Introduction
The Australian Medical Students’ Association (AMSA) is the peak representative body for Australia’s 17,000 medical students. The key mandate of AMSA is to connect, inform and represent its members. AMSA has a strong network throughout the 20 medical schools in Australia, and is in frequent contact with our student members, doctors and other representative bodies such as the Australian Medical Association (AMA).

As the representative body for the future generation of Australia’s doctors, AMSA believes that all communities have the right to the best attainable health. Refugees and asylum seekers are, both ethically and legally, undeniably under the duty of care of the Commonwealth of Australia and AMSA has grave concerns regarding the health impact Australia’s policies are incurring, especially on children held in immigration detention facilities. Furthermore, as medical students, AMSA’s members are involved with the medical treatment of refugees and asylum seekers in the community. Through these interactions, or when visiting mainland detention centres, they witness first-hand the detrimental physical and mental health impact immigration detention has on children.

As part of this submission, AMSA asked for personal submissions from medical students with experience and expertise in this area. Medical students may have witnessed children in detention, participated in the treatment of children after detention or have medical knowledge and expertise regarding the impacts of detention. These views therefore do not necessarily reflect AMSA’s views, which are outlined below, but the experiences of individual medical students.
Contents

1 Introduction
3 Children in Immigration Detention - Impacts
4 Convention on the Rights of the Child
5 Recommendations
7 Conclusion
8 Contributions from Australian medical students
9 Nicky Betts - University of Western Sydney
10 Jacqueline Hara-Crockford - James Cook University
11 Maryjka Johns - University of Western Sydney
12 Timothy Martin - Monash University
13 Alice McGushin – University of Tasmania
14 Samuel Ogennis - University of Western Australia
15 Ashleigh Phillips - University of Newcastle
16 Kierrtana Selvakumar - University of Western Sydney
17 Nikitha Venkatachalam - James Cook University
18 Nilanthy Vigneswaran - University of Western Sydney
19 Andrew Wallace - University of Sydney
20 Devaki Wallooppillai - University of Western Australia
21 [Redacted]
22 References

Children in Immigration Detention - Impacts

As a result of the growing concern amongst the medical student body regarding the health consequences of Australia’s refugee and asylum seeker policies, AMSA has sought to advocate for health to be brought back into the political discourse. During this process, AMSA carried out a thorough literature review and engaged with key stakeholders to seek credible, evidence-based information on refugees and asylum seekers’ health including the impact of detention on children’s health, well-being and development. This submission is a result of that process and intends to inform the Commission on the detrimental effects of mandatory detention and offshore processing on welfare and development of children.

AMSA has grave concerns regarding the detention of children in immigration detention centres, as outlined here:

1. Higher incidence and prevalence of mental health problems such as depression, anxiety, poor social engagement, suicidal ideation and self-harm compared to children in the general community
2. Impaired physical development and achievement of key developmental and learning milestones
3. Reduced provision of educational and recreational facilities
4. Reduced access to appropriate health care professionals and resources
5. Lack of transparency, research and scrutiny of services

Immigration detention impedes a child’s development not only through a harsh environment but also through the loss or incapacity of their parents to care for them\(^1\). It is well established that a child’s development occurs within the context of caring relationships, love and support. The very nature of immigration detention inevitably precludes such a nurturing environment and challenges the model of trauma and recovery\(^1\). The reality is immigration detention is toxic to one’s wellbeing and challenges the path to recovery. This is amplified in children, as they are in a key social, physical, emotional and mental developmental phase of their life. The ill effects of detention are likely to be prolonged and carried through into adult life, even once children are removed into the community\(^1,2\). Furthermore, this context diminishes and disempowers health professionals to provide adequate and meaningful care to children\(^1,2\).

Prolonged detention puts children at an unacceptable risk of mental illness and post-traumatic symptoms including anxiety, distress, bed-wetting, sleep and behavioural disturbances, suicidal ideation and self-destructive behaviour\(^1\). The mental health of children is also affected by the exposure to conflict, adult distress and self-harming behaviour within detention\(^3\). There have been several serious suicide attempts documented in young children and adolescents, and the rates of adolescents participating in protest and self-harming behaviours occur at rates of up to 12 times that of the general community\(^3\). Suicide rates in immigration detention centres are approximately 10 times of the general population\(^3\). There is sufficient evidence to establish a causal link between immigration detention and mental health disorders\(^1,2,4,5\). Furthermore, incidence of mental health problems increases as a function of length of stay in detention\(^1,3\). Finally, it is likely that these impacts are amplified in areas where developmental and health services are significantly limited, such as in offshore detention.

