

National Inquiry into Children in Immigration Detention

Sydney Public Hearing

Friday, 4 April 2014

President Perhaps I can now call Dr Sarah Mares. Thank you again for being in the team as a consultant psychiatrist. It adds immeasurably to our ability to be accurate in the judgements that we're making. Could you tell us initially a little bit about your qualifications and why you are qualified and have the authority to give evidence today?

Dr Mares I've been a child and adolescent psychiatrist for nearly 30 years. I have worked predominantly with children and families in very high risk situations, including child protection, out of home care, children in remote communities and children in families seeking asylum, including children in immigration detention.

President Thank you. Before I ask some specific questions, I wonder if you could just give me an all over view, given your work with children in the general community and now your experience in visiting these children on Christmas Island and maybe other detention centres. Can you tell us relative to the way other children are treated what your impression was of the general conditions and circumstances of the children on Christmas Island?

Dr Mares As I say I have seen children and families in fairly extreme disadvantaged circumstances, including visiting Woomera and Baxter, Villawood in the last decade. I was shocked when we went to Christmas Island. I think there's no way of getting around the fact that the detention environment makes worse existing mental health and developmental problems that children and families are suffering and also creates new ones. In particular I was, I mean as Mr Tinkler so clearly described, it's an extremely harsh environment and Christmas Island doesn't differ a great deal from Nauru in terms of how isolated it is, how harsh it is and how difficult it is to provide adequate services in that environment. I think what is very particular to the detention environment and in particular to remote and offshore processing is that parents really are unable to in any way provide adequately for their children. They have very little choice about the experiences their children have, the food their children eat, the education their children get, the toys their children can play with, mostly not, clothes their children wear, who their children are with, whether their children are woken at night, whether their children can access for example a dentist, whether their children have the parents' health concerns adequately addressed. So the main issue really is that parents are not able to care for their children, no matter how committed or

dedicated those parents are.

President Perhaps then we could move to some more specific instances and I'd like to begin with to talk about the early development of children, of babies and infants. I think we've both seen the extraordinary number of children on Christmas Island and we were seeing children as young as 6 weeks in the heat, right up to teenage children. But thinking of the younger ones at the moment, Article 6 of the Convention on the Rights of the Child specifically requires that Government shall ensure to the maximum extent possible the survival and development of children. From your professional point of view, can you tell us what you think were the main factors that should contribute to the healthy development of a baby and an infant and where those factors are not present on Christmas Island and the impact of the different conditions on the social and emotional development of children?

Dr Mares Well obviously development begins before birth and there's increasing evidence about the importance actually of the ante natal period, including the mother's health and the mother's access to adequate ante natal care and also the impact of maternal stress, potentially having what are called epigenetic effects on the soon to be born child's future physiology and health, including increasing their risk of metabolic and other disorders. So you have to think about the number of women who are pregnant in detention as well as the number with infants. And obviously if we're thinking about what infants and young children need, there are physical health aspects to that and children need their parents to be healthy and not anaemic and they also need their parents to be mentally healthy and not depressed or despairing, ideally. They also need their parents to be available and as has been mentioned by other people, there are a lot of instances of family separations. So for example, a woman perhaps being transferred to Darwin sometimes for a couple of months and a toddler being left with a very depressed, not functioning father for that time. The other thing is that even once infants have been born as Doctor Zwi mentioned, who aren't able to breast feed, really struggled with the way in which they had to access baby formula and the physical things that they need to care for their children, repeated lining up and a sense of humiliation about being, and many of them actually showed us physically, you know, three baby wipes, three nappies, three scoops of baby formula. The other thing is that a number of women, and these are families who obviously, many of them have come from countries that we hear about all of the time in the news, Somalia, Syria, Afghanistan and they're for example talking to a number of women who'd recently given birth, who had young infants, who had experienced terribly traumatic events in their country of origin, who have then been transferred, for example, to Darwin to give birth and at least one or two of them giving stories of having complicated labours and delivery, not having an interpreter there, not understanding why they were having a caesarean for example, not having a partner with them. All

of which gets, if we're thinking again about the baby, starts things off in a very inadequate and distressing way for the parent with the infant. So the infant is then missing out on having a parent who can be psychologically available for them and the parent is continuing the struggle with her own recovery from a traumatic labour and delivery on top of the other traumas that she is [*inaudible*].

