

SEEKING ASYLUM- TRAUMA, LOSS AND IMMIGRATION DETENTION

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Mandatory Detention

- **Policy introduced in 1991 for all unauthorised arrivals**
- **Highly traumatised populations**
- **Violates several UN Conventions**
- **13475 arrivals 1989-2002**
- **2184 minors July 1999-July 2003**

CHILDREN IN DETENTION

- **1058 Iraq, 870 Afghanistan, 211 Iran**
- **90% found to be refugees**
- **Average time in detention 1 year 8 months**
- **164 infants under 12months in 2000**
- **May 5 2004 – 151 children remain in detention; 50% since HREOC enquiry began in 2001**

MENTAL DISORDER IN DETAINEE CHILDREN

- **High rates of depression, anxiety and PTSD**
- **Attachment disorders, withdrawal, developmental delay in young children**
- **Effects of exposure to riots, self-harm and adult distress**
- **Unmediated experiences of trauma**

UN CONVENTION 1951

- “ A well founded fear of being persecuted for reasons of race, religion, nationality...political opinion, outside the country of his nationality...”

AUSTRALIAN REFUGEE

POPULTIONS

- 1947-1972 displaced persons from Central Europe , escapees from Communist regimes
- Post 1972 mass movement of persons displaced by war, persecution, Asia and Middle east

THEMES IN IMMIGRATION

POLICY

- Maintenance of British hegemony
- Strengthening of Australia economically and militarily by selective mass migration
- State control of immigration policy

EARLY IMMIGRATION POLICY

- Based on a clear racial hierachy
- Responsive to labor market anxiety
- Immigration Restriction Act 1901 – Migration Act 1958
- End of ‘White Australia Policy’ 1972

REFUGEE INTAKE 1987-2000

- EUROPE 34% - Yugoslavia
- ASIA 31%
- MIDDLE EAST 20% - Iran. Iraq
- AFRICA 7%

- **AMERICAS 7%**

ASYLUM SEEKERS

POLICIES OF DETERRENCE

- **Restriction on the rights of asylum seekers applying for protection**
- **External restrictions on travel of foreign-nationals**
- **Interpretation of the 1951 UN Convention**

LIVING RESTRICTIONS ON ASYLUM SEEKERS

- **Restricted access to legal services**
- **Limited rights of independent judicial review of refugee decisions**
- **Restricted right to employment**
- **Restricted housing and welfare support**
- **Detention of certain categories**

ASYLUM SEEKERS

HEALTH NEEDS OF ASYLUM SEEKERS

- **Physical sequelae of torture and trauma**
- **Infectious and parasitic disease**
- **Nutritional disorders**
- **Obstetric and gynaecological**
- **Post-traumatic stress, depression, grief**

EFFECTS OF DETENTION

REMOTE CENTRE STUDY

Steel, Newman, Silove et al

- **Study of 11 families of single ethnic group in a remote facility – 22 children**
- **SCID-IV, K-SADS-PL**
- **All children symptomatic following traumatic exposure**

- **21 children major depression, 50%PTSD, 50% Separation Anxiety**

REMOTE CENTRE STUDY

- **All adults and children met diagnostic criteria for at least one psychiatric disorder**
- **Children had a 10 fold increase in disorder subsequent to detention**
- **All adults and most children experienced traumatic symptoms related to detention experiences**

EXCESS RATES OF SUICIDE AND SELF-HARM

- **Suicide in IDC x 10 general community**
- **Self-harm and suicidal behaviour endemic**
- **Pre-Pubertal suicide attempts**
- **Protest, despair and imitation in adolescent**

MENTAL DISORDER AND DETENTION

- **PTSD and Depression 60-85%**
- **Physical Symptoms common**
- **Conversion Disorders**
- **Progressive deterioration related to length of detention**
- **Paranoia and psychotic symptoms**
- **Anger, self-harm and interpersonal conflict**

Children and Parents

IMPACT OF STRESS ON CHILDREN

LONG TERM IMPACT OF DETENTION CENTRES

- **Neurodevelopmental effects of Trauma and Neglect**
- **Attachment disorder and relationship disturbance**
- **Risk of chronic depression**
- **Ongoing anger and alienation**

ISOLATION

*“This is not how
I feel this is how
I am”*

BORN IN DETENTION

- **Sample of children born in detention environments**
- **Issues for pregnant women seeking asylum and role of pre-migration trauma**
- **Management of pregnancy and delivery for detainees**

INFANTS AND YOUNG CHILDREN IN DETENTION

- **Compromising of parenting capacity and postnatal adjustment**
- **Isolation and lack of cultural and social supports for parenting**
- **Post-natal depression and anxiety**
- **Specific issues for fathers**
- **Infant attachment difficulties**