Two Australian studies demonstrated the substantial evidence of serious harm to children as a result of immigration detention\(^6\). They documented the mental health of 40 asylum-seeking children and their families\(^6\). Most preschool children displayed marked developmental delay or even regression, attachment disorders and/or behavioural disorders\(^6\). All children aged greater than 6 years old had evidence of multiple psychiatric disorders\(^6\). These reports concur with other case reports and participant-observed accounts.

The ‘legal guardian’ of children held in immigration detention in Australia is the immigration minister. This means that the person responsible for
their protection is also responsible for their detention. Such is the dichotomy of Australia’s current punitive policy and raises significant practical and ethical challenges in the care of the children. The health professionals working in immigration detention centres face a conflict of interest between their professional responsibility to provide adequate clinical care to the patient and their contractual obligations as well as detainee mistrust. In many instances providing that adequate care means acting outside their employment’s contractual obligations. This significantly diminishes the quality of care people receive in immigration detention.

Given most individuals in the past have been assessed as genuine refugees, and resettled in Australia, it is the Australian healthcare system which must bear the costs of treating the eventual mental health illness incurred by immigration detention. As mental illness is likely to be chronic and/or lifelong, these costs are likely to be significant in terms of medical treatment but also lost-opportunity costs. It is therefore additionally not in Australia’s interests to be consciously causing significant mental illness by indefinite, mandatory immigration detention.

**Convention on the Rights of the Child**
The United Nations Convention on the Rights of the Child has a number of articles relevant to Australia’s current refugee policies.

**Article 19**
1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

**Article 22**
1. States Parties shall take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall, whether unaccompanied or accompanied by his or her parents or by any other person, receive appropriate protection and humanitarian assistance in the enjoyment of
applicable rights set forth in the present Convention and in other
international human rights or humanitarian instruments to which
the said States are Parties.

2. For this purpose, States Parties shall provide, as they consider
appropriate, co-operation in any efforts by the United Nations and
other competent intergovernmental organizations or non-
governmental organizations co-operating with the United Nations
to protect and assist such a child and to trace the parents or other
members of the family of any refugee child in order to obtain
information necessary for reunification with his or her family. In
cases where no parents or other members of the family can be
found, the child shall be accorded the same protection as any
other child permanently or temporarily deprived of his or her
family environment for any reason, as set forth in the present
Convention.

**Article 24**

1. States Parties recognize the right of the child to the enjoyment of
the highest attainable standard of health and to facilities for the
treatment of illness and rehabilitation of health. States Parties
shall strive to ensure that no child is deprived of his or her right of
access to such health care services.

These articles state that Australia, as a signatory, should be affording
children seeking refugee status in Australia the same protections and
opportunities to health, education and development as children in
Australia. When available evidence suggests that immigration detention
is detrimental to the health, wellbeing and development of children, it is
clear that Australia is breaching its international obligations.

**Recommendations**

AMSA is opposed to the indefinite, mandatory detention of children in
mainland or offshore immigration detention centres on the grounds of
health and human rights. AMSA calls for the Australian Government to
safeguard the health and wellbeing of children. AMSA supports measures
that enforce:

- Cessation of mandatory detention and offshore processing of
  children and their families
- Preservation of the best interests of the children as the primary
  concern
- Treatment of children with humanity and respect
- Detention of children only as a measure of last resort and for the
  shortest duration of time
- Preservation of children with their family, and protection of that
  family
Special consideration for children who are without their family must be allowed for protection and assistance
- Appropriate educational, recreational and healthcare services for children in immigration detention
- Transparency into the operation of immigration facilities and evaluation for their appropriateness in align with the Refugee Convention of the United Nations
- Re-establishment of an independent health advisory group with the power to investigate and advise on the health impacts of immigration detention and Australia's refugee policies
- Relieve the Minister for Immigration and Border Protection of his guardianship duties due to the clear conflict of interest pertaining to his responsibilities

Conclusion
AMSA is opposed to the indefinite mandatory detention and offshore processing of any individual, but particularly children. This is due to the clear causal association between mental illness and immigration detention, which is amplified in children because of their developmental stage. AMSA recommends that the Australian Government acts immediately to remove children from places of immigration detention, both onshore and offshore, and move children and families to community housing. Until such a time when this is possible, AMSA calls for an increase in health, educational and developmental services and opportunities such that the adverse mental health impacts of immigration detention are minimised.

