



St Vincent de Paul Society
NATIONAL COUNCIL *good works*

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30 May 2014

National Inquiry into Children in Immigration Detention 2014
Australian Human Rights Commission
GPO Box 5218
Sydney NSW 2001
Australia

Submitted online

Submission to the National Inquiry into Children in Immigration Detention 2014

The St Vincent de Paul Society (the Society) is a respected lay Catholic charitable organisation operating in 149 countries around the world. In Australia, we operate in every state and territory, with more than 60,000 members, volunteers, and employees. Our people are deeply committed to our work of social assistance and social justice, and we run a wide variety of programs around the nation. Our work seeks to provide help for those who are marginalised by structures of exclusion and injustice, and our programs target (among other groups) people living with mental illness, people who are homeless and insecurely housed, migrants and refugees, and people experiencing poverty.

On 3 February 2014 the President of the Australian Human Rights Commission launched an inquiry into children in immigration detention. The Society has consulted nationally, and welcomes the opportunity to make this contribution.

1. Executive summary

The Society works all over Australia to assist disadvantaged newly arrived asylum seekers and refugees, including many children. What our experience has shown us, and is borne out by a weight of evidence, is that immigration detention is deeply harmful to asylum seekers, and particularly to children. These young people are already very vulnerable, and the conditions in detention are deeply harmful. Some stories of what we have heard and witnessed are outlined below. We thank the Commission for its interest in this area, and we urge it to put forward the argument against detention of children in the strongest terms possible.

2. Vinnies and Refugees

The Society has a strong history of working with migrants and refugees. Catholic social teaching places a special onus on us to help people who have fled their homeland due to war, persecution, injustice or intolerance, and are now seeking asylum on our doorstep. To that end, the Society has a migrant and refugee committee or service in each State and Territory in Australia, which coordinates advocacy and material aid. These services range from helping refugees lodge appeals against adverse decisions, to providing living support for those newly in our community. We also coordinate a national Vincentian Refugee Network, and participate in and coordinate visits to immigration detention facilities where we are permitted to. Through these experiences, our volunteers have witnessed first-hand many of the daily struggles that asylum seekers and refugees in detention and in our community face, as well as hearing their stories of persecution in their homeland. We consider it a privilege to assist, and stand in solidarity with, these brave and remarkable people.

3. Evidence Background

Refugee children arrive in Australian territory some of the world's most vulnerable people. They are politically vulnerable: these children often have a well-founded fear of persecution in their own state, and are unable to claim the protection of their country (this is definition under the *Refugee Convention*). Children who come to Australia seeking asylum are also socially vulnerable: they have had to leave behind their communities, their schools, their extended families, and often also members of their immediate families. Their parents and siblings may be thousands of kilometres away. Particularly for unaccompanied minors, the lack of social support can be terrifying. Refugee children are also economically vulnerable: they have left behind their homes and their belongings, and often have no more possessions than they can carry. They have rarely been entitled to any economic rights in the transit countries they have passed through to reach Australia (for example Malaysia or Indonesia). Many refugee children may also physically vulnerable: some have been tortured, many are malnourished. Their physical liberty is minimal; in the Australian context, those arriving by boat do not have the option of deciding to turn away when they reach Australia. Those with a physical illness will have had only very limited means of managing their own healthcare. Many refugee children also arrive in Australia profoundly psychologically vulnerable: they have faced discrimination, persecution, and exclusion in their own home country and, likely, in the transitory countries they have moved through to get to Australia. Many suffer post-traumatic stress as a result of the violence they have experienced on themselves, and witnessed on their family members. Moreover, any sense of autonomy has been stripped away: their futures are highly uncertain, and completely out of their own control.

After young asylum seekers arrive in Australia, they are mandatorily detained until their refugee status can be confirmed, and a visa granted. Some of these people are detained in detention centres, including children with their families, and unaccompanied minors. By all accounts, these detention centres are not appropriate for anyone – let alone vulnerable children – to reside in. For example, a recent assessment by this Human Rights Commission found that conditions at one centre are prison-like and overcrowded, with insufficient access to services such as communication, recreation, educational, and mental health facilities.¹ These serious deficits have led many to argue that the Australian government is breaching its international law responsibilities by housing refugees in such conditions.

Under the diathesis-stress medical model, individuals who are highly vulnerable are at increased risk of poor physical or mental health outcomes when exposed to negative environments or experiences. As such, by taking highly vulnerable refugee children, and severely restricting their freedom of movement and their access to essential services, we would expect very high levels of mental illness among those living in detention. Sadly, this expectation is more than borne out in practice. The evidence that immigration detention

¹http://www.humanrights.gov.au/human_rights/immigration/idc2012_christmasisland.html

causes severe suffering, specifically with regards to mental health issues, is overwhelming.² Of all asylum seekers in detention, the vast majority, around 86%, suffer clinically significant symptoms of depression, with many suffering other mental illnesses as well.³ Evidence clearly indicates that these symptoms are not only due to pre-detention trauma, but to the specific stressors that people experience through immigration detention itself, including loss of liberty, uncertainty regarding return to country of origin, social isolation, abuse from staff, riots, forceful removal, hunger strikes and self-harm.⁴ There is significant evidence that the mental health of refugee children is similarly negatively impacted.⁵

Aside from the direct human misery that detention causes, it has been clearly established that the detention experience causes *long-lasting* ramifications for refugees' mental health, even after refugees are resettled into the community,⁶ as most will be.

