

Seeking refuge, losing hope: parents and children in immigration detention

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Objective: To record observations made by the authors on a series of visits between December 2001 and March 2002 to two of Australia's immigration detention centers and to consider the mental health consequences of Australia's policy of mandatory immigration detention of asylum seekers for families and children.

Conclusions: Parents and children in immigration detention are often vulnerable to mental health problems before they reach Australia. Experiences in prolonged detention add to their burden of trauma, which has an impact not only on the individual adults and children, but on the family process itself. Immigration detention profoundly undermines the parental role, renders the parent impotent and leaves the child without protection or comfort in already unpredictable surroundings where basic needs for safe play and education are unmet. This potentially exposes the child to physical and emotional neglect in a degrading and hostile environment and puts children at high risk of the developmental psychopathology that follows exposure to violence and ongoing parental despair. Psychiatrists have a role in advocating for appropriate treatment of these traumatized and vulnerable parents and children.

Key words: asylum seekers, Australia, children, families, mental health, trauma.

INTRODUCTION

Currently, Australia has a policy of mandatory detention of all asylum seekers who arrive without a valid visa while applications for refugee status are processed. Detainees include families and unaccompanied children, and processing can take many months or even years.¹ Recent statistics^a show that the majority of asylum seekers who enter Australia's immigration detention system will be found to be refugees under the 1951 Convention.²⁻⁴ In November 2001 a total of 521 children under the age of 18 were in immigration detention and 53 of these were unaccompanied minors. Ninety-four per cent of children and families were in isolated, rather than urban Immigration Detention Centres (IDCs).¹

The IDCs are run by Australian Correctional Management (ACM), for the Department of Immigration, Multicultural and Indigenous Affairs (DIMIA). ACM is a subsidiary of the American company, Wackenhut Corporation. Medical care is provided to detainees by ACM staff. At the time of our visits, there was no information about the extent of mental health problems in this population, no access to undertake such

^a According to figures contained in DIMIA Fact Sheet 74 Unauthorised Arrivals by Boat (<http://www.immi.gov.au/facts/74unauthorised.htm>) a total of 8316 people arrived in Australia unlawfully by boat in the 2 year period from July 1 1999 to June 30 2001. As of 2 December 2001, 4407, or 53%, had been recognised as refugees and granted a protection visa. The final proportion may be higher since some applications are still being pending or under appeal.

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screening, and no confirmed arrangements between DIMIA and state Departments of Health and Family and Community Services for provision of adequate mental health assessment and treatment for those families in need.

This is at variance with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) Position Statement on the Provision of Mental Health Services to Asylum Seekers,⁵ which states that all asylum seekers should be given full access to mental health services, expresses particular concern about detention of children, and states a commitment to the promotion of the mental health needs of this population and research into their mental health and mental health needs.

In 1990, Australia ratified the United Nation's Convention on the Rights of the Child. Australia's policy of detaining accompanied and unaccompanied children has been identified by Amnesty International as breaching our obligations under this Convention in several key ways.⁶

ASYLUM SEEKERS AND PSYCHIATRIC MORBIDITY

Studies of adult asylum seekers show high levels of psychiatric morbidity, particularly depression, anxiety and post-traumatic stress disorder (PTSD).⁷ Children are particularly vulnerable in this environment. They may spend a significant part of their young lives deprived of adequate education and housing, and are traumatized not only through the direct effect of exposure to violence that has become inevitable in the detention environment, but as a consequence of their parent's disempowerment and despair. At sensitive and crucial periods of their development, these children are traumatized in a context where their parents are not able to offer comfort and protection. Parents, because of their own intense hopelessness and depression, may at times be the source of the child's trauma and anxiety. There is considerable literature demonstrating the impact on children of exposure to trauma and violence,⁸⁻¹¹ the impact of parental mental illness on social and emotional development,^{12,13} and the long term developmental and health consequences of such exposure.^{14,15}