RADA AND LEYA

- **Rada witnessed execution of husband, father and brother at 3 months**
- **Fled and spent 5 months in refugee camp before Australian detention centre**
- **Spent 3 weeks in hotel room and had complicated delivery without support**
- **Detained for a further 2 years before TPV**

LEYA AGE 2 Years

- **Poor language development and behavioural dysregulation**
- **Indiscriminate sociability**
- **Emotional dyscontrol and tantrums with self-harm**
- **Feeding difficulties**

- **Anger towards mother**

ATTACHMENT DISORDERS IN DETENTION

- **Patterns of generalised interpersonal disturbance**
- **Indiscriminate sociability and secure base distortions**
- **Social withdrawal and emotional constriction**
- **Role-reversal and parentification**

JULIE AND NADIA

- **Traumatic pregnancy and delivery in detention**
- **Severe depression and suicidality**
- **Infectious complications**
- **Management in detention environment**

CLINICAL AND ETHICAL ISSUES IN IDC

- **Is treatment possible in this environment?**
- **Compromising of clinical standards and control of clinical decision making**
- **Human rights violations and responsibility of clinicians**

SONIA AND BEN _ Solomons Choice

- **Separation of mother and 5 month infant demanded by Immigration law**
- **Family Court grant custody to father as mother facing deportation**
- **Dilema of advocating for rights of infant and opposition to children in detention**

DETENTION ENVIRONMENT

- **Environmental deprivation and neglect**
- **Children exposed to adult distress suicidal behaviour, behavioural disturbance**
- **Effects of parental depression and emotional unavailability.**

LONG TERM IMPACT OF DETENTION CENTRES

- ☐ **Neurodevelopmental effects of Trauma and Neglect**
- ☐ **Attachment disorder and relationship disturbance**
- ☐ **Risk of chronic depression**
- ☐ **Ongoing anger and alienation**

ATTACHMENT DISORDERS IN DETENTION

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AUSTRALIA AND THE UN CONVENTION ON THE RIGHTS OF THE CHILD

Ratified in 1990

Can Be Described As the 3 P's

- ☐ **PROVISION:** *Education etc*
- ☐ **PROTECTION:** *Torture,exploitation, abuse,arbitrary detention*
- ☐ **PARTICIPATION:** *In decisions involving their lives and in society*

UN CONVENTION ON THE RIGHTS OF THE CHILD

- ☐ **Detaining children strongly discouraged**
- ☐ **Last resort only and for shortest possible time,subject to periodic judicial review**
- ☐ **Families not accommodated separately – exposure to violence, risk of abuse**
- ☐ **No consistent education, limited opportunities for play and leisure, limited contact with world outside**

HIREOC ENQUIRY

- ☐ **Grouping of all Australian medical colleges**
- ☐ **Review of health needs and service provision**
- ☐ **Mental health effects of arbitrary detention and effects on children**

□ **Recommend release of children and carers**

IMMIGRATION DETENTION

Inadequate protection from violence, trauma, abuse, parental despair

MEDICAL CARE

VIOLENCE

IMMIGRATION DETENTION

Prevented from participation -isolated, locked in, powerless

ISOLATION

SEPARATION AND LOSS

FAMILIES

Family plays a central role in the social emotional and biological development of the individual

Family functioning is more than the sum of its parts

PARENTING CAPACITY

- **The ability to recognise and meet the needs of the child(ren) in a developmentally appropriate manner**
- **Determined by**
 - *Parental factors including psychopathology*
 - *Child factors*
 - *Contextual sources of stress and support*

PARENTING AND THE NEEDS OF CHILDREN

(Steinhauer 1991)

- **Quality of attachment relationship**
- **Ability to perceive and respond to the needs of the child**
- **Ability to transmit the values of the society**
- **Quality of parent child relationship**
- **Continuity of relationship**

WHAT IS TRAUMA FOR CHILDREN?

TRAUMA:

“Intense external experience overwhelms the individual’s coping and defense operations, creating the feeling of utter helplessness” Terr 1987

- Threats to self
- Threats to caregivers/ abandonment
- For children threats to their caregiver are more traumatic than threats to self

PARENTAL PTSD

PTSD in parent predicts PTSD in child
(SCHEERINGA AND ZEANAH 1995)

“Post traumatic disturbances in parental responsiveness and impairment in parental role function are a major source of secondary stress for children”
(Pynoos et al 1995)

**LONGER THE EXPOSURE TO VIOLENCE, LONGER THE RISK OF
LONG TERM CONSEQUENCES**

IMPACT OF STRESS ON CHILDREN

OBSERVATIONS

- Called by number not name
- No education
- No safe place to play, monotonous environment
- Exposed to violence – physical risk
- Exposed to suicidal and self harming adults
- With parents who are depressed and have lost hope
- Brutalising/ dehumanising environment