Now obviously the other things because I think you asked me a number of things altogether there. Children need adequate and adequate physical and healthy, safe environment as I said and there's no way that the detention environment can be considered safe physically in some ways because of the harsh stony ground, the insects, the limited diet, the exposure to other children with skin infections including ring worm and impetigo but also psychologically safe. I think that our very first speaker explained very clearly how unsafe it feels in the detention environment and for children whose parents also are not functioning or are depressed or despairing or even self-harming. Obviously the protective environment that parents attempt to provide for their children is not there if the parents themselves aren't coping but also the children are in an environment where they are with a whole lot other very distressed adults and children and very disturbed adults and children sometimes including older children who might be quite disruptive in their behaviour or quite disturbed as again Doctor Zwi [*inaudible*] So it's very hard for parents to keep their children safe and it's very hard for little ones to feel safe. The other thing is that children, young children who are learning to crawl and to walk need an environment where they can do that where it's safe for them to explore and to experiment and to develop a sense of their own agency, their own autonomy, that's a very key aspect of that early developmental phase and in an environment where children, really there is nowhere for them to crawl, there's very little for them to do and the play equipment is too hot to play on, there's no shade, there's no grass and the toys we saw were broken, it's a very inadequate developmental environment. So ,at a biological level in terms of the health of many of the parents during pregnancy and afterwards at a psychological level in terms of the capacity of the parents to protect and care for and provide for their children in the way they would like to and at a sort of social and interpersonal level in that the environment people, it's a very distressed, distressing environment. All of those things are inadequate in the Christmas Island detention facilities. No matter how hard the service providers might attempt to do their best.

President

As Doctor Zwi said it's in fact, the situation they're in as a whole, which has created this and you can deal with certain parts of it and health services improve education but they are not actually improving the core points that they are detained in many cases indefinitely with no sense of a future is that really what it underlies these difficulties.

Dr Mares I mean I think there did seem to be points at which there was operational discretion or where operational decisions were being made within that policy framework which was laid out very clearly earlier on today. The way in which those operational decisions are made I think also impact on families very much on a day to day level. I mean as we've described some of the lining up, the lack of ready access to very basic requirements for caring for young children.

President As you know, this is the second time Australia experimented with this kind of policy and we reported on this 10 years before. Can you tell us a little bit about the development of scholarly research in understanding the impact of these lengthy detentions on families and children but particularly children. I understand that we now have a developing body of knowledge within that discipline that can tell us now for the purposes of this second round of holding children that we actually do understand more about the impacts on children.

Dr Mares I mean research in this environment is very hard to do because there is often very limited access to families and children in detention and it's very hard to get ethical approval to undertake such research. Whole lot of reasons for that, but the main reason is that there is often very limited access to people in detention for a whole lot of complex reasons. But there is a really a growing body of evidence now from European studies as well as Australian studies, unfortunately Australia has been a little bit of case study internationally in terms of the impact of detaining children and families and as I said earlier all of that evidence indicates that first of all the longer children and families are detained the more their functioning deteriorates. Secondly, that even if families and children, parents and children have established mental health and post-traumatic difficulties when they arrive, that they are likely to have an exacerbation in those difficulties and/or to develop some new difficulties in the detention environment if their detention is prolonged and indefinite, and if they have no sense of a future and no way to influence really what happens to them all or how long they are going to held for.

President Because I know that you interviewed children who were in detention 10 years ago, can you tell us whether or not you've been able to follow through with these children to see how they're faring today and we've seen, of course, one example earlier this morning...that from your professional experience have you been able to keep up with them and observe the impact and how they've managed their lives in Australia?

Dr Mares At a kind of anecdotal and individual level, again there are a lot of privacy and other issues about access to following up families and children in the community and many families and children again a little bit as we've said first thing today just felt they really didn't want to keep being asked to go back over of it or to think about. I have seen a

number of children in a therapeutic capacity who had been in detention and whose families continued to be very impacted, very affected by the impact of detention. including sort of chronic parental mental illness and despair as we've heard children taking on the parentified role reversal, but also children who really had missed out on key educational and other developmental experiences and were always struggling to keep up and also carried with them a real sense, a real question about why had this happened you know that the whole capacity to make sense of their life and who they are and whether life is a fair process and whether something else bad might happen because so many unexpected bad things have happened in the past. A lot of that they've carried that with them into adolescence and adulthood. A question about you know why did this happen to me and also about Australia as a country. This is the very unfortunate thing that many people I think came with a great deal of hope and a real and often with great skills like I remember seeing one family in Villawood over a period of time, the father had been you know had spoken 4 or 5 different languages who had been a senior diplomat and gradually over time mother and children actually were placed in the community, so over time seeing him really become very, very, very incapacitated, virtually withdrawn and bitter and the children you know, increasing family estrangement. I think some families bounce back depending on their resourcefulness and their support once they're in the community but the vast majority of children and families continue to carry a significant impact from those earlier experiences.