THE VISITS

Access by mental health professionals to Australia's immigration centres is extremely limited. At the time of writing, repeated offers from the Faculty of Child and Adolescent Psychiatry and, more recently, Committee of Presidents of the Combined Medical Colleges to undertake screening and to work with DIMIA in the provision of appropriate mental health services to the detainee population, have met with an inconclusive response. The authors were aware of concerns about the mental health and develop-

ment of children in detention. Visits to the centres occurred with the lawyers representing the families interviewed and the authors have been involved in preparation of medicolegal reports on their behalf. Our identities as mental health professionals were known to DIMIA officials in the centres before we interviewed the families described below. We were not given permission to interview unaccompanied children, or to sit in on the interviews conducted by the lawyers representing these children. Individual family members were announced to us by number not name. Interviews were held with the assistance of interpreters. In order to protect the families, the centres are not identified and family details have been altered.

The following vignettes illustrate the situation for families and children in immigration detention. We believe that the circumstances detailed are not unique to the families described, but are representative of the experience of children and families in immigration detention in Australia.

Vignette 1: "Please save my children"

A couple with a 2-year-old and a baby aged 5 months repeatedly begged, "Please take our children, find a place for them away from here. They will change to savages, not humans. He [the toddler] doesn't trust in us anymore. He can't play, he won't eat, he can't sleep well".

This family had spent nine months in detention and had recently had their application for refugee status refused. Mrs Z had her first child in the Middle East, in a normal, uncomplicated delivery and had breastfed him for 12 months. She was too distressed to talk about the second child's birth so the story came from her husband. Labor was induced after a period of four weeks enforced bed rest, under guard in a hospital several hours drive from the IDC, away from her husband and son. The child was born by caesarian section. No interpreters were present, nor was her husband. She says she did not understand or consent to the surgery and no medical explanation for it was given. She did not see her baby for some days and could not breast feed when she was returned to her. Mrs Z and her baby returned to the camp one week after delivery and were given no follow up, apart from occasional visits to the ACM nurse, who gave her panadol. Her wound continued to weep for six weeks and remains painful.

The 2-year-old's behaviour deteriorated during and after his separation from his mother. During the interview he was angry and disruptive, throwing any offered toys away, spitting at people, and attempting to eat bits of foam on the floor. He repeatedly tried to leave the room and, when successful, wandered quite far until returned by a guard. His father said: "You see his behaviour? It is because we are sad and weeping all the time. He has lost his trust in us. We came here hoping to be free but this is worse. There is a big possibility that I kill myself here. I am

a dead man, everyday I am dying slowly. What have I brought my family to?"

His wife had an air of despair and helplessness. She attempted to limit her son's behaviour but soon gave up. She initially placed the baby in her pram in the corner of the room, facing the wall, then fed her without eye contact. Her expression was sad and mask like. The infant (at a developmental stage when most babies interact socially at every opportunity), made no attempt at eye contact, made little sound or complaint, and looked profoundly sad. Ms Z's experiences associated with her younger child's birth added to her sense of hopelessness and violation. She said, "I know I love my daughter, but when I look at her I feel sad instead of happy". Mr Z was initially coherent and appropriate but became more angry and distressed as the interview progressed. At first firm with his son, he was at one point rough as he dragged him away from the door. His anger and despair about their situation and his guilt about bringing his family into the current situation were palpable. The parents' relationship was clearly under stress.

The impact of parental depression on infant and toddler development is well documented,¹² particularly in the context of other environmental stressors. The capacity of these parents to adequately meet the needs of their children is severely compromised by their own untreated depression and despair in the context of ongoing detention.

Vignette 2: "My brother doesn't know what flowers look like"

The P family have two teenage children and a son aged 3. The father and daughter cried through much of the interview and repeatedly expressed the wish to die. She said, "All the time I think about how I can kill myself. Life here has no meaning for me, all the time in my mind, over and over, how can I do it? My (younger) brother doesn't know what flowers look like. This is not a life".