AMSA would like to thank the Australian Human Rights Commission for its inquiry into the matter and the opportunity for us to make a contribution. We look forward to following its progress.
Contributions from Australian medical students

Nicky Betts - University of Western Sydney
My name is Nicky; I'm a 22 year old Australian medical student. This is an extraordinarily privileged position to be in compared to the vast majority of the world's inhabitants. I not only have access to the basic human rights such as shelter, safety, food, clean water and clothing; but also to a world-class education, to a largely responsibility-free youth and a future of endless possibility. Yet as international and civil conflicts rage around the world, there are approximately 16 million refugees, and 45 million internally displaced persons, for whom even those basic human rights seem a pipedream. I am equally undeserving of my fortunate lot in life as these poor children are of the terrible trauma that is part of not just their unalterable past but also their very malleable present and future.

Worse still, Australia, the land of the “fair go”, a nation whose inhabitants allegedly pride ourselves on our acceptance of ethnic and cultural diversity, is detaining hundreds, if not thousands, of refugee and asylum seeker children. This is in flagrant violation not only of the 1951 United Nations Refugee Convention, of which we are a signatory, but also of articles 6, 9, 19, 22, 24, 25, 27, 28, 31 and 36 of the UN Convention on the Rights of the Child (1989). Along with these more official objections, we must also ask ourselves - is indefinite imprisonment of children, for fleeing war, persecution and unimaginable sorrow, is on any level defensible?

I am of the firm belief that in future years, the people of Australia are going to look back at our contemporary policies and shake our collective heads. I think it’s on a similar level to not giving women the right to vote for so many years. For me, when I remember this dark part of Australia's history and ask myself “Did I sit idly by and allow this injustice to go on, or did I stand up for the voiceless?” I hope to be able to stand by my behaviour. Do you?

Jacqueline Hara-Crockford - James Cook University
As a future doctor I am naturally concerned about future generations that my colleagues and I will care for and treat. It is for this reason I reflect on the potential nature of health issues that children in immigration detention facilities in Australia may face. Moreover, as a firm believer in the ideals of the 21st Century Doctor I am concerned with Australia’s refugee and asylum seeker policies and the impact these policies have on the health and happiness of refugee populations.
To frame my discussion, I raise two fundamental concepts in medicine that are growing in importance. First, our ‘clinic’ is taking on a much more multidisciplinary and global form. Secondly, doctors must play a more active role in prevention, not just cure. With respect to these concepts, medical practitioners are becoming acutely aware that in order to operate in this new mindset of medicine we must view our patients holistically. The model of the social determinants of health has helped us to achieve this – that is the impact of the political, economic, social and cultural contexts, in which an individual develops and exists, as having a fundamental impact on an individual’s health and health outcomes.

The social determinants of health can help us to understand the potential health risks that children in immigration detention face. Perhaps the most powerful determinant of health in this context is the effect of political and social marginalisation. Children seeking asylum who are detained in immigration detention are to varying degrees restricted from exercising their right to participate in aspects of life that shape one’s identity and self-worth – for instance culture, religion and education. The result is a reduced ability to participate in education, to find work and economic liberties, and to participate in civil society. They are socially disadvantaged and this has far reaching effects on their health and wellbeing. For instance, there may be a reduction in access to health care due to social and cultural inappropriateness, a reduced ability to afford health care, and a nullification of preventative health initiatives as basic needs struggle to be met. It is a profound injustice and risk to purposefully marginalise individuals at any age but inflicting such injustices on children calls for greater concern as it deepens the roots of social disadvantage. Embodying a state of marginalisation at an earlier age will no doubt allow the social determinants of health to play a greater role in negatively shaping a child’s adolescent and adult life.