President

I think you might be familiar with this picture but I wonder if you could just tell us again from your professional background, what a story is told by this, the children were asked to talk about their lives on Christmas Island and can you comment on this picture?

Dr Mares

Well I don't know anything about the child who did this picture. I wasn't there when this one was drawn so I don't know the child's age or their circumstances but it's a very disturbing picture. I feel it here. I'll tell you why it's disturbing or why I find it distressing really in that you know younger children often will draw their first drawings with people are is what is called a tadpole figure so instead of a body and a head there's a large vertical with arms and legs coming off it but even from early on most children would start to draw the features on the face including the mouth which is very important and this drawing has a lot of... no nose or mouth there are kind of rudimentary arms and legs but not any hands and I mean this is apart from the obvious fact that the child has put the number and bars I think there's a sense of and this drawing illustrates a very distressingly really the – the... a muteness the powerlessness, the no voice, no hands, the entrapment of this, this self. If the child was drawing themselves it is a self who really is very unformed and is a very a very

incoherent drawing really.

President And I think as you as you will know this is not a single isolated instant there are scores of pictures of this kind we've picked this one but it was not at all unusual I think you might agree with that.

Dr Mares Yes

President Just a few more questions if I may, were you aware of self harm incidents among the children on Christmas Island and what conclusions would you draw from why children self harm?

Dr Mares There was one boy I interviewed his family with him who had an injury on his neck his [inaudible] at the time and I feel concerned not to identify the particular family but a few days before that his let's just say one of his parents who had a history of mental illness to the extent that she had actually he/she had at some time been moved to Darwin for treatment and then returned, ... had become very distressed had broken something either it wasn't clear a mirror, a window and had attempted to cut herself and in all of that distress which a lot of other families and children were also exposed to, the teenage boy had also cut himself. In an environment, because there is no privacy, there had been a situation where a lot of other people including younger children had been exposed to the distress within this family. And that was the only incident of self harm that was directly there was direct evidence of except if you like that a number of parents reported and we actually saw some evidence of this and this isn't usually included in say the suicide or attempted suicide statistics but much younger children, we saw some children whose nails were bitten right down to the quick to the point where up to their knuckles the children's hands were swollen and red. So their anxiety being at such a level that they are chewing themselves to bits really, and there were also reports of younger children head banging to the point when they actually might have injured or damaged themselves and grinding their teeth. So although this wasn't you know what might be normally considered cutting or threatening to hang, children were expressing their anxiety and distress in very physical ways as well.

President Can you tell us a little bit and I'm not sure whether if you actually had this opportunity but a little about your observations if you've had them in relation to unaccompanied children and what special needs they had and any responses that you've got from questions?

Dr Mares We had the opportunity to meet with a large number of the 40 unaccompanied boys as well as to meet briefly with 3 unaccompanied young women and I was listening

with interest earlier when there was discussions about the age determination process. We would have talked to at least 5 young men who had the experience of being moved, of being placed for example with the children and then suddenly or after an age determining interview a determination interview being placed in the adult compound and then for some of them transferred to Manus and then brought back again, so we actually talked to a number of young men who had been shipped around almost like lost parcels really a number of different places they'd been to and often at least in their story of it no they didn't have an explanation for why these decisions had been made.

This again the language is interesting in that there's this kind of contradiction it seems to me between the fact that the language includes a Best Interests Assessment yet there's also there's other terminology like "Extractions" and "Ageing out" and the unaccompanied boys are very, very anxious about the ageing out and the extractions and about ,and very distressed by having had boys they'd become close to suddenly woken in the middle of night and removed without any capacity to say goodbye. For boys who don't have any other family with them who often are orphans or have lost at least one of their parents or all their family you know they do develop quite close bonds particularly within the same language groups and at least on one occasion this had meant that one young men had no one else any longer who spoke his language because the other boys had been moved. So there's a great and very pervasive anxiety about being transferred, about that happening not necessarily with any warning and also about the this "Ageing out". Sometimes, like there was a story that was very sad really that on the one hand we were told that Maximus, the provider of support to the unaccompanied minors had tried to explain to the boys that in Australia we celebrate turning 18, and this is a time for recognising a transition to adulthood. The incongruity of that alongside the fact when these boys birthdays aren't necessarily known a number of sort of semi-arbitrary dates are determined as the age at which, so it might be the 1 July or might be the 1 January and then on the previous New Year's Eve essentially at least this is the story we were told, at least 3 or 4 boys had been suddenly decided to be 18 and on New Year's Eve had been woken and moved to the adult compound.