The centre where this family have been detained for at least eight months was indeed totally barren, the only small area of grass and shrubs being around the ACM and DIMIA offices, an area not accessible to detainees. The compounds are barren, harsh areas of dust and stones with no shade, surrounded by two fences of razor wire. Detainees within the centre are kept in different "compounds" depending in part on the stage of their applications. A few children were seen standing in the open or hanging on the fences, moving rubbish bins from one place to another, kicking stones. There was nothing for them to do. We were told that many of the children, even up to the age of 12 are incontinent day and night, and many mattresses lay outside in the sun against the fences.

All of the P family who were old enough to do so, expressed considerable anxiety about other family

members hurting themselves. Mrs P said "All they see is depression and disappointment". The teenagers had witnessed their father make a significant suicide attempt when their application for refugee status was refused after seven months of waiting. After this, he reportedly spent several days in isolation in a police cell. He did not seem to have been offered psychiatric assessment or help. He said "Even if we get our freedom, we will be mad people by then." After describing briefly the trauma and discrimination that the family had experienced before leaving their home land, he said, "Sometimes now I think our life was sweet there. Why have I brought my family to this hell?"

The adolescents are frequently tearful day and night. The younger reported being fearful of sleep, lying awake until 4 am, nightmares, then unable to wake in the mornings. She repeatedly dreamed and visualised scenes of her father being covered in blood. The older described his mood as, "Worst at sunset, when it is dusky – the weather then is like our mental situation." Both said they are tired all day with no interest or concentration, experiencing frequent, intrusive thoughts of suicide and self harm. They said they wished their father had killed them, rather than trying to kill himself. Mr P said that there was no way to describe his condition at that time and how he felt about his family. "Eight years of witnessing war and blood in my country are better than one year in this camp".

During recent protests at the center the three year old had seen officers come in anti-riot clothes and beat people with batons. He had seen people toppled by the water cannon, lying motionless on the ground. Since then he had been bedwetting again, eating poorly, clingy, crying at night, and unable to play. The drawing below (Fig. 1) was drawn by a 9-year-old child to represent her experience of this time in the camp.

Mrs P told us that her son's favorite activity used to be to watch the various trucks and tractors but, since the riots, he expressed fears of the "fire-engine", and cried at the sound of any of the vehicles that regularly drive around the camp. "I try to tell him its OK now, but how do I know that is true? They can come again, it can happen again." During the interview, he was quiet and restricted in his play and affect. He clung to his mother, said very little and did not play with a toy truck that his mother gave to him.

The rest of the family also said they had not been "mentally normal" since the riots and the fire. The older children, who were at the other end of the centre at the time, saw the smoke and thought their room was on fire. They panicked. It was "like the war, people were running everywhere, their faces were covered, it was dark, everyone was shouting and screaming".

They had seen an ACM psychologist, but had not found this helpful. He offered sleeping tablets and



Figure 1: A 9-year-old's experience of life in a detention centre.

tranquillisers, but the family were not taking them, saying "They just make us sleep all day".

Both teenagers were profoundly depressed and the younger was overtly angry. They have nothing to do all day and had had no educational opportunities for months. The English classes initially offered in the IRPC they described as "Rubbish, two hours a day of learning the alphabet with a teacher who knew less than us". When asked to draw a picture of their choice, the girl drew a weeping bird in a cage, and said, "This is not how I *feel*, it is how I *am*" [this drawing appears on front cover]. Her brother said "All I can see is the wire and us behind it" (Fig. 2).

Every member of this family is traumatized by their many months in detention. The three year old has regressed after witnessing violence, and his parents feel unable to reassure him or to protect him from further exposure to violence and chaos. The father and both adolescents have symptoms of depression and suicidality and the adolescents suffer intrusive traumatic memories of events prior to arriving in Australia, and of events occurring while in detention. These experiences add to their burden of exist-



Figure 2: "All I can see is the wire and us behind it."

ing trauma and loss. This is consistent with a suggested risk of re-traumatization in adults asylum seekers in prolonged detention in Australia,¹⁶ and evidence about the compounding of pre and post migration stressors in this group.¹⁷

