Vigitha was 29 years old and Thali was 13 years old.

Vigitha reported that there was a lot of conflict between herself and her daughter. Vigitha also reported that she felt a lot of guilt because she was not able to perform the ceremonies and rites in the detention centre that she would normally perform for her daughter now that she was post pubescent. Vigitha also reported that she was unable to cook for her daughter and pass on knowledge and skills as her mother did for her at the same age. She felt this contributed to the conflict between them. Vigitha felt that her daughter was missing out. Vigitha believed this was one of the main reasons why her daughter was so distressed.

The conflict between mother and daughter undermined the sense of safety and social support for Thali, therefore compromising her recovery from Trauma. It also negatively impacted on Thali’s sense of self worth, making her more vulnerable to depression as well as providing her with more material to ruminate or worry about and therefore increasing her chances of developing anxiety.

This was also the same for Vigitha who had added feelings of guilt. These feelings, combined with her grief and loss made it more difficult for Vigitha to process her own trauma and to be emotionally available to Thali. These two processes continued to feed into each other in a downward spiral for the time they spent in detention.

Trauma Recovery

In ASeTTS’ experience, the detention environment compromises a child’s recovery from trauma. The detention environment also limits the trauma counselling interventions ASeTTS can provide.

Appropriate protection and assistance (UNHCR Detention Guidelines, para. 51)

Appropriate protection and assistance provided by both parents and ASeTTS counsellors is compromised by the detention environment. Restoration of a sense safety is crucially important for trauma recovery. Trauma recovery cannot begin until the individual feels safe because their central nervous system reaction continues to experience the impact of perceived danger. Parents and children often lack a sense of safety in detention due to the environment and the uncertainty around their length of stay. It therefore may not be possible to undertake many of the appropriate counselling interventions. ASeTTS may only be able to provide strategies for calming and understanding their central nervous system, which is often difficult in such an environment. If the client is unable to feel a sense of safety in the detention facility, trauma recovery cannot begin until they leave the detention environment.
Parents are the primary means for providing protection and assistance to their children. However, parents reported that the lack of information and apparent arbitrariness of their length of stay in detention undermined their relationship with their children. Children often could not understand why they had to stay in detention and why their parents could not tell them how long they would be there for, where they would go next or why other asylum seekers had left before them. Parents also frequently stated that the fact that they could not prepare food for their children also undermined their relationship. Children also often complained about the food and having to eat in a canteen environment. Having a shared family meal prepared by their parents is one of the primary ways a child feels protected and safe.

Consistency of discipline and behaviour management is also a primary way that children feel protected and safe. However, parents reported that children would sometimes act out and that they found it difficult to provide consistent discipline in a place with no privacy. Different forms of family discipline on display among different families, leads to negative judgements, confusion and conflict between parents and children. These difficulties in discipline further undermined the normal social support that a parent would provide for their child. Parents have the largest influence on the child and play a crucial role in restoring a sense of safety and dignity for children impacted by trauma. All of these factors therefore can contribute to a breakdown in trust between the child and their parent. This breakdown compromises the child’s recovery from trauma and may induce further distress.

This lack of trust can impact how children relate to other adults including teachers and counsellors. This can therefore make it more difficult to establish a therapeutic relationship with a counsellor. The quality of the therapeutic relationship is the most important factor in determining the success of trauma counselling. Therefore anything that undermines this processes has serious consequences for trauma recovery. This is particularly so for the most overwhelmed and impacted clients because they are the ones that are most likely to not be able to process their trauma reactions on their own. Some parents and older children also reported that they felt they could not trust anybody because of how they had been treated in Australia which they thought was a country that respected human rights. Because it was often unclear to asylum seekers and to counsellors how long people would be in detention, the counselling intervention options were restricted. Counselling interventions were further impacted for clients who had moved from centre to centre as their sense of trust was often diminished and their willingness for engaging in counselling compromised.

*The right to family and private life of the family (UNHCR Detention Guidelines, para. 53).*

Understanding and processing grief and loss is important for trauma recovery. Privacy is vitally important for the grief process as it allows clients to feel safe in order to express the full range of thoughts and emotions they are experiencing. Parents and older children often reported that the communal nature of the detention centre and the fact that cleaners and SERCO officers could come into their rooms at any time made it impossible
to adequately grieve their lost loved ones. There were no private outdoor spaces, which are important for people grieving. Unexpressed emotions and grief not only delayed the recovery of parents and children, but also made them vulnerable to conflict in the detention centre as they were more likely to become emotional over small matters that would otherwise not affect them. This highly stressed environment could, in turn, damage relationships within the centre and lead to further social isolation, withdrawal and depression.

**Case Study 3 – Nira and Amin**

Nira and her husband and their son Amin, came from Iran and sought asylum in Australia. An ASeTTS counsellor worked with Nira and her son at the Leonora APOD in 2013 for four months. At the time, Nira was 30 years old and Amin was five years old. The family had previously spent 12 months in both Christmas Island and Darwin APOD centres.

The family had also spent time imprisoned in Indonesia prior to coming to Australia including several escapes and recaptures. Their experiences in Indonesia were a significant factor of their trauma, in addition to the events that caused them to flee Iran. Nira initially reported that she was frustrated with having to move again to a new detention centre and that she was tired from the moving.

Nira reported that she felt the detention centre environment was contributing to her son’s aggressive behavioural difficulties because there were so many distractions and negative influences around. Nira lacked confidence to know what to do with so many people around watching her.

The environment also made it difficult to process her grief and loss and to therefore be emotionally available to provide safety to Amin. The detention environment was also triggering memories from their previous traumatic experiences in Indonesia. Due to the fact that the detention environment resembled aspects of their traumatic memories also meant that they could not establish a sense of safety whilst that they were in Leonora APOD.

Counselling interventions were limited to providing education around the impact of trauma on the body and strategies to help calm the central nervous system. Amin had also experienced traumatic events whilst in Indonesia. His aggressive behaviour was also likely linked to his physiological responses to being in detention.

Thus the environment impacted significantly on their trauma recovery and the range of counselling interventions that were available to assist them. Amin suffered not only because the environment triggered his own traumatic memories but also because his mother was similarly affected and was unable to provide the protection and assistance he needed.
Case Study 4 – The Mohammadi family

The Mohammadi family came from Iran and comprises a young couple Farzineh and Amir, and their son Reza. They arrived in Australia in April 2013 and were seen by an ASeTTS counsellor from June 2013 until the closure of Leonora APOD in January for a total of seven months. At the time, Farzineh was 30 years old, Amir was 32 years old and their son Reza was three years old.

Farzineh reported that Reza was experiencing night terrors and anxiety-related nightmares about the traumatic boat journey and separation from his parents. She also reported he was losing his appetite and easily startled by noises.

Amir reported that Farzineh was obsessed with worrying about whether they would be released on a bridging visa and that her mental health was deteriorating over time. He felt she was constantly preoccupied with her distress and therefore was struggling to remain emotionally available to their child. This report was consistent with her depressed presentation and observations of the way in which she interacted with Amir.

The parents also reported feeling extreme guilt and powerlessness towards their son. They had come to Australia to seek safety for him and instead they felt that they had put him in a hopeless situation. At one point the couple’s relationship almost broke down due to the extreme stress. His parents’ fears and anxieties negatively impacted on Amir’s wellbeing and compromised his trauma recovery. This led to further stress upon the parent and continued in a vicious cycle.

List of References