4. What we have heard – examples

The Society has been involved in visiting a range of onshore detention centres, as well as providing assistance to many people of refugee background living in the community who had previously been detained by the Australian government. We also have a number of volunteers and employees who have worked within the system itself. Here are some of the stories we have heard.

Poor working environment

We have been told that the environment for staff working in detention centres is incredibly negative, with reports of rampant bullying and coercion. We have been told the process for

² See, for example, Steel et al, "Psychiatric status of asylum seeker families held for a protracted period in a remote detention centre in Australia" *Australian and New Zealand Journal of Public Health* (2004) 28(6) 527 - 36 (at ncbi.nlm.nih.gov/pubmed/15707201); Green and Eager, "The health of people in Australian immigration detention centres" *Medical Journal of Australia* 192(2) 65-70; Australian Human Rights Commission, *Immigration Detention at Curtin* at 31 (at hreoc.gov.au/human_rights/immigration/idc2011_curtin.pdf).

³ See, for example, Joint Select Committee on Australia's Immigration Detention Network, *Final Report* (2012) 104 (at aph.gov.au/Parliamentary_Business/Committees/Senate/Committees?url=immigration_detention_ctte/immigration_detention/report/report.pdf). See also views of Professor Newman cited in Bereton and Bacon, "Nauru's 'Explosive' Situation" *New Matilda* (30 November 2012) (at newmatilda.com/2012/11/30/expert-condemns-nauru).

⁴ See for example Robjant et al, "Mental health implications of detaining asylum seekers: systematic review" *British Journal of Psychiatry* (2009) 194(4) 306-12 (at ncbi.nlm.nih.gov/pubmed/19336779).

⁵ See, for example, https://www.humanrights.gov.au/sites/default/files/content/human_rights/children_detention_report/report/PDF/alr_complete.pdf, page 391

⁶ See for example Silove et al, "No refuge from terror: the impact of detention on the mental health of trauma-affected refugees seeking asylum in Australia" *Transcultural Psychiatry* (2007) 44(3) 359-93 (at ncbi.nlm.nih.gov/pubmed/17938152); Steel et al, "Impact of immigration detention and temporary protection on the mental health of refugees" *British Journal of Psychiatry* (2006) 188 58-64 (at ncbi.nlm.nih.gov/pubmed/16388071).

raising concerns or complaints about the handling of young people was dysfunctional, and raising problems was discouraged and poorly handled. As a result, there was very high turnover of burnt-out and depressed employees. Similarly, we were told that managers were instructed to roster their staff on at times that they knew those staff wouldn't be available, and then tell the staff that they were replaceable if the staff complained.

Another issue raised by an ex-employee we spoke to was the lack of appropriate staff training. Although it seemed that DIAC (as it then was) had allocated a certain amount of funds for staff development, very little of this money appears to have actually been used on essential training. This is borne out in the example of the treatment of a 16 year old asylum seeker boy who was experiencing severe post traumatic symptoms. Over his time in detention, his condition deteriorated significantly, and he started experiencing suicidal ideation. Unfortunately, the staff members who were sent to engage with him at this point didn't have appropriate training, and dealt with the matter in a way that only made things worse. The boy withdrew and stopped talking, and one of the staff members ended up in tears herself.

Overall, working conditions for staff seemed very poor. In the view of the ex-employee we spoke to, the lack of staff support is indicative of how the contractor ran the contract with the Department; as a vehicle for generating the most amount of profit possible and creating a positive impression of the Department's support of unaccompanied minors in the public's eye, rather than about providing good quality care for the people they were looking after.

Lack of information about rights

We have been told by several people we assist who used to be in detention that they were never told about their right to appeal certain decisions. This is clearly very troubling.

In fact, the ex-staff member we spoke with was explicitly told that she was not allowed to 'advocate' for the children she was assisting, which included not telling children their rights, but merely providing practical assistance instead. The outcome appears to be that children are convinced that they cannot question any decision made about them. If this is the case, it is a serious breach of any standard of natural justice.

Children with physical disability

Until very recently, we were involved in the in-detention care of a mother with two daughters who both have cerebral palsy. The family had fled their home due to religious persecution. In detention, the mother received utterly inadequate support in caring for her daughters. For example, staff refused to help the girls in and out of buses, saying that it is not their job. Unsuitable food and play equipment were provided, which did not take into account the girls' cerebral palsy. There was also less physiotherapy available than the girls had had in their country of origin, and their condition deteriorated. Due to inadequate wheelchairs, one of the girls also suffers ongoing pain. On top of this were the constant threats that the family would be sent offshore, to Nauru or Manus Island.