FAMILY Z

- 2 year old boy, in detention with parents since 12 months old, 5/12 old girl
- In detention 12 months
- Mo admitted to hospital 4 weeks before next child
- Mo returned traumatised & depressed after caesarian
- Not eating food or sleeping, defiant, spitting, eating objects, running away
- Trauma:-separation, parental hopelessness, exposure to violence, risk of physical abuse

FAMILY Z

Infant, now 5/12

- Sad, withdrawn, mute

- Cared for in a mechanical way

Trauma :

- impact of parental depression, emotional neglect

FAMILY G

- 3 year old boy, 13 year old girl, 16 year old boy
- 10 months in detention
- Trauma: Exposure to rioting and fires, witness to father's suicide attempt, parental hopelessness and despair
- 3yo: cant play, withdrawn, clingy, incontinent, not sleeping, mute, afraid of camp vehicles

Teenagers

Not sleeping, nightmares, no appetite, no interest or concentration, constant suicidal thoughts, intrusive images of Fa with blood all over him, wish to die, frequent crying, angry, no schooling, nothing to do, harassed by other detainees

“I feel worst at sunset, when it is dusky, the weather then is like our mental situation”

*“This is not how
I feel this is how
I am”*

*“All I can see is the fence and us
behind it”*

IMPACT OF RIOTS AND FIRES

“It was like the war, people were running everywhere, their faces were covered it was dark, everyone was shouting and screaming”

“We saw the smoke we couldn't get to our room, we thought our place was burning, we were afraid for our family and friends”

RANZCP CHILD FACULTY POSITION STATEMENT

- Opposition to indefinite mandatory detention of children on basis of harm and human rights
- Assessments and recommendations consider protection of attachment relationships and family
- Clinician role in child advocacy and ethical

responsibility

ALLIANCE OF HEALTH PROFESSIONALS, CPMC

- **Opposition to mandatory detention**
- **Recommends removal of children and primary carers into community**
- **Independent review by relevant clinicians of IDC and health needs of asylum seekers**

ISSUES FOR CLINICIANS

- **Compromise of clinical standards**
- **Interference with clinical decision making**
- **Disregard of recommendations**
- **Ethical compromise and employment by detention providers**
- **Limited efficacy of treatment**
- **Intersection of clinical care, advocacy and political action**

BUILDING ON EVIDENCE

- **Attempts to minimise impact of psychological evidence**
- **Attribution of all disorder to pre-migration trauma**
- **Need for adequate services for high-risk populations**
- **Comparison of community based asylum seekers and detainee groups**

CLINICAL AND ETHICAL ISSUES IN IDC

- **Is treatment possible in this environment?**
- **Compromising of clinical standards and control of clinical decision making**
- **Human rights violations and responsibility of clinicians**

PSYCHIATRIC CONSULTATION

- **RANZCP has cautioned against contracts with detention providers and called for Health involvement**
- **Recognition of trauma related reactions and advocacy for treatment**
- **Reports for RRT and independent appeals**
- **Research and documentation of concerns**

RECOMMENDATIONS

The Australian Government revoke the policy of indefinite detention without trial as international experience and Australian research has shown it to be unnecessary for processing refugee status and because it produces psychological damage that is unacceptable on ethical and humanitarian grounds.

CONCLUSION:

DETENTION AND TRAUMA

- **Suicidality and mass self-harm in IDCs represents a convergence of health, advocacy and human rights concerns**
- **These problems are directly related to the extremity of the detention environment and to the politics of detention**

STATE SPONSORED TRAUMA

- **Professional responsibility to oppose policy which is traumatising, harmful and renders clinicians powerless in terms of healing role**
- **Lessons form history that collaboration may become collusion**

STATE SPONSORED CHILD ABUSE AND MALTREATMENT

- **Professional responsibility to oppose any policy which is traumatising, harmful and renders clinicians powerless in terms of healing role**
- **Lessons form history that medicine/psychiatry can be misused or coopted by political agendas in an unethical manner; collaboration may become collusion**

HREOC FINDINGS

- **Australian immigration detention laws create a detention system that is fundamentally inconsistent with CROC**
- **Children in immigration detention are at high risk of serious mental harm**
- **Failure to implement professional recommendations**

HREOC RECCOMENDATIONS

- **Release of children from IDC and residential detention within 4 weeks**
- **Release of parents/carers and provision of guardians for unaccompanied minors**
- **Home based detention**

MADRID DECLARATION OF ETHICAL STANDARDS FOR PSYCHIATRIC PRACTICE WPA

- **Psychiatrists shall not take part in any process of mental or physical torture, even when authorities attempt to force their involvement in such acts**