DISCUSSION

As these vignettes illustrate, a direct consequence of the policy of detaining families who seek asylum in Australia, is that in the harsh penal environment of immigration detention, children are deprived of basic human rights such as adequate education, and opportunities for safe play and development. They are inevitably exposed to violence (rioting, fires, acts of self harm and suicide attempts) and to unrelieved

contact with angry, hopeless, frequently suicidal adults (often their parents as well as other detainees). Detention centre staff are sometimes threatening and insulting, reportedly calling the children "towel heads" or "little queue jumpers". One mother asked for clothes to fit herself and her children and was told "Make them out of the curtains". ACM behavioural management strategies are frequently coercive. Independently attested accounts by detainees suggest that when particular children or their families are regarded as troublemakers (e.g. youth engaging in violence and self-harm), the children have been placed in solitary confinement for extended periods.

Children in detention have the dehumanizing experience of being identified by number not name, along with their parents. They witness suicidal acts by their parents and other adults. They are housed in basic accommodation, often without privacy. They are woken in the night by detention center staff completing "musters". They may not have clothes that fit them. Despite living in a hot, stony dusty place, unrelieved by trees or grass, they may only have thongs to wear. They are unlikely to have age

appropriate toys. They can only access food at set meal times unless their parents have money to buy 'snacks' often at inflated prices. They are locked in "compounds" surrounded by two fences topped with razor wire. Toilet blocks may be blood-stained and filthy, without toilet paper, or shower heads that work. Teenage girls reported needing to be escorted by parents to the toilet blocks because of harassment by other detainees. One father said, "The situation here is turning us all into savages. Whatever laws we had in our own place are breaking down here where we are treated as less than human". There have been several reports in the last year of sexual abuse of children in detention centers in Australia.⁶

Parents, already burdened by grief and guilt, are unable to fulfil their protective role or provide for their children adequately and are profoundly depressed and guilty as a consequence. This is not just material provision. More important is the difficulty of providing comfort, care and protection, and transmitting hope about the future. The inability to protect their children from their own hopelessness compounds their depression. This represents a breakdown of the parenting process and compounds the



Figure 3: Drawing by a teenager in Woomera after riots in 2001.

traumatic impact for children of living in the detention environment.

CONCLUSION

Families arriving to seek asylum in Australia have already experienced displacement, loss and, frequently, exposure to violence and war in their countries of origin. They are vulnerable, desperate and poor, with few material or psychological supports. Immigration detention profoundly undermines the parental role, rendering the parent impotent, unable to provide adequately for their child(ren)'s physical and emotional needs, in an environment where opportunities for safe play, development and education are inadequate or unavailable. Parental depression and despair leaves children without protection in an already terrifying and unpredictable place. Children are at high risk of emotional trauma since parents are unable to provide for them adequately or to shield them from further humiliation and acts of violence in a degrading, hostile and hopeless environment.

These children and their parents have no public voice and very limited access to the services and facilities that we take for granted. They are in many ways invisible and therefore dependent on others to tell of their plight and to advocate on their behalf. Lip sewing by adult detainees as a recent form of protest can be understood as a powerfully symbolic illustration of the impotence and invisibility they feel.

Psychiatrists have a clear role in the assessment and treatment of victims of trauma of whatever kind. The particular circumstances of immigration detainees in Australia, (including prolonged detention in isolated facilities with limited access by visitors or health professionals) makes appropriate provision of care difficult. There is an ethical dilemma for clinicians wishing to provide humane care for detainees within a system which may be seen to contribute to their plight. In this situation, psychiatrists have a moral obligation to oppose inhumane policies and practices and advocate on behalf of vulnerable groups. The Faculty of Child and Adolescent Psychiatry has taken a position opposing the detention of children and has called for the immediate release of children and their primary caregivers into appropriate community care.

Having been witness to the distress of families and children in immigration detention, having asked for

their stories and heard them, we feel an obligation to report what we have seen and understood, in order to highlight the plight of these most vulnerable fellow human beings who seek refuge and protection in our country.

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