We can only imagine how hard it must have been for their mother, already in an impossible situation, to see her daughters suffering like this, and be powerless to help them. After significant community advocacy, we have been told that the family have now been let out of detention.

Age determinations go wrong

We heard of an age determination taken out on a young Kurdish boy. The boy didn't have a birth certificate, which is not uncommon in some countries. In the ex-employee's estimation, he definitely seemed to be around 16 in appearance and in communication.

However, when he went through the age determination process he was deemed as being over 18. This meant that he would have to go into an adult camp, with older men. We were told that the boy became incredibly distressed and afraid, and began verbalising some suicidal ideation. He was very anxious, saying that he didn't understand, he didn't know what to do, and he was afraid of going to the adult camp. He begged and pleaded that he was younger than they had decided. It seems that the process was very distressing for all involved. Despite this, and despite intervention by the ex-employee, the age determination remained in place.

Education

The transport process from detention to the education facilities appears to be severely deficient. We have been told that children very often miss out on attending school because organisers have the wrong lists with them, and were unable or unwilling to follow up and check who should be on the bus. There were also problems with children not attending school because they had not yet been provided with the right uniform – a decision made by staff members at the detention centre, even though schools did not raise this as an issue.

Another issue with education is the time taken to enrol children in school. It seems that the process can be a very long one – up to several months – due to a shortage of staff available to medically prepare the children for school with the appropriate vaccines etc, and errors in listing children in the system also leading to long delays.

Family separation

Another situation that we have seen happen is the tragic breaking up of family units by detention centres. This occurs when an older sibling is between 18 and 21: too old to be housed in the children's areas, but too young to become the legal guardian of the child and get guardianship rights. In these cases, the single "adult" is sometimes removed from their younger siblings, and sent to a different facility. This is truly heartbreaking for all involved.

Medical care

A further issue that affects unaccompanied minors is the lack of quality treatment they receive for psychological issues. In addition to the lack of training for staff mentioned above, we have been told that staff have also acted very unprofessionally in cases, for example telling asylum seekers that they will “be on the next flight home” when the person exhibits negative behaviour.

It also seems that quality of the care provided by the company contracted to provide healthcare is open to question. For example, we have been told about cases where a child was moved off psychological support, despite apparently exhibiting very concerning symptoms of severe depression noted by those working with him. Similarly, we were told of a case where a young boy was reunited with a particular family member, despite exhibiting a lot of very troubling signs of serious abuse (including self-harm), and distress at being reunited with that person. The issue wasn't investigated, and it seems the concerns raised by staff were ignored by the healthcare provider. We have been told that children were moved off assistance because they were “taking up too much time”, and that – in at least one case – a manager referred to a child as a “shit head”.

Transferring children

The transfer of children appears to have often been executed very poorly. For example, on one particular night, we were told that some Vietnamese clients escaped from a centre. The next night, at midnight, all the Vietnamese clients were removed without any notice from the Department, including unaccompanied minors. These minors were then detained at Wickham Point (a particularly tough detention environment) for over two weeks. When contract staff were allowed access to the children, many of the children seemed confused, anxious and depressed, having not received information about what was going on, or access to their regular support teams.

On the next transfer, again the unaccompanied minors were not told that they were going to be moved. When the Department were asked by staff whether they could tell the children about the move, apparently the Department informed staff that they were *not* to tell the children that they were about to be transferred, but instead the children would just find out a few minutes before they were going to be moved, when staff started taking their bags and processing the children.

Trouble adapting to life in Australia

In 2012, we were assisting a family of six refugees. The four children were all under 8, and the family had been held in a number of Australia's detention centres while their asylum claim was being processed, including on Christmas Island, in Tasmania, Queensland, NSW and community detention. When we met them, two of the boys were in public primary school.

The boys' teachers reported the boys had had a very difficult time adjusting to school. The 8-year-old did not communicate with teachers or peers, and this was also evident in the work that the Society did with the family. It took a long time before he started to feel comfortable with us and started to communicate, and longer before we saw him smile. The 6-year-old boy cried often, and was distressed by being separated from his father and mother.

The behaviours that we saw were more than a child's response to a new environment. The boys' distress was sustained and obvious, and was attributed by us, by their parents, and by their teachers, directly to their asylum seeking experiences, including detention in Australia.

5. Conclusion

The Society works primarily with children from refugee backgrounds who are already in the community. In this environment, we see the long-term psychological impact that detention has had. However, we have also witnessed some of that treatment directly in detention facilities themselves. As outlined above, these stories offend even the minimum standards of human decency. We stand alongside a growing number of Australians who are starting to learn more about exactly what our elected government is doing to people who come here desperate for help. We will not stay silent, but will continue to advocate for the basic rights of all people to be respected.

We would welcome the opportunity to provide any more information on any of the points raised in this submission, in writing or in person. We have a range of people who would be willing to provide more evidence about the stories and issues raised above.