From a more biological standpoint, preventative medicine has shown that the health of individuals is most severely impacted if exposure to risk factors occurs early in life. This is because the earlier we develop health problems, the more time these problems have to manifest into progressive illnesses at an earlier age. Health problems also have a potential to act as predisposing factors for other diseases and therefore an early onset of chronic disease puts individuals at risk of accumulating a greater number of health problems in their lifetime. It is well established that as more asylum seekers enter immigration detention facilities, more will exit with new and exacerbated health problems – especially mental health problems. Children are not exempt from this risk and no doubt the risk of an early onset of health problems, including mental illness, will place them on a difficult and potentially inescapable path of poor health.
It is in the communities and on the ground in which my practice will operate that the repercussion of this predicted health burden will be felt most. Furthermore, I predict that the repercussion of this health burden amongst younger generations of children and adolescent youth will transcend time as a major long-term problem that future leaders of Australia will face. This is therefore a concern of future medical practitioners. I believe that the risk factors for poor health among children in immigration detention can be reduced with policies that uphold the fundamentals of the UN Declaration of Human Rights, the UN Convention on the Rights of the Child and the Refugee Convention. This is essential for refugee and asylum seeker health and, in the long run, Australia’s health.

Maryjka Johns - University of Western Sydney

In 1945, [Redacted], a 13 year old Polish refugee, arrived in Sydney on a boat from Germany. He was fresh from the horrors inflicted on him at the hands of German occupation and imprisonment in concentration camps had ensured that he had seen monstrosities that would haunt him until the day he died. However [Redacted], my grandfather, was accepted into Australia and resettled, where he secured a job, got married and had children, eventually dying peacefully, surrounded by a loving family. It is my fear that my Grandfather’s happy ending will not be the fate of the children that the Australian Government is holding in their veritable concentration camps of Manus Island and Nauru. We not only stand by as a nation and watch, no- we purport ourselves, the aggressors, as the stalwart defenders of peace whilst painting those vulnerable and wretched as the troublemakers of the world.

To look on events of the past with an air of detached horror is to ignore the reality that these past events mirror a cruelty that is currently being inflicted on innocent men, women and children, whose only crime is being a victim.

We cannot look at events of the past with detached horror, we must look at them and recognise that they are happening now. History is unfortunate in its unerring cyclicality; but it is a travesty we in Australia, who deem ourselves “western” and “civilised” must inflict such brutal and unnecessary torment on the most vulnerable- and to what end?

I find that there is little I can say on this subject that has not been said more eloquently before me. I could give you a grim litany of numbers and statistics. I could cite the UN Refugee convention. But why must I put all
these figures and declarations in front of you, when all I should really have to say is that "there are children suffering".

**Timothy Martin - Monash University**
As a Monash university medical student in my penultimate year, I am gravely concerned about impact that Australia’s immigration detention facilities are having on children. My relevant experiences are fourfold:

1. Monash health is a hospital network in Victoria with a catchment area that includes a large refugee population. I have been involved in the treatment of children who have previously been detained in immigration detention and have witnessed these impacts firsthand.
2. I have been involved with community organisations that provide general health advice to refugee and migrant families. I have taught children living in community detention about health matters, and heard about their experiences in detention centres.
3. I have explored the medical literature on this research topic and find substantial evidence to indicate a causal association between mental health illness and deterrence policies including immigration detention, temporary protection visas and offshore processing.
4. Most importantly, I have visited immigration detention centres and have viewed children and families living in detention.

As a result of these experiences, it is clear that immigration detention has a disastrous impact on the health, and particularly mental health and development, of children. I personally do not want to see children, or anyone, losing their life as a result of attempts to reach Australia, but there are solutions to avoid this situation which do not involve policies aimed at being deliberately cruel and degrading. Furthermore, there is absolutely no justification for knowingly causing mental harm - this contravenes the Convention on the Rights of the Child.

Australia must take swift and necessary steps to move children out of immigration detention.

**Alice McGushin – University of Tasmania**
I am a medical student studying at the University of Tasmania. I do not have any specific experience with children in detention, but I have a strong interest in the health and well-being of all people, especially children.

I do not believe children should be allowed to be detained unless it is absolutely necessary for their transition into homes in Australia. As the
Convention on the Rights of the Child requires, detention of children must be a measure of last resort.

The rates of self-harming behaviours are 12 times higher in adolescents in detention compared with adolescents in the general community. Children in detention centres have unacceptable risks of mental illness, as well as risks to normal development. These risks are associated with their premigration experiences, as well as exposure to conflict, distress and self harm within detention centres. Also, children may not have adequate access to education, social activities and other educational opportunities required for normal development. All children, including those seeking asylum have rights to physical and mental health, education, culture, language and religion, rest and play, protection from violence and to remain with their parents and those who have been separated from their parents have a right to special assistance.