So there's a sense for these boys of great anxiety about what's going to happen to them, not sleeping, some of them say; *I cry all the time I can't sleep, I cry all the time in my room I'm afraid of what's going to happen next.*

I would rather die than go [inaudible].

Of all the bad things that have already happened now, I feel I wish I died at sea instead of then dying slowly here. They're very distressed about the lack of access to education and the feeling that they are going backwards and losing all of their opportunities and also a sense that although there are mental health and

psychological services a feeling that they had not really been listened to or couldn't just talk about the traumas they'd experienced and one boy or even more than that reported being told well there's nothing I can do about that lets think about what we can do and a sense that there wasn't necessarily much point in that. They had there were some reports that they had really found useful the chance for some group interventions but those weren't happening they loved the outings when they got to do them but said that that was all too too rare.

President Something I've really become interested in following up is this phenomenon of the young child that becomes protective of the parent, I saw it frequently but most recently with a little 11 year old who spoke good English and his mother not very good English and how protective he was of her and how he tried to explain that if he misbehaved he would be his mother would be penalised and how upset he became that his own behaviour that was not compliant as they say would have an impact on his parents and what they could do. What is the impact on what is likely to be the impact on a child like this who is at a very young age taking an adult and caring role, protective of parents who seem even more vulnerable than the children in some curious way?

Dr Mares Obviously this is that something that happens not only in detention. It is a recognised issue for children of parents who have mental illness and parents with drug and alcohol problems.

President Yes I see that's interesting.

Dr Mares It's actually ... it's actually quite a frequent consequence of parents with limited parenting capacity that their children might much earlier than we would normally expect developmentally take on a caregiving role. Really in the absence of any alternative to that. I mean, there are cultural differences in the age at which we expect children to become independent. But long term impact of that it can be that the child actually learns to ignore their own needs and their own ... and doesn't learn a way of communicating their needs and it becomes ... so for all of us developmentally there is a sort of balance between what we need and being able to tune into the needs of others and if we are too attuned to the needs of others that's often at the expense of ourselves, but we also all know people who are so preoccupied with themselves that they really can't attend to others.

President Empathise ...

Dr Mares So there is this kind of balance between self and others, and really the key to satisfactory relationships is the capacity to kind of have a balance or a movement between those two. So, the consequence long term for children who prematurely

take on responsibility or who really don't have anyone looking after their own needs, can be that they really fail to develop the capacity to give voice to or understand or recognise their own emotional and sometimes physical needs and become excessively focussed on the wellbeing of others around them at the expense of themselves. Sometimes this means that they can develop a great deal of anger and explosiveness because the needs build up. Sometimes it means that there is a different strategy which is much more that their needs might become much more somatised, that is expressed in physical ways because all ... I mean there is no way of getting around it. As human beings we have emotional needs to be cared for, to be close and if you can't express them directly they are going to be expressed in other way so through aches and pains, through explosions and sometimes through drug and alcohol use an increased risk of drug and alcohol use as a maladaptive strategy for managing needs and feelings that you don't feel, you don't a capacity to express.

President Well Dr Mares I think we ... there are many more questions I would like to ask and I know that your observations are really well thought through and based on your own observations but I think perhaps we should leave it at that.

Dr Mares Can I say one other thing?

President Yes.

Dr Mares Really quickly. There was mention made earlier about screening and assessment of children for mental health needs.

President Yes.

Dr Mares And I would say that even in the Australian community generally, the whole issue of how you screen and identify with particularly young children and social and emotional needs is very fraught and my understanding from the interviews we had on Christmas Island with the staff and with the families, is that actually there isn't any adequate process for identifying which children do have significant psychosocial and emotional needs or are already distressed and traumatised. I don't think there actually is an adequate process for that despite there being some mention that there is.

President Yes, well, thank you for raising that because that is something that I do want to pursue both with the International Health Services Group and the Department that we really want to know what assessments are being made of these children so that we get an accurate view of ... of the extent to which it's possible to pick up their decline in mental health and general wellbeing. We really need that data to understand it. I think then we will ... Thank you very much Dr Mares and thank you for your opening

statements. I think now we come to the last of our witnesses before lunch and that is Bashir Yousufi. If I could call him please. Okay.