I support the National Inquiry into Children in Immigration Detention 2014. If the Inquiry finds limited progress over the 10 years since the publication of the last report by the Australian Human Rights Commission, I suggest the Commission calls on the government to end the detention of children.

**Samuel Ognenis - University of Western Australia**

I served as Interhealth (UWA) Crossing Borders for Health co-coordinator in 2013. Crossing Borders for Health serves to educate future medical professionals about the unique vulnerabilities of refugees and asylum seekers, to engage students in improving the health and social wellbeing of the local refugee population, and to advocate within the health profession for the recognition of refugee and asylum seeker health as an important and urgent health priority.

I worked alongside the Fremantle Multicultural Centre (FMC) who provide a range of services for recently arrived migrants and refugees. Their work is extremely valuable, particularly their work with refugees, in assisting them with accommodation, health service access, settlement support, formal and conversational English, and providing social outlets for both adults and children. The FMC is just one of many, many organisations doing similar work with our newest and most vulnerable Australians.

As a medical student passionate about global health and public health, I have been troubled by the political and media coverage surrounding refugees and asylum seekers. In particular, the lack of focus on the health impacts of our immigration detention policies has been deeply regrettable. Children are an especially vulnerable group,
disproportionately suffering the health effects of short-term and long-term immigration detention.

Given Australia’s commitments to the UNHCR, the UN Declaration of the Rights of the Child, the UN Declaration of Human Rights, and the Millennium Development Goals, it is essential that the health of children in immigration detention be prioritised now, and into the future. In addition, children should not be held in detention, where they suffer from a lack of access to educational opportunities, to health services, to social interaction, to play opportunities, and so forth, until there can be a guaranteed improvement in access. Ideally, we would see the permanent cessation of immigration detention of children.

Ashleigh Phillips - University of Newcastle

As a child, I took great pleasure in exploring my quiet rural town. I was constantly arriving home with a scraped knee, mud from head to toe, punctured bike tyre or a new friend I had found a few blocks over. Fortunately, I was not arriving home with gun shot wounds, terror at the atrocities I had seen, nightmares or not at all. My parents were able to let me roam free without the fear that I would come to any great harm.

Unfortunately, not all of the world’s children are as incredibly lucky as I was. Many children are born into lives of terrible persecution and live in fear day and night for no crime other than being precisely who they were born to be. It is only natural that these children and their families flee these horrific situations for fear of their lives. It is only right that we take advantage of our position as a rich, safe country and help to take in these children and their families and provide them with a new home.

As a medical student, I have been taught the age old ethical principle of ‘first do no harm’. When we receive children seeking asylum in Australia, we must also apply this principle. The detention of children is undoubtedly harmful to their development and we have a moral responsibility to cease this practice immediately. If we do not, not only will we have morally bankrupted our wonderful country but we will have permanently inflicted unnecessary harm and suffering on these children who could be the next generation of great Australians and prevented them from reaching their boundless potential.

In the future, when the heinous policies of Australian Governments on refugees and asylum seekers are condemned as they should be, I hope that this national inquiry is regarded as the catalyst which began to change our great nation. I hold great hope that one day we will recognise these beautiful children as not a burden for our society to endure, but a wonderful gift which will enrich all of us.
Kierrtana Selvakumar - University of Western Sydney

I look at this situation and ask myself, what are we protecting ourselves from? What harm are Australians evading? I cannot envision any possible explanation that would lead to me believing that children who have come from war torn countries, where life poses the challenge of surviving each minute and blood colours the streets deserve to endure another hell when they seek refuge. They are driven by remnants of hope to have a chance at a life, with what remains of their family and some fraction of peace. Why is this a crime?

They are not terrorists, they merely fled from terrorists. They do not pose a threat, they merely suffered threats. Mere human beings just like us. It is only fate that led them to being born in those conflict-ridden nations. We, as Australians have done absolutely nothing to deserve the luxuries we enjoy. We are just reaping the benefits of being in a more stable nation. The tests we faced to come to this country are miniscule in comparison. We were not locked away for days on end like prisoners until we were deemed suitable to enter. However we did not earn our place and the right to bypass this process either. Therefore, we are not entitled to discriminate and behave like we are authorized to decide who deserve this life. Is it not ironic that we want those who have struggled to live all their lives to endure further maltreatment when they come to our shores yet we want to continue to make life as unproblematic as possible for those from more affluent nations?

I beg that we see these children as our own. Give them the same warmth you would want your child to receive when she has been through hell, witnessed trauma that will do irreparable damage. Instead of extending a hand, we are extending their time in hell. Let no more children experience the cruelty of spending their childhood behind bars, punished for crimes they never committed and with no knowledge of what it is like to live a normal, peaceful life.

Nikitha Venkatachalam - James Cook University

At the end of last year, I was lucky enough to complete a 4 week medical placement at the Christmas Island Hospital. This was a life-changing experience and some of the most memorable experiences I had were my interactions with the refugees. I had a very broad idea of what being a refugee entailed before my trip to Christmas Island. Visiting the detention centre and speaking to the refugees at the hospital gave me a firsthand insight into their current situation. And it is clear to me that a lot of
change is required, particularly with regards to the handling of children in detention.

During my first week, I saw a one year old Rohingyan boy at the hospital. He was slightly small for his age and was very quiet. I was told to take a history from the parents and did so with the help of a translator. At the end of the history, I asked if the parents had any questions. At this point, the mother asked me if I could move the family back to their previous camp. It seemed that they had been moved without any explanation from their previous camp where they were supported by a Rohingyan community. Their new camp was predominantly populated by Iranian refugees and the children were a lot older than their son. As the kids bullied their son, he was too afraid to go out and play with them. This, in combination with the strong heat, forced the boy to stay inside with his parents all day long. Hearing this was a shock and it was very difficult for me to say that all I could do was pass their plea on to my supervisor.

A person’s childhood is the defining years of their life. Thus, the implications of spending these years in detention with a constant air of fear and insecurity are dire. All children should be brought up in an environment where they feel safe. They should be going to school and learning and creating the bright futures they deserve. Instead, these refugee children who are fleeing war-torn countries and have experienced unimaginable trauma arrive in Australia, only to be exposed to another kind of trauma, the loss of hope. However, while the facilities at Christmas Island are clearly inadequate, they are far better than the deplorable conditions of Manus or Nauru. Under the current government, all refugees will eventually be transferred to off-shore processing centres. This will further enhance the adverse effects of detention on children. Thus, it is clear we need to act now to reform the system in order to protect the wellbeing of these children.

Nilanthy Vigneswaran - University of Western Sydney

It's hard to encapsulate what constitutes a childhood well spent. How does one begin to quantify and describe the innocence, boisterousness, curiosity or sense of adventure? Is it an interval in life that we spend out measuring the world, as I once heard it put, the sights, smells, spaces and faces until…’the dark age of reason rings in’?

No matter how differently we define what a healthy childhood is, there are surely some childhoods we should be universally able to agree are bleak indeed. And one spent behind bars with a sense of belonging to a place and country denied to one so young is not only bleak. It is, I believe, something transcending that — appalling. I have heard so many times the phrase ‘Our children are our future’. Yet what kind of future do we as a
society think they can create without the tools to allow them a fruitful emotional, educational and psychological development in childhood?

It is estimated that approximately 496 of the 1107 children in immigration detention in 2012 were kept in ‘secure, locked facilities’. To state what child and developmental psychologists and psychiatrists have already ascertained with compelling evidence, the lifelong psychological and developmental effects of even brief detention on a child is colossal. In this day and age of probing our morality, our consciousness and our ethics, we cannot societally stand by and allow a practice which ensures an environment that perpetuates trauma, anxiety, conditions of poor social development and often poor access to healthcare. Australia is the signatory to the United Nations’ Convention on the Rights of the Child of which Article 19 states, ‘A state has an obligation to protect children from all forms of maltreatment’ and the subsequent article 22 articulates that ‘A state has special obligations in respect of refugee children’. This strikes most people surely, as somewhat ironic.

We as individuals and collectively speak of the elusive ‘one day’, where freedom, opportunity and human rights are not dispensable commodities but the inalienable rights of every human being. There must be an end to children in mandatory detention. In Australia, the country that prides itself on wondrous opportunities and what is fair, that ‘one day’ is not here currently – but given a few collective and compassionate steps forward it could be.

Andrew Wallace - University of Sydney
The detention of children is categorically a human rights abuse simply due to the fact that they are punished for circumstances undoubtedly outside of their control. However the indefinite offshore detention of children, in circumstances with unstable educational, social and health facilities, further condemns them to a lifetime of grappling with the consequences of such formative damage. The current conditions in the Australian Government’s offshore detention centres will lead to lifetimes of chronic health and social problems, a fact that cannot be disputed in good conscience. The longer we punish those who desperately seek help, the longer we perpetuate a world where lives are ruined by desperation. The Australian Government’s current policies must be loudly and clearly exposed as the abusive and criminal instruments that they are so that we can move forward from this collective shame.

Devaki Wallooppillai - University of Western Australia
I am a penultimate year student doctor with experience in treating children and young adults after detainment in immigration detention as well as a concerned member of the public.

In this capacity I believe Australian Government should release all children and young adults who are held in immigration detention centres, as the mental and physical health impact, as well as the economic impact, is highly negative. Australians do believe all children should be educated, something that does not occur in detention centres.

Ultimately evidence points to the moral, international obligation and economic viewpoint that community processing would have less health impacts and be a lot cheaper. Further, asylum seekers want to contribute to the Australian economy and should be able to do so.

General practice, paediatric and general surgery consultations I have attended to under supervision by medical practitioners showed me that children and young adults either being treated for injuries in detention or who have just come out of detention shows the immense health impacts this policy has. Their missing education is apparent, feelings of guilt about leaving home/loved ones, depression, self harm behaviours to extremes I have rarely seen, preventable and painful injuries being left inadequately treated are all things that Australians would and should shudder that they are complicit in.

Fearmongering and creating division in the community is not going to provide any benefit to Australia or to the international community.

Please remember that Australia’s international obligations are to protect those and not to persecute those who seek asylum in this country.

[Redacted]
I’m writing to the AHRC as an Australian medical student who cares and loves the country that has given me the opportunities to thrive, and to reach my full potential. I was born in Malaysia, a place that’s home to many of my family, and still home in the hearts of my parents.

My parents immigrated to Australia because we are of Chinese heritage. They were worried that with the affirmative action policies for the Malay majority, with the violent ethnic tensions in Indonesia, with the growing popularity of right-wing nationalist political parties in Malaysia, the opportunities for my sister and I to reach our full potential would be compromised. And they wanted to give us the best opportunities in life that they could.
When our immigration visas were accepted, we moved to outer suburban Melbourne to start our new lives. Immigrating to Australia was terrifying for the first few years – since I was too young to understand why we had moved, but not young enough to be oblivious to the transformation my parents had undergone - from influential, confident, protecting parents to parents who picked me up from school everyday looking worried and wearied.

I want to use the word “traumatic” to describe these years, because the memories of this time in our lives still haunt me with a kind of shame and fear. I remember it was when they started fighting with each other, when I would wet my bed weekly with nightmares nightly, when I would get sick every morning because I dreaded school so much. I remember my parents struggling and frustrated with the daily humiliation of trying to understand everyday functions and systems. I remember those years as being plagued by constant anxiety and fear – anxious about the futures of my family and I; fear of disappointing my parents because I hadn’t made the most out of opportunities they had sacrificed their careers, families, friends and self-esteem for.

I want to use the word “traumatic” but when I think about what children in detention go through, it somehow feels inappropriate. My family weren’t refugees; we were economic immigrants who moved here on the hope for a better life. But when I reflect on my childhood, I see that immigration can be a traumatic event for children, even in the best of cases.

We know that development in childhood can have a life-time of consequences – amounting to astounding economic costs and unquantifiable human cost. Parenting priorities and educational methods can vary, but we know that children need to feel safe and supported if they’re to see themselves as people with worth, dignity and capacity.

This – the ability to see worth in oneself – is, to me, a universal human right. Children who identify themselves as numbers, not individuals with worth – this is the result of the daily, unrelenting dehumanisation and humiliation that children suffer at the hands of Australia’s immigration policy. And it’s unjustifiable and unacceptable.

Those early years of immigration feel like a dream. Australia and its opportunities for social mobility have allowed me to grow into a woman who feels as happy as I feel today – happy in the prospects of my future; happy in who my family and I have become; happy in the freedom and autonomy I feel I have over the direction of my life; happy, ultimately, that my worth is unquantifiable.
Children can’t always be protected from the realities of life. But every child deserves to feel that they are worthy of respect and dignity. And no State or person should ever rob that away.

References